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Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

SCANNED MAR 0 3 2016

Depa Inten	artment of th	ne Treasury e Service	► Do not ente ► Information	er social security numbers o about Form 990 and its Instr	n this form as it may uctions is at www.i	be made puirs.gov/for	ıblic. m99 6.	,		Open to Inspe	Public	G (5)
A	For the	2014 calendar	year, or tax year begini	ning Jul 1	, 2014, and	ending	Jun	30		, 2015		
В	Check if ap	oplicable C	Name of organization VAL	LEY ART ASSOCIA	TION			D Employ	er ident	ification nun	ber	
	Addre	ess change	Doing business as					93-	0623	083		
	Name	change	Number and street (or P O box	of mail is not delivered to street ac	ldress)	Room/suite		E Telepho	ne numb	per		
	Initial	retum P(O BOX 333					(50	3) 3	57-370	3	
	Final re	eturn/terminated	City or town, state or province, or	ountry, and ZIP or foreign postal	code							
	Amen	nded return F(OREST GROVE		OR 97	116		G Gross re	eceipts	\$ 116,	485.	
	Applic	ation pending F	Name and address of principal of	fficer			is this a	group return	for subc		Yes	X No
	_	CA	AROLINE DAU PO BOX	333 FOREST	GROVE OR 97	116 H(b)	Are all s	ubordinates ittach a list. (ınduded	?	Yes	No
ī	Tax-exe	empt status X	(501(c)(3) 501(c) () ◀ (insert no)	4947(a)(1) or	527	ir No, a	ittach a list. (see instr	ucuons)		
J	Webs		<u></u>	 		H(c)	Group e	xemption nu	mber Þ	•		
K	Form of	organization X	Corporation Trust	Association Other	L Year o	f formation	1968	Ms	tate of le	egal domicile	OR	
Pa	rt I 😹	Summary	- <u> </u>							-		
<u> </u>			he organization's mission	or most significant activit	ies . TO Pi	ROVIDE	FAC	LITIE	S			
5 0	F	OR LOCAL	ARTISTS TO TEAC	H, SHOWCASE ANI	SELL ARTW	ORK TO	THE		-	- -		· – – –
2 SE	<u> </u>	ENERAL PU	BLIC.								-	- - -
Governance	_				. – – – – อ คปร	7 _/1	##~ p					
<u>ŏ</u>		heck this box 🕨		discontinued its operation								
			members of the governir						3			<u> 16</u>
es			endent voting members o individuals employed in ca						5			16
¥			volunteers (estimate if ned						6	-		95
Activities &			ousiness revenue from Par						7a			0.
_	1		siness taxable income fro						7b			0.
							Pı	rior Year		Curr	ent Yea	
4	8 C	ontributions an	d grants (Part VIII, line 1h)				7,8	24.		13,	106.
ž	9 Pr	rogram service	revenue (Part VIII, line 2g))		[82,7	24.			
Revenue	10 In	vestment incon	ne (Part VIII, column (A), l	lines 3, 4, and 7d)				5,8	52.		5,	666.
Œ	1	•	Part VIII, column (A), lines		•	<u></u> ⊢		-2,0				927.
			add lines 8 through 11 (m			-		94,3	75.		36,	699.
	l		ar amounts paid (Part IX,									
	i .	•	or for members (Part IX, c	* * *								
ø	15 Sa	alaries, other c	ompensation, employee b	enefits (Part IX, column (A), lines 5-10)	· · · · · _						
Expenses	16a P	rofessional fund	draising fees (Part IX, colu	ımn (A), line 11e)		· · · ·						
æ	ЬТ	otal fundraising	expenses (Part IX, colum	ın (D), line 25) ►		<u>o.</u>	* No. 1		14.		2 547 - 5	- 7
ŭ	17 0	ther expenses	(Part IX, column (A), lines	11a-11d, 11f-24e)		[93,3	94.		45,	113.
	18 To	otal expenses	Add lines 13-17 (must eq	ual Part IX, column (A), lii	ne 25)	[93,3	94.		45,	113.
	19 R	evenue less ex	penses. Subtract line 18 f	rom line 12		[9	81.		-8,	414.
გ გ						В	eginnin	g of Currer	nt Year	End	of Yea	ır
ot Assets nd Balanc	20 To	otal assets (Pa	rt X, line 16)			[507,3	344.		428,	151.
₩ ₩	21 To	otal liabilities (F	Part X, line 26)			[119,	269.
2.5		et assets or fur	nd balances Subtract line	21 from line 20				507,3	44.		308,	882.
Pa	rt II 🗞	Signature	Block									
Und	er penalties	of perjury, I declare	that I have examined this return, other than officer) is based on all ir	including accompanying schedule	es and statements, and	to the best of r	ny knowi	edge and bel	ief, it is t	rue, correct, a	and	
com	plete Decla	aration of preparer (d	other than officer) is based on all in	itormation of which preparer has	any knowledge							
		fair	line Dan	<u> </u>			Dai		T-0	2016		
Sig		Signature o	or onicer				Lisi	ıc				
He	re		INE DAU									
			nt name and title	10	15.		r			DTIN		
		Print/Type prepa	arers name	Preparer's signature	Dat		}	Check	_] "	PTIN		
Pa		Jon Lar.		1-40- Li		/25/16		self-employe	ed	P01400	230	
	eparer			CPA, PC	. 					_		
US	e Only	Firm's address	1904 Council	· 					Firm's EIN ► 93-1270056			
			Forest Grove		OR 97116			Phone no	(50		-141	
Ma	y the IRS	discuss this re	eturn with the preparer shi	own above? (see instruct	ions)					. X Ye	s	No

	990 (2014)	VALLEY ART A				93-0	623083	Page 2
Par	t III Stat	ement of Progra	m Service Accomp	lishments				
	Chec	k if Schedule O contai	ns a response or note to	any line in this Part I	<u> </u>	<u></u>		
1	Briefly descr	ibe the organization's	mission					
	TO PROV	IDE FACILITIE	<u>S</u>					
	FOR LOC	AL ARTISTS TO	TEACH, SHOWCAS	E AND SELL A	RTWORK TO TH	E		
	GENERAL	PUBLIC.						
2			/ significant program sen			•	_	_
							Yes	X No
	•	ribe these new service						_
3			ting, or make significant	changes in how it coi	nducts, any program	services?	· · L Yes	X No
		ribe these changes or						
4	Section 5016	eorganization's progra (c)(3) and 501(c)(4) org , if any, for each progr	m service accomplishme ganizations are required am service reported	nts for each of its thro to report the amount	ee largest program s of grants and allocal	ervices, as measul tions to others, the	red by expens total expenses	es s,
		·				· ·····		
4 a	(Code) (Expenses	\$ 19,599.	including grants of	\$	0.)(Revenue	\$3	36,69 <u>9.</u>)
	PROVIDI	NG FACILITIES	FOR LOCAL ARTI	STS TO TEACH	THEIR CRAFT			
	SHOWCAS	E THEIR WORKS	AND SELL ARTWO	RK TO THE GE	NERAL PUBLIC			
							. 	
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					 _			
						_ 		
4 b	(Code) (Expenses	\$	including grants of	\$) (Revenue	\$)
						-	. <i>– – – –</i> –	
		.						
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							. – – – – –	
		- -			- -	-		
	<u> </u>		<u> </u>			\ /5	<u></u>	
4 0	(Code) (Expenses	\$	including grants of	\$) (Revenue	\$)
							- -	
						_ 	- -	
	-						. 	
		-						
							. 	
							- 	
4 0	Other progra	am services. (Describe	ın Schedule O)					
7.	(Expenses	\$	including grants	of \$) (Rev	enue \$)
4 6		m service expenses		599.	<u>, , , , , , , , , , , , , , , , , , , </u>			
								

Form 990 (2014) VALLEY ART ASSOCIATION Part IV Checklist of Required Schedules

			res	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8	Х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
a	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	х	
t	Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b		X
c	Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.	11 d		
6	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12 a	a Did the organization obtain separate, independent audited financial statements for the tax year? if 'Yes,' complete Schedule D, Parts XI, and XII	12a		Х
t	o Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
Ł	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV.	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16_		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		Х
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
ŀ	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Form 990 (2014) VALLEY ART ASSOCIATION

Part IV | Checklist of Required Schedules (continued)

		_	Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Pan IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23		Х
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No, 'go to line 25a	24a		Х
ļ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
1	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	d Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
ı	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes', complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L. Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
i	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
I	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		X
1	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes, complete Schedule L, Part IV	28c		X
29	Did the crganization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	and Part V, line 1	34		Х
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_X
	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes, complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	х	

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Form 990 (2014)

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Check if Schedule C Contains a response or note to any line in the Part V 1 a Entar the number reported in Box 3 of Form 1098. Enter -0- in for applicable 1 1	Form 990 (2014) VALLEY ART ASSOCIATION	93-0623083	Page 5
1 a Enter the number reported in Box 3 of Form 1096 Enter-0- if not applicable 1 b C D Enter the number of Forms W-2G included in line 1 a Enter-0- if not applicable 1 b C O G the organization consequence consequence with backup withholding rules for reportable payments to vendors and reportable gaming (and the organization prize wirms?) 2 a Enter the number of employees reported on Form W-3. Transmitted of Wage and Tax Statements. Bit of the calendar year endering with or within the year covered by this return. 1 a Enter State Stat	Part V Statements Regarding Other IRS Filings and Tax Compliance		
1a Enter the number reported in Box 3 of Form 1006. Enter -04 not applicable .		 	
b Enter the number of Forms W-2G included in line 1s Enter -0- if not applicable c Did the organization comply with backup witholding rules for reportable payments to vendors and reportable gaming (gambing) withings to prize without grow withinding rules for reportable payments to vendors and reportable gaming (gambing) withings to prize withings of the withings of the reportable payments to vendors and reportable gaming (gambing) withings to prize withings of the reportable payments to vendors and reportable gaming (gambing) withings to prize withings of the reportable payment to vendors and reportable gaming (gambing) withings to prize withings of the reportable payment to vendors and reportable gaming (gambing) withings of the decident of the organization file of the reportable gaming of the gaming of the gaming of the reportable gaming of the gaming of the gaming of the reportable gaming of the gaming of the gaming of the reportable gaming of the gaming of the reportable gamin		Ye	es No
Dut the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gameling) withings to prize withins the spear covered by this return. 2 Inter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, fleet for the celerical year entiring with or within the year covered by this return. 2 In all least one is reported on line 2,3 did the organization file all reagand desard employment tax returns? Note. If the sum of lines 1s and 2s is greater than 250, you may be required to s-file (see instructions) 3 and the organization bear venerabled business gross incine of \$1.000 in orince dump in year? 3 bil 1 Yes is stilled a form 901 for the year? If the 1stin 2b, provide an explaintion in Schedule 0 3 bil 1 Yes is stilled a form 901 for the year? If the 1stin 2b, provide an explaintion in Schedule 0 3 bil 1 Yes, either the name of the foreign country. See instructions for fitting requirements for FincEIN Form 114, Report of Foreign Bank and Financial Accounts, (FBAR) 5 a Was the organization party to a prohibited tax scheller transaction at any time dumpt the tax year? 5 a Was the organization approx to a prohibited tax scheller transaction at any time dumpt the tax year? 5 a Did any taxable party notify the organization this It was or is a porty to a prohibited tax scheller transaction? 5 b Did any taxable party notify the organization this It was or is a proty to a prohibited tax scheller transaction? 5 c of 1 Yes, to line 5 ac 750, did the organization this Forem 8886-1? 5 a Did see the organization and with every solitication on express statement that such committed on solicit any contributions that was receive deductible contributions with every foremass statement that such committed or goods and services provided? 6 b If Yes, did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided? 7 b If Yes, did the organization included on Part VIII, line 12 (1)	1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	0	
(gambhing) winnings to prize winners? 12 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return 21 his return. 12 a b b if at least one is reported on the 2, did the organization file all required federal employment tax returns? 2 b b life the sum of lines to and 2 as it greater than 250, you may be required federal employment tax returns? 2 b b life the sum of lines to an additional to the sum of lines to a sum of lines to the sum of lines to sum of lines to the sum of lines to sum	b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0	
ments, filed for the calendar year ending with or within the year covered by this return by if at least one is reported on line 2a, dut the organization file all required federal employment tax returns? 2 b b if Yes has it filed a Farm 90°-T for this year? If Not to line 3b, pronde an explanation and organization have unrelated business goss income of \$1,000 or more during the year? 5 a Vat have filed a Farm 90°-T for this year? If Not to line 3b, pronde an explanation in Schedule 0 4 a A any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a finencial accountly? 4 a A any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a finencial accountly? 4 a A time of the foreign country is such as a both as account, securities account, or other finencial accountly? 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 a Was the organization and organization file the was or as a party to a prohibited tax shelter transaction at any time during the tax year? 5 a Do Bos the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions for the reno flat x deductible as characteristic and the promote of the sequence of the sequ	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable (gambling) winnings to prize winners?	gaming 1 c	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 a Did the origination have unriedate business gross income of \$1,00 or more dump the year? 5 a Vas the first skilled a Fam 990-T for this year? If the for line 3b, provide an explanation in Schedule 0 4 a A any time during the catendar year, dot the origination have an interest, in, or a signature or other authority over, a financial account? 4 a A any time during the catendar year, dot the origination have an interest, in, or a signature or other authority over, a financial account? 5 b If Yes, enter the name of the foreign country - See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts. (FBAR) 5 a Was the origination a party to a prohibited tax sheller transaction at any time during the tax year? 5 a Was the origination have annual gross recepts that are normally greater than \$10,000, and did the originazion solicit any contributions have annual gross recepts that are normally greater than \$10,000, and did the originazion solicit any contributions have annual gross recepts that are normally greater than \$10,000, and did the originazion solicit any contributions have annual gross recepts that are normally greater than \$10,000, and did the originazion solicit any contributions that may receive deductible contributions under section 170(c). 6 a Does the originazion that were not tax deductible as characterial contributions or gifts were not tax deductible? 7 to granizations that may receive deductible contributions under section 170(c). 8 bit Yes, did the originazion receive a payment in excess of \$75 made party as a contribution or gifts were not tax deductible? 7 to bit the originazion receive any tunds, directly or indirectly, to pay premiums on a personal benefit contract? 7 to bit the originazion during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 to bit the originazion originazion make a distribution o	2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2 a		
3 a Dut the organization have unrelated business gross income of \$1,000 or more during the year? 3 b bif Yes has it filled a Firm 90°C for this year? If Wo Is the 3b, provide an explination in Schedule O 4 a At any time during the callendiar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5 b if Yes, "enter the name of the foreign country." 5 a was the organization on party to a prohibited the scheller transaction at any time during the tax year? 5 a Was the organization on party to a prohibited tax sheller transaction? 5 b J A or if Yes, to line 5 acr 5b, did the organization file Form 886°-T? 5 a Does the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6 a Does the organization receive a grayment in excess of \$75 made partly as a contribution and partly for goods and services provided to the prayor." 7 organization sthat may receive deductible contributions under section 170(c). 8 Did the organization receive a grayment in excess of \$75 made partly as a contribution and partly for goods and services provided to the prayor. 7 organization receive a grayment in excess of \$75 made partly as a contribution and partly for goods and services provided to the prayor. The provided for the prayor of the prayor of the contribution of the value of the goods or services provided? 8 b Jiff Yes, indicate the number of Forms 8822 filed during the year. 9 b Jiff Yes, indicate the number of Forms 8822 filed during the year, or otherwise disposes of tangible personal property for which it was required to file Form 8890 as required? 9 b Jiff the organization received a contribution of qualified intellectual property, did the organization forested as contribution of cars, boats, airplanes, or other vehicles, did the organizat	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2 b	
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f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-0? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-0? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9 a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 b	d If 'Yes,' indicate the number of Forms 8282 filed during the year		١,,
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c Enter the amount of reserves on hand			ļ
14a Did the organization receive any payments for indoor tanning services during the tax year?			
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	C Effet the amount of reserves on hand :		
	14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>
TEFA0105 05/28/14 Form 990 (201		14b	00 (204.4

TEEA0105 05/28/14

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI . Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year. 1 a 16 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O b Enter the number of voting members included in line 1a, above, who are independent 16 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 Х Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents Х 5 Χ Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? . . 6 Х 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7 a b Are any governance decisions of the organization reserved to (or subject to approval by) members. stockholders, or persons other than the governing body? . . . 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? Х 8 h Χ **b** Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O g Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code Yes No 10 a Х 10 a Did the organization have local chapters, branches, or affiliates? b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 105 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Х 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12 a Did the organization have a written conflict of interest policy? If 'No,' go to line 13. 12 a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12 b to conflicts? . . c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 12¢ 13 Х 13 Did the organization have a written whistleblower policy? 14 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15 a 15b **b** Other officers or key employees of the organization If Yes' to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 a Х b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Other (explain in Schedule O) Another's website Upon request Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records 2022 MAIN ST (580) 357-3703FOREST GROVE

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Form 990 (2014) VALLEY ART ASSOCIATION	1								93-06230	83 Page 7
Part VII Compensation of Officers, Direct Independent Contractors	ors, Tru	stee	es, l	Ke	y Ei	mplo	οує	es, Highest C	ompensated Er	nployees, and
Check if Schedule O contains a response or	note to an	v line	ın t	hie l	Dart	VII				П
Section A. Officers, Directors, Trustees, K							esi	Compensate	d Employees	· · · · · · <u> [</u>
1 a Complete this table for all persons required to be listed organization's tax year. • List all of the organization's current officers, directors.	Report	comp	ensa	ation	for	the c	aler	ndar year ending w	ith or within the	
compensation Enter -0- in columns (D), (E), and (F) if no	compensa	ition v	was	paid	ן מיזיונ	Juais	OI (organizations), reg	ardiess of amount of	
 List all of the organization's current key employees 	, if any Se	e ins	struc	tion	s for	defin	iitio	n of 'key employee	1	
 List the organization's five current highest compens who received reportable compensation (Box 5 of Form Woorganization and any related organizations 										
List all of the organization's former officers, key em of reportable compensation from the organization and any	related o	rganı	zatıc	ons						00,000
 List all of the organization's former directors or truorganization, more than \$10,000 of reportable compensal 										
List persons in the following order individual trustees or demployees, and former such persons			_				-	_		ed
Check this box if neither the organization nor any rela	ted organi	zatio	n co	mpe	ensa	ted a	ny c	current officer, dire	ctor, or trustee	
				(C)						
(A) Name and Title	(B) Average hours	than	one l both	box, ι an o	inless fficer : truste	ck more personand a e)	n	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	per week (list any hours for related organiza- tions below dotted (ine)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	relaled organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) DANA ZURCHER	10.00	'								
PRESIDENT				Х	_			0.	0.	0.
(2) CAROLINE DAU VICE PRESIDENT	5.00			Х				0.	0.	0.
(3) MARY WELCH SECRETARY	5.00			Х				0.	0.	0.
(4) LYNNE MAGNER TREASURER	10.00			Х				0.	0.	0.
(5)		T								

Page 8

Part VII Section A. Officers, Directors, 110	(B)	Ney		ibic (C		es,	am	d riighest Con	ipensaled Emp	loyees	(continuea)
(A) Name and title	(A) Average (do hours box				ition more rson i	the both street employee	an .ee)	Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
	dotted line)	stee	nstitutional trustee		e	ensated					
<u>(15)</u>				•							
(16)											
<u>(17)</u>											
(18)											
(19)											
(20)					 					,	·
(21)								-	,		
(22)											*****
(23)											
(24)											
(25)											
1 b Sub-total		•	•	•		<u>'</u>	>	0.	0.		0.
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)		,		• •			•	0.	0.		0.
2 Total number of individuals (including but not limited from the organization ►				ove)	who	rece	eive			npensat	
Tom the organization											Yes No
3 Did the organization list any former officer, director, on line 1a? If 'Yes,' complete Schedule J for such in	, or trustee Idividual	e, key · ·	em/	ploy	ee,	or hiç		st compensated en		. 3	Х
4 For any individual listed on line 1a, is the sum of repute organization and related organizations greater to such individual	han \$150,	000?	If 'Y	tion : 'es' i	and com	othe plete	r coi Scl	mpensation troni hedule J for	,	. 4	X
5 Did any person listed on line 1a receive or accrue c for services rendered to the organization? If 'Yes,' c										5	х
Section B. Independent Contractors 1 Complete this table for your five highest compensate				ï							
compensation from the organization Report compe	nsation fo	r the	cale	nda	r yea	ar en	ding	with or within the	organization's tax ye		
(A) Name and business addre	ess							Description o			C) nsation
					_						
2 Total riumber of independent contractors (including	but not lin	nited	to th	ose	liste	ed ab	ove) who received mo	re than		
\$100,000 of compensation from the organization	<u> </u>	TEEAG	2100	02/0	0/15					Form	990 (2014)

		Check if Schedule O contains a response or note to any lin	e in this Part VIII	<u> </u>	<u></u>	<u></u>
		*	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
		* *		revenue	TOVELIGE	512-514
इ इ	1 a	Federated campaigns 1a		*		
틸	b	Membership dues 1b 3,075.				
ا ي ي		Fundraising events 1c 750.		}		
<u>a</u>	d	Related organizations 1 d		1	*	
ig,	е	Government grants (contributions) 1e 4,065.				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants, and similar amounts not included above				
들읽	g	Noncash contributions included in lines 1a-1f \$		1	*	, .
<u>8</u> 8	h	Total. Add lines 1a-1f	13,106.			
흴		Business Code		-	•	•
ev er	2 a					
ě	b					
Zic	C					
Sel	d					
Program Service Revenue	e					
ᅙ		All other program service revenue				
		Total. Add lines 2a-2i				
l	3	Investment income (including dividends, interest and other similar amounts)	5,666.	0.	0.	5,666.
	4	Income from investment of tax-exempt bond proceeds	3,000.			
		Royalties				
	,	(i) Real (ii) Personal				
	6 a	Gross rents		<u>"</u>	. "	
		Less rental expenses			* *	
	С	Rental income or (loss)				,
	d	Net rental income or (loss)				
	7 a	Gross amount from sales of (i) Secunties (ii) Other				
	٠	assets other than inventory	j		•	:
	b	Less cost or other basis and sales expenses		•		
		Gain or (loss)	-	,*	va.	
	d	Net gain or (loss)				
nue	8 a	Gross income from fundraising events (not including . \$ 750.				
ě		of contributions reported on line 1c).				
Other Revenu		See Part IV, line 18	-			
홅		Less. direct expenses b 4,560.	1 540		0.	1,540.
Ŏ	l	Net income or (loss) from fundraising events	1,540.	<u> </u>		1,540.
		Gross income from gaming activities See Part IV, line 19		,	ţ	
	1	Less direct expenses b	. 		-	
	l	Net income or (loss) from gaming activities				
	ł	Gross sales of inventory, less returns and allowances			,	
		Less cost of goods sold b 75,226.	16 207	16,387.	0.	
	<u>- د</u>	Net income or (loss) from sales of inventory	16,387.	10,301.		<u> </u>
	11 a		1		İ	
	b					
			1			
	1 7	All other revenue				
		Total. Add lines 11a-11d	-			
		Total revenue. See instructions		16,387.	0	7,206.
DA			A0109 11/13/14	<u> </u>		Form 990 (2014)

Part IX | Statement of Functional Expenses

Section 501(c)(3) an	<u>d 501(c)(4</u>	4) organizatio	ns must comp	lete all columns	All other or	rganizations must	complete column (A	i)

	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members			, , , , , , , , , , , , , , , , , , , ,	
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
c	Accounting	3,600.	0.	3,600.	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17 .				
f	Investment management fees	68.	0.	68.	0.
g	Other (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	96.	96.	0.	0.
13	Office expenses	2,477.	0.	2,477.	<u>0.</u>
14	Information technology				
15	Royalties				
16	Occupancy	11,964.	0.	11,964.	0.
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences. conventions, and meetings				
20	Interest				
21	Payments to affiliates		<u> </u>		
22	Depreciation, depletion, and amortization	15,200.	15,200.	0.	0.
23 24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	INSURANCE	4,631.	3,631.	1.000	0.
	REPAIRS	6.055	0.	6,055	
	VOLUNTEER	672	672.	0,032.	0.
d					
e	All other expenses	350.	0.	350.	0.
_	Total functional expenses Add lines 1 through 24e.	45,113.	19,599.	25,514.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if fcllowing SOP 98-2 (ASC 958-720)				

Balance Sheet Check if Schedule O contains a response or note to any line in this Part X. (B) (A) End of year Beginning of year Cash - non-interest-bearing 11,681 14,631 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 4 4 5 Loans and other receivables from current and former officers, directors, 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L... 6 Notes and loans receivable, net 7 Inventories for sale or use 8 119,144. Prepaid expenses and deferred charges 9 1,092 Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D 10 a 10 a 335,890 **b** Less accumulated depreciation 10 b 194,286 330,987 10 c 141,604. investments — publicly traded securities 11 164.676 11 147,830. 12 Investments - other securities, See Part IV, line 11 . . . 12 Investments - program-related See Part IV, line 11. 13 13 14 14 Other assets See Part IV, line 11 15 15 3,850. 16 Total assets. Add lines 1 through 15 (must equal line 34) 507,344 16 428,151 17 17 18 18 19 19 20 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Liabilitie 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . 22 Secured mortgages and notes payable to unrelated third parties . 23 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 119,269. 0 26 119,269. Total liabilities. Add lines 17 through 25 . . . Organizations that follow SFAS 117 (ASC 958), check here or Fund Balances lines 27 through 29, and lines 33 and 34. Unrestricted net assets....... 27 27 Temporarily restricted net assets 28 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds <u>61,819</u> 30 30 Net Assets 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 445,525 32 308,882. 33 33 507,344 308,882.

BAA

34

Total liabilities and net assets/fund balances

Form 990 (2014)

428,151.

507,344

34

Form	990 (2014) VALLEY ART ASSOCIATION 93-06	23083		Page 12
Par	t XI Reconciliation of Net Assets			
	Cneck if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	36	,699.
2	Total expenses (must equal Part IX, column (A), line 25)	2	45	,113.
3	Revenue less expenses Subtract line 2 from line 1	3	-8	,414.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	 507	344.
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
		0	498	<u>,930.</u>
Par	t XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>	
			Υe	s No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?	[2. a	X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Separate basis Both consolidated and separate basis			
ŀ	Were the organization's financial statements audited by an independent accountant?	[2 b	Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis Both consolidated and separate basis			
(If Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2 c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3 a	X
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audi	:		İ
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 b	. (204.1)
BAA			Form 99	0 (2014)

TEEA0112 05/28/14

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Schedule A (Form 990 or 990-EZ) 2014

Name of the organization Employer identification number VALLEY ART ASSOCIATION 93-0623083 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described 7 Х in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 9 June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the !RS that is a Type I, Type II, Type III functionally integrated or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (I) Name of supported (ii) EIN (i'i) Type of organization (described on lines 1-9 above or IRC section (IV) Is the organization listed in your governing (v) Amount of monetary (vi) Amount of other organization support (see instructions) support (see instructions) (see instructions)) document? Yes No (C) (E)

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

<u>Sec</u>	tion A. Public Support						
	ndar year (or fiscal year nning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)				*		
6	Public support. Subtract line 5 from line 4					,	
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activiti	es, etc (see instru	ctions)			12	<u> </u>
13	First five years. If the Form 990 is organization, check this box and s	s for the organizati	on's first, second,	third, fourth, or fifth	tax year as a sect	ion 501(c)(3)	▶ □
Sec	tion C. Computation of Pu						
14	Public support percentage for 201						%
15	Public support percentage from 20						%
16 a	33-1/3% support test — 2014. If and stop here. The organization of	the organization di qualifies as a publi	d not check the book cly supported orga	ox on line 13, and t inization	he line 14 is 33-1/3		
b	33-1/3% support test — 2013. If t and stop here. The organization of	he organization di qualifies as a publi	d not check a box cly supported orga	on line 13 or 16a, a anization	and line 15 is 33-1/	3% or more, check	this box ▶ □
17 a	10%-facts-and-circumstances to or more, and if the organization meets the 'facts-a	eets the 'facts-and	-circumstances' te	st, check this box a	and stop here. Exp	laın ın Part VI hov	٧
	o 10%-facts-and-circumstances to or more, and if the organization m organization meets the 'facts-and-	eets the 'facts-and circumstances' tes	-circumstances' te t The organizatio	est, check this box a n qualifies as a put	and stop here. Exp olicly supported org	anization	v the
18	Private foundation. If the organiz	ation did not chec	k a box on line 13,	16a, 16b, 17a, or	17b, check this box	and see instruction	ons · · · · · X

Dart III	Support Schedule f	ar Organizations	Danasikastis	Continu EDD/al/21
1 41 . 111	- Support Schedule i	or Organizacions	Describea in	secuon sugranzi

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

<u>Sec</u>	tion A. Public Support							
	dar year (or fiscal yr beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants')							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons							
Ь	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year					-		, , , , , , , , , , , , , , , , , , ,
С	Add lines 7a and 7b							
8	Public support (Subtract line 7c from line 6)	4	- · · · · · · · · · · · · · · · · · · ·			*		
Sec	tion B. Total Support							
Calen	dar year (or fiscal yr beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6							
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
11	Add lines 10a and 10b							
12	regularly carried on							
	Total support. (Add lines 9, 10c, 11 and 12)							
	First five years. If the Form 990 is organization, check this box and s	top here		third, fourth, or fifth	tax year as a sect	ion 501(c)(3)		> [
	tion C. Computation of Pu						45 1	
15	Public support percentage for 201			s, column (f))		<u> </u>	15	 ું
16	Public support percentage from 20				<u> </u>	• • • • •	16	<u>%</u>
	tion D. Computation of Inv				···	 -	17	
17	Investment income percentage for			r line 13, column (f			18	olo
18	Investment income percentage fro		•	av an line 14 and l		<u>_</u>		
	33-1/3% support tests — 2014, if is not more than 33-1/3%, check the 2014 (1927)	nis box and stop h	ere. The organiza	tion qualifies as a p	oublicly supported	organization -		▶ 🗌
	33-1/3% support tests — 2013. If line 18 is not more than 33-1/3%, Private foundation. If the organiz	check this box and	stop here. The or	rganization qualifie	s as a publicly sup	ported organi	zation	

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

	tion A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated if designated by class or purpose, describe the designation if historic and continuing relationship, explain	1	163	110
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3 a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below	3a		
ŀ	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination	3b		
(Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use	3c		
4 8	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
ŀ	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
C	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5 6	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
į	Type I or Type II only. Was any added or substituted supported organization part of a class aiready designated in the organization's organizing document?	5b		
•	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	<u> </u>	ļ
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in iRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990)	8		_
9 :	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509ia)(1) or (2))? If 'Yes,' provide detail in Part VI	9a	[
ı	Did one or more disqual:fied persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI	9b		
(Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI	9c	ļ	
10	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer (b) below	10a		
ł	b Did the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10ь		

Sch	edule A (Form 990 or 990-EZ) 2014 VALLEY ART ASSOCIATION 93-062308	3	F	age 5
Pa	rt IV Supporting Organizations (continued)			
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
	b A family member of a person described in (a) above?	11b		
	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	11c		
	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities if the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations	·		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Sec	ction D. All Type III Supporting Organizations			
		,	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard.	3		
Se	ction E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	•		
	The organization satisfied the Activities Test. Complete line 2 below			
	b The organization is the parent of each of its supported organizations. Complete line 3 below			
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction)	ions)		
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported			

	responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a	_
ı	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes, explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b	
3	Parent of Supported Organizations Answer (a) and (b) below		
i	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a	_
ı	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard	3ь	

1 Check here if the organization satisfied the Integral Part Test as a qualifying true other Type III non-functionally integrated supporting organizations must complet	st on Novemb	er 20. 1970 See instr	uctions. All
Section A — Adjusted Net Income	le dections A	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	. 1		
2 Recoveries of prior-year distributions	2	 	-
3 Other gross income (see instructions)	. 3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5	······································	-
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Pnor Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)			s.
a Average monthly value of secunties	1 a		
b Average monthly cash balances	. 1b		
c Fair market value of other non-exempt-use assets	. 1с		
	. 1 d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets			
3 Subtract line 2 from line 1d	. 3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	. 4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)			
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	. 7		
8 Minimum Asset Amount (add line 7 to line 6)	. 8		
Section C — Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	,	
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A) .	3		
4 Enter greater of line 2 or line 3	. 4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	·	
7 Check here if the current year is the organization's first as a non-functionally-interesting (see instructions)	egrated Type	III supporting organiza	tion
BAA		Schedule A (F	orm 990 or 990-EZ) 201

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Part	V Type III Non-Functionally Integrated 509(a)(3) Sup	porting Organiza	tions (continued)	
	on D - Distributions			Current Year
1 /	amounts paid to supported organizations to accomplish exempt purpose	s		
2 /	mounts paid to perform activity that directly furthers exempt purposes on excess of income from activity	f supported organization	ors, 	
3 /	administrative expenses paid to accomplish exempt purposes of support	ed organizations		
4 /	mounts paid to acquire exempt-use assets		<u> </u>	
	Qualified set-aside amounts (prior IRS approval required)			
	Other distributions (describe in Part VI) See instructions			
	otal annual distributions. Add lines 1 through 6			
) 8 I	Distributions to attentive supported organizations to which the organization Part VI) See instructions.	on is responsive (provided in the control of the co	de details	
9 [Distributable amount for 2014 from Section C, line 6			
10 L	ine 8 amount divided by Line 9 amount			
Secti	on E – Distribution Allocations (see instructions)	(i) Excess Distributions	(li) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
	Distributable amount for 2014 from Section C, line 6			
2 (Underdistributions, if any, for years prior to 2014 (reasonable cause required — see instructions)			
3 l	excess distributions carryover if any, to 2014			
a :				
b	٠;٠			
_с	· ·			
d				
	From 2013	<u> </u>		
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
	Carryover from 2009 not applied (see instructions)			
	Remainder Subtract lines 3g, 3h, and 3i from 3f			
	Distributions for 2014 from Section D, line 7 \$,
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
	Remainder Subtract lines 4a and 4b from 4			
	Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).		,	
7	Excess distributions carryover to 2015. Add lines 3j and 4c			
	Breakdown of line 7		, / ,	
a	4			
b				<u></u>
С	,			
d	Excess from 2013			
	Excess from 2014			

Part Vi Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2014

Open to Public

Department of the Treasury Internal Rovenue Service Name of the organization

m990. Inspection
Employer identification number

	VALLEY ART ASSOCIATION		93-0623083	
Par	Organizations Maintaining Donor Advised Funds or Other Similar Fund			
<u>, ai</u>	Complete if the organization answered 'Yes' to Form 990, Part IV. line 6.			
	(a) Donor advised funds	(b) Fu	unds and other acco	ounts
1	Total number at end of year	<u></u>		
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year	·	·	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advisore the organization's property, subject to the organization's exclusive legal control?	sed funds	· · · Yes	No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose impermissible private benefit?	conferring	· · · · · Tes	□No
Par	Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.			<u> </u>
1				
	Preservation of land for public use (e.g., recreation or education) Preservation of a light of the public use (e.g., recreation or education)	historically	important land area	3
	Protection of natural habitat Preservation of a	cerufied his	storic structure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form	of a conse	rvation easement o	n the
	last day of the tax year			
			eld at the End of t	he Tax Year
	a Total number of conservation easements	2 a		
	Total acreage restricted by conservation easements	2 b		
(Number of conservation easements on a certified historic structure included in (a)	2 c		
C	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2 d		
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the tax year ►	e organiz a l	tion during the	
4	Number of states where property subject to conservation easement is located >			
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of and enforcement of the conservation easements it holds?		لبيا	No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements de	unng the yo	ear	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during \$\Bigsis \sum_{	the year		
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170 and section 170(h)(4)(B)(ii)?	D(h)(4)(B)(i) 	No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expens include, if applicable, the text of the footnote to the organization's financial statements that describes to conservation easements.	e statemer the organiz	nt, and balance she ation's accounting t	et, and for
Par	till Organizations Maintaining Collections of Art, Historical Treasures, or O Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.	ther Sin	nilar Assets.	· ,
1 8	alf the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue state art, historical treasures, or other similar assets held for public exhibition, education, or research in furt in Part XIII, the text of the footnote to its financial statements that describes these items	ment and b herance of	palance sheet works public service, pro-	s of vide,
ı	o If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statemer historical treasures, or other similar assets held for public exhibition, education or research in further following amounts relating to these items	nt and bala ance of pub	nce sheet works of blic service, provide	ait, the
	(i) Revenue included in Form 990, Part VIII, line 1		▶\$	
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical treasures, or other similar assets for financial amounts required to be reported under SFAS 116 (ASC 958) relating to these items	al gaın, pro	ovide the following	
	a Revenue included in Form 990, Part VIII, line 1 · · · · · · · · · · · · · · · · · ·		►\$	
1	b Assets included in Form 990, Part X		. ▶\$	

Part III Organizations Maintain	ning Collection:	s of Art, Histo	orical Treasures, or	Other Similar Ass	ets (contin	nued)
 Using the organization's acquisition, items (check all that apply) 	, accession, and othe	er records, check	any of the following that a	are a significant use of its	s collection	
a Public exhibition		d Loan o	or exchange programs			
b Scholarly research		e Other				
c Preservation for future generation	ons					_
Provide a description of the organize Part XIII	ation's collections an	d explain how the	y further the organization	s's exempt purpose in		
5 During the year, did the organization to be sold to raise funds rather than	to be maintained as	part of the organi	zation's collection?		Yes	XNo
Part IV Escrow and Custodial line 9, or reported an an				vered 'Yes' to Form	990, Part I	V,
1 a Is the organization an agent, trustee on Form 990, Part X?				ets not included	Yes	No
b If 'Yes,' explain the arrangement in I	Part XIII and complet	e the following tal	ole		A	
a Daggaran halana				<u> </u>	Amount	
c Beginning balance		• •		· 1c		
d Additions during the year		• •		1 d		
e Distributions during the year		•		. 1e		
f Ending balance2 a Did the organization include an amore		· wt V line 21 for a	· · ·	<u> </u>	Yes	Talo
•	·			٠ .		No
b If 'Yes,' explain the arrangement in I	Part XIII Check nere	ii the explanation	i nas been provided in Pa	III AIII		
Part V Endowment Funds. Co	mplete if the ord	anization and	wared 'Ves' to Form	990 Part IV line 1	<u> </u>	
Tart V Endowment ditus. Oc	(a) Current year	(b) Prior year		(d) Three years back	(e) Four yea	ars back
1 a Beginning of year balance	(a) Current year	(b) Fildi year	(c) Two years back	(u) Tillee years back	(c) i oui yea	dia Gack
b Contributions					 	
D Contributions :		 		 		
c Net investment earnings, gains, and losses						
d Grants or scholarships						
e Other expenditures for facilities and programs						
f Administrative expenses					 	
g End of year balance					<u> </u>	
2 Provide the estimated percentage o	-	d balance (line 1g	, column (a)) held as			
a Board designated or quasi-endowm						
b Permanent endowment	 8					
c Temporarily restricted endowment		_ 8				
The percentages in lines 2a, 2b, and	d 2c should equal 10	0%				
3 a Are there endowment funds not in the	ne possession of the	organization that	are held and administered	ed for the		
organization by·		-			Yes	No
(i) unrelated organizations					. 3a(i)	
(ii) related organizations					. 3a(ii)	_
b If 'Yes' to 3a(II), are the related orga					. 3b	_1
4 Describe in Part XIII the intended us		n's endowment fu	ınds			
Part VI Land, Buildings, and E	Equipment.					
Complete if the organiza	ation answered "	Yes' to Form 9	90, Part IV, line 11a	. See Form 990, Pa	art X, line 1	0.
Description of property		t or other basis vestment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book	value
1 a Land						
b Buildings						
c Leasehold improvements						
d Equipment						
e Other			335,890.	194,286.	14	1,604.
Total. Add lines 1a through 1e (Column (_	990, Part X, colur				1,604.

	irity or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-	year market value
(1) Financial derivative	es			
	/ interests			
(<u>A)</u>				
(B)				
(C)				
(D)				
(E)				
<u>(F)</u>				
(G) 				
(H)			.	
<u>(I)</u>				
	ual Form 990, Part X, column (B) line 12)	. ▶	·	
Part VIII Investin	nents — Program Related.	d 'Yes' to Form 990. Pa	art IV. line 11c. See Form 990, Pa	ort X line 13
	ription of investment type	(b) Book value	(c) Method of valuation Cost or end-of	
(1)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(-,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(2)				
(3)				
(4)				· · · · · · · · · · · · · · · · · · ·
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total (Column (b) must eq	ual Form 990, Part X, column (B) line 13).	>		
Part IX Other A	issets.	-1.1V1.4- Farmer 000 Da		
Part IX Other A Comple	te if the organization answere		art IV, line 11d. See Form 990, Pa	art X, line 15.
Comple	te if the organization answere (a)	d 'Yes' to Form 990, Pa Description	art IV, line 11d. See Form 990, Pa	(b) Book value
Comple (1) PERM COLLE	te if the organization answere (a)		art IV, line 11d. See Form 990, Pa	art X, line 15. (b) Book value 3,850.
(1) PERM COLLE (2)	te if the organization answere (a)		art IV, line 11d. See Form 990, Pa	(b) Book value
Comple (1) PERM COLLE	te if the organization answere (a)		art IV, line 11d. See Form 990, Pa	(b) Book value
(1) PERM COLLE (2) (3)	te if the organization answere (a)		art IV, line 11d. See Form 990, Pa	(b) Book value
(1) PERM COLLE (2) (3) (4) (5)	te if the organization answere (a)		art IV, line 11d. See Form 990, Pa	(b) Book value
(1) PERM COLLE (2) (3) (4) (5) (6)	te if the organization answere (a)		art IV, line 11d. See Form 990, Pa	(b) Book value
(1) PERM COLLE (2) (3) (4) (5) (6) (7) - (8)	te if the organization answere (a)		art IV, line 11d. See Form 990, Pa	(b) Book value
(1) PERM COLLE (2) (3) (4) (5) (6) (7) - (8) (9)	te if the organization answere (a)		art IV, line 11d. See Form 990, Pa	(b) Book value
Comple (1) PERM COLLE (2) (3) (4) (5) (6) (7) - (8) (9) (10)	te if the organization answere (a)	Description	art IV, line 11d. See Form 990, Pa	(b) Book value 3,850.
(1) PERM COLLE (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) mu	te if the organization answere (a) CCTION set equal Form 990, Part X, column (E	Description	art IV, line 11d. See Form 990, Pa	(b) Book value
(1) PERM COLLE (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) mu	te if the organization answere (a) CCTION ust equal Form 990, Part X, column (E.	Description 3), line 15)		(b) Book value 3,850.
(1) PERM COLLE (2) (3) (4) (5) (6) (7) - (8) (9) (10) Total. (Column (b) mu Part X Other L Complete	te if the organization answere (a) CCTION Ist equal Form 990, Part X, column (b. Liabilities. If the organization answered 'Yes' to	Description 3), line 15)	ert IV, line 11d. See Form 990, Pa	(b) Book value 3,850.
(1) PERM COLLE (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) mu Part X Other L Complete	te if the organization answere (a) CCTION Ist equal Form 990, Part X, column (b. iabilities. if the organization answered 'Yes' to) Description of liability	Description B), line 15) Form 990, Part IV, line 116		(b) Book value 3,850.
(1) PERM COLLE (2) (3) (4) (5) (6) (7) - (8) (9) (10) Total. (Column (b) mu Part X Other L Complete (a) (1) Federal income to the column (b) gray (c) (2) GALLERY AR	te if the organization answere (a) ICTION Ist equal Form 990, Part X, column (E iabilities. If the organization answered 'Yes' to Description of liability laxes	Description B), line 15) Form 990, Part IV, line 116	e or 11f See Form 990. Part X, line 25	(b) Book value 3,850.
(1) PERM COLLE (2) (3) (4) (5) (6) (7) - (8) (9) (10) Total. (Column (b) mu Part X Other L Complete (a) (1) Federal income to the complete of the complete	te if the organization answere (a) ICTION Ist equal Form 990, Part X, column (E iabilities. If the organization answered 'Yes' to Description of liability laxes	Description B), line 15) D Form 990, Part IV, line 116 (b) Book value	e or 11f See Form 990. Part X, line 25	(b) Book value 3,850.
(1) PERM COLLE (2) (3) (4) (5) (6) (7) - (8) (9) (10) Total. (Column (b) mu Complete (a) (1) Federal income to (2) GALLERY AR (3) (4)	te if the organization answere (a) ICTION Ist equal Form 990, Part X, column (E iabilities. If the organization answered 'Yes' to Description of liability laxes	Description B), line 15) D Form 990, Part IV, line 116 (b) Book value	e or 11f See Form 990. Part X, line 25	(b) Book value 3,850.
(1) PERM COLLE (2) (3) (4) (5) (6) (7) - (8) (9) (10) Total. (Column (b) mu Part X Other L Complete (a) (1) Federal income t (2) GALLERY AR (3) (4) (5)	te if the organization answere (a) ICTION Ist equal Form 990, Part X, column (E iabilities. If the organization answered 'Yes' to Description of liability laxes	Description B), line 15) D Form 990, Part IV, line 116 (b) Book value	e or 11f See Form 990. Part X, line 25	(b) Book value 3,850.
(1) PERM COLLE (2) (3) (4) (5) (6) (7) - (8) (9) (10) Total. (Column (b) mu Part X Other L Complete (a) (1) Federal income t (2) GALLERY AR (3) (4) (5) (6)	te if the organization answere (a) ICTION Ist equal Form 990, Part X, column (E iabilities. If the organization answered 'Yes' to Description of liability laxes	Description B), line 15) D Form 990, Part IV, line 116 (b) Book value	e or 11f See Form 990. Part X, line 25	(b) Book value 3,850.
(1) PERM COLLE (2) (3) (4) (5) (6) (7) - (8) (9) (10) Total. (Column (b) mu Part X Other L Complete (a) (1) Federal income t (2) GALLERY AR (3) (4) (5) (6) (7)	te if the organization answere (a) ICTION Ist equal Form 990, Part X, column (E iabilities. If the organization answered 'Yes' to Description of liability laxes	Description B), line 15) D Form 990, Part IV, line 116 (b) Book value	e or 11f See Form 990. Part X, line 25	(b) Book value 3,850.
(1) PERM COLLE (2) (3) (4) (5) (6) (7) - (8) (9) (10) Total. (Column (b) mu Part X Other L Complete (a) (1) Federal income t (2) GALLERY AR (3) (4) (5) (6) (7) (8)	te if the organization answere (a) ICTION Ist equal Form 990, Part X, column (E iabilities. If the organization answered 'Yes' to Description of liability laxes	Description B), line 15) D Form 990, Part IV, line 116 (b) Book value	e or 11f See Form 990. Part X, line 25	(b) Book value 3,850.
(1) PERM COLLE (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) mu Part X Other L Complete (a) (1) Federal income to (2) GALLERY AR (3) (4) (5) (6) (7) (8) (9)	te if the organization answere (a) ICTION Ist equal Form 990, Part X, column (E iabilities. If the organization answered 'Yes' to Description of liability laxes	Description B), line 15) D Form 990, Part IV, line 116 (b) Book value	e or 11f See Form 990. Part X, line 25	(b) Book value 3,850.
(1) PERM COLLE (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) mu Part X Other L Complete (a) (1) Federal income t (2) GALLERY AR (3) (4) (5) (6) (7) (8) (9) (10)	te if the organization answere (a) ICTION Ist equal Form 990, Part X, column (E iabilities. If the organization answered 'Yes' to Description of liability laxes	Description B), line 15) D Form 990, Part IV, line 116 (b) Book value	e or 11f See Form 990. Part X, line 25	(b) Book value 3,850.
(1) PERM COLLE (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) mu Part X Other L Complete (a) (1) Federal income t (2) GALLERY AR (3) (4) (5) (6) (7) (8) (9) (10) (11)	te if the organization answere (a) ECTION Ist equal Form 990, Part X, column (to liabilities. if the organization answered 'Yes' to Description of liability laxes TWORK	Description B), line 15) D Form 990, Part IV, line 116 (b) Book value 119, 269	e or 11f See Form 990. Part X, line 25	(b) Book value 3,850.
(1) PERM COLLE (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) mu Part X Other L Complete (a) (1) Federal income t (2) GALLERY AR (3) (4) (5) (6) (7) (8) (9) (10) (11) Total (Column (b) must eq	te If the organization answere (a) ISTION Ist equal Form 990, Part X, column (E.iabilities. If the organization answered 'Yes' to Description of liability Istaxes ITWORK	Description B), line 15) D Form 990, Part IV, line 11e (b) Book value 119, 269	e or 11f See Form 990. Part X, line 25	(b) Book value 3,850.

Schedule D (f	Form 990)	2014	VALLEY	ART	ASSOCIATIO	N

93-0623083

Page 4

Part X! Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.	
1 Total revenue, gains, and other support per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a Net unrealized gains (losses) on investments	
b Donated services and use of facilities	
c Recoveries of prior year grants	1
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d	2 e
3 Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a Investment expenses not included on Form 990, Part VIII, line 7b · · · · 4a	
b Other (Describe in Part XIII)	_
c Add lines 4a and 4b	4 c
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I line 12)	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per I	Return.
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.	
	1
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.	
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities	
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities	
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities	1
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities	1 2 e
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities	1 2 e
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	1 2 e
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII) e Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.)	2 e 3
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities	2 e 3
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities	2 e 3
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities	2 e 3

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4 Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Pt III, Line 4 PROVIDING FACILITIES TO TEACH, SHOWCASE AND SELL ART

Schedule **D** (Form 990) 2014

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

OMB No 1545-0047 2014

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization

Pt VI, Line 11b

Employer Identification number

93-0623083

VALLEY ART ASSOCIATION

PROVIDED TO BOARD PRIOR TO FILING