	-
Form	990

Preparer

Use Only

Firm's name ▶ Jon Larson, CPA,

For Paperwork Reduction Act Notice, see the separate instructions. BAA

May the IRS discuss this return with the preparer shown above? (see instructions)

Firm's address ▶ 1904 Council Street, Forest Grove, OR 97116

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2018

Open to Public

Department of the Treasury

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public!

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2018 calendar year, or tax year beginning Jul 1 2018, and ending Jun **20**19 D Employer identification number C Name of organization VALLEY ART ASSOCIATION Check if applicable 93-0623083 Address change Doing business as E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite Name change (503)357 - 3703PO BOX 333 Initial return City or town, state or province, country, and ZIP or foreign postal code Final return/terminated FOREST GROVE, OR 97116 137,874. G Gross receipts \$ Amended return Application pending F Name and address of principal officer H(a) Is this a group return for subordinates? Yes No H(b) Are all subordinates included? Yes No EMILY LUX, PO BOX 333, FOREST GROVE, OR 97116 If "No," attach a list (see instructions) **区** 501(c)(3) 501(c) () ◀ (insert no) 🔲 4947(a)(1) or Tax-exempt status H(c) Group exemption number ▶ Website: ▶ Form of organization X Corporation ☐ Trust ☐ Association ☐ Other ▶ 1968 M State of legal domicile OR L Year of formation Part I Briefly describe the organization's mission or most significant activities: TO PROVIDE FACILITIES FOR LOCAL ARTISTS TO TEACH, SHOWCASE AND SELL ARTWORK TO THE Activities & Governance GENERAL PUBLIC. Check this box > If the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 16 16 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 95 Total number of volunteers (estimate if necessary) 6 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. Net unrelated business taxable income from Form 990-T. Jino 38 0. **Current Year** ၁၀ Contributions and grants (Part VIII, line 1h) . 11,254. 11,213. 8 9 Program service revenue (Part VIII, line 2g) 10 6,933. Investment income (Part VIII, column (A), lines 3 8,079. Other revenue (Part VIII, column (A), lines 5, 6d, 8c. 9c, 10c. ar 84,027 28,156. 11 Total revenue - add lines 8 through 11 (must equal Path) Labin M 102,214 47,448. 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 13 75. Benefits paid to or for members (Part IX, column (A), line 4) 14 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) . . . 16a Total fundraising expenses (Part IX, column (D), line 25) ▶ Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 45,519 46,447. 17 46,447. 45,594. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,001. Revenue less expenses. Subtract line 18 from line 12 56,620. **'19 Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) 534,433. 554,673. 21 Total liabilities (Part X, line 26) 119,009. 122,416. Net assets or fund balances. Subtract line 21 from line 20 22 415,424. 432,257. Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Signature of officer (INDA ALLEN Here EMILY-LUX, PRESIDENT Type or print name and title Print/Type preparer's name Preparer's signature Date Check X If Paid CPA self-employed P01400230 Jon Larson CPA 01/31/2020

X Yes ☐ No

Form 990 (2018)

Firm's EIN ▶ 93-1270056

REV 05/20/19 PRO

Phone no (503) 992-1416



Form 99	90 (2018)	$\boldsymbol{\Gamma}$		<u> </u>	F	Page 3
Part	IV Checklist of Required Schedules					
				r	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? complete Schedule A			1	×	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?			2		×
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opp					
_	candidates for public office? If "Yes," complete Schedule C, Part I			3		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a secti	on	501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II			4)	×
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives members assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule			5		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which have the right to provide advice on the distribution or investment of amounts in such funds or accuracy, "complete Schedule D, Part I	cou		6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve operathe environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	en s	space,	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? complete Schedule D, Part III	? If	"Yes," 	8	×	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, s custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit debt negotiation services? If "Yes," complete Schedule D, Part IV	rep	oair, or	9		×
10	Did the organization, directly or through a related organization, hold assets in temporarily endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part			10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, VII, VIII, IX, or X as applicable.	Pa	ırts VI,			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? complete Schedule D, Part VI			11a	×	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			11b		×
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			11c		×
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its to reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			11d	×	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule	D,	Part X	11e	×	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that a the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule Did not the organization of the tax year include a footnote that a the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule Did not take the organization of the tax year include a footnote that a the organization of the tax year include a footnote that year include a footnote that year incl			11f		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," Schedule D, Parts XI and XII			12a		×
b	Was the organization included in consolidated, independent audited financial statements for the tax					
40	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is			12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	•		13 14a		
14a		, _+		140		×
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grar fundraising, business, investment, and program service activities outside the United States, or a foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	agg	regate	14b		×
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistation for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	ance	e to or	15	-	×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	or	other	16		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising se Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	rvio	ces on	17		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contrib Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	utic	ons on	18		×
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, Iir	ne 9	9a?			
	If "Yes," complete Schedule G, Part III			19		×
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H			20a		×_
b				20b	.	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organ domestic government on Part IX, column (A), line 1? #EV/GRO/160400 lete Schedule I, Parts I and II.		uon or	21		×

Part	Checklist of Required Schedules (continued)			
	1		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
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		×
24a	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		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
25a	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		×
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		×
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		×
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		×_
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u>×</u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	206		J
_	Schedule L, Part IV	28b		<u>×</u>
С	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
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		×
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		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<u> </u>	×
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? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		×
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		×
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	×	
Part				
	Check If Schedule O contains a response or note to any line in this Part V	• •	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0		.63	 -
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		_,

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)									
	1		Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			¥ 14 5 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3						
	Statements, filed for the calendar year ending with or within the year covered by this return 2a									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b								
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	ارب مورد احساست	ZŽŽ	لتثت						
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b		×						
Ь										
4a	At any time during the calendar 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)?	4a	. 1670. W.E.E.	X						
b	If "Yes," enter the name of the foreign country:	37.3								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	Fo	22.50	الشكند						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		- <u>×</u>						
b	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	_							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	-30								
oa	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×						
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or	<u> </u>								
	gifts were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).	The second	5							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods									
	and services provided to the payor?	7a		×						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b								
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was									
	required to file Form 8282?	7c	4150.446	X						
d	If "Yes," indicate the number of Forms 8282 filed during the year	1.158								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		×						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u>×</u>						
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h								
h										
8	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?	8								
9	Sponsoring organizations maintaining donor advised funds.	250								
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	A STATE OF THE PARTY OF THE PAR	امبضحشنان						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter.		774							
а	Initiation fees and capital contributions included on Part VIII, line 12									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b									
11	Section 501(c)(12) organizations. Enter.			X ()						
а	Gross income from members or shareholders			\$ 100 m						
b	Gross income from other sources (Do not net amounts due or paid to other sources	4000								
120	against amounts due or received from them.)	12a								
12a h	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	72.0	34 X	<i>32</i> 000						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	1. VEWAS	C 7 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2						
_	Note. See the instructions for additional information the organization must report on Schedule O.	1460		#12m1						
b	Enter the amount of reserves the organization is required to maintain by the states in which		76.	XX.						
~	the organization is licensed to issue qualified health plans		- 300							
С	Enter the amount of reserves on hand									
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×						
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b	_							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or									
	excess parachute payment(s) during the year?	15	\$"88.KA	E 2008 S-13						
4.5	If "Yes," see instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	1966/2004	894E354						
	If "Yes," complete Form 4720, Schedule O.	Wide	. <u> </u>	(2018)						
		COLL		(2010)						

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	ee ins	tructi					
Section	on A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	130						
	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							
2	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						
3	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		×				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		×				
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		×				
6	Did the organization have members or stockholders?	6		×				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		×				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		×				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.							
а	The governing body?	8a	×	200.151				
b	Each committee with authority to act on behalf of the governing body?	8b	×					
9	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	9		<u>×</u>				
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co						
40	D 14	100	Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		×				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	<u> </u>					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	- 144.55					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b		×				
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120		<u> </u>				
С	describe in Schedule O how this was done	12c						
13	Did the organization have a written whistleblower policy?	13		×				
14	Did the organization have a written document retention and destruction policy?	14		×				
15	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?			1-3				
а	The organization's CEO, Executive Director, or top management official	15a		×				
b	Other officers or key employees of the organization	15b		×				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		a R	2				
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?	16a		×				
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?	16b		2				
Secti	on C. Disclosure	, -3-1						
17	List the states with which a copy of this Form 990 is required to be filed ▶							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-7							
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website	-1						
40	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of intermediate of the conflict of the	aract :	مماند	, and				
19	financial statements available to the public during the tax year.			, and				
20	State the name, address, and telephone number of the person who possesses the organization's books and re-	cords	▶					

Part VII	Compensation of Officers, Directors,	Trustees, Key Emp	loyees, Highest Compensat	ed Employees, and
,	Independent Contractors			

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employees."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office individual	unles er and	Pos neck ss pe	rson	e than of the sort trust employee employee	n an tee)	(D) 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
(1) EMILY LUX PRESIDENT	10.00			×				0.	0.	0.
(2) JEANNINE LEVY VICE PRESIDENT	5.00			×				0.	0.	0.
(3) MARGE HAYES SECRETARY	5.00			×				0.	0.	0.
(4) LYNNE MAGNER TREASURER	10.00			×				0.	0.	0.
(5)									/	
(6)										
(7)									-	
(8)										
(9)			-							
(10)				·						
(11)										
(12)				_						
(13)										
(14)					-					

	(A) Name and title		(C) Position (do not check more than of box, unless person is both officer and a director/trust					h an tee)	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimated amount of other		
		week (list any hours for related organizations below dotted line)	ndividua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MI		compa from organ and		e on ed
(15)		 												
(16)														
(17)					Г	\vdash					-			
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			<u> </u>		<u> </u>	<u> </u>	<u></u>	igsqcup						
(24)														
(25)														
1b c d	Sub-total	VII, Section					•	▶ ▶	0.		0.			0.
2	Total number of individuals (including but reportable compensation from the organic	t not limited					above	e) w	<u> </u>	ore than \$10		of		
		-		••	t						cated		Yes	No
3	Did the organization list any former of employee on line 1a? <i>If</i> "Yes," <i>complete</i> S	Schedule J	for su	uch .	ındı	lıvidu	ual				•	3		×
4	For any individual listed on line 1a, is the organization and related organizations	greater that	an \$1	150,	,000	0? //	f "Ye	s, "	complete Sch	edule J for				
5	Individual	or accrue co	ompor	nsat	tion	fror	m any	y un	related organiz	ation or indi		4		×
Section	for services rendered to the organization? on B. Independent Contractors	? If "Yes," c	:ompl	ete -	<u>Sch</u>	<u>ıedı</u>	ıle J f	or s	such person	<u> </u>	•	5		×
1	Complete this table for your five highest of compensation from the organization. Replyear.													tax
	(A) Name and business add	iress							(B) Description of s	ervices	С	(C) compens	ation	
								\vdash						
								\vdash						
				_		_								

Part	VIII	Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII										
			COMMINS & TES		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514				
Gifts, Grants ilar Amounts	1a b c	Federated campaigns Membership dues . Fundraising events .	1b	- 2,898.								
Contributions, Giff and Other Similar	d e f	Related organizations Government grants (con All other contributions, gi and similar amounts not incl	tributions) 1e fts, grants,	8,315.	BL STATE BOOK OF HIS	American de la composition de la composi						
Contr and C	g h	Noncash contributions included Total. Add lines 1a-11		▶	11,213.							
Program Service Revenue	2a b c d			Business Code								
Program	e f g	All other program serv Total. Add lines 2a-2	f)							
	3 4 5	Investment income (and other similar amo Income from investment Royalties	unts)	•	8,079.	0.	0.	8,079.				
. •	6a b c	Gross rents Less. rental expenses Rental income or (loss) Net rental income or ((ii) Personal								
	7a b	Gross amount from sales of assets other than inventory Less. cost or other basis and sales expenses	(i) Securities	(II) Other								
	c d	Gain or (loss)		>								
Other Revenue	8a	Gross income from fu events (not including \$ of contributions reported		,								
Other	С	See Part IV, line 18 . Less: direct expenses Net income or (loss) fr Gross income from ga	om fundraising	24,388. 8,431. events . ►	15,957.		0.	<u>15,957.</u>				
	b c	See Part IV, line 19 . Less: direct expenses Net income or (loss) fr	a	vities ▶	Carry 100 000 primulus liminim plantinguales		ինչույինանում հայում հայո	amilit acamanyda gyfrag yygi mawyddynda gal				
		Gross sales of in returns and allowance Less: cost of goods so	s a	94,194. 81,995.		Abedinijimuubaanudii 10 Päädidiijimuubaanudii 1		The state of the s				
•	b c	Net income or (loss) fi	rom sales of inve		12,199.	12,199.	0.	0.				
	11a b c d	All other revenue . Total. Add lines 11a-			47.449	12 100		24 036				

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (B) Program service (D) (A) Total expenses Do not include amounts reported on lines 6b, 7b, (C) Fundraising Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses general expu Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV. line 22 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . Benefits paid to or for members Compensation of current officers, directors, 5 trustees, and key employees Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . 7 Other salaries and wages Pension plan accruals and contributions (include R section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees): Management Legal 6,720. 0. 6,720. Accounting C Professional fundraising services. See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . Advertising and promotion 12 0. 793. 175. 618. 13 Office expenses 0. 1,679. 0. 1,679. 14 Information technology 15 0. 14,241. 0. 16 14,241. Occupancy 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 20 21 $4,\overline{000}$. 3,250. 17,250. 10,000. 22 Depreciation, depletion, and amortization . 4,911. 3,911. 1,000. 23 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24c. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) SITTER 220. 220. 0. 0. VOLUNTEER 0. 0. 0. 0. 0. 0. DOJ FEE 73. 73. 0. 0. INVESTMENT FEE 380. All other expenses

Total functional expenses. Add lines 1 through 24e 560. 180. 0. 25 46,447. 14,486. 27,961. 4,000. 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 following SOP 98-2 (ASC 958-720)

32

33

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X . . (B) End of year Beginning of year 26,825. 1 30,578. 2 2 Savings and temporary cash investments 3 3 4 4 Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees. 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 122,416. 119,009. Inventories for sale or use 8 925. 9 16,567. 9 Prepaid expenses and deferred charges . Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D 500.014 10a 270,252. 239,839. 229,762. 10b **b** Less accumulated depreciation 10c 151,500. 143,985. 11 11 Investments - publicly traded securities 12 12 Investments—other securities. See Part IV, line 11 . . . 13 13 Investments—program-related. See Part IV, line 11 14 14 Other assets. See Part IV, line 11 3,850. 15 3,850. 15 534,433. 554,673. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 17 18 18 19 Deferred revenue 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other payables to current and former officers, directors, 22 trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 24 Unsecured notes and loans payable to unrelated third parties . . . Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 119,009. 122,416. 122,416. Total liabilities. Add lines 17 through 25 . . . 119,009. 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 Unrestricted net assets 28 Temporarily restricted net assets . . . Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 🗵 and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund

432,257.

432,257.

415,424.

415,424.

534,433.

32

33

Retained earnings, endowment, accumulated income, or other funds.

Total liabilities and net assets/fund balances . . .

Part	XI Reconciliation of Net Assets	*			
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>	<u></u> .		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		47,4	48.
2	Total expenses (must equal Part IX, column (A), line 25)	2_		46,4	47.
3	Revenue less expenses. Subtract line 2 from line 1	_3_		1,0	01.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		415,4	24.
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, column (B))	10		4 ¹ 16,4	25.
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>	<u></u>	
	_ <u>_</u>		<u> </u>	Yes	No
1	Accounting method used to prepare the Form 990. 🗵 Cash 🗌 Accrual 🔍 🗆 Other		_ [2]	1 100	
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	plaın	ın 📜		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a	in the state of	×
	If "Yes," check a box below to indicate whether the financial statements for the year were com		S 2.5	A 7.7.	J 18
	reviewed on a separate basis, consolidated basis, or both:	piiou ·			Š
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b	7() 240-440-00°	×
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on	a 23	('Y' , ,	C 42/75/49
	separate basis, consolidated basis, or both:				1000
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	versig	ht		
	of the audit, review, or compilation of its financial statements and selection of an independent account	ıntant	? 2c		
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	plain	ın		
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?		. 3a		×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo		ne		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b		<u> </u>
			E	rm 990	120101

SCHEDULE A (Form 990 or 990-EZ)

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.

Inspection

Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

OMB No. 1545-0047

Name of the organization	ame of the organization Employer identification number										
VALLEY ART ASSOCIATION					93-0623083						
Part I Reason for Public Ch		. •				ns.					
The organization is not a private found		•		-		`					
1 A church, convention of chur						1					
2 A school described in sectio					1 / 1						
	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (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 sta	ite:										
5 An organization operated for section 170(b)(1)(A)(iv). (Cor		college or university	owned or	operate	ed by a government	al unit described in					
7 An organization that normall	7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public										
described in section 170(b)(
8 A community trust described	•		-								
9 An agricultural research orga or university or a non-land-gr university:	ant college of agr	riculture (see instruction	ons). Ente	r the nan	ne, city, and state of	the college or					
10 An organization that normally receipts from activities relate support from gross investme acquired by the organization	d to its exempt fu nt income and un after June 30, 19	nctions—subject to c related business taxal 75. See section 509(a	ertain exc ble incom a)(2). (Con	eptions, e (less se aplete Pa	and (2) no more tha ection 511 tax) from art III.)	n 33¹/₃% of its					
11 An organization organized an	•	•	-								
12 An organization organized an											
of one or more publicly supp Check the box in lines 12a the	ough 12d that de	scribes the type of sur	oporting o	rganizatio	on and complete line	s 12e, 12f, and 12g.					
a	n(s) the power to	regularly appoint or e	elect a maj								
b Type II. A supporting org control or management o organization(s). You mus	f the supporting o	organization vested in	the same								
c Type III functionally inte its supported organization						ally integrated with,					
d Type III non-functionally that is not functionally int requirement (see instruction	egrated. The orga	nization generally mu	st satisfy a	a distribu	ition requirement an						
e Check this box if the orga	inization received	a written determination	on from th	e IRS th	at it is a Type I, Type	e II, Type III					
f Enter the number of supported			•								
g Provide the following information	on about the supp	oorted organization(s).									
(i) Name of supported organization	(iı) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the or listed in you docun	r governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)					
			Yes	No							
(A)											
(B)				***************************************							
(C)											
(D)											
(E)											
		ļ	ļ								

Part							
	(Complete only if you checked to						alify under
<u> </u>	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support	(-) 0044	# N 0045	4) 0040	4.0.0047	1 12 2010	
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
. 1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					<i>/</i> .	
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	75. 78.20.J.C. 20.70.J. J. 3642843	Security of the Control of the American	changes in a 22 to 20 days from the	annula hari Manethi Millio I. Francisci Viv	7/30/74 J/Nort-b-ministration and A	
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	一种的。这些人们是		型。1940年1914年1	的。但不是不知道	医44.0.3.2.3.2.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3	
	on B. Total Support	(a) 2014	(h) 2015	(a) 2016	(d) 2017	(0) 2019	(f) Total
Calen	dar year (or fiscal year beginning in) Amounts from line 4	(a) 2014	(b) 2015	(c) 2016	(a) 2017	(e) 2018	(i) Total
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.)		ſ				
11	Total support. Add lines 7 through 10	With the Sales		3年为祖建建		"国际的政策观点"	
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the		n's first, secon	d, third, fourth	, or fifth tax y	ear as a section	1 501(c)(3)
	organization, check this box and stop he			· · · · ·	· · · \ ·	;	▶ 📋
	on C. Computation of Public Suppor			d	-\	44	
14	Public support percentage for 2018 (line Public support percentage from 2017 Sci		-	1, column (f))	\	14	<u> </u>
15 16a	33 ¹ /3% support test—2018. If the organ			on line 13. ar	nd line 14 is 33		
	box and stop here. The organization qua						▶ □
b	331/3% support test—2017. If the organithis box and stop, here. The organization	zation did not	check a box o	n line 13 or 16		is 33 ¹ /3% or mo	ore, check
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization me Part VI how the organization meets the 'organization'.	eets the "facts	-and-circumsta	ances" test, ch	neck this box a	and stop heke.	Explain in
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization is Part VI how the organization is supported organization.	ation meets the meets the "factors or the meets the "factors or the meets th	e "facts-and-d ts-and-circums 	circumstances' stances" test.	' test, check ' The organizati	this box and son qualifies as	a publicly
18	Private foundation. If the organization dinstructions	d not check a	box on line 13	, 16a, 16b, 17a	<u> </u>	· · · · ·	· · \ 🗖
	1			•	Sah	edule A /Form 990	or 990-E7\ 2019

REV 10/24/18 PRO

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.)

Secti	on A. Public Support			_			
Calen	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018 ·	(f) Total
1	Gifts, grants, contributions, and membership fees						
2	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise	13,106.	17,832.	13,282.	11,254.	11,213.	66,687.
~	sold or services performed, or facilities						
	furnished in any activity that is related to the	01 (12	00 047	01 717	00 707	04 104	156 160
3	organization's tax-exempt purpose Gross receipts from activities that are not an	91,613.	98,847.	81,717.	89,797.	94,194.	456,168.
3	unrelated trade or business under section 513				82,422.	24,388.	106,810.
4	Tax revenues levied for the				02,422.	24,500.	100,010.
•	organization's benefit and either paid to						
	or expended on its behalf		•				
5	The value of services or facilities			-			
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	104,719.	116,679.	94,999.	183,473.	129,795.	629,665.
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	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						
	· · · · · · · · · · · · · · · · · · ·						
8 8	Add lines 7a and 7b	图10 C.C.M.W.M.W.W.	and the sales	17614111238C.7V	NEW COS		
-	line 6.)						629,665.
Secti	on B. Total Support	1 37 to 1 Ext. 15° ×	1 .4 -14.4. 1 10. 10 10 10 15.	" Politin in Tradate"	E BELEVIS TO SECURIT	C + 124 C 11	
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	104,719.	116,679.	94,999.	183,473.	129,795.	629,665.
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources.	5,666.	6,710.	4,946.	6,933.		24,255.
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses acquired after June 30, 1975			,			
_	Add lines 10a and 10b	5,666.	6,710.	4,946.	6,933.		24,255.
11	Net income from unrelated business	3,000.	6,710.	4,940.	0,933.		24,255.
••	activities not included in line 10b, whether		,				
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets					,	
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	110,385.					653,920.
14	First five years. If the Form 990 is for the	_					
Coati	organization, check this box and stop he on C. Computation of Public Suppo					<u> </u>	· · • <u> </u>
<u> 3ecu</u> 15	Public support percentage for 2018 (line			13 column (fl)		15	96.29 %
16	Public support percentage for 2017 (infe						95.15 %
	on D. Computation of Investment In				<u> </u>		33123 /3
17	Investment income percentage for 2018			ov line 13, colu	mn (f))	17	3.71 %
18	Investment income percentage from 201					18	4.85 %
19a	331/3% support tests-2018. If the organ	nization did not	check the box	on line 14, ar	nd line 15 is m		%, and line
	17 is not more than 331/3%, check this box						
	b 331/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and						
b							
b	line 18 is not more than 33½%, check this Private foundation. If the organization d	box and stop h	ere. The organi	zation qualifies	as a publicly s	upported organ	ızatıon ▶ 🗌

Page 4

Part IV **Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

S

	•		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 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
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		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		整隆
b	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		
С	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		21
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	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		
С	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		
5a	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).	3 a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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	ががら	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	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 or 990-EZ).	8		
9a	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 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined in line 9a) 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		
0a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		
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.)	10b		

Part	V Supporting Organizations (continued)			
	•		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	33 44 46 77	· 教育等	1967
а	,			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b	ì	<u> </u>
	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		L
Secti	on B. Type I Supporting Organizations			
		8 2001	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	300	7 4 4 5 5	13.72.4
	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,		加强	
	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	iznac i ul	Se 1220
2	Did the organization operate for the benefit of any supported organization other than the supported	Party.		
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part		物的	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on 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		
secti	on D. All Type III Supporting Organizations		V	
	Doubt and the fifth wearth of the	(%(B)-4C.24)	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, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	e arrest	040-6-572-18
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	2000.	vert.	发写着
_	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			3/3
	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			3. Sid
	supported organizations played in this regard.	3		
Secti	on 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	nstruc	ctions	s).
a	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.	laaa ini	truct	lanel
с 2	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (Activities Test. Answer (a) and (b) below.	366 II IS	Yes	No
	• • • • • • • • • • • • • • • • • • • •	244	W. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	2,353
а	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 organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	接 力		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			数数
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		100 300 11 300 40	
	reasons for the organization's position that its supported organization(s) would have engaged in these	E.E		2.3
	activities but for the organization's involvement.	2b	~2.1	ام در
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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	Programming.	7427 F##
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	SEE SEEMANDS		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		1

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical	gan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			n in Part VI). See
instructions. All other Type III non-functionally integrated supporting organ	nıza	tions must complete Sectio	ns A through E.
Section A—Adjusted Net Income		(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) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	1	
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
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)	5		
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	2000年展现情况第3	`
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	对于一种的一种的一种的一种的一种的一种的一种的一种的一种的一种的一种的一种的一种的一	١
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-functionall instructions).	y in		g organization (see

Schedule A (Form 990 or 990-EZ) 2018

Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	izations (continued)	
Sect	tion D-Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted	
	organizations, in excess of income from activity			,
3	Administrative expenses paid to accomplish exempt purp	ooses of supported orga	anizations	
4_	Amounts paid to acquire exempt-use assets			
5_	Qualified set-aside amounts (prior IRS approval required)			
<u> 6 </u>	Other distributions (describe in Part VI). See instructions.	· <u></u>	· 	
	Total annual distributions. Add lines 1 through 6.			
	Distributions to attentive supported organizations to whice (provide details in Part VI). See instructions.	ch the organization is res	sponsive	
9_	Distributable amount for 2018 from Section C, line 6			
<u>10</u>	Line 8 amount divided by line 9 amount	_		
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1_	Distributable amount for 2018 from Section C, line 6	SCHEET STATES	美国建设的设计的	
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in Part VI). See instructions.		,	
3	Excess distributions carryover, if any, to 2018	f. Spinninger voluments primering funisation		
а	From 2013	A Character with the transfer to the first of the control of the c		
b	From 2014			LE L
С	From 2015		MINUS CAROLINA	(1)是100mm,100mm,100mm。 (1)是100mm,100mm。
d	From 2016		學的學生的學學	
_е	From 2017	Thinning Brought Comment Williams	Committee the state of the stat	dangt, panggapang danggaban
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years		A 14. TO LANGE AND A CAN STOP A CARRY PROJECTION AND A SECOND	
<u>h</u>	Applied to 2018 distributable amount			with a sk still a market his property to be
i_	Carryover from 2013 not applied (see instructions)	<u> </u>		
<u>j</u> _	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	3-6400-4-11454 mm/F., (\$500-0) - 100-5 o. W. 1445		
4	Distributions for 2018 from			
	Section D, line 7: \$	A PROCESSION OF THE STATE OF TH		
<u>a</u> _	Applied to underdistributions of prior years			20mm 10mm 10mm 10mm 10mm 10mm 10mm 10mm
<u> </u>	Applied to 2018 distributable amount Remainder, Subtract lines 4a and 4b from 4.	AND THE PROPERTY OF THE PARTY O	THE CONTRACTOR OF THE CONTRACT	NAME OF THE PARTY
c			\$100 martin m. 1884; 14.00 martin 2.00 mar	
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			A second superior sup
7	Excess distributions carryover to 2019. Add lines 3j and 4c.	Control Contro		
8	Breakdown of line 7			
а	Excess from 2014 ` .			
b	Excess from 2015			
С	Excess from 2016			HARRING WEST THE PARTY OF
d	Excess from 2017	显然生物于10%		
e	Excess from 2018	AND THE PROPERTY OF THE PROPERTY OF	Priliprician Principal	

Schedule A (Form 990 or 990-EZ) 2018

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
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SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

► Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization VALLEY ART ASSOCIATION 93-0623083 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements . . 2a ь Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) С Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Assets included in Form 990, Part X .

Part	Organizations Maintaining	Collections of A	rt, Hist	torical T	reasures, o	r Oth	er Similar Ass	ets (contir	nued)
3	Using the organization's acquisition, collection items (check all that apply):		er recor	ds, chec	k any of the	followi	ng that are a sig	gnificant use	e of its
а	☐ Public exhibition		d [Loan	or exchange	progra	ms		
ь	☐ Scholarly research		e i	☐ Other	•				
С	☐ Preservation for future generations	3				-			
4	Provide a description of the organiza XIII	tion's collections ar	nd expla	in how t	hey further th	e orga	nization's exem	pt purpose	in Part
5	During the year, did the organization assets to be sold to raise funds rather								× No
Part									
	Complete if the organization 990, Part X, line 21.								rm
1a	Is the organization an agent, trustee included on Form 990, Part X?							: ☐ Yes [□ No
b	If "Yes," explain the arrangement in P	art XIII and complet	e the fo	llowing ta	able:		Am	nount	
С	Beginning balance					1c			
d	Additions during the year					1d	-		,
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amou					odial a	account liability?	□ Yes [□ No
b	If "Yes," explain the arrangement in P								
Par				•	· ·				
	Complete if the organization	answered "Yes"	on Fori	m 990, F	Part IV, line 1	0.			
	·	(a) Current year	(b) Prid	or year	(c) Two years b	ack (d) Three years back	(e) Four year	s back
1a	Beginning of year balance				•		-		
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of t	he current year end	balanc	e (line 1g	, column (a)) I	neld as	s:		,
а	Board designated or quasi-endowme								
b	Permanent endowment ▶	%							
С	Temporarily restricted endowment ▶	%							
	The percentages on lines 2a, 2b, and	2c should equal 10	0%.						
3a	Are there endowment funds not in th	e possession of the	organiz	zation tha	at are held an	d adm	inistered for the	·	
	organization by:							Yes	No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	<u> </u>
b	If "Yes" on line 3a(ii), are the related o	rganizations listed a	as requii	red on Sc	chedule R? .			3b	
4	Describe in Part XIII the intended uses	of the organization	ı's endo	wment fu	unds.				
Part									
	Complete if the organization	answered "Yes"	on For	m 990, F	Part IV, line 1	1a. S	ee Form 990, F	Part X, line	10.
	Description of property	(a) Cost or other			r other basis ther)		cumulated reciation	(d) Book valu	ue
1a	Land		0.						0.
b	Buildings			4	52,654.		250,252.	202,	402.
С	Leasehold improvements								
d e	Equipment				47,360.		20,000.	27,	360.
Total.	Add lines 1a through 1e. (Column (d) r	nust equal Form 99	0, Part >	(, column	(B), line 10c)	•	229,	762.

(a) Description of security or category (b) Book value (c) Method of violation Cost or end-of-year market value (c) Innancial derivatives (c) Closely-held equity interests (c) Closely-held (c) Closely-held equity interests (c) Closely-held equi	rait vii	Complete if the organization answ		n 990, Part IV, lir	ne 11b. See Form	990, Part X, line 12.
(2) Closely-held equity interests		(a) Description of security or category			(c) Meth	nod of valuation
(2) Closely-held equity interests	(1) Financial	derivatives				<u> </u>
			[
(8) (9) (10) (10) (10) (10) (10) (10) (10) (10	(3) Other					
C	(A)					
Discomption	(B)					
G G G G G G G G						· · · · · · · · · · · · · · · · · · ·
Fig.						
Gi		·				<u>`</u>
Total, Column (b) must equal Form 990, Part X, col (B) line 12 ▶				··- <u></u> -		
Total, Column (b) must equal Form 990, Part X, col (B) line 12) ►						
Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation Cost or end-di-year market value (1)					a sussessing an experience	er is the 2542229 Chr. 41.75 (2865) 2862 (1967 1975)
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, Inne 13. (a) Description of investment (b) Book value (c) Method of valuation Cest or end-of-year market value					The state of the s	
(a) Description of investment (b) Book value (c) Method of valuation Cost or end-of-year market value (f) (2)	Part VIII			n 990, Part IV, III	ne 11c. See Form	990, Part X, line 13.
(A) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B					(c) Meti	nod of valuation
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (9) (1) PERM COLLECTION (a) Description (b) Book value (13) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (1) Federal moment taxes (2) GALLERY ARTWORK (a) (b) Book value (b) Book value (c)	(1)					
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13) \rightarrow Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) PERM COLLECTION 3, 850. (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) \rightarrow 3, 850. Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) CALLERY ARTWORK 1 122, 416. (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) \rightarrow 122, 416. (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) \rightarrow 122, 416.	(2)					
(6) (7) (8) (9) Column (b) must equal Form 990, Part X, col (B) line 13) ► Part IX	(3)				,	
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) PERM COLLECTION (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) GALLERY ARTWORK 1 122, 416. (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 1. (a) Description of liability (b) Book value (c) Federal income taxes (c) GALLERY ARTWORK 1 122, 416. (d) (e) (f) (f) (g) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g						
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (c) Book value (d) Book value (e) Book value (f) PERM COLLECTION (g) Book value (f) PERM COLLECTION (g) Book value (f) PERM COLLECTION (g) Book value (f) Book value (g)				<u> </u>		•
(8) (9) Total (Column (b) must equal Form 990, Part X, col (B) line 13) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value 3, 850. (c) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 122, 416.						
Fold Column (b) must equal Form 990, Part X, col (B) line 13)					-	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)				<u> </u>		
Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.		h) must agual Form 000. Part V. and /P) line 12.1				**************************************
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value						
(a) Description (b) Book value 3, 850. (c) (d) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) GALLERY ARTWORK (1) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶ 122, 416.	Pailix		wered "Ves" on Forn	n 990 Part IV lu	ne 11d. See Form	990 Part X line 15
(1) PERM COLLECTION 3,850. (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ 3,850. Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (7) Federal income taxes (2) GALLERY ARTWORK (7) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (8) line 25.) ▶ 122, 416.		_ `		1 330, 1 211 10, 111	10 110. 000 1 01111	
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Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶ 122, 416.						
		h) must equal Form 000. Port V and /D) line 251	100 11			
					on's financial stateme	nts that renorts the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Par	Reconciliation of Revenue per Audited Financial Stateme	· · · · · · · · · · · · · · · · · · ·	Return.	
	Complete if the organization answered "Yes" on Form 990, I			
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:			
а	Net unrealized gains (losses) on investments	2a	4	
b	Donated services and use of facilities	2b	- `	
C	Recoveries of prior year grants	2c	4	
d	·	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		•	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	4	
b	Other (Describe in Part XIII.)	4b		
C	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5	
Part	Reconciliation of Expenses per Audited Financial Statem		er Keturn	i.
	Complete if the organization answered "Yes" on Form 990, I			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 _ 1	1.	
а	Donated services and use of facilities	2a	4	
b	Prior year adjustments	2b	4	
С	Other losses	2c	4 4	
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			•
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	-	
Ь	Other (Describe in Part XIII.)	4b	 	
		- 40\	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18.)	5	
	Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	d 4: Part IV lines 1h and 2	h Part V li	no / Part Y line
	t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part			
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et I	II, Line 4: PROVIDING FACILITIES TO TEACH, SHOWCAS	SE AND SELL ART		,
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Schedule D (Fo	rm 990) 2018	Page 5
Part XIII	Supplemental Information (continued)	
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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.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization VALLEY ART ASSOCIATION 93-0623083 Pt VI, Line 11b: PROVIDED TO BOARD PRIOR TO FILING Pt IX, Line 24e: Description: SMALL EQUIPMENT & FIXTURES Total: \$0 Program services: \$0 Management and general: \$0 Fundraising: \$0 Description: BOARD OF DIRECTORS Total: \$380 Program services: \$0 Management and general: \$380 Fundraising: \$0 Description: MISC Total: \$180 Program services: \$180 Management and general: \$0 Fundraising: \$0