KEITER, STEPHENS, HURST, GARY & SHREAVES, PC 4401 DOMINION BLVD GLEN ALLEN, VA 23060

> THE VALENTINE MUSEUM 1015 EAST CLAY STREET RICHMOND, VA 23219

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CLIENT'S COPY

KEITER 4401 DOMINION BOULEVARD GLEN ALLEN, VIRGINIA 23060

JANUARY 23, 2020

THE VALENTINE MUSEUM 1015 EAST CLAY STREET RICHMOND, VA 23219

THE VALENTINE MUSEUM:

ENCLOSED IS THE ORGANIZATION'S 2018 EXEMPT ORGANIZATION RETURN.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN FORM 8879-EO AND CONTACT OUR OFFICE TO CONFIRM THAT THIS RETURN CAN BE FILED ELECTRONICALLY. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THIS COPY INDEFINITELY.

VERY TRULY YOURS,

VIRGINIA R. BELCHER

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2019

PREPARED FOR:

THE VALENTINE MUSEUM 1015 EAST CLAY STREET RICHMOND, VA 23219

PREPARED BY:

KEITER, STEPHENS, HURST, GARY & SHREAVES, PC 4401 DOMINION BLVD GLEN ALLEN, VA 23060

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service Name of exempt organization For calendar year 2018, or fiscal year beginning <u>JUL 1</u>, 2018, and ending <u>JUN 30</u>, 20<u>19</u> Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879EO for the latest information.

Employer identification number

54-0505967

THE VALENTINE MUSEUM

Name and title of officer WILLIAM J. MARTIN DIRECTOR

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

	Form 990 check here b X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	16	4.103.444
2a	Form 990-EZ check here 🕞 🔄 b Total revenue, if any (Form 990-EZ line 9)	2b	
3 a	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)		
5a	Form 8868 check here b Balance Due (Form 8868, line 3c)	4b -	
		5b _	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and bellef, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission. (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

X I authorize KEITER, STEPHENS, HURST, GARY & SHREAVES, PC ERO firm name	to enter my PIN 23060 Enter five numbers, but do not enter all zeros
as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within Is being filed with a state agency(les) regulating charities as part of the IRS Fed/State program, I also a enter my PIN on the return's disclosure consent screen.	this return that a copy of the return uthorize the aforementioned ERO to
As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 201 Indicated within this return that a copy of the return is being filed with a state agency(ies) regulating ch program, I will enter my PIN on the return's disclosure consent screen.	8 electronically filed return. If Lineye arities as part of the IRS Fed/State
Part III Certification and Authentication	1-1-1-
ERO's EFIN/PIN, Enter your six-digit electronic filing identification	19. N.
number (EFIN) followed by your five-digit self-selected PIN. 5452242306 Do not enter all zero	36
I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the confirm that I am submitting this return in accordance with the requirements of Pub. 4163 , Modernized e-File (Me-file Providers for Business Returns.	ne organization indicated above. I aF) Information for Authorized IRS
ERO's signature & Uning & Belle Date >	1 - 27 - 2-0
ERO Must Retain This Form - See Instructions	
Do Not Submit This Form to the IRS Unless Requested To Do	o So
LHA For Paperwork Reduction Act Notice, see instructions. 823051 10-28-18	Form 8879-EO (2018)

			EXTENDED TO MAY 15, 2020	Income Tex	OMB No. 1545-0047
Form 990 Under section 501(c)		QN	Return of Organization Exempt From Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (e		0040
			 Do not enter social security numbers on this form as it may 		
	Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.				Open to Public Inspection
Α	For th	e 2018 calend		JUN 30, 2019	•
	Check if applicat	le: C Name o	forganization	D Employer identific	ation number
	Addr	ess mur	VALENTINE MUSEUM		
	Chan Name Chan		usiness as THE VALENTINE	54-05	505967
	Initia	°		ite E Telephone number	
	Final		EAST CLAY STREET	804-6	549-0711
	termi ated	City or t	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	4,203,038.
	Amer	, KICH	MOND, VA 23219	H(a) Is this a group ret	
	Appli tion pend		nd address of principal officer: WILLIAM J MARTIN	for subordinates?	
	-	SAME	AS C ABOVE	H(b) Are all subordinates inc	
					ist. (see instructions)
		F	MONDHISTORYCENTER • COM Corporation Trust X Association Other ► L Ye	H(c) Group exemption	
	Form o art I	f organization: Summary		ar of formation: 1898 M	State of legal domicile: VA
	1	-	be the organization's mission or most significant activities: THE MISSI		ENTITE TO
e	1		GE, EDUCATE AND CHALLENGE A DIVERSE AU		
an	2		$x \models \square$ if the organization discontinued its operations or disposed of mo		
Governance	3		ting members of the governing body (Part VI, line 1a)		31
ĝ	4		dependent voting members of the governing body (Part VI, line 1b)		31
80 00	5		of individuals employed in calendar year 2018 (Part V, line 2a)		90
itie	6		of volunteers (estimate if necessary)		32
Activities &	7 a		d business revenue from Part VIII, column (C), line 12	I_ I	0.
_ <	b	Net unrelated	business taxable income from Form 990-T, line 38		0.
				Prior Year	Current Year
e	8	Contributions	and grants (Part VIII, line 1h)	2,126,565.	3,310,276.
Revenue	9	Program servi	ice revenue (Part VIII, line 2g)	119,315.	118,012.
eve	10	Investment in	come (Part VIII, column (A), lines 3, 4, and 7d)	423,735.	383,818.
<u>u</u>	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	244,548.	291,338.
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,914,163.	4,103,444.
	13		milar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	•	to or for members (Part IX, column (A), line 4)	0.	0.
ses	15	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10)	1,288,068.	<u>1,373,953.</u> 0.
ens	16a	Professional f	undraising fees (Part IX, column (A), line 11e) $328,603.$	0.	U •
Expenses		I otal fundrais	ing expenses (Part IX, column (D), line 25) \blacktriangleright <u>520,005.</u>	1,464,349.	1,371,730.
	1 11		es (Part IX, column (A), lines 11a-11d, 11f-24e) es. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,752,417.	2,745,683.
Net Assets or Fund Balances	18		expenses. Subtract line 18 from line 12	161,746.	1,357,761.
		Nevenue less		Beginning of Current Year	End of Year
	20	Total assets (I	F	25,351,808.	27,377,795.
Ass	21		s (Part X, line 26)	894,678.	917,269.
Net	22		fund balances. Subtract line 21 from line 20	24,457,130.	26,460,526.
_	art II	Signatur		· · ·	
Unc	ler pen	alties of perjury,	I declare that I have examined this return, including accompanying schedules and state	ments, and to the best of my	knowledge and belief, it is
true	e, corre	ct, and complete	. Declaration of preparer (other than officer) is based on all information of which prepa	rer has any knowledge.	
			e of officer		
<u>.</u> .		Signatur	A AT ATTICAT	Date	

Sign	Signature of officer		Date				
Here	WILLIAM J MARTIN, DIRE	CTOR					
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature	ate Check PTIN				
Paid	VIRGINIA R. BELCHER		self-employed P00421964				
Preparer	Firm's name KEITER , STEPHENS,	HURST,GARY & SHREAVES,	PC Firm's EIN ► 54-1631262				
Use Only	Firm's address 4401 DOMINION BL	VD					
GLEN ALLEN, VA 23060 Phone no. (804)747-0000							
May the IF	May the IRS discuss this return with the preparer shown above? (see instructions)						
832001 12-3	832001 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018)						

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2018) THE VALENTINE MUSEUM 54-0505967 Page 2
Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
	Briefly describe the organization's mission: THE MISSION OF THE VALENTINE IS TO ENGAGE, EDUCATE AND CHALLENGE A
	DIVERSE AUDIENCE BY COLLECTING, PRESERVING AND INTERPRETING RICHMOND'S
	HISTORY.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$1,919,583. including grants of \$) (Revenue \$)
	THE VALENTINE ENGAGES STUDENTS AND ADULTS IN THOUGHTFUL, INTERACTIVE
	PROGRAMS. CHILDREN FROM PRE-K THROUGH HIGH SCHOOL CAN EXPERIENCE
	VALENTINE PROGRAMMING BOTH ON SITE AND THROUGH OUTREACH TO SCHOOLS.
	ADULT EDUCATION INCLUDES WALKING AND BUS TOURS, CONVERSATIONS AND
	OUTREACH PRESENTATIONS ON TOPICS SPECIFIC TO RICHMOND HISTORY AND THEIR
	RELATION TO PRESENT DAY ISSUES, LIKE TRANSPORTATION, EDUCATION AND
	RACIAL DISPARITIES. THE VALENTINE USES ITS EXTENSIVE COLLECTION TO
	STRENGTHEN AND SUPPORT THE ABOVE PROGRAMS WHILE ALSO PROVIDING
	RESIDENTS WITH TIMELY, ROTATING EXHIBITIONS THAT EXPLORE RICHMOND'S
	COMPLICATED PAST AND ITS PLACE IN THE FUTURE. MUSEUM RESOURCES ARE
	USED TO ENABLE THE THOUGHTFUL PRESERVATION AND EXHIBITION OF THIS
	COLLECTION
41	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4-	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 1,919,583.
	Form 990 (2018)
832002	12-31-18
	2

15050123 759400 738430.000

2018.05030 THE VALENTINE MUSEUM 738430.1

 Form 990 (2018)
 THE VALENTINE MUSEUM

 Part IV
 Checklist of Required Schedules

			Yes	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?	2	Х	
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		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			37
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			v
~	similar amounts as defined in Revenue Procedure 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			х
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		х
8	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	⊢ ′−		
0		8	х	
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	0	- 11	
3	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, VII, VII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D.			
	Part VI	11a	Х	
b	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	11b		X
с	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	11c		X
d	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	11d		<u> </u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			77
	Schedule D, Parts XI and XII	12a		<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	10	v	
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	X
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i> Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
14a		148		
ŭ	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			<u> </u>
	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	17		X
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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		L
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		X
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832003 12-31-18

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Form	990	(2018)
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 Form 990 (2018)
 THE
 VALENTINE
 MUSEUM

 Part IV
 Checklist of Required Schedules (continued)

	- (vontinedy)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		103	
LL	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
2 4a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	20		
270	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		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
	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		x
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		X
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		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
с	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 organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
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		X
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		X X
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		X
	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	0-		
	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?			x
07	If "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	07		x
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		
38	• • • • • • • • • • • • • • • • • • • •	38	х	
Par	Note. All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	30	23	
	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 13			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	х	
832004	12-31-18	Form	990	(2018)
	4			

^{2018.05030} THE VALENTINE MUSEUM

Form	990 (2018) THE VALENTINE MUSEUM 54-0505 t V Statements Regarding Other IRS Filings and Tax Compliance (continued)	967	P	age 5
			Vaa	Na
0-	Enter the number of employees reported on Form W.G. Transmittel of Wess and Tay Statements		Yes	No
Za	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 2a 90			
Ь	, , , , ,	2b	х	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	20	Δ	
20	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	3a		х
	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No" to line 3b, provide an explanation in Schedule O	3b		- 23
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	30		
та	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
h	If "Yes," enter the name of the foreign country:	та		
, D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	00		
	any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
~	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	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		х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	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		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
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:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
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		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand 13c			37
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		_X_
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			v
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.		000	(0010)

Form	990	(2018)
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Check if Schedule O contains a response or note to any line in this Part VI

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Part VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b k	elow, a	and for a "No" resp	oonse
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instru			
	Check if Schedule O contains a response or note to any line in this Part VI			X

Sec	tion A. Governing Body and Management				
				Yes	No
1a		a 31			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated bread authority to an avacutive committee or similar committee, evolution in Schedule O				
b	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0. Enter the number of voting members included in line 1a, above, who are independent	ы 31			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with				
2	officer, director, trustee, or key employee?		2	х	
3	Did the organization delegate control over management duties customarily performed by or under the dir				
-	of officers, directors, or trustees, or key employees to a management company or other person?		3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 v		4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets'		5		Х
6	Did the organization have members or stockholders?		6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	nt one or			
	more members of the governing body?		7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stock	holders, or			
	persons other than the governing body?		7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by	-			
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached				
<u> </u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Code.)			
10-			40-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?		<u>10a</u>		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapter and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body be	fore filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		11a	- 11	
12a			12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to c	onflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes.				
-	in Schedule O how this was done		12c	х	
13	Did the organization have a written whistleblower policy?		13	Х	
14	Did the organization have a written document retention and destruction policy?		14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a	Х	
b	Other officers or key employees of the organization		15b		X
	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	t with a			
	taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organizat				
<u></u>	exempt status with respect to such arrangements?		16b		
	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed NONE		I. A		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 99	90-1 (Section 501(c)(3)s	only) a	availab	ble
	for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain in section)	Debedule O			
10	⊥X Own website ⊥X Upon request Other (explain in the comparison of the compa	,	financ	ial	
19	statements available to the public during the tax year.	tor interest policy, and	manc	di	
20	State the name, address, and telephone number of the person who possesses the organization's books	and records			
20	THE ORGANIZATION - 804-649-0711				
	1015 EAST CLAY STREET, RICHMOND, VA 23219				
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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated	
	Employees, and Independent Contractors	

Check if Schedule O contains a response or note to any line in this Part VII

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 (Ď), (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 employee."

• 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)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	(do	not cl		ition		ne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	s both	an	compensation	compensation	amount of
	week		cer an	uau	recio	r/trus	lee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	e or di	ee			sated		organization	(W-2/1099-MISC)	from the
	related organizations	rustee	l trust		ee	npens		(W-2/1099-MISC)		organization and related
	below	dual t	utiona	_	nploy	st cor	ar			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) NEELAN A. MARKEL	2.00	_	_							
CHAIRMEN		х		х				0.	Ο.	0.
(2) SCOTT R. WARREN	2.00									
VICE CHAIRMAN		x		х				0.	0.	0.
(3) J. EDWARD UKROP	2.00									
SECRETARY		X		Х				0.	0.	0.
(4) E. MASSIE VALENTINE, JR.	2.00									
TREASURER		Х		Х				0.	0.	0.
(5) JAMES L. WEINBERG	2.00									
ASSISTANT SECRETARY		Х		Х				0.	0.	0.
(6) DEBORAH W. DAVIS	2.00									
ASSISTANT TREASURER		Х		Х				0.	0.	0.
(7) WILLIAM J. MARTIN	2.00									
DIRECTOR		Х						129,087.	0.	10,626.
(8) MARJORIE N. GRIER	2.00									
EX. OFFICIO		Х						0.	0.	0.
(9) EDWARD L. AYERS	2.00									
TRUSTEE		Х						0.	0.	0.
(10) EDWARD H. BAINE	2.00									-
TRUSTEE		х						0.	0.	0.
(11) ALLISON C. BOLYARD	2.00									•
TRUSTEE		Х						0.	0.	0.
(12) TURNER A BROUGHTON	2.00								0	0
TRUSTEE		Х						0.	0.	0.
(13) MARLAND BUCKNER	2.00	v							0	0
TRUSTEE		Х						0.	0.	0.
(14) MONICA BRINKLEY DAVIS	2.00	v							0	0
TRUSTEE	2 00	Х						0.	0.	0.
(15) IDA V. FARINHOLT	2.00	v							0	0
TRUSTEE	2 00	Х						0.	0.	0.
(16) BRUCE B. GRAY	2.00								<u>^</u>	
TRUSTEE	2 00	Х						0.	0.	0.
(17) GERALD L. HAGEN, JR TRUSTEE	2.00	x						0.	0.	0.
		Δ						U .	U •	0 • Form 990 (2018)
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Part VII Section A. Officers, Directors, Trust	ees, Key Emp	oloy	ees,	and	Hig	ghes	t C	ompensated Employee	s (continued)			
(A)	(B)			(C				(D)	(E)		(F)	
Name and title	Average			Posi	tion			Reportable	Reportable		Estima	ted
	hours per		not ch , unles					compensation	compensation		amoun	
	week	offi	cer and	d a dii	recto	r/trus	tee)	from	from related		othe	r
	(list any	ector						the	organizations		compens	ation
	hours for	or dire				ted		organization	(W-2/1099-MISC	;)	from t	he
	related	steed	ruste			oensa		(W-2/1099-MISC)			organiza	
	organizations below	al tru	onal t		loyee	i com					and rela	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organiza	lions
	,	<u> </u>	ŝ	0 1	Ke	ΞĒ	ß			\dashv		
(18) E. BEN HOWERTON	2.00							0		_		•
TRUSTEE		Х						0.	() .		0.
(19) AUSTIN A. JONES	2.00											•
TRUSTEE		Х						0.) .		0.
(20) JUSTIN G. KNIGHT	2.00											-
TRUSTEE		Х						0.	(0.		0.
(21) SAURABH MADAAN	2.00											
TRUSTEE		Х						0.).		0.
(22) CHARLOTTE B. MCGEE	2.00											
TRUSTEE		Х						0.	(0.		0.
(23) PAULA P. PANDO	2.00											
TRUSTEE		х						0.	(o.		0.
(24) LEA RASMUSSEN	2.00											
TRUSTEE		x						0.	(o.		0.
(25) SUSAN F. ROBERTSON	2.00											
TRUSTEE		x						0.	(o.		0.
(26) ELAINE S. RYAN	2.00											
TRUSTEE	2.00	x						0.	(o.		0.
								129,087.		5.	10,6	
1b Sub-total								0.		5.	10,0	0.
c Total from continuation sheets to Part VII								129,087.		5 .	10,6	
d Total (add lines 1b and 1c)						····· 、 ·				J•	10,0	20.
2 Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable			1
compensation from the organization											N ₂ -	1
										ſ	Yes	No
3 Did the organization list any former officer,			e, key	y em	plo	yee,	or l	highest compensated en	nployee on			
line 1a? If "Yes," complete Schedule J for su											3	X
4 For any individual listed on line 1a, is the su	m of reportabl	e co	mpe	nsat	tion	and	oth	ner compensation from the	ne organization			
and related organizations greater than \$150	,000? If "Yes,	" со	mple	te S	che	edule	e J f	for such individual			4	X
5 Did any person listed on line 1a receive or a	ccrue comper	isati	on fr	om a	any	unre	elate	ed organization or individ	lual for services			
rendered to the organization? If "Yes," com	plete Schedule	e J fo	or su	ch p	berse	on .					5	X
Section B. Independent Contractors												
1 Complete this table for your five highest cor	npensated inc	lepe	nder	t co	ntra	actor	rs th	nat received more than \$	100,000 of compe	nsat	ion from	
the organization. Report compensation for t	he calendar ye	ear e	endin	g wi	th o	or wi	thin	the organization's tax y	ear.			
(A)								(B)			(C)	
Name and business	address	NC	ONE					Description of s	ervices	C	ompensati	วท
							\neg					
9 Total number of independent contractory for		ot 15-	nite d	+o. *	har		tod	abovo) who received	are then			
2 Total number of independent contractors (ir		JUIN	nited	ι0 t	nos n		rea	above) who received mo	הפ נוזמוז			

\$100,000 of compensation from the organization ► 0 SEE PART VII, SECTION A CONTINUATION SHEETS 832008 12-31-18 8

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Part VII Section A. Officers, Directors, Tr		nplo	yee			ligh	est (. ,	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average			Pos				Reportable	Reportable	Estimated
	hours	(cl	heck	all	that	app	ly)	compensation	compensation	amount of
	per week					e		from the	from related organizations	other compensation
	(list any	tor				ploye		organization	(W-2/1099-MISC)	from the
	hours for	direc				ed em		(W-2/1099-MISC)	(11 2) 1000 11100)	organization
	related	Individual trustee or director	Institutional trustee			Highest com pen sated em ployee				and related
	organizations	l trus	nal tr		Key employee	dmo				organizations
	below	ividua	titutio	Officer	em p	hesto	Former			
	line)	Ind	Ins	0#	Key	Hig	For			
(27) BROOKS M. SMITH	2.00									
TRUSTEE		Х						0.	0.	0.
(28) HELAYNE SPIVAK	2.00									
TRUSTEE		Х						0.	0.	0.
(29) TRACY KEMP STALLINGS	2.00									
TRUSTEE		Х						0.	0.	0.
(30) TEE VALENTINE	2.00									
TRUSTEE		Х						0.	0.	0.
(31) MARILYN H. WEST	2.00									
TRUSTEE		Х						0.	0.	0.
(32) GEORGE P. WHITLEY	2.00									
TRUSTEE		Х						0.	0.	0.
		1								
		-								
		1								
		1								
		1			-					
		1								
	1	1	I	I	I	I	1			
Total to Part VII, Section A, line 1c										
TUTAL TO FAIL VII, SECTION A, III E TO								1		L

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		Check if Schedule O cont	ans a response	or note to any line	(A)	(B)		(D)
					Total revenue	Related or exempt function revenue	Unrelated business revenue	(D) Revenue exclu from tax und sections 512 - 514
	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	с	Fundraising events	1c					
	d	Related organizations	1d					
	е	Government grants (contributi	ons) 1e	52,506.				
	f	All other contributions, gifts, gran	ts, and					
		similar amounts not included abo	/e 1f 3 ,	257,770.				
	g	Noncash contributions included in lines	1a-1f: \$	392,675.				
	h	Total. Add lines 1a-1f		🕨 🗄	3,310,276.			
				Business Code				
	2 a	ADMISSIONS		900099	118,012.	118,012.		
	b							
	с							
	d							
	e							
	f	All other program service reve	nue					
		Total. Add lines 2a-2f			118,012.			
	3	Investment income (including			- / -			
	•	other similar amounts)	•		383,818.			383,81
	4	Income from investment of tax			,			
	- 5	Royalties		· F	137.			13
	5	noyanies	(i) Real	(ii) Personal	137.			
	6 -	Gross rents	87 062	(II) Personal				
		Less: rental expenses	87,062.					
		Rental income or (loss)			87,062.	87,062.		
		Net rental income or (loss)			07,002.	07,002.		
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)						
		Net gain or (loss)		····· •				
	8 a	Gross income from fundraising						
		including \$						
		contributions reported on line						
		Part IV, line 18		172,935.				
		Less: direct expenses		65,576.	405 050			
		Net income or (loss) from func	-	►	107,359.			107,35
	9 a	Gross income from gaming ac						
		Part IV, line 19						
	b	Less: direct expenses	b					
	С	Net income or (loss) from gam	ing activities	🕨				
1	0 a	Gross sales of inventory, less						
		and allowances	a	53,385.				
	b	Less: cost of goods sold		34,018.				
	с	Net income or (loss) from sale	s of inventory	►	19,367.	19,367.		
		Miscellaneous Revenu	e	Business Code				
1	1 a	PARKING		812930	24,116.			24,11
	b	SALES OF COLLEC	TION IT	900099	20,081.			20,08
	с	WICKHAM GARDEN	CAFE	900099	12,400.			12,40
	d	All other revenue		900099	20,816.			20,81
1		Total. Add lines 11a-11d			77,413.			
	е				1,103,444.	224,441.		568,72

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	persons described in section 4958(c)(3)(B)			
7	Other salaries and wages	1,040,335.	733,511.	121
8	Pension plan accruals and contributions (include			
	section 401(k) and 403(b) employer contributions)			
9	Other employee benefits	108,022.	67,424.	18
10	Payroll taxes	85,883.	53,908.	18
11	Fees for services (non-employees):			
а	Management			
	Legal			
	Accounting			
d	Lobbying			
е	Professional fundraising services. See Part IV, line 17			
f	Investment management fees	79,130.		79
g	Other. (If line 11g amount exceeds 10% of line 25,			
	column (A) amount, list line 11g expenses on Sch 0.)	49,680.	28,079.	20
12	Advertising and promotion	46,083.	37,228.	8
13	Office expenses	34,537.	25,648.	5
14	Information technology			
15	Royalties			
16	Occupancy	257,526.	230,473.	27
17	Travel	42,243.	4,212.	5
18	Payments of travel or entertainment expenses			
	for any federal, state, or local public officials			
19	Conferences, conventions, and meetings	13,976.	5,121.	4
20	Interest			
21	Payments to affiliates			
22	Depreciation, depletion, and amortization	496,641.	496,641.	
23	Insurance	44,106.	20,716.	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 0.)			
а	EQUIPMENT MAINTENANCE	78,805.	57,549.	12
b	COLLECTION EXPENSE	47,179.	47,179.	
с	DESIGN AND PRODUCTION	39,290.	39,200.	
d	DUES AND SUBSCRIPTIONS	33,366.	7,944.	7
е	All other expenses	109,168.	64,750.	5
25	Total functional expenses. Add lines 1 through 24e	2,745,683.	1,919,583.	497
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 Figure if following SOP 98-2 (ASC 958-720)			

THE VALENTINE MUSEUM Form 990 (2018)

Part IX Statement of Functional Expenses

Do not include amounts reported on lines 6b,

individuals. See Part IV, line 22

Grants and other assistance to foreign

Grants and other assistance to domestic organizations

organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members

Compensation of current officers, directors,

trustees, and key employees

and domestic governments. See Part IV, line 21 Grants and other assistance to domestic

7b, 8b, 9b, and 10b of Part VIII.

1

2

3

4 5

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

(A) Total expenses

139,713.

6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and ,155. 185,669. ,231. 22,367. ,782. 13,193. 130 <u>,96</u>3. 638. ,506. 349. ,935. 2,954 ,053. 32,509. ,522. ,142. 4,713. 390. ,353 8,903. 90. ,143. 18,279. ,479. 38,939. ,497. 328,603. Form 990 (2018) 832010 12-31-18 11

(D) Fundraising expenses

(C) Management and general expenses

139,713.

(B) Program service expenses

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THE VALENTINE MUSEUM Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

			- 10 u.r.j		(A)		(P)
					(A) Beginning of year		(B) End of year
	4	Cash pap interact bearing			52,196.	1	46,275.
	1	Cash - non-interest-bearing			729,158.	2	1,127,138.
	2	Savings and temporary cash investments			397,814.	2	1,685,374.
	3	Pledges and grants receivable, net			3,445.	3 4	2,513.
	4	Accounts receivable, net			5,115.	4	2,515.
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensat				-	
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualifi	-				
		section 4958(f)(1)), persons described in section		•			
		employers and sponsoring organizations of section				~	
ets	-	employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net			30,683.	7	37,390.
	8	Inventories for sale or use			5,766.	8 9	6,644.
	9				5,700.	9	0,044.
	10a	Land, buildings, and equipment: cost or other	10-	12 837 122			
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	6 102 682	6,854,625.	10-	6 734 740
		Less: accumulated depreciation	DD	0,102,002.	16,533,076.	10c 11	6,734,740. 16,992,676.
	11	Investments - publicly traded securities		10,333,070.		10,992,070.	
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line 1			13		
	14	Intangible assets	745,045.	14	745,045.		
	15	Other assets. See Part IV, line 11			25,351,808.	15 16	27,377,795.
	16 17	Total assets. Add lines 1 through 15 (must equa			125,223.	10	141,251.
	18	Accounts payable and accrued expenses	125,225.	18			
	19	Grants payable		19			
	20	Deferred revenue				20	
	21	Tax-exempt bond liabilities Escrow or custodial account liability. Complete F				21	
	22	Loans and other payables to current and former				21	
Liabilities	~~	key employees, highest compensated employees					
bili						22	
Lia	23	Secured mortgages and notes payable to unrelat				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines					
		Schedule D	-	· ·	769,455.	25	776,018.
	26	Total liabilities. Add lines 17 through 25			894,678.	26	917,269.
		Organizations that follow SFAS 117 (ASC 958)	, chec	k here 🕨 🗴 and			
s		complete lines 27 through 29, and lines 33 and					
Ce	27	Unrestricted net assets			9,392,043.	27	8,825,127.
alar	28	Temporarily restricted net assets			3,882,575.	28	8,825,127. 5,409,472.
Ä	29				11,182,512.	29	12,225,927.
ň		Organizations that do not follow SFAS 117 (AS					
л Т		and complete lines 30 through 34.					
ets e	30	Capital stock or trust principal, or current funds		30			
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equ		31			
зţА	32	Retained earnings, endowment, accumulated inc		32			
ž	33	Total net assets or fund balances			24,457,130.	33	26,460,526.
	34	Total liabilities and net assets/fund balances			25,351,808.	34	27,377,795.
							E_{0} (2018)

Form 990 (2018)

Form	1990 (2018) THE VALENTINE MUSEUM	54-	0505967	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check 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	4,103		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,745	5,68	83.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,357		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	24,457		
5	Net unrealized gains (losses) on investments	5	645	5,6	<u>35.</u>
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	26,460),5:	26.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		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 Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis X 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 oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?			X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Auc			
	Act and OMB Circular A-133?		<u>3a</u>		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			000	L

Form **990** (2018)

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SCH	IEDL	JLE A
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Department of the Treasury Internal Revenue Service

(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.

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

	OMB No. 1545-0047
	2018
	Open to Public Inspection
Employer	identification number

Name of the	organization
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Name c	가 the organization 까머로 '	VALENTINE 1	MIISEIIM					4-0505967	
Part				mplete thi	s part.) Se	e instructions		4 0505507	
	anization is not a private found								
1	7					VAVi).			
2	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i) . A school described in section 170(b)(1)(A)(ii) . (Attach Schedule E (Form 990 or 990-EZ).)								
3	A hospital or a cooperative		-			i)			
4						-	(iiii) Enter	the hospital's name	
- L	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:								
5	An organization operated for	or the benefit of a col	llege or university owned	l or operate	ed by a go	vernmental u	nit describe	ed in	
•	section 170(b)(1)(A)(iv). (C			or operate					
6	A federal, state, or local gov		nental unit described in	section 17	0(h)(1)(A)	(v)			
7 X		-					e general r	ublic described in	
, [==	section 170(b)(1)(A)(vi). (C	-		oni a gove	minentar		ie general p		
8	A community trust describe		(1)(A)(vi) (Complete Par	ни)					
9	An agricultural research org				d in coniu	nction with a	land-grant	college	
5	or university or a non-land-g	-			-		-	-	
	university:	grant conege of agric			lame, ony	, and state of	and bollege		
10	An organization that norma	Illy receives: (1) more	than 33 1/3% of its supr	ort from c	ontributio	ns memberst	nin fees an	d aross receipts from	
	activities related to its exem								
	income and unrelated busir							-	
	See section 509(a)(2). (Con				SCS acqui				
11	An organization organized a	. ,	vely to test for public sat	fetv See .	section 50)9(a)(4)			
12	An organization organized a			•			rry out the	nurnoses of one or	
	more publicly supported or	-	•	-			•		
	lines 12a through 12d that	-							
a	Type I. A supporting orga	• •		-			-	aivina	
u [the supported organization	-	-	• • • •	-				
	organization. You must o			majority o				pporting	
b	Type II. A supporting org	-		ion with its	supporte	d organizatio	n(s) by hav	ina	
~ _	control or management o	-				•		-	
	organization(s). You mus						Jo the capp		
c [Type III functionally inte	-		in connect	ion with. a	and functional	lv integrate	d with.	
	its supported organization		•••				., <u></u> g	,	
d	Type III non-functionally		-				ted organiz	zation(s)	
	that is not functionally int						•		
	requirement (see instructi			-		-			
еſ	Check this box if the orga	,	•				I. Type III		
	functionally integrated, or					JI - , JI -	, ,,		
f E	nter the number of supported of		, , , , , , , , , , , , , , , , , , , ,	0 0					
gР	rovide the following informatior	n about the supporte	d organization(s).						
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governir	nization listed ng document?	(v) Amount of	-	(vi) Amount of other	
	organization		above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)	
Total				000 57					
LHA FO	r Paperwork Reduction Act N	NOTICE, SEE THE INSTR	uctions for Form 990 of	' 990-EZ.	832021 10-	11-18 Sche	ule A (For	m 990 or 990-EZ) 2018	

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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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	4836706.	1806256.	1307211.	2126565.	3310276.	13387014.
2	Tax revenues levied for the organ-						
	ization'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	4836706.	1806256.	1307211.	2126565.	3310276.	13387014.
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.						13387014.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	4836706.	1806256.	1307211.	2126565.	3310276.	13387014.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	469,365.	358,754.	461,249.	540,222.	471,017.	2300607.
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.)	214,580.	249,951.	54,902.	72,052.		668,898.
11	Total support. Add lines 7 through 10						16356519.
	Gross receipts from related activities,					· · · · ·	,009,439.
13	First five years. If the Form 990 is for	r the organization's	first, second, third	d, fourth, or fifth ta	x year as a sectior	n 501(c)(3)	
<u> </u>	organization, check this box and stor	o here					
	ction C. Computation of Publi						01 05
	Public support percentage for 2018 (I		•	.,,		14	81.85 %
	Public support percentage from 2017					15	83.09 %
16a	33 1/3% support test - 2018. If the c				14 is 33 1/3% or m	ore, check this bo	
_	stop here. The organization qualifies		-				
b	33 1/3% support test - 2017. If the c						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac			-	-	-	
-	meets the "facts-and-circumstances"	-		• • • •			
b	10% -facts-and-circumstances test	•				-	
	more, and if the organization meets th						e
	organization meets the "facts-and-circ						
18	Private foundation. If the organizatio	on did not check a l	box on line 13, 16a	a, 160, 17a, or 17b			
					Sche	equie A (Form 990) or 990-EZ) 2018

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

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(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.)

Section A. Public Support						
Calendar 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.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, 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 bus-						
iness under section 513						
4 Tax revenues levied for the organ- ization'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						
7a Amounts included on lines 1, 2, and 3 received from disgualified 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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business 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.)						
14 First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3) orgar	nization,
check this box and stop here						
Section C. Computation of Publi	c Support Per	centage				
15 Public support percentage for 2018 (li	ne 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 2017	Schedule A, Part	III, line 15			16	%
Section D. Computation of Inves	tment Income	e Percentage				
17 Investment income percentage for 20	18 (line 10c, colur	mn (f), divided by l	ine 13, column (f))		17	%
18 Investment income percentage from 2	2017 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2018. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than 3	33 1/3%, and line	e 17 is not
more than 33 1/3%, check this box ar	id stop here. The	organization qual	ifies as a publicly s	supported organiza	ation	
b 33 1/3% support tests - 2017. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%	, and
line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	anization qualifies	as a publicly supp	orted organizatio	n ►
20 Private foundation. If the organization	<u>n did not check a</u>	box on line 14, 19	a, or 19b, check t	his box and see ins	structions	
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		16	5			

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

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.)

Section A. All Supporting Organizations

- 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.
- 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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.
- c 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.
- **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.*
- **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.*
- **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.*
- 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 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).
- 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).*
- **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.**
- **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.**
- c 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.
- **10a** 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.*
- **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.)

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Schedule A (Form 990 or 990-EZ) 2018

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17

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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		
Sec	tion 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	tion 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	tion 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, (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		
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			
<u> </u>	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	ns).		
a ⊾	The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
c o	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see Antivities Test. Anotype (a) and (b) below	nstructions		No
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported exception(a) to which the exception was respective?			
	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	2a		
b	that these activities constituted substantially all of its activities. Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	Za		
D				
	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	2h		
2	activities but for the organization's involvement. Parent of Supported Organizations Answer (a) and (b) below	2b		
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? Dravide details in Part VI	20		
h	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3b		
000000	of its supported organizations? <i>If "Yes," describe in</i> Part VI the role played by the organization in this regard. 5 10-11-18 Schedule A (Forr)0. E7	2010
002025	5 10-11-18 Schedule A (For	1 330 01 93	,u-cz)	2010

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2018.05030 THE VALENTINE MUSEUM 738430.1

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Schedule A (Form 990 or 990-EZ) 2018 THE VALENTINE MUSEUM Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income			(A) Prior Year	(B) Current Year (optional)
1 Ne	et short-term capital gain	1		
2 Re	coveries of prior-year distributions	2		
3 Ot	her gross income (see instructions)	3		
4 Ad	Id lines 1 through 3	4		
5 De	preciation and depletion	5		
6 Po	rtion of operating expenses paid or incurred for production or			
со	llection of gross income or for management, conservation, or			
	aintenance of property held for production of income (see instructions)	6		
	her expenses (see instructions)	7		
8 Ad	ijusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Ag	gregate fair market value of all non-exempt-use assets (see			
ins	structions for short tax year or assets held for part of year):			
a Av	erage monthly value of securities	1a		
b Av	erage monthly cash balances	1b		
c Fa	ir market value of other non-exempt-use assets	1c		
d To	tal (add lines 1a, 1b, and 1c)	1d		
e Di	scount claimed for blockage or other			
fac	ctors (explain in detail in Part VI):			
2 Ac	quisition indebtedness applicable to non-exempt-use assets	2		
	ibtract line 2 from line 1d	3		
4 Ca	ash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
se	e instructions)	4		
5 Ne	et value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Mu	ultiply line 5 by .035	6		
7 Re	coveries of prior-year distributions	7		
8 Mi	nimum Asset Amount (add line 7 to line 6)	8		
Section	C - Distributable Amount			Current Year
1 Ad	ljusted net income for prior year (from Section A, line 8, Column A)	1		
2 En	ter 85% of line 1	2		
3 Mi	nimum asset amount for prior year (from Section B, line 8, Column A)	3		
	ter greater of line 2 or line 3	4		
5 Inc	come tax imposed in prior year	5		
6 Di	stributable Amount. Subtract line 5 from line 4, unless subject to			
en	nergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly intograto		nization (soo

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2018

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Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Sect	ion D - Distributions		· · · ·	Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	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			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
с	From 2015			
d	From 2016			
e	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
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.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
e	Excess from 2018			(Farme 000 an 000 F3) 0040

Schedule A (Form 990 or 990-EZ) 2018

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Supplemental Information. Provide the expla Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, line 1; Part IV, Section D, lines 2 and 3; Part IV, Sectio Section D, lines 5, 6, and 8; and Part V, Section E, line (See instructions.)	9b, 9c, 11a, 11b, and 11c; Part IV, Section E, lines 1c. 2a, 2b, 3a, and 3b; Part V.	ion B, lines 1 and 2; Part IV, Section C, line 1: Part V. Section B, line 1e: Part V.

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Employer identification number

54-0505967

THE	VALENTINE	MUSEUM
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Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., but no such contributions totaling the year for an *exclusively* religious, charitable, etc., but no such contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., but no such contributions totaling \$5,000 or more during the year for an *exclusively* set is the set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set is

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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

SCHEDULE D	
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(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.



Department of the Treasury Internal Revenue Service

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

Nam	e of the organization THE VALENTINE MUSEUM	Employer identification number $54 - 0505967$
Par		
	organization answered "Yes" on Form 990, Part IV, line 6.	
		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	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fund-	s
Ū	are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used or	
•	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferri	
	impermissible private benefit?	·
Par	t II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	important land area
	Protection of natural habitat	-
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a con	servation easement on the last
	day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
с	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure	
	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organiz	zation during the tax
	year 🕨	
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	
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	
	▶	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation eas	ements during the year
	►\$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i	i)
	and section 170(h)(4)(B)(ii)?	YesNo
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense stateme	ent, and balance sheet, and
	include, if applicable, the text of the footnote to the organization's financial statements that describes the orga	anization's accounting for
_	conservation easements.	
Par	t III Organizations Maintaining Collections of Art, Historical Treasures, or Other Si	milar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and	
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of p	oublic 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 bal	
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public serv	rice, provide the following amounts
	relating to these items:	
	(i) Revenue included on 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 gain, p	provide
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
	Revenue included on Form 990, Part VIII, line 1	► \$
	Assets included in Form 990, Part X	\$ Sahadula D (Farm 000) 2018
LНА	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2018

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Sche	chedule D (Form 990) 2018 THE VALENTINE MUSEUM 54-0505967 Page 2										
Par	t III Organizations Maintaining C	ollections of Art	t, Historica	I Treas	ures, or Ot	her S	imilar As	ssets	contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any o	of the follo	owing that are a	a signif	icant use c	of its c	ollection	items	
	(check all that apply):										
а	Public exhibition	d	Loan	or exchar	nge programs						
b	Scholarly research	e			.9-19						
c	Preservation for future generations	· · ·									
4	Provide a description of the organization's co	lections and explain	how they fur	ther the o	raanization's e	vomnt	nurnose ir	Dort	YIII		
5	During the year, did the organization solicit o	-	-		-	-		ii ait	A III.		
5					•				7	V	No
Dar	to be sold to raise funds rather than to be ma tIV Escrow and Custodial Arran								Yes	Δ	NO
ιαι	reported an amount on Form 990, Par		ete if the organ	lization a	nswered "Yes"	on Fo	rm 990, Pa	art IV, I	ine 9, or		
	•					- 4 1 I					
та	Is the organization an agent, trustee, custodi							_	٦.,		
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:								
									Amount		
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 amount on Fe	orm 990, Part X, line	21, for escrow	v or custo	odial account lia	ability?		🗆	Yes		No
b	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete i	f the organization an	swered "Yes"	on Form	990, Part IV, lii	ne 10.					
		(a) Current year	(b) Prior ye	ear (o	c) Two years bac	k (d)	Three years	back	(e) Four	years b	back
1a	Beginning of year balance	9,437,458.	9,144,	784.	8,883,68	5.	8,823,	489.	6,	143,3	389.
b	Contributions	511,054.	293,	057.	129,93	2.	102,	439.		476,1	19.
	Net investment earnings, gains, and losses	12,953.		383.	137,04	6.	-37,	046.	2,	203,9	981.
	Grants or scholarships										
	Other expenditures for facilities										
Ŭ											
4		1,290.			5,87	9	5	197.			
	Administrative expenses	9,960,175.	9,437,	458	9,144,78		8,883,		8	823,4	189
g	End of year balance	i				±•	0,005,	005.	۰,	025,3	
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, colu	mn (a)) ne	eid as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment 100.00	%									
С	Temporarily restricted endowment	%									
	The percentages on lines 2a, 2b, and 2c show										
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are h	eld and a	administered fo	r the o	rganizatior	ו	-		
	by:									Yes	No
	(i) unrelated organizations								3a(i)		X
	And 1 1 1 1 1								3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedu	le R?					3b		
4	Describe in Part XIII the intended uses of the	organization's endo	wment funds.								
Par	t VI Land, Buildings, and Equipm	ent.									
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line ⁻	11a. See	Form 990, Parl	t X, line	10.				
	Description of property	(a) Cost or o) Cost or			mulated		(d) Book	value	,
		basis (investr	•	basis (oth		depree			., .,		
1a	Land			161	,255.				161	.,25	5.
	Buildings	1 1 1 2 2	587 . 8	$\frac{101}{147}$		5.80	8,714		6,475		
	Leasehold improvements			, , ,		,	- ,	-	- / - / -	,	
	Equipment			202	,151.	20	3,968	-	00	3,18	12
	Other						-		6,734		
iota	. Add lines 1a through 1e. (Column (d) must e	<u>qual Form 990. Part J</u>	<u>X, column (B).</u>	line 10c.))	<u></u>		-	-	-	
							Sch	edule	D (Form	990)	2018

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12 (a) Description of security or category (including name of security) (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨 Part VIII 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-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (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)	
(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)	DUE TO RICHMOND HISTORY GALLERY	776,018.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	776,018.

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports 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

Schedule D (Form 990) 2018

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Sche	dule D (Form 990) 2018 THE VALENTINE MUSEUM		54-0505967 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With Reven	ue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	. 2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
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	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	ents With Expe	nses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		
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:		
а	Donated services and use of facilities	. 2a	
b	Prior year adjustments	2b	
с	Other losses	2c	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
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	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5
Pa	t XIII Supplemental Information.		

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.

PART III, LINE 1A:

HISTORIC PROPERTIES CONSIST PRINCIPALLY OF THE WICKHAM-VALENTINE HOUSE,
THE EDWARD VALENTINE STUDIO, AND THE DAVIS HOUSE. EXCEPT FOR THE
WICKHAM-VALENTINE HOUSE AND DAVIS HOUSE RESTORATIONS, WHICH ARE STATED AT
COST LESS ACCUMULATED DEPRECIATION, SUCH PROPERTIES, IN CONFORMITY WITH
THE PRACTICE FOLLOWED BY MANY MUSEUMS, ARE STATED AT A NOMINAL VALUE.
THE VALENTINE'S CONSOLIDATED FINANCIAL STATEMENTS EXCLUDE THE VALUE OF THE
COLLECTION OBJECTS AND LIBRARY HOLDINGS, AND NO DETERMINATION HAS BEEN
MADE AS TO AGGREGATE VALUE OF SUCH ITEMS. PURCHASES OF COLLECTIONS ITEMS
ARE RECORDED AS DECREASES IN TEMPORARILY RESTRICTED NET ASSETS IF THE
ASSETS USED TO PURCHASE COLLECTIONS ITEMS ARE RESTRICTED BY THE DONOR.
832054 10-29-18 Schedule D (Form 990) 2018

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PART X, LINE 2:

THE VALENTINE FOLLOWS THE FASB GUIDANCE FOR HOW UNCERTAIN TAX POSITIONS SHOULD BE RECOGNIZED, MEASURED, DISCLOSED AND PRESENTED IN THE CONSOLIDATED FINANCIAL STATEMENTS. THIS REQUIRES THE EVALUATION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN THE COURSE OF PREPARING THE VALENTINE'S TAX RETURNS TO DETERMINE WHETHER THE TAX POSITIONS ARE "MORE-LIKELY-THAN-NOT" OF BEING SUSTAINED "WHEN CHALLENGED" OR "WHEN EXAMINED" BY THE APPLICABLE TAX AUTHORITY. TAX POSITIONS NOT DEEMED TO MEET THE MORE-LIKELY-THAN-NOT THRESHOLD WOULD BE RECORDED AS A TAX EXPENSE AND LIABILITY IN THE CURRENT YEAR. MANAGEMENT HAS EVALUATED THE VALENTINE'S TAX POSITION AND CONCLUDED THAT THE VALENTINE HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE CONSOLIDATED FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISION OF THIS GUIDANCE. THE VALENTINE IS NOT CURRENTLY UNDER AUDIT BY ANY TAX JURISDICTION.

Schedule D (Form 990) 2018

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SCHEDULE G Supplemental Information Regarding Fundraising or Gaming Activities						OMB No. 1545-0047			
(Form 990 or 990-EZ) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.						or if the	2018		
Department of the Treasury		Attach to Form 990			-			Open to Public	
Internal Revenue Service		to www.irs.gov/Form990 for instru	uction	s and	the latest informati	on.		Inspection	
Name of the organization		ENTINE MUSEUM					Employer ide $54 - 0505$	entification number 967	
		Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not	
· · · ·	complete this part e organization rais	ed funds through any of the followin	g activ	ities. (Check all that apply.				
b Internet and c Phone solici									
d In-person so		g [] Special	Iunura	using	events				
		or oral agreement with any individual				tees,		_	
		art VII) or entity in connection with p viduals or entities (fundraisers) pursu			e	no fur	Ves		
compensated at le	0	(/1		agreer	nents under which ti			5	
			(iii)	Did		(v)	Amount paid	(vi) Amount paid	
(i) Name and addres or entity (func		(ii) Activity	(iii) fundr have c or con contribu	ustody itrol of	(iv) Gross receipts from activity	tò (c	or retained by) fundraiser ted in col. (i)	to (or retained by) organization	
			Yes	No	-				
Total									
3 List all states in whi		n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is e	exempt from re	gistration	
or licensing.									
LHA For Paperwork Re	eduction Act Noti	ce, see the Instructions for Form 9	90 or	990-E	Z. S	Sche	dule G (Form §	990 or 990-EZ) 2018	

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54-0505967 Page 2

 Schedule G (Form 990 or 990-EZ) 2018
 THE
 VALENTINE
 MUSEUM
 54-0505967
 Pace

 Part II
 Fundraising Events.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

			(a) Event #1	(b) Event #2	(c) Other events	
				OTHER	NONE	(d) Total events
			HISTORY MAKE	FUNDRAISING		(add col. (a) through
,			(event type)	(event type)	(total number)	- col. (c))
	1	Gross receipts	172,435.	500.		172,935
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	172,435.	500.		172,935
	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	22,925.			22,925
nirect Experises	7	Food and beverages	43,223.			43,223
	8	Entertainment				
	9	Other direct expenses	1 1			19,428
	10	Direct expense summary. Add lines 4 throug		L	► ►	85,576
		Net income summary. Subtract line 10 from			•	87,359
		0	(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (
╉	1	Gross revenue				
,	2	Cash prizes				
		Cash prizes				
		Noncash prizes				
	3					
	3 4	Noncash prizes				
	3 4 5	Noncash prizes	└── Yes % └── No	└── Yes% └── No	Yes % No	
	3 4 5 6	Noncash prizes Rent/facility costs Other direct expenses	└────────────────────────────────────		No	
	3 4 5 6 7	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes % No h 5 in column (d)	□ No	<u>No</u> No	
	3 4 5 7 8	Noncash prizes	Yes% No 5 in column (d) 7 from line 1, column (d)	<u>No</u>	No ►	
a	3 4 5 6 7 8 Ent Is t	Noncash prizes	h 5 in column (d) from line 1, column (d)	No No	No ►	
a	3 4 5 6 7 8 Ent Is t	Noncash prizes	h 5 in column (d) from line 1, column (d)	No No	No ►	
ab	3 4 5 6 7 8 Entt Is t If "I We	Noncash prizes	Yes % No No f 5 in column (d) 7 from line 1, column (d) ucts gaming activities: ctivities in each of these s evoked, suspended, or te	states?	No	Yes N
ab	3 4 5 6 7 8 Entt Is t If "I We	Noncash prizes	Yes % No No f 5 in column (d) 7 from line 1, column (d) ucts gaming activities: ctivities in each of these s evoked, suspended, or te	states?	No	Yes N

Sch	nedule G (Form 990 or 990-EZ) 2018 THE VALENTINE MUSEUM	54-0	505967	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:			
	a The organization's facility		13a	%
	o An outside facility		13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	ls:		
	Name			
	Address 🕨			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No No
k	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amo	ount		
	of gaming revenue retained by the third party \blacktriangleright \$			
c	c If "Yes," enter name and address of the third party:			
	Name			
	Address 🕨			
16	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 \$			
	Description of services provided 🕨			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	No No
k	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent i			
_	organization's own exempt activities during the tax year 🕨 \$			
Pa	art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	and Par	t III, lines 9, 9	9b, 10b,
_				
8320	NB3 10-03-18 Schedule 34	G (Form	1 990 or 990	-EZ) 2018

15050123 759400 738430.000

 Schedule G (Form 990 or 990-EZ)

832084 04-01-18

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury	
Internal Revenue Service	

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.

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

2018
Open to Public

Name of the organization		
	m T T T T	TTN T TINTET TN

Employer identification number 54-0505967

ΓHE	VALENTINE	MUSEUM

Par	τI	Types	of Property							
				(a)	(b)	(c)	(d)			
				Check if	Number of contributions or	Noncash contribution amounts reported on	Method of de	•		
				applicable		Form 990, Part VIII, line 1g	noncash contribu	tion amou	Ints	
1	Art	- Works of	art							
2			treasures							
3			interests							
4			blications							
5			ousehold goods							
6			vehicles							
7			ies							
8		llectual pro								
9			blicly traded	Х	6	390,374.	FMV			
10			sely held stock							
11			rtnership, LLC, or							
		t interests	• • •							
12	Sec	urities - Mis	scellaneous							
13			ervation contribution -							
	Hist	oric structu	Jres							
14			ervation contribution - Other							
15	Rea	I estate - R	esidential							
16	Rea	l estate - C	ommercial							
17			ther							
18										
19										
20			dical supplies							
21	Тах	idermy								
22	Hist	orical artifa	icts							
23	Scie	entific spec	imens							
24	Arcl	heological a	artifacts							
25	Oth	er 🕨 ()							
26	Oth	er 🕨 ()							
27	Oth	er 🕨 ()							
28	Oth	er 🕨 ()							
29			ms 8283 received by the organ		•					
	for v	which the c	rganization completed Form 82	283, Part IV, I	Donee Acknowledg	jement				
							1	Ye	s	No
30a			r, did the organization receive b	-	•••••					
	mus	st hold for a	at least three years from the dat	e of the initia	l contribution, and	which isn't required to be us	sed for			
			ses for the entire holding period	?				30a	_	X
			be the arrangement in Part II.							
31			nization have a gift acceptance				ions?	31		X
32a		-	nization hire or use third parties	or related or	ganizations to solic	cit, process, or sell noncash				77
		tributions?						32a		X
			be in Part II.							
33		-	ion didn't report an amount in o	column (c) foi	r a type of property	r tor which column (a) is cheo	cked,			
	des	cribe in Pa	t II.							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2018

832141 10-18-18

54-0505967 Page 2 **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

50123 759400 738430.000	37 2018.05030 THE VALENTINE MUSEUM 7384
32142 10-18-18	Schedule M (Form 990) 201

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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.



54-0505967

THE VALENTINE MUSEUM

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PRESERVING AND INTERPRETING RICHMOND'S HISTORY.

FORM 990, PART VI, SECTION A, LINE 2:

TEE VALENTINE AND E. MASSIE VALENTINE HAVE A FAMILY RELATIONSHIP

FORM 990, PART VI, SECTION A, LINE 7A:

EACH ELECTED BOARD TRUSTEE SERVES FOR A TERM OF 3 YEARS COMMENCING JULY 1

OF EACH YEAR. NO TRUSTEE CAN SERVE MORE THAN TWO CONSECUTIVE 3-YEAR TERMS.

THE BOARD OF THE TRUSTEES ELECTS A CHAIRMAN, A VICE CHAIRMAN, A SECRETARY

AND A TREASURER. THE ELECTION TAKES PLACE AT THE LAST REGULAR MEETING OF

THE FISCAL YEAR. THE NOMINEES RECEIVING THE MOST VOTES ARE DEEMED TO HAVE

BEEN ELECTED.

FORM 990, PART VI, SECTION A, LINE 7B:

AT ANY MEETING OF THE BOARD, ONE HALF OF THE VOTING MEMBERS OF THE BOARD CONSTITUTE A QUORUM FOR THE TRANSACTION OF BUSINESS. A MAJORITY VOTE OF THOSE IN ATTENDANCE AT A MEETING AT WHICH A QUORUM IS PRESENT IS THE ACT OF THE BOARD OF TRUSTEES.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS SUBMITTED TO THE FINANCE COMMITTEE AND TREASURER FOR REVIEW PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

AN INTERESTED PERSON MAY MAKE A PRESENTATION AT THE GOVERNING BOARD OR

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2018)

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 10-10-18

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THE VALENTINE MUSEUM COMMITTEE MEETING, BUT AFTER THE PRESENTATION, HE/SHE MUST MEETING DURING THE DISCUSSION OF, AND THE VOTE ON, THE TRA ARRANGEMENT INVOLVING THE POSSIBLE CONFLICT OF INTEREST. THE CHAIRPERSON OF THE GOVERNING BOARD OR COMMITTEE, IF AF	NSACTION OR
MEETING DURING THE DISCUSSION OF, AND THE VOTE ON, THE TRA ARRANGEMENT INVOLVING THE POSSIBLE CONFLICT OF INTEREST. THE CHAIRPERSON OF THE GOVERNING BOARD OR COMMITTEE, IF AF	NSACTION OR
ARRANGEMENT INVOLVING THE POSSIBLE CONFLICT OF INTEREST. THE CHAIRPERSON OF THE GOVERNING BOARD OR COMMITTEE, IF AF	
THE CHAIRPERSON OF THE GOVERNING BOARD OR COMMITTEE, IF AF	PROPRIATE,
	PROPRIATE,
APPOINTS A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGAT	E ALTERNATIVES TO
THE PROPOSED TRANSACTION OR ARRANGEMENT.	
AFTER EXERCISING DUE DILIGENCE, THE GOVERNING BOARD OR COM	MITTEE DETERMINES
WHETHER THE ORGANIZATION CAN OBTAIN WITH REASONABLE EFFORT	'S A MORE
ADVANTAGEOUS TRANSACTION OR ARRANGEMENT FROM A PERSON OR E	NTITY THAT WOULD
NOT GIVE RISE TO A CONFLICT OF INTEREST.	
IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT R	EASONABLY
POSSIBLE UNDER CIRCUMSTANCES NOT PRODUCING A CONFLICT OF I	NTEREST, THE
GOVERNING BOARD OR COMMITTEE DETERMINES BY MAJORITY VOTE C	OF THE
DISINTERESTED DIRECTORS WHETHER THE TRANSACTION OR ARRANGE	MENT IS IN THE
ORGANIZATION'S BEST INTEREST, FOR ITS OWN BENEFIT, AND WHE	THER IT IS FAIR
AND REASONABLE. IN CONFORMITY WITH THE ABOVE DETERMINATION	I IT SHALL MAKE
ITS DECISION AS TO WHETHER TO ENTER INTO THE TRANSACTION C	R ARRANGEMENT. IF
THE GOVERNING BOARD OR COMMITTEE HAS REASONABLE CAUSE TO E	ELIEVE A MEMBER
HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INT	EREST, IT MUST
INFORM THE MEMBER OF THE BASIS FOR SUCH BELIEF AND AFFORD	THE MEMBER AN
OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE.	
IF, AFTER HEARING THE MEMBER'S RESPONSE AND AFTER MAKING F	URTHER
INVESTIGATION AS WARRANTED BY THE CIRCUMSTANCES, THE GOVER	NING BOARD OR
COMMITTEE DETERMINES THE MEMBER HAS FAILED TO DISCLOSE AN	ACTUAL OR
POSSIBLE CONFLICT OF INTEREST, IT MUST TAKE APPROPRIATE DI	SCIPLINARY AND
CORRECTIVE ACTION.	

FORM 990, PART VI, SECTION B, LINE 15A:

832212 10-10-18

Schedule O (Form 990 or 990-EZ) (2018)

FORM 990, PART VI, SECTION C	, LINE 19:					
GOVERNING DOCUMENTS ARE MADE	AVAILABLE	TO THE	PUBLIC	UPON	REQUEST.	

Name of the organization

THE VALENTINE MUSEUM

Employer identification number 54 - 0505967

(Rev. January 2019)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

				Enter file	er's identifyi	ng number		
Type or	Type or Name of exempt organization or other filer, see instructions.					Employer identification number (EIN) or		
print								
File by the	THE VALENTINE MUSEUM		54-0505967					
due date fo filing your return. See	Number, street, and room or suite no. If a P.O. box, s 1015 EAST CLAY STREET	see instruct	ions.	Social security number (SSN)				
instruction	City, town or post office, state, and ZIP code. For a f RICHMOND, VA 23219	foreign addi	ress, see instructions.					
Enter th	Return Code for the return that this application is for (fi	le a separat	te application for each return)					
Applica	tion	Return	Application			Return		
ls For		Code	Is For			Code		
Form 99	0 or Form 990-EZ	01	Form 990-T (corporation)			07		
Form 99	0-BL	02	Form 1041-A			08		
Form 47	20 (individual)	03	Form 4720 (other than individual)			09		
Form 99	0-PF	04	Form 5227			10		
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form 99	0-T (trust other than above)	06	Form 8870			12		
• If the • If this box 1 Ir th 2 If 2	equest an automatic 6-month extension of time until e organization named above. The extension is for the org calendar year or X tax year beginning JUL 1, 2018 the tax year entered in line 1 is for less than 12 months, o Change in accounting period	Group Exe and atta MAX ganization's , an check reaso	mption Number (GEN), . <u>ch a list with the names and EINs of</u> <u>Y 15, 2020</u> , to file return for: d ending <u>JUN 30, 2019</u> on: Initial return	If this is fo all memb	r the whole <u>c</u> ers the exter npt organizat 	group, check this		
	this application is for Forms 990-BL, 990-PF, 990-T, 4720 ny nonrefundable credits. See instructions.), or 6069, e	enter the tentative tax, less	3a	\$	0.		
b If	this application is for Forms 990-PF, 990-T, 4720, or 606	9, enter any	refundable credits and					
estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$						0.		
c Ba	alance due. Subtract line 3b from line 3a. Include your p	ayment witl	h this form, if required, by					
us	ing EFTPS (Electronic Federal Tax Payment System). Se	e instructio	ns.	3c	\$	0.		
Caution instructi	: If you are going to make an electronic funds withdrawa ons.	II (direct det	bit) with this Form 8868, see Form 84	453-EO an	d Form 8879	9-EO for payment		
LHA	For Privacy Act and Paperwork Reduction Act Notice	, see instru	ictions.		Form 8	8868 (Rev. 1-2019)		