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, VA 23060

JANUARY 29, 2018

THE VALENTINE MUSEUM 1015 EAST CLAY STREET RICHMOND, VA 23219

THE VALENTINE MUSEUM:

ENCLOSED IS THE ORGANIZATION'S 2016 EXEMPT ORGANIZATION RETURN.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-EO TO US BY MAY 15, 2018.

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, 2017

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	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-EO TO US BY MAY 15, 2018.

Form 8879-EO	

L

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2016, or fiscal year beginning $\underline{JUL 1}$, 2016, and ending $\underline{JUN 30}$, 20 $\underline{17}$

Do not send to the IRS. Keep for your records.



2016

Department of the Treasury Internal Revenue Service

Name of exempt organization

Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.
Employer identification number

54-0505967

The	Valentine	Museum
Namaa	nd title of officer	

Marine and lille of	onicer	
William	J.	Martin
Director	2	

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 1 line in Part I.

1a	Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	1,957,012.
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	Зb	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here b Balance Due (Form 8868, line 3c)	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 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, 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 processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to 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 lauthorize KEITER, STEPHENS, HURST, GARY & SHREAVES, P	C to enter my PIN 23060
ERO firm name	Enter five numbers, but do not enter all zeros
as my signature on the organization's tax year 2016 electronically filed return. If I have indic is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State progr enter my PIN on the return's disclosure consent screen.	
As an officer of the organization, I will enter my PIN as my signature on the organization's ta indicated within this return that a copy of the return is being filed with a state agency(ies) re program, I will enter my PIN on the return's disclosure consent screen.	,
Officer's signature Da	te ▶
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification	
	2423060 enter all zeros
I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed confirm that I am submitting this return in accordance with the requirements of Pub. 4163 , Modernize <i>e-file</i> Providers for Business Returns.	5
ERO's signature 🕨 Da	te ►
ERO Must Retain This Form - See Instruct	ions
Do Not Submit This Form To the IRS Unless Reques	
LHA For Paperwork Reduction Act Notice, see instructions.	Form 8879-EO (2016)
623051 09-26-16	

			Extended to May 15, 2018	3		_
	Ω	00	Return of Organization Exempt Fror	n Income	e Tax	OMB No. 1545-0047
Form 990 Form 1990 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)					» 2016	
Department of the Treasury Do not enter social security numbers on this form as it may be r						Open to Public
		enue Service	Information about Form 990 and its instructions is at www.			Inspection
				JUN 30	-	
B c a	heck if pplicab	le: C Name o	forganization	D Emplo	yer identifica	tion number
	Addre	ge Tille	Valentine Museum			
	Name chang	ge Doing bi	usiness as The Valentine		54-05	05967
	Initial returr Final	Number	and street (or P.O. box if mail is not delivered to street address) Room/ East Clay Street	suite E Teleph	one number $804-6$	49-0711
	Jreturr termii ated		own, state or province, country, and ZIP or foreign postal code	G Gross red		2,049,788.
	Amen	ided Diah	mond, VA 23219		s a group retu	
	Appli tion		nd address of principal officer:William J Martin		ubordinates?	
	pend		as C above			uded? Yes No
Т	ax-ex	empt status:	X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) or			t. (see instructions)
J٧	Vebsi	ite: 🕨 rich	mondhistorycenter.com	H(c) Grou	p exemption i	number 🕨
κF	orm o	f organization:	Corporation Trust X Association Other 🕨 L	Year of formation:	1898 м 9	State of legal domicile: VA
Pa	rt I	Summary				
ø	1	Briefly describ	be the organization's mission or most significant activities: $[THE] MISS$	SION OF 7	THE VAL	ENTINE IS
Activities & Governance		TO ENGA	GE, EDUCATE AND CHALLENGE A DIVERSE A	AUDIENCE	BY COL	LECTING,
ern	2	Check this bo	x 🕨 📖 if the organization discontinued its operations or disposed of	more than 25%	of its net asse	
Š	3		ting members of the governing body (Part VI, line 1a)			28
ۍ مې	4		lependent voting members of the governing body (Part VI, line 1b)			28
ies	5		of individuals employed in calendar year 2016 (Part V, line 2a)			95
ivit			of volunteers (estimate if necessary)			40
Act			d business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated	business taxable income from Form 990-T, line 34	1		0.
						Current Year
ue	8		and grants (Part VIII, line 1h)	-	5,256.	1,307,211.
Revenue	9		ce revenue (Part VIII, line 2g)		4,797. 5,354.	<u>112,091.</u> 358,139.
Be			come (Part VIII, column (A), lines 3, 4, and 7d)		4,928.	179,571.
			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,335.	1,957,012.
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12) nilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14				0.	0.
		-		1 25	7,186.	1,284,603.
Ise	16a	Professional f	(a, b, b)		0.	0.
Expenses	h	Total fundrais	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) ► 293,433.			••
ы	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)	1,50	7,335.	1,503,203.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)	-	4,521.	2,787,806.
	19		expenses. Subtract line 18 from line 12		2,186.	-830,794.
es				Beginning of C	· ·	End of Year
Net Assets or Fund Balances	20	Total assets (I	Part X, line 16)	24,095	5,660.	24,536,456.
dB	21		(Part X, line 26)		7,461.	952,523.
Fun	22		fund balances. Subtract line 21 from line 20	23,148	3,199.	23,583,933.
	irt II					
Unde	er pen	alties of perjury,	I declare that I have examined this return, including accompanying schedules and s	atements, and to t	the best of my k	nowledge and belief, it is
true,	corre	ct, and complete	Declaration of preparer (other than officer) is based on all information of which pre	parer has any kno	wledge.	

Sign Here	Signature of officer William J Martin, Dire Type or print name and title	ctor	Date				
	Print/Type preparer's name	Preparer's signature	Date Check PTIN				
Paid	VIRGINIA R. BELCHER		^{if} self-employed P00421964				
Preparer		HURST, GARY & SHREAVE	S, PC Firm's EIN 54-1631262				
Use Only	Firm's address 4401 DOMINION BL	VD					
	GLEN ALLEN, VA 2	3060	Phone no. $(804)747-0000$				
May the I	May the IRS discuss this return with the preparer shown above? (see instructions)						
632001 11-1	322001 11-11-16 LHA For Paperwork Reduction Act Notice see the separate instructions Form 990 (2016)						

11-11-16LHA For Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2016)See Schedule O for Organization Mission Statement Continuation

		Page
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	Σ
1	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?	XIN
	If "Yes," describe these new services on Schedule O.	37
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	ΔIN
4	If "Yes," describe these changes on Schedule O. 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, ar	d
	revenue, if any, for each program service reported.	-
4a	(Code:) (Expenses \$ 1,959,292. including grants of \$) (Revenue \$	
	The Valentine engages children and adults in thoughtful programs	
	designed to use history to inform the present and to shape the futur	
	Interactive programs reach children from pre-K to high school on sit and through outreach in the schools. Adult education includes walki	
	and bus tours, conversations and outreach presentations on specific	ng
	history topics of Richmond and present day issues such as	
	transportation, education and racial disparity. The Valentine uses	it
	extensive collection of 1.6 million items to inform and support the	
	above programs and to serve the city with changing exhibitions that	
	tell the stories that explain Richmond's complicated history and its	
	place in the future. Museum resources are used in relation to these collections to enable their collection, preservation and exhibition.	
414	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
44	Other program services (Describe in Schedule O.)	
4u	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses > 1,959,292.	
	Form 99) (20
32002	See Schedule O for Continuation(s)	-
_	2	
00)129 759400 738430_000 2016.05040 The Valentine Museum 73843	30_

Form 990 (2016) 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			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	10	x	
	endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X	10		
11	as applicable.			
-	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a	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	114		
	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		х
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		Х
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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		37	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
b	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	4.4%		x
46	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13	ļ	<u> </u>
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		<u> </u>	<u> </u>
	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		х

Form **990** (2016)

632003 11-11-16

09300129 759400 738430_000

Form 990 (2016)

The Valentine Museum

Part IV Checklist of Required Schedules (continued)

			Yes	No
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		
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
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			37
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	04-		x
h	Schedule K. If "No", go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
	Did the organization mintain an escrow account other than a refunding escrow at any time during the year to defease	240		<u> </u>
U	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	07		x
~~	of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
а	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		x
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	20a 28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		<u> </u>
•	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? <i>If</i> "Yes," <i>complete Schedule M</i>	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
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		XX
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)2 If "Yes," complete Schedule R. Part V, line 2	256		
36	within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
30	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u> </u>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form **990** (2016)

632004 11-11-16

Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a sesponse or note to any line in this Part V Image: Check if Schedule O contains a sesponse or note to any line in this Part V Image: Check if Schedule O contains a sesponse or note to any line in this Part V Image: Check if Schedule O contains a sesponse or note to any line in this Part V Image: Check if Schedule O contains a sesponse or note to any line in this Part V Image: Check if Schedule O contains a sesponse or note to any line in this Part V Image: Check if Schedule O contains a sesponse or note to any line in this Part V Image: Check if Schedule O contains a sesponse or note to any line in this Part V Image: Check if Schedule O contains a sesponse or note to any line in this Part V Image: Check if Schedule O contains Part V Image: Check if Schedule O contains Part V Image: Check if Schedule O containse Part V Image: Check if Schedule O containse Part V Image: Check if Schedule O containse Part V Image: Check if Schedule O containse Part V Image: Check if Schedule O containse Part V Image: Check if Schedule O containse Part V Image: Check if Schedule O containse Part V Image: Check if Schedule O containse Part V Image: Check if Schedule O containse Part V Image: Check if Schedule O containse Part V Image: Check if Schedule O Containse Part V Image: Check if Schedule O containse Part V Image: Check if Schedule O Containse Part V <td< th=""><th>Form</th><th>990 (2016) The Valentine Museum 54-0505</th><th>967</th><th>Р</th><th>age 5</th></td<>	Form	990 (2016) The Valentine Museum 54-0505	967	Р	age 5
In Enter the number reported in Box 3 of Form 1098. Enter -0: if not applicable Image: The second s					
a Enter the number eported in Box 3 of Form 1096. Enter-0 ⁺ in not applicable 1 28 b Enter the number of Form SVB clinclated in the state far 0 ⁺ in ot applicable. 0 0 2 Enter the number of form SVB clinclated in the state 0 ⁺ of not applicable. 0 0 2 Enter the number of enployees reported on Form V-3, Transmittal of Wage and Tax Statements. 2a 95 2 Enter the number of enployees reported on Form V-3, Transmittal of Wage and Tax Statements. 2a 95 3 Enter the number of enployees reported on Form V-3, Transmittal of Wage and Tax Statements. 2a 25 3 Dot the organization nave unreaded business gross snoore of 51 Outo on more during the seaf-Advectore 2, attransmittal of Wage and Tax Statements. 2a X 3 Dot the organization nave unreaded business gross snoore of 51 Outo on more during the seaf-Advectore 2, attransmittal or Advectore 1, attransmittal or Advectore 1, attransmittal or Advectore 2, attransmittal or Advectore 2, attransmittal or Advectore 1, attransmittal or Advectore 2, attransmittal or Advectore 2, attransmittal account); 3a X 4 A any time divide scattarbox at a spination in Schedulo O 3b 11 'Yes, ' to the forgin country. 4a X 5 Di day state organization have an interpoint on Interpoint point that that the organization neave anterpoint on Interpoint point that thas or a paprit oper tas theintersmittan on a spoint that thas or		Check if Schedule O contains a response or note to any line in this Part V			
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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 Form 1098-C? 7n 8 Sponsoring organization make excess business holdings at any time during the year? 8 9 Sponsoring organization make any taxable distributions under section 4966? 9a 10 Bection 501(c)(7) organizations. Enter: 10a 11 Section 501(c)(2) organizations. Enter: 10a 11 10b 10b 11 Section 501(c)(12) organizations. Enter: 10a 11 Section 501(c)(12) organizations. Enter: 10a 12 Gross income from members or shareholders 11a 12 Gross income from members or shareholders 11b 12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 13 Section 4947(a)(1) non-exempt interest received or accrued during the year 12b 13a 13 Sectin 601(c)(29) qualified nonprof	d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			44-		v
					<u>⊢</u> ^^
	α	in res, has it lieu a rom /20 to report these payments (ii No, provide an explanation in Schedule O		000	(2016

Form 990	(2016)
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The Valentine Museum

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>		
			Yes	1
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 2	8	1.00	T
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b		8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	-		
_	officer, director, trustee, or key employee?	2	X	Г
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	· –		┢
•	of officers, directors, or trustees, or key employees to a management company or other person?	3		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			╈
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	·		t
6	Did the organization become aware during the year of a significant diversion of the organization s assets ?	·		╈
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	. –		╉
1 d		7-	x	
	more members of the governing body?	. 7a		╀
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or		v	
_	persons other than the governing body?	. 7b	X	+
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	. 8 a	X	\downarrow
b	Each committee with authority to act on behalf of the governing body?	. 8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	. 9		
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			_
			Yes	
0a	Did the organization have local chapters, branches, or affiliates?	. 10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			Ι
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		L
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X	T
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			t
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	X	L
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	·	X	╈
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	. 125		╈
C		12c	x	
10	in Schedule O how this was done		X	╉
13	Did the organization have a written whistleblower policy?		X	╉
14	Did the organization have a written document retention and destruction policy?	. 14		╉
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official		X	
b	Other officers or key employees of the organization	. 15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	. 16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		Т
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only	/) availa	ble	
	for public inspection. Indicate how you made these available. Check all that apply.) availa	010	
	X Own website X Another's website X Upon request Other (explain in Schedule O)			
0		and fine		
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	inu inal	icial	
~	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	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 Independe	ent Contra	ctors				

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key 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.

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average hours per week	box	, unle	ss pe	more erson) than is bot pr/trus	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Charles N. Whitaker	2.00			v				0.	0.	0
Chairman	2.00	X		X				0.	0.	0.
(2) Marjorie N. Grier Vice Chairman	2.00	x		x				0.	0.	0.
(3) Neil S. Kessler	2.00							0.	0.	0.
Secretary	2.00	x		x				0.	0.	0.
(4) Scott R. Warren	2.00									
Treasurer		x		x				0.	0.	0.
(5) Elise H. Wright	2.00									
Assistant Secretary		X		x				0.	0.	0.
(6) Deborah W. Davis	2.00									
Assistant Treasurer		X		Х				0.	0.	0.
(7) William J. Martin	2.00									
Director		Х						122,772.	0.	0.
(8) John C. Stanchina	2.00									_
Ex. Officio		Х						0.	0.	0.
(9) Turner A. Broughton	2.00	l								
Trustee		X						0.	0.	0.
(10) Monica Brinkley Davis	2.00									<u> </u>
Trustee		X						0.	0.	0.
(11) Steven A. DeLuca	2.00	l.,								0
Trustee		X						0.	0.	0.
(12) Thomas E. Goode	2.00	x						0.	0.	0
Trustee	2.00	<u> </u>						0.	0.	0.
(13) Bruce B. Gray Trustee	2.00	x						0.	0.	0.
(14) Gerald L. Hagen, Jr.	2.00	<u>^</u>						0.	0.	0.
(14) Gerald L. Hagen, 51. Trustee	2.00	x						0.	0.	0.
(15) E. Ben Howerton	2.00			-				0.		
Trustee	2.00	x						0.	0.	0.
(16) Bruce A. Kay	2.00									
Trustee		x						0.	0.	0.
(17) Justin G. Knight	2.00	+								
Trustee		x						0.	0.	0.
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Section A. Officers, Directors, Tru	istees, Key Em	pioy	/ees	, an		igne	SUC	ompensated Employee	es (continueu)			
(A)	(B)			-	C)			(D)	(E)		_	(F)
Name and title	Average hours per		not c	heck		e than		Reportable	Reportable	<u> </u>		timated
	week					is bot or/trus		compensation from	compensation from related			nount of other
	(list any	ector						the	organizations		com	pensation
	hours for	or dire	e			ated		organization	(W-2/1099-MIS	;C)		om the
	related organizations	ustee	truste		e	upens		(W-2/1099-MISC)			u u	anization d related
	below	Individual trustee or director	Institutional trustee	L_	Key employee	st con	5					anizations
	line)	Indivi	Institu	Officer	Keyer	Highest compensated employee	Former				Ū	
(18) H. Michael Ligon	2.00											
Trustee		X						0.		0.		0.
(19) Sr. Anne Maria Mack, CBS	2.00	. ,										0
Trustee	2.00	X						0.		0.		0.
(20) Ivor Massey, Jr. Trustee	2.00	x						0.		ο.		0.
(21) Beth P. Musick	2.00									<u> </u>		0.
Trustee	2.00	x						0.		0.		0.
(22) David G. Shuford	2.00											
Trustee		x						0.		0.		0.
(23) Brooks M. Smith	2.00											
Trustee		X						0.		0.		0.
(24) Helayne Spivak	2.00											_
Trustee		X						0.		0.		0.
(25) Alfred L. Stratford, III	2.00	x						0.				0
Trustee (26) J. Edward Ukrop	2.00	^						0.		0.		0.
Trustee	2.00	x						0.		0.		0.
1b Sub-total				I		I		122,772.		0.		0.
c Total from continuation sheets to Part								0.		0.		0.
d Total (add lines 1b and 1c)								122,772.		0.		0.
2 Total number of individuals (including but	not limited to th	nose	liste	ed a	bov	e) wl	ho r	eceived more than \$100	,000 of reportabl	e		
compensation from the organization												1
										r		Yes No
3 Did the organization list any former office				-	•	•	-	u				v
line 1a? If "Yes," complete Schedule J for											3	X
4 For any individual listed on line 1a, is the s and related organizations greater than \$1			•						the organization		4	x
5 Did any person listed on line 1a receive or									dual for services		4	
rendered to the organization? If "Yes," col					-			-			5	X
Section B. Independent Contractors					1							
1 Complete this table for your five highest of	ompensated in	depe	ende	ent c	cont	racto	ors t	that received more than	\$100,000 of com	pens	ation f	rom
the organization. Report compensation fo	r the calendar y	/ear	endi	'ng ۱	with	or w	ithir	n the organization's tax y	/ear.			
(A) Name and busines	s address	N	ONE	2				(B) Description of s	ervices	С	C) ompei	;) nsation
								I				
							_					
							_					
2 Total number of independent contractors		not li	mite	d to		ose li: 0	stec	above) who received m	ore than			
\$100,000 of compensation from the organ See Part VII, Section		tiı	nua	at		-	sh	eets			Form	990 (2016)
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						o						

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	entine Mu							<u></u>	54-050	1060
		nplo	byee			ligh	est			(=)
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours		heck	Pos				Reportable compensation	Reportable compensation	Estimated amount of
	per					αρρ Ι	''y) 	from	from related	other
	week					yee		the	organizations	compensatio
	(list any	rector				emplo		organization	(W-2/1099-MISC)	from the
	hours for	e or di	ee			sated		(W-2/1099-MISC)		organization
	related organizations	Individual trustee or director	Institutional trustee		/ee	Highest compensated employee				and related organizations
	below	id ual 1	ution	5	mplo	est co	er			e ganzaten
	line)	Indiv	Instit	Officer	Key employee	Highe	Former			
27) Charles S. Valentine, III	2.00									
rustee		x						0.	0.	(
28) E. Massie Valentine, Jr.	2.00									
rustee		Х						0.	0.	0
29) James L. Wienberg	2.00									
rustee		X						0.	0.	(
30) Marilyn H. West	2.00								0	
rustee		X	<u> </u>		<u> </u>	<u> </u>		0.	0.	(
31) Neely M. WInston	2.00	x						0.	0.	(
rustee		<u>^</u>						0.	0.	
		1								
		1								

04-01-16

	III Statement of Reve Check if Schedule O con		or note to any lin	e in this Part VIII			E
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclue from tax und sections 512 - 514
1 a	a Federated campaigns	1a					
1 a b c d e f g	b Membership dues	1b					
c	c Fundraising events	1c					
d	d Related organizations	1d					
e	e Government grants (contribu	tions) 1e	39,276.				
f	F All other contributions, gifts, grai						
	similar amounts not included abo	ove 1f 1 ,	267,935.				
g	g Noncash contributions included in line	s 1a-1f: \$	337,155.				
h	h Total. Add lines 1a-1f			1,307,211.			
			Business Code				
2 a	Admissions		900099	112,091.	112,091.		
b	b						
c	c						
d	d						
2 a b c d e	-						
f	f All other program service rev						
g	g Total. Add lines 2a-2f			112,091.			
3	Investment income (including	-					
	other similar amounts)			357,684.			357,68
4	Income from investment of ta			100			
5	Royalties		🕨	129.			12
		(i) Real	(ii) Personal				
6 a	a Gross rents	103,436.					
b	b Less: rental expenses	0.					
c	a Gross rents b Less: rental expenses c Rental income or (loss)	103,436.					
d	d Net rental income or (loss) .		►	103,436.	103,436.		
7 a	a Gross amount from sales of	(i) Securities	(ii) Other				
	assets other than inventory	455.					
b	b Less: cost or other basis						
	and sales expenses	0.					
	c Gain or (loss)						
d	d Net gain or (loss)		►	455.	455.		
8 a	a Gross income from fundraisir	ng events (not					
	including \$	of					
	contributions reported on line	e 1c). See					
	Part IV, line 18		73,445.				
b	b Less: direct expenses	b	57,309.				
c	c Net income or (loss) from fun	draising events	►	16,136.			16,13
9 a	a Gross income from gaming a	ctivities. See					
	Part IV, line 19						
b	b Less: direct expenses	b					
c	c Net income or (loss) from gar	ning activities	►				
10 a	a Gross sales of inventory, less	s returns					
	and allowances		40,435.				
b	b Less: cost of goods sold	b	35,467.				
c	c Net income or (loss) from sale	es of inventory	►	4,968.	4,968.		
	Miscellaneous Reven	Je	Business Code				
11 a	Parking		812930	19,147.			19,14
	Photo Sales		900099	11,105.			11,10
	s Sales of Colled	ction It	900099	11,031.			11,03
	C DATES OF COTIES						1 1 2 6 1
			722320	13,619.			13,61
b c d			▶	<u>13,619</u> . 54,902. 1,957,012.	220,950.	0.	13,61

The Valentine Museum

Form 990 (2016)

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The Valentine Museum Part IX Statement of Functional Expenses

	Check if Schedule O contains a response			(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	122,772.		122,772.	
~	trustees, and key employees	144,//4•		122,112.	
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
_	persons described in section 4958(c)(3)(B)	974,910.	692,012.	112,449.	170,449
7	Other salaries and wages	J/4, JLU.	094,014.	114,449.	1/0,449
8	Pension plan accruals and contributions (include				
-	section 401(k) and 403(b) employer contributions)	102,753.	57,681.	27,472.	17,600.
9	Other employee benefits	84,168.	53,905.	17,457.	12,806
10	Payroll taxes	04,100.	55,905.	17,457.	12,000
11	Fees for services (non-employees):				
a	Management				
b	Legal				
	Accounting				
	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	88,334.	43,527.	44,807.	
10	column (A) amount, list line 11g expenses on Sch O.)	139,120.	117,447.	21,313.	360.
12	Advertising and promotion	22,245.	16,538.	4,819.	888
13	Office expenses	22,243.	10,550.	4,019.	0000
14 45	Information technology				
15	Royalties	285,656.	228,485.	57,171.	
16		203,030.	17,821.	898.	10,696.
17		27,413.	17,021.	0.00	10,050
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials Conferences, conventions, and meetings	32,003.	13,649.	2,378.	15,976.
19 20		52,005.	13,019.	2,570.	13,5700
20	Payments to affiliates				
21 22	Depreciation, depletion, and amortization	481,716.	481,716.		
22 23		43,060.	21,812.	21,248.	
23 24	Other expenses. Itemize expenses not covered	45,000	21,012.	21,210.	
24	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	Bank & Credit Card Fees	86,860.	2,468.	75,345.	9,047.
b	Equipment Maintenance	76,465.	60,314.	9,014.	7,137.
с	Collection Expense	45,340.	45,340.		
d	Dues and Subscriptions	37,422.	10,707.	10,392.	16,323.
е	All other expenses	135,567.	95,870.	7,546.	32,151.
25	Total functional expenses. Add lines 1 through 24e	2,787,806.	1,959,292.	535,081.	293,433.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

632010 11-11-16

Check here

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______ if following SOP 98-2 (ASC 958-720)

11 2016.05040 The Valentine Museum Form **990** (2016)

Form 990 (2016)

The Valentine Museum Part X Balance Sheet

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

2 Savings and temporary cash investments 838,167.2 1 3 Pledges and grants receivable, net 787,284.3 5 4 Accounts receivable, net 2,268.4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 6 Part II of Schedule L 5	78,754. 52,252. 11,066. 4,558.
2 Savings and temporary cash investments 838,167.2 1 3 Pledges and grants receivable, net 787,284.3 5 4 Accounts receivable, net 2,268.4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L 5	52,252. 11,066. 4,558.
3 Pledges and grants receivable, net 787,284.3 5 4 Accounts receivable, net 2,268.4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5	4,558.
4 Accounts receivable, net 2,268.4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5	4,558.
5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5	
trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L 5	1 0//
Part II of Schedule L 5	1 0//
	1 944
6 Loans and other receivables from other disqualified persons (as defined under	1 944
section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing	1 9/4
employers and sponsoring organizations of section 501(c)(9) voluntary	1 9/1
employees' beneficiary organizations (see instr). Complete Part II of Sch L 6	1 9/1
 employees' beneficiary organizations (see instr). Complete Part II of Sch L 7 Notes and loans receivable, net	1 0//
8 Inventories for sale or use 45, 172 8	
9 Prepaid expenses and deferred charges 22,160.9	8,706.
10a Land, buildings, and equipment: cost or other	
basis. Complete Part VI of Schedule D 10a 12,447,342. b Less: accumulated depreciation 10b 5,293,498. 7,527,407. 10c 7,1	
b Less: accumulated depreciation 10b 5,293,498. 7,527,407. 10c 7,1	53,844.
11 Investments - publicly traded securities 14,079,070.11 15,8	00,287.
12 Investments - other securities. See Part IV, line 11 12	
13 Investments - program-related. See Part IV, line 11 13	
14 Intangible assets 14	
	15,045.
	36,456. 39,631.
	,031.
18 Grants payable 18	
19 Deferred revenue 19	
20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21	
22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22	
Complete Part II of Schedule L 22	
23 Secured mortgages and notes payable to unrelated third parties 23	
24 Unsecured notes and loans payable to unrelated third parties 24	
25 Other liabilities (including federal income tax, payables to related third	
parties, and other liabilities not included on lines 17-24). Complete Part X of	
Schedule D 756, 329. 25 7	52,892.
26 Total liabilities. Add lines 17 through 25	52,523.
Organizations that follow SFAS 117 (ASC 958), check here ▶ X and	
complete lines 27 through 29, and lines 33 and 34.	
27 Unrestricted net assets 9,533,021.27 9,0	20,690.
28 Temporarily restricted net assets	98,301.
29 Permanently restricted net assets 10,499,795.29 10,7	54,942.
☐ Organizations that do not follow SFAS 117 (ASC 958), check here	
ঠ and complete lines 30 through 34.	
30 Capital stock or trust principal, or current funds	
complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶□ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 Tube the state of ford high before	
32Retained earnings, endowment, accumulated income, or other funds3233Total net assets or fund balances23,148,199.33	33,933.
	36,456.
	n 990 (2016)

(B)

(A)

Form **990** (2016)

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Form	1 990 (2016) The Valentine Museum	54-0	505967	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	1,957		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,787	7,8	06.
3	Revenue less expenses. Subtract line 2 from line 1	3	-83(
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	23,148		
5	Net unrealized gains (losses) on investments	5	1,266	5,5	28.
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	23,583	3,93	33.
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	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	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	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2016)

632012 11-11-16

SCHEDULE A

(Form	990	or	990	-EZ
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Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

49

4947(a)(1) nonexempt	t charitable trust.
Attach to Form 990) or Form 990-EZ.

2016
Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

			ion about Schedule A (Form 990 or 990-EZ) and	its instruct	ions is at W	ww.irs.gov/to		inspection		
Nan	ie of t	the organization The	Valentine :	Museum					identification number $4 - 0505967$		
Pa	rt I	Reason for Public			omplete th	is part.) Se	ee instruction				
The 1 2 3 4	organ	ization is not a private found A church, convention of ch A school described in sect A hospital or a cooperative A medical research organiz	urches, or associatic ion 170(b)(1)(A)(ii). (/ hospital service orga	on of churches describe Attach Schedule E (Forr anization described in s	d in sectio n 990 or 99 ection 170	on 170(b)(* 90-EZ).) D (b)(1)(A)(i	1)(A)(i). ii).)(iii). Enter	the hospital's name,		
-		city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
5		•		liege or university owner	d or opera	ted by a g	overnmental	unit descrit	bed in		
6 7	X	 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in 									
8		section 170(b)(1)(A)(vi). (C A community trust describe		(1)(A)(vi). (Complete Par	t II.)						
9		An agricultural research org or university or a non-land-g university:	ganization described	in section 170(b)(1)(A)((ix) operate						
10		An organization that norma activities related to its exen income and unrelated busin See section 509(a)(2). (Con	npt functions - subjeoness taxable income	ct to certain exceptions,	, and (2) no	o more tha	in 33 1/3% of	its suppor	t from gross investmen		
11		An organization organized a	•	ively to test for public sa	afety. See	section 50	09(a)(4).				
12		An organization organized a more publicly supported or lines 12a through 12d that	ganizations describe describes the type o	ed in section 509(a)(1) of supporting organization	or section and com	509(a)(2) . nplete lines	See section s s 12e, 12f, an	509(a)(3). (d 12g.	Check the box in		
а		Type I. A supporting orga the supported organizatio organization. You must o	on(s) the power to re	gularly appoint or elect							
b		Type II. A supporting org control or management o organization(s). You mus	of the supporting orga	anization vested in the s			-		-		
С		Type III functionally inte						lly integrat	ed with,		
d		its supported organizatio Type III non-functionally						rted organ	ization(s)		
u		that is not functionally int									
		_ requirement (see instruct			-		-				
е		Check this box if the orga					а Туре I, Туре	II, Type III			
	F ort	functionally integrated, or		, , ,	0 0						
T		er the number of supported over the following information									
<u> </u>		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount o	fmonetary	(vi) Amount of other		
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)		
Tota	l										

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 632021 09-21-16 Schedule A (Form 990 or 990-EZ) 2016 14

Schedule A (Form 990 or 990-EZ) 2016 The Valentine Museum

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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	tion A. Public Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	2901953.	3536956.	4836706.	1806256.	1307211.	14389082.			
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	2901953.	3536956.	4836706.	1806256.	1307211.	14389082.			
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)									
	Public support. Subtract line 5 from line 4.						14389082.			
Sec	tion B. Total Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total			
7	Amounts from line 4	2901953.	3536956.	4836706.	1806256.	1307211.	14389082.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties									
	and income from similar sources \dots	270,563.	244,527.	469,365.	358,754.	461,249.	1804458.			
9	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on \dots									
10	Other income. Do not include gain									
	or loss from the sale of capital			014 500	040 051	F 4 0 0 0				
	assets (Explain in Part VI.)	84,302.	105,157.	214,580.	249,951.	54,902.	708,892.			
	Total support. Add lines 7 through 10						16902432.			
	Gross receipts from related activities,	•	,			12	983,450.			
13	First five years. If the Form 990 is for	-	s first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3)	. —			
<u> </u>	organization, check this box and stop ction C. Computation of Publ	here	roontago							
							85.13 %			
	Public support percentage for 2016 (I					14	<u>,,,</u>			
	Public support percentage from 2015					15	,-			
16a	33 1/3% support test - 2016. If the c	-								
h	stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box									
u										
17~	and stop here. The organization qual 10% -facts-and-circumstances tes									
17 d	and if the organization meets the "fac									
	meets the "facts-and-circumstances"			-	-	-				
h	10% -facts-and-circumstances tes									
U	more, and if the organization meets the									
	organization meets the "facts-and-circ						´ ⊾□			
18	Private foundation. If the organization		-							
-10	i intato iounidation. Il tile organizatio	an and not check a		a, 100, 17a, 01 17k			······· 🕨 📖			

Schedule A (Form 990 or 990-EZ) 2016

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15 2016.05040 The Valentine Museum

Schedule A (Form 990 or 990 EZ) 2016 The Valentine Museum

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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.)

See	ction A. Public Support			•		-	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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						
	Amounts included on lines 1, 2, and						
10	3 received from disgualified persons						
r	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						
	Public support. (Subtract line 7c from line 6.)						
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	the organi-stic!	l first space of the			1 = 501(a)(0) = 100	
14	First five years. If the Form 990 is for						
Sec	check this box and stop here						
-						45	
	Public support percentage for 2016 (I					15	%
	Public support percentage from 2015					16	%
500	ction D. Computation of Inves		•			1 1	
17	1 0			ine 13, column (f))		17	%
	Investment income percentage from		• •			18	%
19a	1 33 1/3% support tests - 2016. If the	-					ine 17 is not
	more than 33 1/3%, check this box a	nd stop here. The	e organization qua	alifies as a publicly	supported organiz	zation	▶∟
b	33 1/3% support tests - 2015. If the line 18 is not more than 33 1/3%, che	•					
20	Private foundation. If the organizatio						
	23 09-21-16		,	,			990 or 990-EZ) 2016
				16			,
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Schedule A (Form 990 or 990-EZ) 2016 The Valentine Museum

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 (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 disgualified 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) 2016

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			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,	-		
800	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		Vee	Na
4	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		Yes	No
1	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			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
а	The organization satisfied the Activities Test. <i>Complete line 2</i> below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	L The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions		
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 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	0-		
b	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	20		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
-	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	Зb		
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Schedule A (Form 990 or 990-EZ) 2016 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 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional	ly integrate	ed Type III supporting or	ganization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2016

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Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Sect	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose			
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	he organization is responsive	9	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016
			FIE-2010	
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
a				
b				
C	From 2013			
d	From 2014			
e	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
<u>i</u>	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
'	Excess distributions carryover to 2017. Add lines 3j			
8	and 4c Breakdown of line 7:			
<u>o</u> a				
-	Excess from 2013			
	Excess from 2013			
-	Excess from 2015			
	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

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(See instruction	ons.)	and Part V, S	Section E, lines	3 2, 5, and 6. A	lso complete t	nis part for	any additional	information.	
6								(Form 990 or 9	00 57

begins of the cognization answered Yes' on Form 590. begins of the cognization answered Yes' on Form 590. begins of the cognization answered Yes' on Form 590. begins of the cognization answered Yes' on Form 590. begins of the cognization answered Yes' on Form 590. begins of the cognization answered Yes' on Form 590. begins of the cognization answered Yes' on Form 590. begins of the cognization answered Yes' on Form 590. begins of the cognization answered Yes' on Form 590. begins of the cognization answered Yes' on Form 590. begins of the cognization answered Yes' on Form 590. begins of the cognization answered Yes' on Form 590. begins of the cognization answered Yes' on Form 590. begins of the cognization and the cogniz	SC	HEDULE D	Supplementa	al Financia	I Statements			OMB No. 1545-00	047
Part N. Nine 6, 7, 6, 9, 0, 11a, 11b, 11b, 11b, 11b, 21b, 21b, 21b, 21b			Complete if the ora	anization answere	ed "Yes" on Form 990.			2016	j
International series International box International box International box Name of the organization The Valentine Museum Employer identification number of Advised Funds or Other Similar Funds or Acounts. Complete if the organization asswered 'Yes' on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 2 Aggregate value of contributions to (during yea) (a) Donor advised funds (b) Funds and other accounts 3 Aggregate value of contributions to (during yea) (a) Donor advised funds (b) Funds and other accounts 4 Aggregate value of contributions to (during yea) (b) Funds and other accounts Yes (b) No 5 Did the organization inform all donors and donor advisor in writing that grant funds can be used only for charatable purposes and not for the benefit of the organization inform all grantes, donors, and donor advisor in writing that grant funds can be used only for charatable purposes and not for benefit of the organization inform all grantes, donors, and donor advisor in writing that grant funds can be used only for charatable purposes and not for bubic use (a), recreation or education (b) Preservation of a historic structure 1 Properside Conservation assemments had by the organization (head all that apply). Preservation of a conservation assements in a certifical historic structure 1 Preservation conservation assements in a certifical historic structure Agethype of a con			Part IV, line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 11 Attach to Form 99	ld, 11e, 11f, 12a, or 12b 20.).		Open to Put	olic
The Valentine Museum 54-0505967 Part Organizations Minitalning Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answord 'Yes' on Form 980, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year (a) Donor advised funds (b) Funds and other accounts 2 Aggregate value of contributions to (during year) (a) Donor advised funds (b) Funds and other accounts 3 Aggregate value of antibutions to (during year) (c) Donor advised funds (c) Funds and other accounts 4 Aggregate value of antibutions to (during year) (c) Donor advised funds (c) Part (c			Information about Schedule D (For	rm 990) and its ins	structions is at www.irs	.gov/for	rm990.	Inspection	
Part II Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization asserted "Yes" on Form 990, Part IV, line 6. 1 Total number at end of year (a) Donor advised funds (b) Funds and other accounts 1 Aggregate value of contributions to (during year) (a) Donor advised funds (b) Funds and other accounts 2 Aggregate value of contributions to (during year) (a) Donor advised hunds (b) Funds and other accounts 3 Aggregate value of contributions to (during year) (c) Donor advised hunds (c) Donor advised funds 4 Aggregate value of contributions to (during year) (c) Donor advised funds (c) Donor advised funds 5 Did the organization inform all grantes, advonors, and donor advisors in writing that grant funds can be used only or charitable purposes and not the benefit to donor of donor advisor, or any other purpose conterring impermensible purpose protection to the benefit to donor of donor advisor of a vary to the purpose conterring the protection of a historically important land area (b) Preservation of a historically important land area (b) Preservation of a historically important land area (b) Preservation of a historically important land area (b) The Task Year (b) Task Ye	Nam	e of the organizati					Employ		
organization answered 'Yes' on Form 930, Part IV, line 6. Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (grant grantes, donce, and doorn advisors in writing that grant funds can be used only for charitable purposes and not for the barefit of the donor or donor advisor, or for any other purpose conferring meminished private banefit? Purposet() for conservation easements held by the organization (duei all that grant) Preservation of a historically important land area Preservation of and for public use (e.g., ecreation or educator) Preservation of a conservation easements Preservation of a conservation easements Aged the tax year. Total number of conservation easements Aged the tax year. Total number of conservation easements modified, transfered, released, extinguished, or terminated by the organization during the tax year b Number of conservation easements modified, transfered, released, extinguished, or terminated by the organization during the tax year b Subf of output the bar equilibriant, inspecting, handling of violations, and enforcing conservation easements during the year S Amount of expanses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements actuated to the organization in year SAT 116 (AGS SSG), not report in its revenue statement, and balance sheet, work or in easements. In ParAT 2011, describe how the organiza	Da	rt I Organiza			hor Similar Funds		oount		
(a) Donor advised funds (b) Funds and other accounts 1 Tetal number at end of year (a) grapped value of contributions to (during year) 3 Aggregate value of contributions to (during year) (b) Funds and other accounts 4 Aggregate value of contributions to (during year) (c) Funds and other accounts 5 Did the organization is accounts, subject to the organization is exclusive legal control? (c) Wes No 6 Did the organization is accounts, subject to the organization is exclusive legal control? (c) Wes No 6 Did the organization is accounts, control to the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? (c) Part III Conservation assemments held by the organization is exclusive legal control? (c) Preservation of a historically important land area (c) Preservation of one of one accounts easements (c) Preservation of a certified historic structure (c) Preservation of a censervation assements (c) Preservation of a listorical transcription of the transcription of a conservation assements (c) Preservation of a censervation assements	га		-			UI AU	Count		
1 Total number at end of year		organizatio			advised funds	(b)	Funds a	and other accounts	
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 historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (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, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part X b Assets included in Form 990, Part X 	10		*			ont and	halance	a shoot works of art	
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 b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (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, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part X b Assets included in Form 990, Part X 						100 01 p		vice, provide, in r di	c /un,
 treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (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, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part X b Assets included in Form 990, Part X c S 	b				n its revenue statement	and bal	lance sh	eet works of art. his	torical
 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, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 b \$ b 4ssets included in Form 990, Part X b Assets included in Form 990, Part X 		-							
 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X \$ 					·			-	
 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 b 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, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1							▶ \$		
a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X	2	If the organization	received or held works of art, historical tre	asures, or other si	milar assets for financial				
b Assets included in Form 990, Part X \$									
							· · —		
								adula D /Farma 000	<u></u>

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Schedule D (Form 990) 2016 The Valentine Museum 54-0505967											
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continu	ed)										
3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection is	tems										
(check all that apply):											
a Public exhibition d Loan or exchange programs											
Scholarly research e Other											
Preservation for future generations											
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.											
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets											
to be sold to raise funds rather than to be maintained as part of the organization's collection?	X No										
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.											
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included											
on Form 990, Part X? Yes	No										
b If "Yes," explain the arrangement in Part XIII and complete the following table:											
Amount											
c Beginning balance											
d Additions during the year 1d											
e Distributions during the year 1e											
f Ending balance											
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	No No										
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII											
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.	<u> </u>										
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years											
	55,662.										
	50,124.										
	20,483.										
d Grants or scholarships											
e Other expenditures for facilities											
and programs											
f Administrative expenses 5,879. 5,197.											
	26,269.										
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:											
a Board designated or quasi-endowment %											
b Permanent endowment \blacktriangleright 100.00 %											
c Temporarily restricted endowment											
The percentages on lines 2a, 2b, and 2c should equal 100%.											
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization											
	es No X										
(i) unrelated organizations 3a(i)											
(ii) related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b											
 b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. 											
Part VI Land, Buildings, and Equipment.											
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.											
Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book v											
basis (investment) basis (other) depreciation	alue										
	,255.										
1a Land 161,255. 161 b Buildings 4,125,178. 7,659,623. 4,957,254. 6,827											
c Leasehold improvements	, • - , •										
d Equipment											
e Other	,042.										
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 7,153											

Part VII Investments - Other Securities.				
Complete if the organization answered "Yes" of	on Form 990, Part I\	/, 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 v	aluation: Cost or end	I-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" (a) Description of investment	on Form 990, Part N (b) Book value			l-of-year market value
			aluation. Cost of end	I-OI-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" of	on Form 990, Part I\	/, 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" of	on Form 990 Part IV	/ line 11e or 11f See Forr	n 990. Part X line 25	
	5111 0111 330, 1 at 1	(b) Book value	1 330, 1 art 7, iiile 23	•
		(~) 2001 Valao		
(1) Federal income taxes (2) Due to Richmond History Ga	-110ry	762,892.		
	аттетА	104,094.		
(3)				
(4)				
(5)				

762,892. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. 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) 2016

632053 08-29-16

(6) (7) (8) (9)

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Sche	edule D (Form 990) 2016 The Valentine Museum		54-0505967 _{Page} 4
Pa	t XI Reconciliation of Revenue per Audited Financial Sta	tements With Reve	enue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 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		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	-	enses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.	
1	Total expenses and losses per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
с	Other losses	2c	
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 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	8.)	
Pa	rt 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:

09

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.
632054 08-29-16 Schedule D (Form 990) 2016
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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 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.

632055 08-29-16

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	Suppleme	ental Information Regarding	Fund	drais	ing or Gaming	Acti	vities	OMB No. 1545-0047
(Form 990 or 990-EZ)	•	e organization answered "Yes" on organization entered more than \$15				or 19	, or if the	2016
Department of the Treasury Internal Revenue Service		Attach to Form 990 about Schedule G (Form 990 or 990-EZ)	or Fo	rm 99	0-EZ.	nov/f	orm990	Open to Public Inspection
Name of the organization	ו			5 1150 0		901/1	Employer i	dentification number
		entine Museum Complete if the organization answe	rod "V	(ee" o	n Form 990 Part IV	lino 1	54 - 050	
required to	complete this par	t.					17. T OITH 330	
a Aail solicitati b Internet and c Phone solicit d In-person sol 2 a Did the organizatio	ions email solicitations ations icitations n have a written c	s f Solicitat g Special or oral agreement with any individual	ion of ion of fundra (inclue	non-g gover aising ding o	overnment grants nment grants events fficers, directors, tru	stees		es 🗌 No
• • •	highest paid indiv	Part VII) or entity in connection with pr viduals or entities (fundraisers) pursu e organization.			-			
(i) Name and address or entity (fund		(ii) Activity	(iii) fundr have c or con contribu	ustody trol of	(iv) Gross receipts from activity	tò (Amount paid or retained by fundraiser ted in col. (i)	y) to (or retained by)
			Yes	No				
				L				
		on is registered or licensed to solicit c		outions	l s or has been notifie	l d it is	exempt from	n registration
LHA For Paperwork Re	eduction Act Not	ice, see the Instructions for Form S	990 or	990-l	EZ. S	Sche	dule G (Forn	n 990 or 990-EZ) 2016

632081 09-12-16

Schedule G (Form 990 or 990 EZ) 2016 The Valentine Museum

54-0505967 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events Richmond OTHER None (add col. (a) through History MakeFUNDRAISING col. (c)) (event type) (event type) (total number) Revenue 73,445. 73,445. 1 Gross receipts 2 Less: Contributions 73,445. 73,445. Gross income (line 1 minus line 2) 3 4 Cash prizes 675. 675. 5 Noncash prizes Direct Expenses 493. 22,650. 23,143. 6 Rent/facility costs 570. 14,406. 13,836. 7 Food and beverages 8 Entertainment 19,086. 9 Other direct expenses 19,086. 57,310. **10** Direct expense summary. Add lines 4 through 9 in column (d) ► 16,135. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs **5** Other direct expenses Yes % Yes % Yes % 6 Volunteer labor No No No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? Yes No **b** If "No," explain: **10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? No **b** If "Yes," explain: Schedule G (Form 990 or 990-EZ) 2016 632082 09-12-16

Sche	edule G (Form 990 or 990 EZ) 2016 The Valentine Museum 5	4 - 05	50596'	7 Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	
	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	
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility	1	13a	
	An outside facility		13b	
	Enter the name and address of the person who prepares the organization's gaming/special events books and records		I	
	Name			
	Address		Yes	
	Does the organization have a contract with a third party from whom the organization receives gaming revenue?			
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$	t		
с	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			
	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	I		
	retain the state gaming license?		Yes	
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the		
_	organization's own exempt activities during the tax year > \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	t III, line	es 9, 9b, 1	10b, 15b,
	TSC, TO, and TTS, as applicable. Also provide any additional mormation. See instructions			
				
3208	33 09-12-16 Schedule G 29	(Form §		-
00	0129 759400 738430_000 2016.05040 The Valentine Museum		738	430_1

SCHEI	DULE	Μ
(Form	aan)	

Noncash Contributions

OMB No. 1545-0047 2016

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.

Open To Public Inspection

Name of the	organization
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Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number
54-0505967

The Valentine Muse	um
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Pa	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		•	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	11	337,155.	fmv			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution - Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► ()							
26	Other ()							
27	Other ► ()							
28	Other (
29	Number of Forms 8283 received by the organiz	zation during	g the tax year for c	contributions				
	for which the organization completed Form 828							
	-						Yes	No
30a	During the year, did the organization receive by	/ contributio	on any property rep	ported in Part I, lines 1 throug	gh 28, that it			
	must hold for at least three years from the date							
	exempt purposes for the entire holding period?					30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	olicy that re	equires the review	of any nonstandard contribu	tions?	31		Х
	Does the organization hire or use third parties of					-		
	contributions?If "Yes," describe in Part II.		•	· • ·		32a		x
	,	olumn (a) f-	k o tupo of man	u for which column (a) is the	alvad			
33	If the organization didn't report an amount in co	olumn (C) fo	r a type of propert	y for which column (a) is che	ukea,			
	describe in Part II.	the leatring	tions for Form 00	0	Schodulo M (Голис	000) (2016)

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

Schedule M (Form 990) (2016)

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Part II 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.

632142 08-23-16			Sc	chedule M (Form 990) (2016)
		32		_
300129 759400 738430_000	2016.05040	The Valentine	Museum	738430_1

		ı	OMB No. 1545-0047
SCHEDULE O (Form 990 or 990-EZ) Supplemental Information Complete to provide information for res	sponses to specific questions on)-EZ	2016
Form 990 or 990-EZ or to provide Department of the Treasury Internal Revenue Service Information about Schedule O (Form 990 or 990-EZ)	90 or 990-EZ.	form990.	Open to Public Inspection
Name of the organization The Valentine Museum		Employer	identification number 505967
Form 990, Part I, Line 1, Description of	f Organization Mis	sion:	
PRESERVING AND INTERPRETING RICHMOND'S			
Form 990, Part III, Line 4a, Program Se	rvice Accomplishme	ents:	
Care of the collection includes the main	ntenance and opera	ton of	the
museum facilities and the historic 200	year old Wickham h	ouse, a	1
registerd national landmark. The Valent	tine is an active	member	of the
community and frequently partners with	other community or	ganizat	cions to
ensure relevancy and current alignment	with issue that ma	tter.	
Form 990, Part VI, Section A, line 2:			
E. Massie Valentine, Jr.	Charles S. Valent	ine, I	II
Trustee	Trustee		
Family Relationship			
Charles S. Valentine, III	Alford L. Stratfo	rd	
Trustee	Trustee		
Family Relationship			
Form 990, Part VI, Section A, line 7a:			
Each elected board trustee serves for a	term of 3 years c	ommenc	ing July 1
of each year. No trustee can serve more	than two consecut	ive 3-y	year terms.
The board of the trustees elects a chai:	rman, a vice chair	man, a	secretary
and a treasurer. The election takes place	ce at the last reg	ular me	eeting of
the fiscal year. The nominees receiving	the most votes ar	e deeme	ed to have
been elected.			

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2016)

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 08-25-16
 33

The Valentine Museum

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
committee meeting, but after	the presentation, he/she must leave the
meeting during the discussion	of, and the vote on, the transaction or
arrangement involving the pos	sible conflict of interest.
The chairperson of the govern	ing board or committee, if appropriate,
appoints a disinterested pers	son or committee to investigate alternatives to
the proposed transaction or a	arrangement.
After exercising due diligend	e, the governing board or committee determines
whether the organization can	obtain with reasonable efforts a more
advantageous transaction or a	arrangement from a person or entity that would
not give rise to a conflict o	of interest.
If a more advantageous transa	action or arrangement is not reasonably
possible under circumstances	not producing a conflict of interest, the
Governing board or committee	determines by majority vote of the
disinterested directors wheth	her the transaction or arrangement is in the
	for its own benefit, and whether it is fair
632212 08-25-16	Schedule O (Form 990 or 990-EZ) (2016) 3 4
300129 759400 738430_000 2	016.05040 The Valentine Museum 738430_1

Schedule O (Form 990 or 990-EZ) (2016) Name of the organization	Pa
The Valentine Museum	54-0505967
and reasonable. In conformity with the above determination	on it shall make
its decision as to whether to enter into the transaction	or arrangement.
the governing board or committee has reasonable cause to	believe a member
has failed to disclose actual or possible conflicts of in	nterest, it must
inform the member of the basis for such belief and afford	d the member an
opportunity to explain the alleged failure to disclose.	
If, after hearing the member's response and after making	further
investigation as warranted by the circumstances, the gove	erning board or
committee determines the member has failed to disclose a	n actual or
possible conflict of interest, it must take appropriate (disciplinary and
corrective action.	
The board reviews and must approve executive compensation	1.
Form 990, Part VI, Section C, Line 19:	
Governing documents are made available to the public upor	n request.
532212 08-25-16 Sche 35	dule O (Form 990 or 990-EZ) (:

(Rev. January 2017)

Department of the Treasury

Internal Revenue Service

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

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

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/efile*, click on Charities & Non-Profits, and click on *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.

					er sidentilyi	ing number
Type or	Name of exempt organization or other filer, see instructions.			Employe	Employer identification number (EIN) or	
print						
File by the	date for Number, street, and room or suite no. If a P.O. box, see instructions.				54-0505967 Social security number (SSN)	
due date for filing your return. See				Social se		
instructions.	City, town or post office, state, and ZIP code. For a for Richmond, VA 23219	oreign add	lress, see instructions.			
Enter the	Return Code for the return that this application is for (fil	e a separa	te application for each return)			0 1
Applicati	ion	Return	Application			Return
Is For		Code	Is For			Code
Form 990) or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990)-BL	02	Form 1041-A			08
Form 472	20 (individual)	03	Form 4720 (other than individual)			09
Form 990)-PF	04	Form 5227			10
Form 990	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990)-T (trust other than above) The Organizatio	06	Form 8870			12
 If the c If this box I re for 	none No. ► 804-649-0711 organization does not have an office or place of business is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box ► quest an automatic 6-month extension of time until the organization named above. The extension is for the calendar year or X tax year beginning JUL 1, 2016 tax year entered in line 1 is for less than 12 months, or Change in accounting period	Group Exe and atta Mar organizatio , an	emption Number (GEN) I uch a list with the names and EINs or <u>y 15, 2018</u> , to file on's return for: d ending JUN 30, 2017	f this is fo f all memb	r the whole opers the extended opers the extended operation of the extended operation operation operation of the extended operation operat	nsion is for.
3a lfth	nis application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069,	enter the tentative tax, less any			
	nrefundable credits. See instructions.	, ,		3a	\$	Ο.
b If th	nis application is for Forms 990-PF, 990-T, 4720, or 6069	, enter an	y refundable credits and			
	imated tax payments made. Include any prior year over			3b	\$	0.
	lance due. Subtract line 3b from line 3a. Include your pa					
by	using EFTPS (Electronic Federal Tax Payment System).	See instru	ctions.	3c	\$	0.
instructio	If you are going to make an electronic funds withdrawal ons. For Privacy Act and Paperwork Reduction Act Notice.			453-EO a		9-EO for payment 3868 (Rev. 1-2017)

623841 01-11-17

OMB No. 1545-1709

Entor filor's identifying number