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

THE VALENTINE MUSEUM 1015 EAST CLAY STREET RICHMOND, VA 23219

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CLIENT'S COPY

# KEITER 4401 DOMINION BOULEVARD GLEN ALLEN, VIRGINIA 23060

JANUARY 31, 2024

THE VALENTINE MUSEUM 1015 EAST CLAY STREET RICHMOND, VA 23219

THE VALENTINE MUSEUM:

ENCLOSED IS THE ORGANIZATION'S 2022 EXEMPT ORGANIZATION RETURN. THE RETURN SHOULD BE SIGNED, DATED, AND MAILED.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

PLEASE SIGN AND MAIL ON OR BEFORE MAY 15, 2024.

MAIL TO:

DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027

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, 2023

### PREPARED FOR:

THE VALENTINE MUSEUM 1015 EAST CLAY STREET RICHMOND, VA 23219

# **PREPARED BY:**

KEITER, STEPHENS, HURST, GARY & SHREAVES 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 COPY OF THE RETURN IS PROVIDED ONLY FOR PUBLIC DISCLOSURE PURPOSES. ANY CONFIDENTIAL INFORMATION REGARDING LARGE DONORS HAS BEEN REMOVED.

# Form **8868**

(Rev. January 2022)

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.

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

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print THE VALENTINE MUSEUM 54-0505967 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 1015 EAST CLAY STREET return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. RICHMOND, VA 23219 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) THE ORGANIZATION The books are in the care of ► 1015 EAST CLAY STREET - RICHMOND, VA 23219 Telephone No. ► 804-649-0711 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. MAY 15, 2024 , to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: calendar year or  $\underline{\hspace{0.5cm}}$  , and ending  $\underline{\hspace{0.5cm}}$   $\underline{\hspace{0.5cm}}$  JUN  $\underline{\hspace{0.5cm}}$  30 ,  $\underline{\hspace{0.5cm}}$  2023 ► X tax year beginning JUL 1, 2022 Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions For Privacy Act and Paperwork Reduction Act Notice, see instructions.

223841 04-01-22

LHA

Form 8868 (Rev. 1-2022)

\*\* PUBLIC DISCLOSURE COPY \*\*

# **Return of Organization Exempt From Income Tax**

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

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

<u>A F</u>	or the	e 2022 calendar year, or tax year beginning 00L 1, 2022 and	enaing J	UN 30, 2023				
<b>B</b> (a	heck if pplicabl	C Name of organization		D Employer identifi	cation number			
	Addre							
	Name chang	Doing business as THE VALENTINE		54-05059	67			
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r			
	Final return	1015 EAST CLAY STREET		804-649-				
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	7,200,397.			
	Amen- return	RICHMOND, VA 23219		H(a) Is this a group r	eturn			
	Application	F Name and address of principal officer: WILLIAM O MAKIIN		for subordinates	? Yes X No			
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No			
1.1	ax-ex	empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) (	or 527	If "No," attach a	list. See instructions			
J١	Vebsi	e: RICHMONDHISTORYCENTER.COM		H(c) Group exemption	n number			
K F	orm of	organization: Corporation Trust X Association Other	<b>L</b> Year	of formation: 1898	<b>M</b> State of legal domicile: <b>VA</b>			
Pa	art I	Summary						
Φ	1	Briefly describe the organization's mission or most significant activities: $\underline{ ext{THE }  ext{ I}}$						
Activities & Governance		TO ENGAGE, EDUCATE AND CHALLENGE A DIVERS						
ř	l	Check this box if the organization discontinued its operations or dispos	sed of more	1				
ŏ	l			3	32			
ه ص		Number of independent voting members of the governing body (Part VI, line 1b)			32			
es	l	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			78			
Ĭ	l	Total number of volunteers (estimate if necessary)			15			
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.			
	<u> </u>	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····	7b	0. Current Year			
		Ocat the Manager of Assault (Dect.) (III. Page 41)		3,653,288 <b>.</b>	6,266,089.			
ne	l	Contributions and grants (Part VIII, line 1h)			67,206.			
Revenue	l	Program service revenue (Part VIII, line 2g)		52,039. 535,375.	525,506.			
Be		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		202,739.	282,122.			
	ı	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,443,441.	7,140,923.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.	7,140,923.			
	ı	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
	4-	Benefits paid to or for members (Part IX, column (A), line 4)  Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,381,867.	1,483,523.			
ses	160	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
Expenses	h	Total fundraising expenses (Part IX, column (A), line 25) 268, 40	73.	<u>.</u>				
Ĕ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,188,916.	1,397,159.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,570,783.	2,880,682.			
	ı	Revenue less expenses. Subtract line 18 from line 12		1,872,658.	4,260,241.			
	13	Trevende 1633 expenses. Oubtract line 10 from line 12		ginning of Current Year	End of Year			
Net Assets or	20	Total assets (Part X, line 16)		31,520,182.	40,410,563.			
Asse	21	Total liabilities (Part X, line 26)		1,366,809.	4,317,890.			
Net	22	Net assets or fund balances. Subtract line 21 from line 20		30,153,373.	36,092,673.			
Pa	art II	Signature Block						
Und	er pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of m	knowledge and belief, it is			
		t, and complete. Declaration of preparer (other than officer) is based on all information of wh			,			
Sigi	n	Signature of officer		Date				
Her		WILLIAM J MARTIN, DIRECTOR						
		Type or print name and title						
		Print/Type preparer's name Preparer's signature		Date Check [	PTIN			
Paid		VIRGINIA R. BELCHER	self-employed P00421964					
Prep	arer							
Use	Only	Firm's address 4401 DOMINION BLVD						
		GLEN ALLEN, VA 23060		Phone no. (8				
May	the II	RS discuss this return with the preparer shown above? See instructions			X Yes No			

Form	1990 (2022) THE VALENTINE MUSEUM 54-0505967 Page	<u>,</u> 2
Pa	rt III Statement of Program Service Accomplishments	
	·	X
		<u> </u>
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?	10
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X N	ما
3	· · · · · · · · · · · · · · · · · · ·	10
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4-	2 000	_
4a		
	THE VALENTINE ENGAGES CHILDREN AND ADULTS IN THOUGHTFUL PROGRAMS	
	DESIGNED TO USE HISTORY TO INFORM THE PRESENT AND TO SHAPE THE FUTURE.	
	INTERACTIVE PROGRAMS REACH CHILDREN FROM PRE-K TO HIGH SCHOOL ON SITE	
	AND THROUGH OUTREACH IN THE SCHOOLS. ADULT EDUCATION INCLUDES WALKING	_
		_
	AND BUS TOURS, CONVERSATIONS AND OUTREACH PRESENTATIONS ON SPECIFIC	
	RICHMOND HISTORY TOPICS AND PRESENT DAY ISSUES SUCH AS TRANSPORTATION,	
	EDUCATION AND RACIAL DISPARITY. THE VALENTINE USES ITS EXTENSIVE	
	COLLECTION TO INFORM AND SUPPORT THE ABOVE PROGRAMS AND TO DEVELOP	_
		_
	CHANGING EXHIBITIONS THAT EXPLORE RICHMOND'S COMPLICATED HISTORY AND	
	ITS PLACE IN THE FUTURE. MUSEUM RESOURCES ARE USED TO SUPPORT THESE	
	COLLECTING AND EDUCATIONAL EFFORTS. CARE OF THE COLLECTION INCLUDES	
	THE MAINTENANCE AND OPERATON OF THE MUSEUM FACILITIES AND THE HISTORIC	_
41:		_
4b	(Code:) (Expenses \$	
		_
		_
		_
		_
		_
		_
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	_ 2
	-	_
		_
		_
		_
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
<b>4</b> e	Total program service expenses 2,076,025.	_
	,	

4e Total program service expenses

# Form 990 (2022) 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? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	۰		
Ŭ	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<b>-</b>		
0	, ,	8	Х	
^	Schedule D, Part III	<b>-</b> °		
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?			х
	If "Yes," complete Schedule D, Part IV	9_		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		37	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	_X_	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	"		
.9	·	19		х
20-	complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
20a	·	20a 20b		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
21				х
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		Λ

Form 990 (2022) THE VALENTINE MUSEUM
Part IV Checklist of Required Schedules (continued)

	- (sortanes)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		100	110
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		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			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
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		<u> X</u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			3.7
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		v
<b>L</b>	"Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	28c		x
29	"Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
00	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? <i>If</i> "Yes," <i>complete</i>	<del>                                     </del>		
-	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	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		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		_	
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			igspace
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	_	v	
	(gambling) winnings to prize winners?	1c	N OOU	(0000)
232004	¥ 12-13-22	⊢orm	230	(2022)

022) THE VALENTINE MUSEUM

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X				
b	If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5a		Х				
5a	, , , , , , , , , , , , , , , , , , , ,							
b	, , , , , , , , , , , , , , , , , , , ,							
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit							
	any contributions that were not tax deductible as charitable contributions?	6a		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	<b>AL</b>						
_	were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).	7-		Х				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Α.				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	70		х				
٨		7c		<u> </u>				
d e		7e						
f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 <del>6</del>						
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g						
h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h						
	sponsoring organization have excess business holdings at any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
b								
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities							
11	Section 501(c)(12) organizations. Enter:							
а	Gross income from members or shareholders							
b	Gross income from other sources. (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
	organization is licensed to issue qualified health plans  13b							
	Enter the amount of reserves on hand  Did the exemplation receive any payments for indeed template any payments for indeed template any payments.	110		Х				
14a	Did the organization receive any payments for indoor tanning services during the tax year?  If "Yes" has it filed a Form 720 to report these payments? If "No." provide an explanation on School to Company the services and the services are supplied to the services and the services are supplied to the servic	14a						
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b						
10	excess parachute payment(s) during the year?	15		х				
	If "Yes," see the instructions and file Form 4720, Schedule N.	13						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х				
	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities							
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17						
	If "Yes," complete Form 6069.							

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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI					X		
Sec	tion A. Governing Body and Management							
			_		Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	3:	2				
	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 on Schedule O.							
b	Enter the number of voting members included on line 1a, above, who are independent	1b	3:	2				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other					
	officer, director, trustee, or key employee?			2	Х			
3	Did the organization delegate control over management duties customarily performed by or under the							
				3		X		
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was	s filed?	4		X		
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X		
6	Did the organization have members or stockholders?			6		X		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point o	one or					
	more members of the governing body?			7a	Х			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st							
	persons other than the governing body?			7b	Х			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year							
а	The governing body?			8a	Х			
b	Each committee with authority to act on behalf of the governing body?			8b	Х			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	t the					
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		X		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)					
			,		Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?			10a		X		
	If "Yes," did the organization have written policies and procedures governing the activities of such ch							
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?							
b								
12a								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," de	escribe					
	on Schedule O how this was done			12c	X			
13	Did the organization have a written whistleblower policy?			13	X			
14	Did the organization have a written document retention and destruction policy?			14	X			
15	Did the process for determining compensation of the following persons include a review and approva	l by ind	dependent					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official			15a	X			
b	Other officers or key employees of the organization			15b		X		
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements	nent w	ith a					
	taxable entity during the year?			16a		X		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its p	articipation					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization	's					
	exempt status with respect to such arrangements?			16b				
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filedNONE							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990	T (section 501(c)(3	s only)	availal	ble		
	for public inspection. Indicate how you made these available. Check all that apply.							
	X Own website X Another's website X Upon request Other (explain	on Sc	hedule O)					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict c	f interest policy, ar	ıd finan	cial			
	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 boo	ks and	l records					
	THE ORGANIZATION - 804-649-0711				_			
	1015 EAST CLAY STREET, RICHMOND, VA 23219							

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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. See the instructions for the order in which to list the persons above.

(A)	(B)			(0	<del>)</del>			(D)	(E)	(F)
Name and title	Average		not c		more	than o		Reportable compensation	Reportable	Estimated amount of
	hours per week					s both		from	compensation from related	other
	(list any	ector						the	organizations	compensation
	hours for	Individual trustee or director	e e			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	truste		99	ubeus		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	dual tr	Institutional trustee	L	Key employee	st con	-	1099-NEO)		organizations
	line)	Indivi	Institu	Officer	Key er	Highest compensated employee	Former			<b>g-</b>
(1) WILLIAM J. MARTIN	40.00									
DIRECTOR		X						141,859.	0.	0.
(2) ROBERT A. ANGLE	2.00									
TRUSTEE		Х						0.	0.	0.
(3) EDWARD H. BAINE	2.00									
TRUSTEE		Х						0.	0.	0.
(4) ALLISON C. BOLYARD	2.00								_	_
TRUSTEE		Х						0.	0.	0.
(5) MARLAND BUCKNER	2.00									
TRUSTEE		Х						0.	0.	0.
(6) MONICA BRINKLEY DAVIS	2.00									•
TRUSTEE	2 00	Х						0.	0.	0.
(7) JOI TAYLOR DEAN	2.00									•
TRUSTEE (8) TRANSPORTE	2.00	Х						0.	0.	0.
(8) IDA V. FARINHOLT TRUSTEE	2.00	Х						0.	0.	0.
(9) SHIRLEY GIBSON	2.00	Λ						0.	0.	· ·
TRUSTEE	2.00	Х						0.	0.	0.
(10) AUSTIN A. JONES	2.00	21						•	0.	
TRUSTEE	2.00	х						0.	0.	0.
(11) BRAD JONES, JR.	2.00							•	•	
TRUSTEE		х						0.	0.	0.
(12) JUSTIN KNIGHT	2.00									
TRUSTEE		Х						0.	0.	0.
(13) SAURABH MADAAN	2.00									
TRUSTEE		Х						0.	0.	0.
(14) CHARLOTTE B. MCGEE	2.00									
TRUSTEE		Х						0.	0.	0.
(15) KATHERINE G. NELSON	2.00									
TRUSTEE		Х						0.	0.	0.
(16) PAULA P. PANDO	2.00									
TRUSTEE		Х						0.	0.	0.
(17) LEA RASMUSSEN	2.00	<u> </u>								_
TRUSTEE		X						0.	0.	0. Form <b>990</b> (2022)

232007 12-13-22

10111 330 (2022)				•					3 2 0 3 0 3	<b>-</b> - 1 ago -		
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A)	(B)			(0	<b>C</b> )			(D)	(E)	(F)		
Name and title	Average hours per week	box	Position (do not check more than obox, unless person is both officer and a director/trus		ore than one on is both 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/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations		
(18) DEE ANN REMO	2.00											
TRUSTEE		Х						0.	0.	0.		
(19) SUSAN F. ROBERTSON TRUSTEE	2.00	Х						0.	0.	0.		
(20) TANYA J. ROSS	2.00											
TRUSTEE		Х						0.	0.	0.		
(21) PAMELA ROYAL	2.00							_	_	_		
TRUSTEE		Х						0.	0.	0.		
(22) DAVID T. RYAN TRUSTEE	2.00	Х						0.	0.	0.		
(23) ELAINE S. RYAN TRUSTEE	2.00	х						0.	0.	0.		
(24) MELODY JOY SHORT TRUSTEE	2.00	х						0.	0.	0.		
(25) TRACY KEMP STALLINGS TRUSTEE	2.00	х						0.	0.	0.		
(26) GEORGE P. WHITLEY	2.00											
TRUSTEE		Х						0.	0.	0.		
1b Subtotal								141,859.	0.	0.		
c Total from continuation sheets to Part V								0.	0.	0.		
d Total (add lines 1b and 1c)								141,859.	0.	0.		
2 Total number of individuals (including but r	not limited to th	ose	liste	d ab	ove	) wh	o re	ceived more than \$100.	000 of reportable			

compensation from the organization

			Yes	No
3	Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	3		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization			
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services			
	rendered to the organization? If "Yes." complete Schedule J for such person	5		X

# **Section B. Independent Contractors**

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	NONE	<b>(B)</b> Description of services	(C) Compensation

Total number of independent contractors (including but not limited to those listed above) who received more than 

Form 990 THE VALE	NTINE MU	JSE	UM	[					54-050	5967
Part VII Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yee	s, a	nd F	ligh	est (	Compensated Employe	ees (continued)	
(A)	(B)		(D)	(E)	(F)					
Name and title	Average		(C) Position					Reportable	Reportable	Estimated
	hours	(c	heck				ly)	compensation	compensation	amount of
	per							from	from related	other
	week	L				oyee		the	organizations	compensation
	(list any	recto				em pl		organization	(W-2/1099-MISC)	from the
	hours for related	ordi	ee			sated		(W-2/1099-MISC)		organization
	organizations	Individual trustee or director	l trus		ee,	u beu				and related organizations
	below	dual t	rtiona	_	m plo	stcor	<u></u>			organizations
	line)	Indivi	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) NEELAN A. MARKEL	2.00									
EX. OFFICIO		Х						0.	0.	0.
(28) SCOTT R. WARREN	2.00									
CHAIRMEN		Х		Х				0.	0.	0.
(29) TEE VALENTINE	2.00									
VICE CHAIRMAN		Х		Х				0.	0.	0.
(30) J. EDWARD UKROP	2.00	4_		_				_		_
SECRETARY		Х		Х				0.	0.	0.
(31) E. MASSIE VALENTINE, JR.	2.00	.,		,,						0
TREASURER	2 00	Х		Х		_		0.	0.	0.
(32) JAMES L. WEINBERG ASSISTANT SECRETARY	2.00	х		х				0.	0.	0.
ASSISIANI SECRETARI		Λ		^				0.	0.	0.
		1								
		1								
		1								
		-								
						_				
		-								
		1								
		1								
		1								
		<u> </u>	_							
		-								
Total to Part VII, Section A, line 1c										

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Form 990 (2022) THE VALENTINE MUSEUM
Part VIII Statement of Revenue

		Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
		Office in Schedule O Contains a response	or note to any in	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenuè excluded
					function revenue	business revenue	from tax under
							sections 512 - 514
ts st	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	k	Membership dues					
e, ii	c	Fundraising events1c					
ifts		Related organizations 1d					
n Big			242,718.				
Sir		All other contributions, gifts, grants, and	•				
uti Je	•		023,371.				
ë₽			776,969.	-			
io d	•	Noncash contributions included in lines 1a-1f		6 266 000			
O g	r	Total. Add lines 1a-1f		6,266,089.			
			Business Code	4- 444	4- 444		
e	2 8	ADMISSIONS	900099	67,206.	67,206.		
Σœ	k						
Se	c						
a a							
P. B.	•	<u> </u>					
Program Service Revenue	f	All other program service revenue					
		Total. Add lines 2a-2f		67,206.			
_				07,200.			
	3	Investment income (including dividends, intere		525,534.			E3E E34
		other similar amounts)		343,334.			525,534.
	4	Income from investment of tax-exempt bond p		150			150
	5	Royalties		178.			178.
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a 18,765.					
	k	Less: rental expenses 6b 0 .					
		Rental income or (loss) 6c 18,765.					
		Net rental income or (loss)	•	18,765.			18,765.
		Gross amount from sales of (i) Securities	(ii) Other	= , , , , , ,			
	, .	assets other than inventory <b>7a</b>	(1)	-			
		-		-			
4	K	Less: cost or other basis	28.				
ığ		and sales expenses		-			
Revenue		Gain or (loss) 7c	-28.	20			0.0
æ	C	Net gain or (loss)		-28.			-28.
her	8 8	Gross income from fundraising events (not					
₹		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 188a	76,725.				
	ŀ	Less: direct expenses 8b					
		Net income or (loss) from fundraising events		48,027.			48,027.
		Gross income from gaming activities. See					
				-			
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities	 T				
	10 a	Gross sales of inventory, less returns					
		and allowances 10a	54,531.				
	k	Less: cost of goods sold10b	30,748.				
		Net income or (loss) from sales of inventory		23,783.	23,783.		
			Business Code				
snc	11 2	SALES OF COLLECTION IT	900099	176,026.	176,026.		
nec		PHOTO SALES	900099	6,449.			
Miscellaneous Revenue		PARKING	812930	5,739.	5,739.		
Sce			722320	3,155.	3,155.		
Ξ	(	All other revenue	122320	191,369.	3,133.		
		Total. Add lines 11a-11d		<del></del>	202 250	^	E00 476
	12	Total revenue. See instructions		7,140,923.	282,358.	0.	592,476.

232009 12-13-22

## Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, 99,618. 142,515. 28,218. 14,679. trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,135,260. 792,837. 226,525. 115,898. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 115,250. 66,199. 35,471. 13,580. Other employee benefits 9 90,498. 63,771. 18,878. 7,849. 10 Payroll taxes Fees for services (nonemployees): Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 78,434. 78,434. Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 62,927. 18,027. 212,603. 131,649. column (A), amount, list line 11g expenses on Sch O.) 13,120. 10,813. 2,307. Advertising and promotion 12 33,886. 24,618. 5,010. 4,258. Office expenses 13 Information technology 14 15 Royalties 228,757. 217,826. 10,710. 221. 16 Occupancy 26,900. 10,578. 818. 15,504. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials ... 18,759. 4,019. 24,099. 1,321. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 366,197.366,197. Depreciation, depletion, and amortization 22 54,197. 27,762. 26,435. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 93,901. 77,485. 10,183. 6,233. **EQUIPMENT MAINTENANCE** COLLECTION EXPENSE 77,073. 77,073. 21,760. 52,050. 15,049. 15,241. DUES AND SUBSCRIPTIONS 41,160. 17,919. 505. 22,736. PRINTING 94,782. 51.161. 10.765. 32,856. e All other expenses 2,880,682. 2,076,025. 536,254. 268,403. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Form 990 (2022)

Check here

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

Form 990 (2022)

Part X | Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or note	to any	/ line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			87,739.	1	45,754.
	2	Savings and temporary cash investments			1,500,158.	2	1,995,516.
	3	Pledges and grants receivable, net			2,377,603.	3	2,267,789.
	4	Accounts receivable, net			20,197.	4	23,436.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa	antial c	ontributor, or 35%			
		controlled entity or family member of any of these	e perso	ons		5	
	6	Loans and other receivables from other disqualifi	ed per	sons (as defined			
		under section 4958(f)(1)), and persons described	in sect	tion 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			36,174.	8	34,936. 26,107.
Ä	9	Prepaid expenses and deferred charges			10,902.	9	26,107.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	23,153,124.			
	b			7,681,976.	8,267,054.		15,471,148. 19,511,395.
	11	Investments - publicly traded securities			18,454,704.	11	19,511,395.
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line 1			22 525	13	00.606
	14	Intangible assets			20,606.	14	20,606.
	15	Other assets. See Part IV, line 11			745,045.	15	1,013,876.
	16	Total assets. Add lines 1 through 15 (must equa			31,520,182.	16	40,410,563.
	17	Accounts payable and accrued expenses	571,102.	17	1,182,742.		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20 21	Tax-exempt bond liabilities		. ( O - I I - I - D		20 21	
	22	Escrow or custodial account liability. Complete P Loans and other payables to any current or former				21	
Liabilities	22	trustee, key employee, creator or founder, substa					
ij		controlled entity or family member of any of these				22	
E.	23	Secured mortgages and notes payable to unrelat				23	2,060,000.
	24	Unsecured notes and loans payable to unrelated				24	2,000,000
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines					
		of Schedule D		·	795,707.	25	1,075,148.
	26	<b>-</b>			1,366,809.	26	4,317,890.
		Organizations that follow FASB ASC 958, chec	k here	X			
es		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions			9,004,545.	27	9,703,901.
Bal	28	Net assets with donor restrictions			21,148,828.	28	26,388,772.
nd		Organizations that do not follow FASB ASC 95	8, che	ck here			
Ĩ		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or equ	uipmer	nt fund		30	
t As	31	Retained earnings, endowment, accumulated inc	ome, c	or other funds		31	
Se.	32	Total net assets or fund balances			30,153,373.	32	36,092,673.
	33	Total liabilities and net assets/fund balances			31,520,182.	33	40,410,563.

-	N. M. C.			- '	age
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
_	Tatal revenue (revet agreel Dart VIII askurer (A) line 40)		7 1	40,9	123
1	Total revenue (must equal Part VIII, column (A), line 12)	2		80,6	
2	Total expenses (must equal Part IX, column (A), line 25)	3		60,2	
3	Revenue less expenses. Subtract line 2 from line 1				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	30,1		
5	Net unrealized gains (losses) on investments	5	1,0	79,0	159.
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
_	column (B))	10	36,0	92,6	<u> 73.</u>
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:		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	а	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2	b X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis 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	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2	c X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3	а	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi		····		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		з	b	
					(2022)
				-	\/

232012 12-13-22

### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

Oper
Ins

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** Name of the organization THE VALENTINE MUSEUM 54-0505967 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

### Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3310276.	1440873.	2885021.	3653288.	6266089.	17555547.
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	3310276.	1440873.	2885021.	3653288.	6266089.	17555547.
5	The portion of total contributions						
_	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						17555547.
	etion B. Total Support						<u> </u>
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	3310276.	1440873.	2885021.	3653288.	6266089	17555547.
	Gross income from interest,	33102700	1110073.	2003021.	3033200.	0200003.	17333347.
0	,						
	dividends, payments received on						
	securities loans, rents, royalties,	471 O17	398,838.	150 022	500 183	544 477	2464437.
_	and income from similar sources	4/1,01/.	390,030.	433,344.	390,103.	344,477.	2404437.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						-
10	Other income. Do not include gain						
	or loss from the sale of capital	77 412	100 543	160 506	70 176	101 260	600 007
	assets (Explain in Part VI.)	//,413.	100,543.	160,506.	/2,1/6.		602,007.
	<b>Total support.</b> Add lines 7 through 10						20621991.
	Gross receipts from related activities,	•	,			12	554,177.
13	First 5 years. If the Form 990 is for the						
0-	organization, check this box and stop						
	ction C. Computation of Publi						05 13
	Public support percentage for 2022 (I					14	85.13 %
	Public support percentage from 2021					15	82.01 %
16a	33 1/3% support test - 2022. If the o	-					
	<b>stop here.</b> The organization qualifies		~				
b	33 1/3% support test - 2021. If the o						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			Ш
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line	: 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	re. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the				-		
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	s
						Schedule A	(Form 990) 2022

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sed	ction A. Public Support	siow, picase comp	oicte i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or 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 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(a) 2010	(6) 2019	(6) 2020	(4) 2021	(6) 2022	(i) iotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	J		,	•	( ) ( )	· —
	check this box and stop here						
	ction C. Computation of Publi					<del> </del>	
	Public support percentage for 2022 (li	, ,,,	•	column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves			. 10 1 (0)		14-1	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	% 7 in
198	33 1/3% support tests - 2022. If the						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	<b>top here.</b> The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

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# Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?

  If "Yes." complete Part I of Schedule L (Form 990).
- 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 on 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 on 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 line 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.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	_		
	6		
	_		
	7		
	c		
	8		
	9a		
	Ja		
	9b		
	30		
	9с		
	10a		
	. 54		
	10b		
_		~ 000	

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Par	t IV	Supporting Organizations (continued)			
		(Community)		Yes	No
11	Has th	he organization accepted a gift or contribution from any of the following persons?			
		son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	elow, the governing body of a supported organization?	11a		
b		illy member of a person described on line 11a above?	11b		
С	A 35%	6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		
Sect	ion E	3. Type I Supporting Organizations			
				Yes	No
1	Did th	ne governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
		ne organization operate for the benefit of any supported organization other than the supported			
	organi	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part V	how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supen	vised, or controlled the supporting organization.	2		
Sect	ion C	C. Type II Supporting Organizations			
				Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or mai	nagement of the supporting organization was vested in the same persons that controlled or managed			
	the su	pported organization(s).	1		
Sect	ion [	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organi	ization'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			
	organi	ization'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			
	organi	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the or	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By rea	ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	signifi	cant voice in the organization's investment policies and in directing the use of the organization's			
	incom	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<u> </u>	suppo	orted organizations played in this regard.	3		
Sect	ion E	E. Type III Functionally Integrated Supporting Organizations			
1		k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instance)	truction	s).	ı
2		ties Test. <b>Answer lines 2a and 2b below.</b>		Yes	No
		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those	e supported organizations and explain how these activities directly furthered their exempt purposes,			
	how th	he organization was responsive to those supported organizations, and how the organization determined			
		nese activities constituted substantially all of its activities.	2a		
		ne activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part V	the reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's involvement.	2b		
		at of Supported Organizations. Answer lines 3a and 3b below.			
		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did th	ne organization exercise a substantial degree of direction over the policies, programs, and activities of each			

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of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

Schedule A (Form 990) 2022

Pa	T V   Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	ov. 20, 1970 ( <i>explain in</i>	Part VI). See instructions
	All other Type III non-functionally integrated supporting organizations mus	st complete S	Sections A through E.	
Sect	ion 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		
ect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
е	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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
ect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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	ally integrated	Type III supporting orga	nization (see
	instructions).	, ,	,. ,, J.	,

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

e Excess from 2022

232028 12-09-22 Schedule A (Form 990) 2022

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Schedule of Contributors**

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

OMB No. 1545-0047

2022

**Employer identification number** 

THE VALENTINE MUSEUM 54-0505967 Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Name of organization Employer identification number

# THE VALENTINE MUSEUM

54-0505967

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 250,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 250,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No4_	Name, address, and ZIP + 4	Total contributions  \$ 391,581.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>465,000</u> .	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

Name of organization Employer identification number

# THE VALENTINE MUSEUM

54-0505967

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 250,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ <u>1,000,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Page 3

Name of organization Employer identification number

# THE VALENTINE MUSEUM

54-0505967

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	450 SHS ISHARES RUSSELL AND \$142,990 CASH	\$\$_250,000 <b>.</b>	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	300 SHS MARKEL CORP		
		\$391,581.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Page 4

Schedule B (Form 990) (2022) Name of organization **Employer identification number** THE VALENTINE MUSEUM 54-0505967 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

223454 11-15-22

Schedule B (Form 990) (2022)

# **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

Name of the organization

THE VALENTINE MUSEUM

**Employer identification number** 54-0505967

Par	t I Organizations Maintaining Donor Advised	Funds or Other Similar Fu	nds or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	6.	·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor a	dvised funds
	are the organization's property, subject to the organization's e	xclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad	visors in writing that grant funds ca	n be used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purp	ose conferring
Par	t II Conservation Easements. Complete if the organic	anization answered "Yes" on Form 9	90, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	`	
	Preservation of land for public use (for example, recreati	on or education) Preservati	on of a historically important land area
	Protection of natural habitat	Preservati	on of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	ed conservation contribution in the f	
	day of the tax year.		Held at the End of the Tax Year
_			
b			
С.	Number of conservation easements on a certified historic structure of conservation easements on a certified historic structure.	.,	2c
d	Number of conservation easements included in (c) acquired af		
•		and a decide of a language of the decidence of the decide	
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated b	the organization during the tax
	year	one and in the add of	
4	Number of states where property subject to conservation ease		
5	Does the organization have a written policy regarding the period		·
6	violations, and enforcement of the conservation easements it I Staff and volunteer hours devoted to monitoring, inspecting, h		
U	Stan and volunteer riours devoted to monitoring, inspecting, in	anding of violations, and emorcing	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and enforcing cons	ervation easements during the year
•	Turiodite of experiess interies in monitoring, inspecting, mandi	ing or violations, and emoreting cont	orvation dustinonts during the year
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section	170(h)(4)(B)(i)
_		,	
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footnot	·	
	organization's accounting for conservation easements.	3	
Par		Art, Historical Treasures, o	r Other Similar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	, not to report in its revenue statem	ent and balance sheet works
	of art, historical treasures, or other similar assets held for publ	ic exhibition, education, or research	in furtherance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes these	items.
b	If the organization elected, as permitted under FASB ASC 958	, to report in its revenue statement	and balance sheet works of
	art, historical treasures, or other similar assets held for public e	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		\$ <u></u>
	(ii) Assets included in Form 990, Part X		\$
2	If the organization received or held works of art, historical treas		
	the following amounts required to be reported under FASB AS	C 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		\$
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.	Schedule D (Form 990) 2022

Schedule D (Form 990) 2022

 $\overline{15},471,148.$ 

Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.)

Schedule D (Form 990	) 2022 <b>THE</b>	VALENTINE	MUSEUM		54-(	0505967	Page 3
Part VII Investments - Other Securities.							
Complet	e if the organization a	nswered "Yes" on F	orm 990. Part I	V. line 11b. See Form 990. Part X. lir	ne 12.		

<del>-</del>		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
T-1-1 (O-1 (b)1 F 000 D-+V1 (D) I' 10 )		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total (Col. (b) must equal Form 990, Part Y, col. (B) line 13.)		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

<u>1.                                    </u>	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	DUE TO RICHMOND HISTORY GALLERY	802,270.
(3)	OPERATING LEASE LIABILITIES	272,878.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,075,148.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2022

	edule D (Form 990) 2022 THE VALENTINE MUSEUM		54-0505967	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial State		ıe per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line <b>2e</b> from line <b>1</b>		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines <b>4a</b> and <b>4b</b>		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Pa	rt XII Reconciliation of Expenses per Audited Financial Stat	ements With Expen	ses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses			
d				
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		4c	
5	The second secon		5	
Pa	rt XIII Supplemental Information.			
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and 2b; F	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.		
PAI	RT III, LINE 1A:			

HISTORIC PROPERTIES CONSIST PRINCIPALLY OF THE WICKHAM HOUSE, THE EDWARD VALENTINE STUDIO, AND THE DAVIS HOUSE. EXCEPT FOR THE WICKHAM 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.

Schedule D (Form 990) 2022

Part XIII Supplemental Information (continued)

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.

### PART X, LINE 2:

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

# SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

# **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization							ntification number
	ENTINE MUSEUM					54-0505	
Part I Fundraising Activities. required to complete this part	Complete if the organization answe t.	red "Y	es" or	n Form 990, Part IV, li	ne 1	7. Form 990-EZ	filers are not
Indicate whether the organization rais	e Solicitat f Solicitat g Special  or oral agreement with any individual art VII) or entity in connection with previduals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-g gover aising of ding of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total							
List all states in which the organizatio or licensing.	n is registered or licensed to solicit c		utions	or has been notified	it is e	exempt from re	gistration

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

Schedule G (Form 990) 2022

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

		of fundraising event contributions and gro	oss income on Form 990-	EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1 RICHMOND HISTORY MAKE	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
4			(event type)	(event type)	(total number)	Coi. (C))
Revenue	1	Gross receipts	76,725.			76,725.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	76,725.			76,725.
	4	Cash prizes				
	5	Noncash prizes				
benses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				28,698.
	10	Direct expense summary. Add lines 4 through				28,698.
	11		ne 3, column (d)			48,027.
Pa	rt I		answered "Yes" on Form	990, Part IV, line 19, or I	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	T			
Revenue			(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
Se	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)	·····	·····	
			· · ·			
9	Ent	ter the state(s) in which the organization condu	icts gaming activities:			
		he organization licensed to conduct gaming ac No," explain:				Yes No
		ere any of the organization's gaming licenses re Yes," explain:				Yes No
	_					

232082 10-27-22 Schedule G (Form 990) 2022

Sch	edule G (Form 990) 2022 THE VALENTINE MUSEUM 54-	0505	<u> 90 / </u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		%
	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$			
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		.,	□
	retain the state gaming license?	Ш	Yes	∟ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
Da	organization's own exempt activities during the tax year \$ rt IV Supplemental Information. Provide the explanations required by Part L line 2b, columns (iii) and (v); and Part III in the columns (iii) and (v); and (v)	:		21 401
га		art III, Iin	es 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

Schedule G (Form 990) THE VALENTINE MUSEUM  Part IV Supplemental Information (continued)	54-0505967 Page 4
Part IV Supplemental Information (continued)	

# SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

2022

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Inspection
Employer identification number 54-0505967

	THE V	ALENTINE	MUSE	J <b>M</b>		54-	-05059	967	
Par	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	Method of noncash contr		_	3
1	Art - Works of art	L							
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		X	28	776,969.	NYSE			
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution	on -							
	Historic structures								
14	Qualified conservation contribution	on - 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								
	for which the organization comple	eted Form 8283	3, Part V, D	onee Acknowledg	ement <b>29</b>			1	
					=			Yes	No
30a	During the year, did the organizat	•			,	•			
	must hold for at least 3 years from						00		v
	exempt purposes for the entire ho						. 30a		<u> </u>
	If "Yes," describe the arrangemen		. 1:	i Alei	-£	.:0	0.4		v
31	Does the organization have a gift					tions?	31		<u> </u>
32a	Does the organization hire or use contributions?	•			cit, process, or sell noncash		32a		Х
b	If "Yes," describe in Part II.								
33	If the organization didn't report ar	n amount in col	lumn (c) for	a type of property	for which column (a) is chec	cked,			
	describe in Part II.								
LHA	For Paperwork Reduction Act	t Notice, see th	he Instruct	ions for Form 990	). 	Schedule	e M (Form	n 990)	2022

232142 09-09-22

# SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022
Open to Public Inspection

Name of the organization

THE VALENTINE MUSEUM

Employer identification number 54-0505967

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PRESERVING AND INTERPRETING RICHMOND'S HISTORY. PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: FORM 990, 200 YEAR OLD WICKHAM HOUSE, A REGISTERD NATIONAL LANDMARK. THEVALENTINE IS AN ACTIVE MEMBER OF THE COMMUNITY AND FREQUENTLY PARTNERS WITH OTHER COMMUNITY ORGANIZATIONS TO ENSURE RELEVANCY AND CURRENT ALIGNMENT WITH ISSUES THAT MATTER. FORM 990, PART VI, SECTION A, LINE 2: TEE VALENTINE AND E. MASSIE VALENTINE HAVE A FAMILY RELATIONSHIP FORM 990, PART VI, SECTION A, LINE 7A: EACH ELECTED BOARD TRUSTEE SERVES FOR A TERM OF 3 YEARS COMMENCING JULY 1 NO TRUSTEE CAN SERVE MORE THAN TWO CONSECUTIVE 3-YEAR TERMS. OF EACH YEAR. THE BOARD OF THE TRUSTEES ELECTS A CHAIRMAN, A VICE CHAIRMAN, A SECRETARY AND A TREASURER. THE ELECTION TAKES PLACE AT THE LAST REGULAR MEETING OF THE NOMINEES RECEIVING THE MOST VOTES ARE DEEMED TO HAVE THE FISCAL YEAR. BEEN ELECTED FORM 990, PART VI, SECTION A, LINE 7B: AT ANY MEETING OF THE BOARD, ONE HALF OF THE VOTING MEMBERS OF THE BOARD CONSTITUTE A QUORUM FOR THE TRANSACTION OF BUSINESS. A MAJORITY VOTE OF THOSE IN ATTENDANCE AT A MEETING AT WHICH A QUORUM IS PRESENT IS THE ACT OF

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

Schedule O (Form 990) 2022

THE BOARD OF TRUSTEES.

Schedule O (Form 990) 2022 Page 2

Name of the organization Employer identification number THE VALENTINE MUSEUM 54-0505967

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 POSSIBLE CONFLICT OF INTEREST.

THE CHAIRPERSON OF THE GOVERNING BOARD OR COMMITTEE, IF APPROPRIATE,

APPOINTS A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO

THE PROPOSED TRANSACTION OR ARRANGEMENT.

AFTER EXERCISING DUE DILIGENCE, THE GOVERNING BOARD OR COMMITTEE DETERMINES

WHETHER THE ORGANIZATION CAN OBTAIN WITH REASONABLE EFFORTS A MORE

ADVANTAGEOUS TRANSACTION OR ARRANGEMENT FROM A PERSON OR ENTITY THAT WOULD

NOT GIVE RISE TO A CONFLICT OF INTEREST.

POSSIBLE UNDER CIRCUMSTANCES NOT PRODUCING A CONFLICT OF INTEREST, THE

GOVERNING BOARD OR COMMITTEE DETERMINES BY MAJORITY VOTE OF THE

DISINTERESTED DIRECTORS WHETHER THE TRANSACTION OR ARRANGEMENT IS IN THE

ORGANIZATION'S BEST INTEREST, FOR ITS OWN BENEFIT, AND WHETHER IT IS FAIR

AND REASONABLE. IN CONFORMITY WITH THE ABOVE DETERMINATION IT SHALL MAKE

ITS DECISION AS TO WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT. IF

THE GOVERNING BOARD OR COMMITTEE HAS REASONABLE CAUSE TO BELIEVE A MEMBER

HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, IT MUST

INFORM THE MEMBER OF THE BASIS FOR SUCH BELIEF AND AFFORD THE MEMBER AN

OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE.

IF, AFTER HEARING THE MEMBER'S RESPONSE AND AFTER MAKING FURTHER

Schedule O (Form 990) 2022 Page 2 Name of the organization **Employer identification number** THE VALENTINE MUSEUM 54-0505967 INVESTIGATION AS WARRANTED BY THE CIRCUMSTANCES, THE GOVERNING BOARD OR COMMITTEE DETERMINES THE MEMBER HAS FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, IT MUST TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION. FORM 990, PART VI, SECTION B, LINE 15A: THE BOARD REVIEWS AND MUST APPROVE EXECUTIVE COMPENSATION. FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.