EXTENDED TO MAY 15, 2019 2939311705626 **Exempt Organization Business Income Tax Return** Form **990-T** (and proxy tax under section 6033(e)) For calendar year 2017 or other tax year beginning JUL 1, 2017, and ending JUN 30, ► Go to www irs gov/Form990T for instructions and the latest information

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(9) Department of the Treasury Open to Public Inspection 501(c)(3) Organizations Onl Internal Revenue Service Employer identification number Name of organization (____ Check box if name changed and see instructions) Check box if (Employees' trust, see address changed instructions) 86-0135840 VALLEYLIFE B Exempt under section Print E Unrelated business activity codes OΓ Number, street, and room or suite no. If a P.O. box, see instructions x 501(c Ø3. Type 7220(e) 1142 W HATCHER RD |408(e) | 530(a) City or town, state or province, country, and ZIP or foreign postal code 408A PHOENIX, AZ 85021 900099 529(a) F Group exemption number (See instructions) Book value of all assets C 401(a) trust G Check organization type ► X 501(c) corporation 501(c) trust Other trust 630 267. BENEFIT **EXPENSES** H Describe the organization's primary unrelated business activity ▶ QUALIFIED TRANSPORTATION X No During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter the name and identifying number of the parent corporation Telephone number \triangleright 602-216-6322 The books are in care of LINDA MILLER Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1 a Gross receipts or sales c Balance b Less returns and allowances 1c Cost of goods sold (Schedule A, line 7) 2 2 3 Gross profit Subtract line 2 from line 1c 4a Capital gain net income (attach Schedule D) 4a Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b c Capital loss deduction for trusts 40 Income (loss) from partnerships and S corporations (attach statement) 5 5 Rent income (Schedule C) 6 6 7 Unrelated debt-financed income (Schedule E) 7 Interest, annuities, royalties, and rents from controlled organizations (Sch. F) 8 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 Exploited exempt activity income (Schedule I) 10 10 Advertising income (Schedule J) 11 11 Other income (See instructions; attach schedule) STATEMENT 2 813. 12 12 Total. Combine lines 3 through 12 13 813. 813 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income) 14 Compensation of officers, directors, and trustees (Schedule K) 14 15 Salaries and wages 15 Repairs and maintenance 16 16 17 Bad debts 17 RECEIVED 18 Interest (attach schedule) 18 19 Taxes and licenses 19 Mation APR 16 2019 Charitable contributions (See instructions for 20 Depreciation (attach Form 4562) 21 Less depreciation claimed on Schedule A and elsewhere the results of the control 22a 22b 23 Contributions to deferred compensation plans 24 Employee benefit programs 25 Excess exempt expenses (Schedule I) 26 Excess readership costs (Schedule J) 27 Other deductions (attach schedule) 28 Total deductions Add lines 14 through 28 29 0. Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 813. 30 Ū31 Net operating loss deduction (limited to the amount on line 30) SEE STATEMENT 3 080. 31 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 32 733. 33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) 000. Unrelated business taxable income Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 723701 01-22-18 LHA For Paperwork Reduction Act Notice, see instructions Form **990-T** (2017)

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Form 990-	T (2017	O VALLEYLIFE			86-01	35840		Page
Part I	H	Tax Computation						
35	Orga	anizations Taxable as Corporations S	ee instructions for tax computation					
	-	trolled group members (sections 1561		uctions and				
		, ,	and \$9,925,000 taxable income brackets (ii	n that order):				
_	(1)	\$ (2)	4					
h		r organization's share of (1) Additiona		<u></u>				
·		Additional 3% tax (not more than \$100						
		me tax on the amount on line 34	Ψ		•	250		0.
			tions for the computation. Income the on th	o amount on line 24 from		35c		
36	ITUS		tions for tax computation. Income tax on th	ie amount on line 34 irom				
	\Box		le D (Form 1041)			36		
37		y tax See instructions				37		
38		native minimum tax				38		
39		on Non-Compliant Facility Income Se				39		
40		Add lines 37, 38 and 39 to line 35c o	r 36, whichever applies			40		0.
Part I		Tax and Payments				1		
		ign tax credit (corporations attach Forn	n 1118; trusts attach Form 1116)	4 a		_		
b		r credits (see instructions)		41b		-		
C	Gene	eral business credit Attach Form 3800		41c		_		
d	Cred	it for prior year minimum tax (attach Fo	orm 8801 or 8827)	410		_		
е	Tota	I credits Add lines 41a through 41d				4 fe		
42	Subt	ract line 41e from line 40				42		0.
43	Othe	r taxes. Check if from: Form 425	5 Form 8611 Form 8697	Form 8866 L Other	attach schedule)	43		
44	Total	I tax Add lines 42 and 43				44		0.
45 a	Payn	nents A 2016 overpayment credited to	2017	45a		1		
b	2017	estimated tax payments		45b				
C	Tax	deposited with Form 8868		50C 45c	180	.]		
d	Forei	gn organizations: Tax paid or withheld	at source (see instructions)	450	-	7		
е	Back	up withholding (see instructions)		45e		7		
f	Cred	it for small employer health insurance i	oremiums (Attach Form 8941)	456		_		
		r credits and payments	Form 2439					
·	$\overline{}$	Form 4136		 Total ▶ 45g				
46		payments Add lines 45a through 45g			L	₹ 46	1	80.
		nated tax penalty (see instructions). Ch			Ů	47		
		tue If line 46 is less than the total of lin				48		
			otal of lines 44 and 47, enter amount overpa	aid	Į.	1 49	1	80.
		the amount of line 49 you want: Credi	•	400	unded 🕨	50	<u>+</u>	0.
Part V			rtain Activities and Other Inf			1 30		<u> </u>
			did the organization have an interest in or a				Yes	No
			r other) in a foreign country? If YES, the or	-	.,		163	140
		• • •	nd Financial Accounts If YES, enter the na	•				
	here		ma i mandar noodania in 120, ontoi tile ha	ine of the foleigh country				v
			eive a distribution from, or was it the granti	or of or transferor to a for	olon trunt?		-	X
		S, see instructions for other forms the		or or, or transfer or to, a for	eign irustr		-	X
			eived or accrued during the tax year > \$					
			examine this return, including accompanying sche	edules and statements, and to t	he heet of my kn	owledge and heliof		<u> </u>
Sign			other (in taxpayer) is based on all information of v	which preparer has any knowled	ge	owiedge and beiter, i	t is true,	
Here		INAM MULL	VI) 4/12/19 pp.	EGIDENM /GBO	T ₁	May the IRS discuss	this return	with
		Signature of officer	Tate Title	ESIDENT/CEO		he preparer shown b	·	٦
		Orint/Type property and	December 1		 		Yes	No
		Print/Type preparer's name	Preparer's signature			if PTIN		
Paid		DDENDA DI IDI	DD D3703 D7	1	self- employed			
Prepa		BRENDA BLUNT	BRENDA BLUNT	04/02/19		P0007		
Use O	nly	Firm's name ► EIDE BAIL		400	Firm's EIN	45-02	<u>5095</u>	8
			CENTRAL AVE., STE	100			_	
		Firm's address ► PHOENTX	X AZ 85004-4624		Phone no 1	602-261-	5011	

Form **990-T** (2017)

FORM 990-T	·シ 	OTHER	INCOME		STATEMENT	2
DESCRIPTIO	DN			•	AMOUNT	
TRANSIT PA	1,813.					
TOTAL TO F	ORM 990-T, PAGE 1,	LINE 12			1,8	313.
FORM 990-T	NET	OPERATING	G LOSS D	EDUCTION	STATEMENT	3
FORM 990-T	NET LOSS SUSTAINED	OPERATING LOSS PREVIOU APPLE	S USLY	EDUCTION LOSS REMAINING	STATEMENT AVAILABLE THIS YEAR	3
	LOSS SUSTAINED	LOSS PREVIOU	S USLY	LOSS	AVAILABLE	