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H. Enter the number of the organization types ▶ X 501(c) corporation H. Enter the number of the organization's unrelated hades or obsensesse. ——————————————————————————————————											<u> </u>	<u></u>	
H Enter the number of the organization's unrelated trades or businesses. Describe the only (or first) unbegrided trade or business here in DES STATEMENT 1 If only one, complete Parts III-V. I Unung the tax year, was the corporation a subeidiary in an affinished group or a parent-subsidiary controlled group? Yes No III-Vs.; enter the name and identifying number of the parent corporation. P I The bloods are in care of P LINDA MILLIER I Turble T		C Book	value of all assets				<u> </u>						
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If Yes,* enter the name and identifying number of the parent corporation. I the books are in case of ■ LINDA MILLER Telephone number ■ 602-216-6322						affiliated group or a pare	nt-subsi	diary contro	lled oroug?	11 0	Y	es X No	
J The books are in care of ▶ LTNDA MILLER Part I Unrelated Trade or Business Income 1a Gross receipts or sales b Less returns and allowances 2 Cost of goods sald (Schedule A, Iner 7) 3 Gross profit. Subtract line 2 from line 1c 4a Capital gain net income (attach Schedule D) 4b Ret gain (loss) (Form 4787, Part II, line 17) (attach Form 4797) c Capital loss deduction for trusts 5 Income (loss) (Form 4787, Part II, line 17) (attach Form 4797) c Capital loss (Schedule C) 7 Unrelated debt-Insanced income (Schedule E) 8 Interest, annuties, royaltes, and rents from a controlled organization (schedule G) 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 10 Exploited exempt activity income (Schedule I) 11 Adventing income (Schedule I) 12 Other income (See instructions, attach schedule) 13 Total. Combine lines 3 through 12 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, etgelocitors, must be directly connected with the unrelated business income) 14 Compensation of officers, directors, and guestes (Schedule K) 15 Salaries and wages 16 Repairs and maintenance 17 Bad debts 18 Interest (attach schedule) (Sub-instructions) 19 Taxes and digereds 20 Charitaglic conjunitoris (See instructions for limitation rules) 21 Cess depreciation (stame on Schedule A and elsewhere on return 22 Depletion 23 Depletion 24 Contributions to deferred compensation plans 25 Employee benefit programs 26 Excess exempt expenses (Schedule I) 27 Excess exempt expenses (Schedule I) 28 Office deductions, Add instructions before net operating loss deduction. Subtract line 29 from line 13 30 O- 31 Deduction for net operating loss arrang in tax years beginning on or after January 1, 2018 (see instructions) 32 Urrelated business taxable income before net operating loss deduction. Subtract line 30 Tomation or after January 1, 2018 (see instructions) 32 Urrelated business taxable income before net operating loss deduction. Subtract line 30 Tomatic III and I							3003	oldi y conti o	iida groop			115	
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53	Tax	due. If line 51 is less than the total of lir	ncs 48, 49, and 52, enter amount owed		ح ہے	53	↓			
54	Over	payment. If line 51 is larger than the to	tal of lines 48, 49, and 52, enter amount (overpaid	5 <u>\$</u> .▶	54	\bot		<u>11.</u>	
55	Ente	r the amount of line 54 you want. Credit	ted to 2019 estimated tax	Ro	efundea 55 🕨	55	\perp	5	<u>11.</u>	
Part	VI 📗	Statements Regarding Cer	tain Activities and Other Inf	ormation (see instru	ictions)					
56	At ar	ny time during the 2018 calegoar year, d	lid the organization have an interest in or	a signature or other author	ity			Yes	No	
	over	a financial account (bank, securities, or	other) in a foreign country? If "Yes," the	organization may have to fil	le					
	FinC	EN Form 114, Repoil of Foreign Bank ar	nd Financial Accounts. If "Yes," enter the r	name of the foreign country						
	here	▶ ~ //))						_	X	
57	Durst	ng the tax year, did the organization rece	eive a distribution from, or was it the gran	ntor of, or transferor to, a fo	reign trust?				X	
	•	s, "see instructions for other forms the	_							
58			erved or accrued during the tax year >\$							
	Ū	nder partities of partity, I declare that have ex	ramined this return, including accompanying sche they than (Explayer) is based on all information of	edules and statements, and to the	e best of my knowl	edge and	belief, it is	true,		
Sign	C	orrect/and complete/Declaration of preparer (of	the (than the bayer) is based on all information of	which preparer has any knowledg						
Here			U SINA I DOK PR	RESIDENT/CEO		-	ns discuss irer shown b	this return v selow (see	with	
		Signature of officer	Date Title				ns)? X	·	No	
***		Print/Type preparer's name	Preparer's signature	Date	Check	ıf Pi	TIN			
Paid					self- employed	,				
Prep	arar	BRENDA BLUNT	BRENDA BLUNT	03/02/20		1	P00075126			
Use		C . NETDE DATE	Firm's EIN	irm's EIN ► 45-025095			8			
USE (Oilly		CENTRAL AVE., STE.	400						
		Firm's address PHOENIX	Phone no. 602-264-5844							
823711 0										
							_		•	

Total

Form 990-T (2018)

34

35

37

Part V

lines 33 and 34

Part IV Tax Computation

41 Proxy tax. See instructions 42 Alternative minimum tax (trusts only)

VALLEYLIFE

Amounts paid for disallowed fringes

enter the smaller of zero or line 36

Tax rate schedule or

Tax and Payments

c General business credit. Attach Form 3800

e Total credits. Add lines 45a through 45d

48 Total tax. Add lines 46 and 47 (see instructions)

50 a Payments: A 2017 overpayment credited to 2018

Other credits, adjustments, and payments:

51 Total payments. Add lines 50a through 50g

b Other credits (see instructions)

46 Subtract line 45e from line 44

b 2018 estimated tax payments

c Tax deposited with Form 8868

Form 4136

e Backup withholding (see instructions)

43 Tax on Noncompliant Facility Income. See instructions

Total Unrelated Business Taxable Income

Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)

Schedule D (Form 1041)

Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)

Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies

d Credit for prior year minimum tax (attach Form 8801 or 8827)

45a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)

Other taxes. Check if from: Form 4255 Form 8611 Form 8697

Estimated tax penalty (see instructions). Check if Form 2220 is attached

Form 2439

4) Othei

49 2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column

d Foreign organizations. Tax paid or withheld at source (see instructions)

f Credit for small employer health insurance premiums (attach Form 3941)

Schedule A - Cost of Goods S	old. Enter meth	od of invent	ory valuation N/A			
1 Inventory at beginning of year	1		6 Inventory at end of year	ar	6	
2 Purchases	2		7 Cost of goods sold. S			
3 Cost of labor	3		from line 5. Enter here		l	
4a Additional section 263A costs			line 2	·	7	
(attach schedule)	4a		8 Do the rules of section	263A (with respect to		Yes No
b Other costs (attach schedule)	4b		property produced or a	acquired for resale) apply to		
5 Total. Add lines 1 through 4b	5		the organization?	. , , , , , ,		
Schedule C - Rent Income (Fr	om Real Prop	erty and	Personal Property L	eased With Real Pr	roperty)	
(see instructions)		_				<u>N</u>
1. Description of property						
(1)					4 //	 -
(2)					211	
(3)			_	((11	
(4)					رار	
				$\mathcal{A} = \mathcal{A} \cup \mathcal{A}$		
(a) From personal property (if the percent rent for personal property is more than 10% but not more than 50%)	age of n	of rent for pe	d personal property (if the percenta rsonal property exceeds 50% or if is based on profit or income)	ge 3(a) seductions di	rectly connec 2(a) and 2(b) (a	ted with the income in attach schedule)
(1)	ĺ			N/S		
(2)			<u> </u>	11 11		
(3)	İ		<u></u>	11/4		
(4)						
Total	0 . Total			0.		
(c) Total income. Add totals of columns 2(a here and on page 1, Part I, line 6, column (A)	>		(b) Total deduction Enter here and on page Part I, line 6, column (E	e 1.	0.
Schedule E - Unrelated Debt-I	Financed Inco	me (see ii	nstructions)			
		<i>C</i>	2. cross ricome from	 Deductions directly to debt-i 	y connected v financed prop	
1. Description of debt-finance	ed property		or ait sable to debt- induced property	(a) Straight line depreciatio (attach schedule)	n	(b) Other deductions (attach schedule)
(1)	1					
(2)		$\sqrt{2}$				
(3)	1/	11 11			Î	
(4)	11	11				
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	Average adjuste of or allocable debt-in anced pr (attach sched	ato operty	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	(8. Allocable deductions column 6 x total of columns 3(a) and 3(b))
(1)	11		%			
(2)	<u> </u>		%			
(3)	·/		%			
(4)			%			
				Enter here and on page 1, Part I, line 7, column (A)		Enter here and on page 1, Part I, line 7, column (B).
					1	
Totals			•		0.	0.
Totals Total dividends raceived deductions includes	ded in column 8		>		0.	0.

				Exempt Controlled Organizations (see instructions)								
1. Name of controlled organization		2. Employer identification number			elated income instructions)		ments made inc		5. Part of column 4 that is included in the controlling rganization's gross income		6. Deductions directly connected with income in column 5	
(1)								ļ-·				
(2)												
(3)												
(4)		<u> </u>		İ			-			i		
Nonexempt Controlled Organia	zations	<u> </u>										
7. Taxable Income	8. Net u	rvelated incom see instructions		9. Total	of specified payr made	nents	10. Part of colu in the controll gross	mn 9 that i ing organiz s income	s included ation's	11. Dec	uctions directly connected income in column 10	
(1)				İ						3//		
(2)				†						111		
(3)	 			ì		- 	···		TÎ Î	<u> </u>		
(4)									\vec{z}	ii		
Totals						•	Enter here and	column (A)	47 1	Enter he	d columns 6 and 11 are and on page 1, Part I, une 8, column (B)	
Schedule G - Investme		ne of a S	Section	501(c)(7), (9), or (17) Org	anization	•				
1. Descr	ription of inco	тө			2. Amount of	incone	3 Defluction directly connection (attach scheduler)	cted	4. Set-		5. Total deductions and set-asides (col 3 plus col 4)	
(1)						- N	1)					
(2)					Ű	11	**					
(3)					11	Ĵ)			-			
(4)					\hat{u}	-						
Totals					Enter higo find Part 1 lind 9, co	0 •					Enter here and on page 1 Part I, line 9, column (B)	
Schedule I - Exploited (see instru	-	Activity	Incom	e; Other	Than Adv	ertisih	g Income				<u> </u>	
Description of exploited activity	unrelated	e from	directly in with pro-	penses connected oduction related is income	4. Net incom from urrelated business (co minus colum gain, comput through	trade or olumn 2 n 3) If a e cols 5	5. Gross inco from activity is is not unrelat business inco	that ted	6. Exp ettributi colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)	<u></u>	1										
(2)	Ţ. ~											
(3)	1	_ *				<u> </u>		1				
(4)	1 TO	5						\dashv				
Totals	Enter her page 1 line 10,	e and on , Part I, col (A)	page '	re and on 1, Part I, , col (B)			•				Enter here and on page 1, Part II, line 26	
Schedule & - Advertisir	ng Incor	ne (see i	nstruction	ns)								
Part I Income From I					solidated	Basis						
1. Name of periodical		2. Gross advertising income		3. Direct ertising costs	4. Advert or (toss) (c col 3) If a gr cols 5 th		5. Circula income		6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1) (2)				. —								
(3)					٦,			$\neg \neg$				
(4)					ヿ							
Totals (carry to Part II, line (5))			0.	0	_						0.	
Totale (our y to r are it, line (o))			1		-1		1	I	-		Form 990-T (2018	

Form 990-T (2018) VALLEYLIFE 86-0135840 Page 5 Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis) 4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 7. Excess readership 2. Gross 6. Readership costs costs (column 6 minus column 5, but not more 3. Direct 5. Circulation advertising income 1. Name of periodical advertising costs than column 4) (1) (2) (3) (4) 0. Totals from Part I ▶ 0. 0. Enter here and on page 1, Part I, line 11, col (B) Enter here and Enter here and on on page 1, Part II, line 27 page 1, Part I, line 11, col (A) Totals, Part II (lines 1-5) 0. Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 3. Percent of time devoted to business impensation attributable to trivelated business 2. Title 1. Name (1) % (2) (3) (4) % 0. Total. Enter here and on page 1, Part II, line 14 Form 990-T (2018)

FORM 990-T

DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED **BUSINESS ACTIVITY**

STATEMENT 1

TAXPAYER HAD NO UBI. FILING FOR REFUND OF ESTIMATED TAX PAYMENTS ONLY.

TO FORM 990-T, PAGE 1

PUBLIC DISCLOSUR CO