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## **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.

OMB No. 1545-0047

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

Open to Public

Department of the Treasury Inspection Internal Revenue Service For the 2017 calendar year, or tax year beginning 2017, and ending . 20 17 01/01 D Employer identification number В C Name of organization Chelan Valley Hope Check if applicable Address change Doing business as 80-0403184 Name change Number and street (or P O. box if mail is not delivered to street address) Room/suite E Telephone number Initial return 509-888-2114 City or town, state or province, country, and ZIP or foreign postal code Final return/terminated Amended return Chelan, WA, 98816 G Gross receipts \$ 222,002 F Name and address of principal officer H(a) Is this a group return for subordinates? Yes No Sharon Lukacs Application pending PO Box 635, Chelan, WA 98816 H(b) Are all subordinates included? Tes No 501(c)(3) ☐ 501(c) ( "No," attach a list (see instructions) Tax-exempt status ) ◀ (insert no ) ☐ 4947(a)(1) or Website: ▶ http://chelanvalleyhope.org/ H(c) Group exemption number ▶ Form of organization 🗸 Corporation 🗌 Trust ☐ Association L Year of formation M State of legal domicile WA Part I Briefly describe the organization's mission or most significant activities: Chelan Valley Hope provides assistance, advocacy and referral services to under-resourced families and individuals throughout the Greater Chelan Valley. Chelan Activities & Governance (Continued on Schedule O, Statement 1) Check this box ► If the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) . . . . . Number of independent voting members of the governing body (Part VI, line 1b) 9 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 4 Total number of volunteers (estimate if necessary) . . . . . . 6 150 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 0 Current Year 8 Contributions and grants (Part VIII, line 1h) 174,670 208,546 9 Program service revenue (Part VIII, line 2g) 0 0 Investment income (Part VIII, column (A), lines 3, 4, and 7d).

Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 10 269 56 11 10,650 13.400 12 Total revenue - add lines 8 through 11 (must equat Part-VIII, column (A) 185,589 222,002 Grants and similar amounts paid (Part IX, column (A) (1) (1) (1) 13 217.859 113,583 14 Benefits paid to or for members (Part IX, column (A), line-4)-0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 37,298 61,526 16a Professional fundraising fees (Part IX, column (A), line 11e) . 0 Total fundraising expenses (Part IX, column (D), line 25) b 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 60,191 36,796 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 211,905 315,348 19 Revenue less expenses. Subtract line 18 from line 12 . -129,759 10,097 **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 380,113 389,769 21 Total liabilities (Part X, line 26) . 1,861 758 22 Net assets or fund balances. Subtract line 21 from line 20 378,252 389,011 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of proparer (other than efficier) is passed on all information of which preparer has any knowledge Sign Date Here Sharon Lukacs, Director Type or print name and title Print/Type preparer's name Date PTIN Paid Check Rosa M Cruz self-employed P00404440 Preparer ► Rosa Maria Cruz CPA PLLC Firm's name Firm's EIN ▶ 27-1655209 Use Only Firm's address ► PO Box 1046, Chelan, WA 98816 Phone no 509-682-8710 May the IRS discuss this return with the preparer shown above? (see instructions) ✓ Yes 
☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2017)

Part	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission
	Chelan Valley Hope provides assistance, advocacy and referral services to under-resourced families and individuals throughout
	the Greater Chelan Valley. Chelan Valley Hope is a hub for compassionate community connections and resources. Our purpose is
	two-fold: helping individuals and families in crisis access basic needs like food, transportation, utilities, rent, clothing, emergency
2	(Continued on Schedule O, Statement 2)  Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	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.
40	(Code ) (Expenses \$ 171,751 including grants of \$ 88,109 ) (Revenue \$ 161,991 )
4a	(Code
	stipends to assist with rent, utilities, gas, car repairs, bus tickets, medical care, clothing, and more. Our organization helps clients
	develop a plan to achieve or restore solvency and we connect clients with resources for continued recovery, growth, and long-term
	success. In 2017, we assisted over 725 individuals and provided over \$53,000 in fire relief. In the past, we have partnered with
	"Feed My Starving Children", "Art with Heart", "Back to School Fairs" and other community projects to raise funds that support
	various efforts and programs. In addition, in 2015, Chelan Valley Hope joined with other agencies in Chelan and Douglas Counties
	to form a Community Housing Network with the purpose of providing coordinated access to housing and shelter for residents
	facing homelessness. In 2016, CVH was approved for an 18-month grant through the City of Wenatchee used: 1) to comply with
	coordinated homeless data entry; 2) to provide case management services to at-risk client families; and 3) to pay for certain
	shelter and rehousing expenses with the ultimate goal of reducing the incidence of homelessness and housing insecurity in our
	local community. During 2017, 56 households received emergency shelter for an average of 3 nights and case management
4b	Services to locate more stable housing.  (Code) (Expenses \$ 29,739 including grants of \$ 25,475 ) (Revenue \$ 34,100 )
710	(Code ) (Expenses \$ 29,739 including grants of \$ 25,475 ) (Revenue \$ 34,100 )  Chelan Valley Hope is committed to managing and safekeeping donor advised funds. We have the shared mission of helping
	people easily access essential resources, and together we can leverage our assets to multiply our reach. Funds include GIVE
	NAKED, a local organization of caring individuals collectively responding to critical needs via micro-donations. Other funds include
	MANGER MALL, bringing a happy Christmas every year to over 300 needy families and over 1,100 kids, and BUTTE LIFE
	RESOURCES, which provides behavioral health counselling for the underinsured and under-resourced. The mission of the TLC for
	Seniors Program is to improve the care and support of vulnerable seniors (age 60+) in Chelan Valley through personal contact by
	a trained volunteer friend. The goal is to help meet the needs of seniors who wish to have an excellent quality of life in their own
	home. This is done by providing assistance with chosen activities and with access to outside services when needed. Each
	volunteer is paired with a senior after an in-home assessment by the TLC Coordinator. Then the volunteer and the senior together
	work out a schedule of visits and agreed upon tasks such as playing cards, doing a puzzle, making needed health appointments or
	arranging for transportation. The program has been in operation for one year and has a capacity of 30 seniors at present.
4c	(Code ) (Expenses \$ 10,415 including grants of \$ 0 ) (Revenue \$ 25,911 )
	Keep Cornerstone Capital Campaign: The purpose of the capital campaign was to purchase the building located at 417 S. Bradley
	Street from the City of Chelan. The Cornerstone building is home to eight local non-profit relief organizations that coordinate
	efforts and leverage resources to maximize assistance to struggling, under-resourced area residents. The organizations are
	Chelan Valley Hope, Butte Life, Give Naked, The Food Bank, Catholic Family Services, Manger Mall, Celebrate Youth Recovery,
	and English Second Language Classes. Many donors and businesses in the community have helped Chelan Valley Hope to
	purchase the Cornerstone Building, giving the compassionate community organizations a permanent home. The first phase of
	Chelan Valley Hope's project, to purchase the Cornerstone building was complete in March 2016.
	······································
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)
4e	Total program service expenses ▶ 211,905

Form 990 (2017)

Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"

| Yes | No |

				J
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	1	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 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	2	✓	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3_		<b>-</b>
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		<b>✓</b>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	<b>✓</b>	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> .	7		<b>✓</b>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III </i>	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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	<b>√</b>	
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		1
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		1
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		1
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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	11e 11f		<b>√</b>
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		<b>√</b>
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		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<b>✓</b>
14 a b	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓_
U	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		1
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		<b>✓</b>
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		<b>√</b>
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		<b>✓</b>
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		<b>✓</b>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		<b>√</b>
			000	4

Part	Checklist of Required Schedules (continued)			
			Yes	No
20 a		20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21		1
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	1	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	<del></del>	<u> </u>	
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a		23		H
270	\$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		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	ļ	<del>                                     </del>
	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		<u> </u>
25a				1
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		✓
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		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			ļ
	current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV .	28a		✓
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		<b>✓</b>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	20		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	_30		<b>✓</b>
٥.	Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	<u> </u>		Ė
	complete Schedule N, Part II	32		✓
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		1
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			
250	or IV, and Part V, line 1	34		<b>√</b>
35a b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a		-
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
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	27		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	37		

c Enter the amount of reserves on hand

Form 99	0 (2017)				Page (
<sup>6</sup> Part	V Statements Regarding Other IRS Filings and Tax Compliance			_	
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u>.</u> .		<u>.                                     </u>
		l . I	THEY?	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 17	T 4000000000		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	[_1b  0		Alfred Althorner	Maggara 7
С	Did the organization comply with backup withholding rules for reportable payments		William 18.	Marin ka	
0-	reportable gaming (gambling) winnings to prize winners?		1c	<b>1</b>	1//////////////////////////////////////
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			a de la composição de l	
	Statements, filed for the calendar year ending with or within the year covered by this return	2a 4	<u>*</u>		
b	If at least one is reported on line 2a, did the organization file all required federal employment		2b	<b>√</b>	SEE SE
20	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see inst	•	<i>Mili</i>		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year		3a		<b>✓</b>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in So		3b		-
4a	At any time during the calendar year, did the organization have an interest in, or a signature of over, a financial account in a foreign country (such as a bank account, securities account, account)?		4a	1	1
b	If "Yes," enter the name of the foreign country. ▶		Marin.	and the second	
	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Fin	nancial Accounts			
	(FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax	year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelte	r transaction?	5b		✓
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 \$100,0				ļ
b	organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such		6a		<b>✓</b>
	gifts were not tax deductible?		6b	200000044144	HIMIMA
7 a	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and and services provided to the payor?	partly for goods	7-		1
<b>.</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7a 7b		<b>-</b>
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property frequired to file Form 8282?		76 7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		7445	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal b		7e		<i>₹</i>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal bene		7f		7
g	If the organization received a contribution of qualified intellectual property, did the organization file Form		7g		1
ň	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file		7h		1
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund m		<b>2</b>		i (Caro
	sponsoring organization have excess business holdings at any time during the year?		8		1
9	Sponsoring organizations maintaining donor advised funds.			A Comment	
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		1
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related personal transfer of the sponsoring organization make a distribution to a donor, donor advisor, or related personal transfer or sponsoring organization make a distribution to a donor, donor advisor, or related personal transfer or sponsoring organization make a distribution to a donor, donor advisor, or related personal transfer or sponsoring organization make a distribution to a donor, donor advisor, or related personal transfer or sponsoring organization make a distribution to a donor, donor advisor, or related personal transfer or sponsoring organization make a distribution to a donor advisor.	son?	9b		1
10	Section 501(c)(7) organizations. Enter:				The state of the s
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	100 m	A STATE OF THE STA	1/4
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .	10b			
11	Section 501(c)(12) organizations. Enter:	1 1		3	1
а	Gross income from members or shareholders	11a	1		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a b	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of "Yes," enter the amount of tax-exempt interest received or accrued during the year	of Form 1041?	12a		Min.
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				7.4
а	is the organization licensed to issue qualified health plans in more than one state? $$ . $$ .		13a		
b	<b>Note.</b> See the instructions for additional information the organization must report on Schedul Enter the amount of reserves the organization is required to maintain by the states in which		5.7./ (111.00)/4/1	i de la composición dela composición de la composición dela composición de la compos	
	the organization is licensed to issue qualified health plans	1426)	ا الما	l '	1 %

14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . . . . . b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a

14b

Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
<u> </u>	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>	<u>· · · · · · · · · · · · · · · · · · · </u>	<u> </u>
Secti	on A. Governing Body and Management	<del></del> 1	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		<b>/</b>
. 3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		✓
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?.  Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	4 5 6		√ √ √
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		<b>~</b>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
· b	The governing body?	8a 8b	<del></del>	
9	Each committee with authority to act on behalf of the governing body?	60	•	_
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	9		✓
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	iue Co	ode.)	
•			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		<u>√</u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	<b>60 9</b>		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	<i>√</i>	ense man
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	<b>✓</b>	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	1	
13	Did the organization have a written whistleblower policy?	13	<b>√</b>	
14 15	Did the organization have a written document retention and destruction policy?	14		
a b	The organization's CEO, Executive Director, or top management official	15a 15b	<b>√</b>	
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	100		
_	with a taxable entity during the year?	16a	Militario (1)	<b>✓</b>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure  List the states with which a copy of this Form 990 is required to be filed ▶ wA			
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	า 501(	c)(3)s	only)
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest p	oolicy	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re Linda Batch, (509)888-2114	cords:	<b>&gt;</b>	

D	7

Form 990 (2017)

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employees."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees, highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. Position (A) (B) (D) (E) (F) (do not check more than one Estimated Name and Title Average Reportable Reportable box, unless person is both an hours per compensation compensation from amount of officer and a director/trustee) veek (list an from related other individual to Institutional Highest compensated employee Key employee hours for the organizations compensation related organization (W-2/1099-MISC) from the (W-2/1099-MISC) organizations organization below dotted and related trustee organizations line) trustee Kyle Plew Interim President 0 0 0 Kyla Allen 1.5 Vice President 0 0 0 0 Maxine Moore 1.5 0 0 0 Secretary 0 Kelly Kronbauer 1.5 0 0 0 0 Treasurer Kathy Fedor 1 Λ **Board Member** 0 0 0 Scott McKellar 1 **Board Member** 0 0 0 0 Cheryl Ann Crego 1 **Board Member** 0 0 0 0 Michael Gibb 1 **Board member** 0 0 0 0 Sharon Lukacs 25 **Executive Director** 30,000 0 0

c Total from continuation sheets to Part VII, Section A	Part	VI Section A. Officers, Directors, Trust	tees, Key E	mploy	yees		nd F C)	lighes	st C	ompensated E	mployees (con	tinued)
week (list any location to the compensation and other compensation from the organizations held to the compensation of the organization and related organizations and related organizations and related organizations are entered to the organization and related organization of the calendar year ending with or within the organization of the calendar year ending within the organization. Report compensation for the calendar year ending within or within the organization. Report compensation for the calendar year ending within or within the organization. Report compensation for the calendar year ending within or within the organization. Report compensation for the calendar year ending with or within the organization. Report compensation for the calendar year ending with or within the organization.			Average	box,	unles	neck ss pe	more erson	is both	n an	Reportable	Reportable	Estimated
1b Sub-total .			week (list any hours for related organizations below dotted	<del>/</del>	T		_	, —	<u> </u>	from the organization	related organizations (W-2/1099-MISC)	other compensation from the organization and related
1b Sub-total .												
1b Sub-total .												
1b Sub-total .												
1b Sub-total .												
1b Sub-total .												
1b Sub-total .												
1b Sub-total .												
1b Sub-total												-
1b Sub-total .		·										
Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c).  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶  Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  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  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  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  Description of services  Compensation  None												
Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c).  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶  Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  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  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  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  Description of services  Compensation  None												
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	С	Total from continuation sheets to Part	VII, Section	n A					<b>▶</b> <b>▶</b>			
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		Total number of individuals (including but	t not limited							ho received me		<del>'</del>
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.  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 Section B. Independent Contractors  1 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)  (B)  (C)  Compensation  None	3								mp		est compensa	ted <b>East of the last</b>
for services rendered to the organization? If "Yes," complete Schedule J for such person  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)  (B)  (C)  Compensation  None	4	organization and related organizations										the uch
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  (B)  Description of services  Compensation  None		for services rendered to the organization?									ation or individ	<del></del>
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  (B)  Compensation  Compensation  None												<del></del> .
Name and business address  Description of services  Compensation	1	compensation from the organization. Rep										
			ress								ervices	
Total number of independent contractors (including but not limited to those listed above) who	None											
2 Total number of independent contractors (including but not limited to those listed above) who					_	_						
	2	Total number of independent contracto	rs (includin	ng bu	t no	ot I	ımıt	ed to	th	ose listed abo	ove) who	

0

Part VIII Statement of F	<b>Revenue</b>
--------------------------	----------------

		Check if Schedule C	contains a res	sponse or note t	o any line in this	s Part VIII	<u></u>	<u>.</u> 🗆
				gphysian	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ants	1a	Federated campaigns		0		7.0	<b>基制</b>	20 CM
s, Grants Amounts	b	Membership dues .		0		1		
	С	Fundraising events .		0		100 制油		
ons, Giff Simılar	d	Related organizations		0			100	
ns, Sim	е	Government grants (con		0				
Contributions, Gifts, and Other Similar Ar	f	All other contributions, gi			W. N. Land & Photos	44	and the same of	Maria de la compansión de
tributio Other		and similar amounts not inc		208,546				
Contract	g	Noncash contributions includ		6,000				
	h	Total. Add lines 1a-1	<u>f</u>		208,546		The state of the s	Emil Silabel // Silabe
Program Service Revenue				Business Code		<b>第二人</b>		77/04/04/95
eve	2a					<del>-</del>		
e B	b					· -		
Ŋ	C							
Se	d			_				
ran	e	All about the same and the same		<del></del>				
rog	ī	All other program sen		L		2256-759 // Janes	 	
	<u>g</u> 3	Total. Add lines 2a-2 Investment income			. 0	Madala Cara San San San San San San San San San Sa	######################################	
		and other similar amo			56			
	4	Income from investment	•		. 0	56	0	0
	5	D 11	· · · · · ·	. D	. 0	0	0	, 0
		110 yantoo	(i) Real	(ii) Personal			9794200 <u>0</u>	
	6a	Gross rents	13,400	<del> </del>		4 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		A Part of the Control
	b	Less rental expenses	` 13,400		Control of Control		Belgeding 1	
i	С	Rental income or (loss)	`13,400					
	d	Net rental income or (			13,400	13,400	0	. 0
	7a	Gross amount from sales of	(i) Secunties	(II) Other			i digita di	12663 PHS
		assets other than inventory						
	b	Less. cost or other basis		٠.			7996	
		and sales expenses .	•	,				
	С	Gain or (loss)	. 0	0				50 mm
	d	Net gain or (loss) .		•			^	
Other Revenue	8a	Gross income from fu events (not including \$ of contributions reporte See Part IV, line 18 · .	o ed on line 1c).					
	b	Less. direct expenses	<b>b</b>					
	С	Net income or (loss) fr	om fundraising	events . >		s della companya de la companya della companya de la companya della companya dell		
,		Gross income from ga See Part IV, line 19 .	a	<del></del>				Mary and the second
		Less direct expenses				The state of the s		
		Net income or (loss) fr		ıvities ▶	2 / / MARY 255" 2 2555	144577 754465 31705	7/10° - 859/ - * Minut	'. Min '' 15 580' 54045 NOSA
		Gross sales of investment of i	es a	ļ				
	þ	Less: cost of goods so			u Mira Fair A.		<u> 2 Glitares e Albin e Sillittia.</u>	
ŀ	С	Net income or (loss) fr		Business Code	William Comment to	: Association Mass	Masser 3/Miles - Milles	Ellipse 1. April 19. * State Sec. 2. All State
}	11a	WISCEIIAIIEOUS M		ausiness Code		1 <i>4/1982-4-14</i>	1.778 <b>5</b> (7.776)	
	i ia b			-		•		<del></del>
]	C							
	d	All other revenue .	•••••					
	e	Total. Add lines 11a-	11d		0	2 - 17 Taging of State Const. State Const.	Control of the second	The second
ſ	12	Total revenue. See in			222,002	13,456	<i>1.5.58008465.547 41100000 4.7100000</i> O :	· / //////////////////////////////////
					222,002	13,430	<u> </u>	Form <b>990</b> (2017)

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 Do not include amounts reported on lines 6b. 7b. (A) Total expenses (D) Fundraising (C) Management and Program service 8b. 9b. and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic ındividuals. See Part IV, line 22 . . . . . 113,583 113,583 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . 4 Benefits paid to or for members . . 5 Compensation of current officers, directors, Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . Other salaries and wages 7 54,916 54,916 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits . . . . . . 1,321 1,321 10 Payroll taxes . . . . . . . . . . . . . . . . . . 5,289 5,289 11 Fees for services (non-employees): Management . . . . . . . b Legal . . . . . . . . . Accounting . . . . . . . . . . . . C 2.434 2.434 d Lobbying . . . . . . . Professional fundraising services. See Part IV. line 17 e Investment management fees . . . . . f Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . 12 Advertising and promotion . . . . . . 292 292 13 Office expenses . . . . . . . . . . - --4,183 4.183 14 Information technology . . . . 15 Royalties . . . . . . 16 Occupancy . . . . . 17,586 17,586 17 2.940 2.940 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings . 19 20 21 Payments to affiliates . . . . 22 Depreciation, depletion, and amortization . 23 3,677 3,677 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) Bank Charges а 184 184 0 Dues & Licenses b 854 854 0 0 C Fundraising 3,238 3.238 0 0 d Training 1,408 1.408 0 0 All other expenses е Total functional expenses. Add lines 1 through 24e 25 211,905 211,905 0 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720) . . . . .

#### Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X		. 0
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	171,411	1	178,868
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment. cost or other basis. Complete Part VI of Schedule D 10a 210,901			100 M
	b	Less: accumulated depreciation 10b 0	208.702	10c	210,901
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11	,	12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets	1	14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	380,113	16	389,769
	17	Accounts payable and accrued expenses	1,861	17	758
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			Table 1800 1800 1800 1800 1800 1800 1800 180
Lia	23	Secured mortgages and notes payable to unrelated third parties	-	22	<u> </u>
_	24	Unsecured notes and loans payable to unrelated third parties		23	
	25	Other liabilities (including federal income tax, payables to related third		24	
	25	parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	1,861	26	758
ses		Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and complete lines 27 through 29, and lines 33 and 34.		rylleggy Hilleggy	
ĕ	27	Unrestricted net assets	282,698	27	324,097
ag	28	Temporarily restricted net assets	95,554	28	64,914
ᅙ	29	Permanently restricted net assets	0	29	0
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.	And the state of t		
ts	30	Capital stock or trust principal, or current funds		30	- Commence of the control of the con
se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	<u></u>
۲	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Ş	33	Total net assets or fund balances	378,252	33	389,011
	34	Total liabilities and net assets/fund balances	380,113	34	389,769

Part	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	•		. [	)
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1		222,00	2
2	Total expenses (must equal Part IX, column (A), line 25)	. 2		211,90	5
3	Revenue less expenses. Subtract line 2 from line 1			10,09	7
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))			378,25	2
5	Net unrealized gains (losses) on investments	. 5	*1		0
6	Donated services and use of facilities				0
7	Investment expenses	. 7			0
	Prior period adjustments			662	2
9	Other changes in net assets or fund balances (explain in Schedule O)				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, I				
	33, column (B))	. 10		389,01	1
Part	t XII Financial Statements and Reporting			_	_
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	· · · ·	<del></del> -	<u>_</u>
1	Accounting method used to prepare the Form 990	r," explain	ın	Yes No	2
2a	Were the organization's financial statements compiled or reviewed by an independent account	tant?	• 2a		22
	If "Yes," check a box below to indicate whether the financial statements for the year were reviewed on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		in the		2
b	Were the organization's financial statements audited by an independent accountant?		. 2b	1	
	If "Yes," check a box below to indicate whether the financial statements for the year were separate basis, consolidated basis, or both	audited on	a		W. C. C. C. C.
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		1247	z-lejeven popije,	Š
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility of the audit, review, or compilation of its financial statements and selection of an independent	accountant	<sup>?</sup> 2c		
	If the organization changed either its oversight process or selection process during the tax yes Schedule O.	ear, explain	ın ·		
3а	As a result of a federal award, was the organization required to undergo an audit or audits a the Single Audit Act and OMB Circular A-133?	s set forth	in <b>3a</b>	/	-
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not	t undergo th			_
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo s	uch audits.	3b		
	•		For	m <b>990</b> (2017	_ 7\

#### SCHEDULE A (Form 990 or 990-EZ)

### **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

2017

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

Name	or the organization					Employer identificatio	n number
Chel	an Valley Hope					80-04	103184
Pai	Reason for Public Cha	arity Status (All	organizations mus	t comple	ete this p	art.) See instruction	ons.
The	organization is not a private found						
1	A church, convention of chur						
2	A school described in section						1 1/1
3	☐ A hospital or a cooperative hi		· ·			• •	
4	A medical research organizat						Gii) Entoutho
4	hospital's name, city, and sta		onjunction with a nos	pital dest	inbea in s	section 170(b)(1)(A)	(iii). Enter the
5	An organization operated for						L-1
3	section 170(b)(1)(A)(iv). (Con		college or university	owned o	or operate	ed by a governmen	tal unit described in
_	_						
6	A federal, state, or local gove						
7	An organization that normally			port fron	n a gover	inmental unit or from	n the general public
_	described in section 170(b)(1						
8	A community trust described						
9	An agricultural research orgai	nization describe	d in section 170(b)(1)	(A)(ix) op	erated in	conjunction with a	and-grant college
	or university or a non-land-gr	ant college of agi	riculture (see instruction	ons). Ente	er the nar	ne, city, and state o	f the college or
	university:						
10	An organization that normally	receives: (1) mor	e than 331/3% of its s	upport fro	om contri	butions, membershi	p fees, and gross
	receipts from activities related support from gross investment	nt income and un	related business taxa	ertain exi ble incon	ceptions, ne fless s	and (2) no more that ection 511 tax) from	husinesses
	acquired by the organization	after June 30, 19	75. See <b>section 509</b> (a	a)(2). (Co	mplete Pa	art III.)	D0311103303
11	☐ An organization organized an	d operated exclu-	sively to test for publi	c safety.	See sect	ion 509(a)(4).	
	☐ An organization organized and						rry out the purposes
	of one or more publicly supp						
	Check the box in lines 12a thr						
а				_	_		•
	the supported organizatio						
	supporting organization.	ou must comple	ete Part IV. Sections	A and B			
b						supported organizati	on(e) by baying
_	control or management of						
	organization(s). You must				<b>, po. co</b> c	tinat control of final	ago ino supportou
С					onnection	n with, and function:	ally integrated with
•	its supported organization						any intograted with,
d	_		· ·				orted organization(s)
_	that is not functionally inte						
	requirement (see instruction						an attentiveness
е		•	•		•		. II. T III
·	Check this box if the orga functionally integrated, or	Type III non-func	a written determination	on irom ii oportina	ne ino in organizat	at it is a Type i, Type	е п, туре ш
f	Enter the number of supported		monany intograted 30	pporting	organizat	1011.	
g g	Provide the following information		orted organization(s)				
	(i) Name of supported organization	(ii) EIN		, —			( ) A
	(i) Name of supported organization	(11) =114	(III) Type of organization (described on lines 1–10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
			above (see instructions))	docu	ment?	instructions)	instructions)
				Yes	No		
				165	140		
(A)							
				<del> </del>	-		
(B)							
(C)							<u> </u>
(C)	<u> </u>						
(D)							
/r-\							
(E)							

Part	(Complete only if you checked the	ne box on line	e 5, 7, or 8 of	Part I or if th	e organizatio	n failed to qua	• / •
Sacti	Part III. If the organization fails to on A. Public Support	quality unde	er the tests is	sted below, p	lease comple	ele Parl III.)	/
	dar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(4) 2016	(e) 201,7	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(a) 2013	(b) 2014	( <b>c)</b> 2013	(d) 2016	(e) 201/	(i) Total
2	Tax revenues levied for the organization'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	<b>Total.</b> Add lines 1 through 3	annan cean a primananinine e e e e	Magazino . n./ Statablemetro	. 12 S. W.	MS 1.2. MINIMINING	Searann Shermannan ar an	<del></del>
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)	A TOTAL PROPERTY SERVICE SERVI					
6 Sooti	Public support. Subtract line 5 from line 4 on B. Total Support	W.E. San Miller Str.	Million 2 September 2	AMERICAN STREET	B. Shire State of the Shire	Miss Till Million 18 20	
	dar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> ,2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
7	Amounts from line 4	(a) 2013	(0)/2014	(6) 2013	(u) 2010	(e) 2017	(i) rotal
8	Gross income from interest, dividends,						
Ū	payments received on securities loans, rents, royalties, and income from similar sources			-		,	
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets/(Explain in Part VI.)			,			
11	Total support. Add lines 7 through 10			O STATE THE STATE OF THE STATE			
`12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the						
	organization, check this box and stop he						▶ □
	on C. Computation of Public Suppor			4 1 200			
14	Public support percentage for 2017 (line 6					14	<u>%</u>
15 16a	Public support percentage from 2016 Sch 33 <sup>1</sup> / <sub>3</sub> % support test—2017. If the organi box and stop here. The organization qua	zation did not	check the box	k on line 13, ai	nd line 14 is 30		
b	331/3% support test – 2016. If the organithis box and stop here. The organization	zation did not	check a box o	n line 13 or 16	ia, and line 15	ıs 331/3% or m	ore, check
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the " organization	ets the "facts	-and-circumsta	ances" test, cl	neck this box a	and <b>stop here.</b>	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization in Part VI how the organization in supported organization	ition meets th	e "facts-and-d ts-and-circums	circumstances	" test, check	this box and s	top here.
18	Private foundation. If the organization di instructions		box on line 13	, 16a, 16b, 17a			

•		,	•				
	ıle A (Form 990 or 990-EZ) 2017			4			Page 3
Part							
	(Complete only if you checked to						ider Part II.
Secti	If the organization fails to qualify ion A. Public Support	runder the te	sts listed bei	ow, piease co	ompiete Part i	11.)	
	idar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants; contributions, and membership fees	(a) 2013	(b) 2014	(6) 2013	(0) 2010	(e) 2017	(i) Total
	received. (Do not include any "unusual grants.")	106,988	182,177	571,276	-185,320	208,546	1,254,307
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		,,,,,,		100,320		1,204,307
3	Gross receipts from activities that are not an unrelated trade or business under section 513			•		k.	
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			•	,	• •	
, ,	The value of services or facilities furnished by a governmental unit to the organization without charge		,				
6	Total. Add lines 1 through 5	106,988	182,177	571,276	185,320	208,546	1,254,307
7a	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	•		-			
С	Add lines 7a and 7b	•					· ·
8	Public support. (Subtract line 7c from line 6.)					1964	1,254,307
	on B. Total Support	,	-		T		
	dar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	· <b>(d)</b> 2016	<b>(e)</b> 2017	(f) Total
9	Amounts from line 6	106,988	182,177	571,276	185,320	. 208,546	1,254,307
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.			23	269	56	348
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		•				
Ć	Add lines 10a and 10b	,0	0	. 23	269	56	348
11	Net income from unrelated business activities not included in line 10b, whether		•			,	
12	or not the business is regularly carried on	<del> </del>					
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		_				-
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	106,988	182,177	571,299	185,589	208,602	1,254,655
14	First five years. If the Form 990 is for the						n 501(c)(3)
	organization, check this box and stop he						<b>&gt;</b> 🗆
	on C. Computation of Public Suppor						
15	Public support percentage for 2017 (line 8	3, column (f) div	rided by line 1	3, column (f))		15	99.97 %
16 Section	Public support percentage from 2016 Schoon D. Computation of Investment In	nedule A, Part II	II, line 15 .			16	99.97 %
17	Investment income percentage for 2017 (			/ line 12 colum	on (f))	17	
18	Investment income percentage for 2017 (					17	0.03 %

33½% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33½%, and line 17 is not more than 33½%, check this box and stop here. The organization qualifies as a publicly supported organization 

33½% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33½%, and line 18 is not more than 33½%, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7' If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

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Part	Supporting Organizations (continued)			
		2imtz: 1	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	777	37/3
b	A family member of a person described in (a) above?	11b		<del> </del>
	A 35% controlled entity of a person described in (a) above? If "Yes" to a, b, or c, provide detail in <b>Part VI.</b>	11c		<del></del>
	on B. Type I Supporting Organizations	1		
	,	T	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	gywnggors Ca., do,	espigaciona Ministra	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	Wasan al	andlina.	
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or	# 32/4		
	controlled the organization's activities. If the organization had more than one supported organization,	in Ally 1		ggg ard
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	WW		
	organizations and what conditions of restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	Min 42 1	rollygr-g	1 1 1 1 1 1
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	\$ 11% · · · ·	1	
	<b>VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	%	z-04/11/2	
<u> </u>		. 2		<u> </u>
<u>secu</u>	on C. Type II Supporting Organizations	· 1	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	2 - 100 11 12	1 es	1 <b>10</b>
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control	Section to 6	ffiller in	get and a
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1	- KW - W	6711167 (2018)
Secti	on D. All Type III Supporting Organizations			
		. [	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	W 1999		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		1880 C	######
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	vandelatione a	FA-1418 41448
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)	2		<i>Allandilla</i>
3	By reason of the relationship described in (2), did the organization's supported organizations have a	Wasing B	ullarista	a tinenaliin
3	significant voice in the organization's investment policies and in directing the use of the organization's	Sarah da		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3	M. 2. 33	2. 2866 C. Selve
Secti	on E. Type III Functionally Integrated Supporting Organizations	<del></del>		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstruc	tions	 s).
a	☐ The organization satisfied the Activities Test. Complete line 2 below.			·,·
a b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
c	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (	see ıns	tructi	ions).
		_		
2	Activities Test. Answer (a) and (b) below.	$\overline{}$	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	r. " "L	6 <i>660</i> 7; 7 <b>8</b> 5 1990)1 ++- <b>Ú</b> I	· Jago Aligo 1, segge 4 ling
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes,	L ''' T	11/4 MG	1 2 Hat . 2 Mar.
	how the organization was responsive to those supported organizations, and how the organization determined	11/15	with the	م المراجعة المراجعة
	that these activities constituted substantially all of its activities.	2a	ciónes, com	<u> </u>
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	1		· 14/19/19
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	1 1 31	* *	
	reasons for the organization's position that its supported organization(s) would have engaged in these	3 1491 139	ues rès	- gay seige
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	* \$ 4	11/2 11/4	85× -3467
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	/ 徐·黄	17.69 ×7	tore de
	trustees of each of the supported organizations? Provide details in Part VI.	3a	]	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	6.05 M	· Kin with	# 1988
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3)	gan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.			
Section A - Adjusted Net Income	-	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)	10 m	Bose Sill 1885 Sill Belleville Sill Belleville Sill Belleville Sill Belleville Sill Belleville Sill Belleville	
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8	~~~	
Section C - Distributable Amount	•	September 1985	Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	News to the same of the same o	
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	the state of the s	
4 Enter greater of line 2 or line 3.	4	ar s	
5 Income tax imposed in prior year	5	Million it is a straight of the straight of th	
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	v int	tegrated Type III supporting	n organization (see

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organ	izations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted	,
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets	<del></del>		
5	Qualified set-aside amounts (prior IRS approval required)		_ <del></del>	
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	h the organization is res	sponsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6	FOR COMMISSION TO THE PARTY OF	Zeroki <sup>n</sup> a pokaza za projekt	
2	Underdistributions, if any, for years prior to 2017	11384013641442.48	Santanary Interpretation of a manner	
_	(reasonable cause required - explain in Part VI). See			
	instructions.			And the second state of th
3	Excess distributions carryover, if any, to 2017			A THE RESIDENCE OF THE PARTY OF
а		in denistra		
b	From 2013			
С	From 2014	(4-, 15-4 - 15-4)	46 7564967	HOUSE CONTRACT
d	From 2015			
е	From 2016	AND THE PERSON NAMED IN	**************************************	
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years	PARTIE DE LA PROPERTIE DE LA P		
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)	Control of the second of the s		
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	-		The same of the sa
4	Distributions for 2017 from			
	Section D, line 7.			STATE OF THE STATE
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount	Newson and the state of the sta	Ne residence	
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if		•	PER STATE OF STREET
	any. Subtract lines 3g and 4a from line 2. For result			
<u> </u>	greater than zero, explain in Part VI. See instructions.	The second section of		SECRETARIA SECURIO
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.	Marin Ta State (marin) State of market Rolling & State	in historia in the state of the	minimummumminimen minimus samen cerri
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2013	erallika ilkun sik	Carlotte in the second	
b	Excess from 2014			
C	Excess from 2015	Secondary Marine Marine	22.28 <b>4</b> 0 - 12.88411.1845.55555	
<u>d</u>	Excess from 2016			
е	Excess from 2017	100 100 100 100 100 100 100 100 100 100		

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
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#### SCHEDULE D (Form 990)

**Supplemental Financial Statements** 

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

► Attach to Form 990. • ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number Chelan Valley Hope 80-0403184

	n valley Hope		80-0403184
Pai			ls or Accounts.
	Complete if the organization answered "		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	3	0
2	Aggregate value of contributions to (during year)	34,100	0
3	Aggregate value of grants from (during year) .	25,475	0
4	Aggregate value at end of year	28,299	0
5	Did the organization inform all donors and donor		<u> </u>
_	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, at		
	only for charitable purposes and not for the benefit		
Day	conferring impermissible private benefit?	<u> </u>	_ · · · · · · · · · · · · · · · · · · ·
Par		Vac" on Form COO Dort IV line 7	
	Complete if the organization answered "		
1	Purpose(s) of conservation easements held by the c		
	☐ Preservation of land for public use (e.g., recreati		
	Preservation of open space	☐ Preservation of	a certified historic structure
2	Complete lines 2a through 2d if the organization he	ld a gualified concentration contribution	un the form of a concentation
_	easement on the last day of the tax year.	id a qualified conservation contribution	Held at the End of the Tax Year
а			
b	Total acreage restricted by conservation easements		
c	Number of conservation easements on a certified h		
ď	Number of conservation easements included in (		
-			. 2d
3	Number of conservation easements modified, trans		
-	tax year ►	romou, romadou, extinguionou, en term	mated by the organization during the
4	Number of states where property subject to conserv	vation easement is located ▶	
5	Does the organization have a written policy reg		ection, handling of
	violations, and enforcement of the conservation eas		
6	Staff and volunteer hours devoted to monitoring, inspecti	ng, handling of violations, and enforcing co	
	<b>•</b>		3 · · <b>3</b> · · · <b>3</b> · · · <b>3</b> · · · · <b>3</b> · · · · · · · · · · · · · · · · · · ·
7	Amount of expenses incurred in monitoring, inspecting	g, handling of violations, and enforcing c	onservation easements during the year
	<b>▶</b> \$		3 - ,
8	Does each conservation easement reported on line 2	2(d) above satisfy the requirements of s	section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		· · · · · · □ Yes □ No
9	In Part XIII, describe how the organization reports of	onservation easements in its revenue a	and expense statement, and
	balance sheet, and include, if applicable, the text of		ncial statements that describes the
	organization's accounting for conservation easemer		
Part			Other Similar Assets.
	Complete if the organization answered "		
1a	If the organization elected, as permitted under SFA	$\sim$ 116 (ASC 958), not to report in its r	evenue statement and balance sheet
	works of art, historical treasures, or other similar	assets held for public exhibition, edu	cation, or research in furtherance of
	public service, provide, in Part XIII, the text of the fo		
b	If the organization elected, as permitted under SF	AS 116 (ASC 958), to report in its re	evenue statement and balance sheet
	works of art, historical treasures, or other similar		cation, or research in furtherance of
	public service, provide the following amounts relating		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>▶</b> \$
_	(II) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art,	historical treasures, or other similar a	assets for financial gain, provide the
	following amounts required to be reported under SF	· · · · · · · · · · · · · · · · · · ·	
а	Revenue included on Form 990, Part VIII, line 1 .		<b>▶</b> \$
b	Assets included in Form 990, Part X		•

" Par	Organizations Maintaining Co	llections of Art, H	istorical Treasur	es, or Other Simi	lar Assets (continued)
3	Using the organization's acquisition, acc collection items (check all that apply)	ession, and other rec	ords, check any of	the following that a	are a significant use of its
а	☐ Public exhibition	đ	☐ Loan or excha	ange programs	
b	☐ Scholarly research	е			
С	☐ Preservation for future generations				
4	Provide a description of the organization XIII.	's collections and exp	plain how they furth	er the organization's	s exempt purpose in Part
5	During the year, did the organization soli assets to be sold to raise funds rather that				
Par	IV Escrow and Custodial Arrang				· ·   res   140
	Complete if the organization an 990, Part X, line 21.	swered "Yes" on Fo		·	
1a	Is the organization an agent, trustee, cu	stodian or other inter	rmediary for contrib	outions or other ass	ets not
	included on Form 990, Part X?				· · 🗌 Yes 🗌 No
ь	If "Yes," explain the arrangement in Part >	III and complete the	following table		
					Amount
C	Beginning balance				
d	Additions during the year				
e	Distributions during the year				
f	Ending balance				abiliti O D Van D Na
2a h	Did the organization include an amount of if "Yes," explain the arrangement in Part >				
	Endowment Funds.	MII. Check here if the	explanation has be	en provided on Part	<u> </u>
	Complete if the organization and	swered "Yes" on Fo	orm 990 Part IV I	ine 10	
				rears back (d) Three year	ars back (e) Four years back
1a	Beginning of year balance		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
b	Contributions				
С	Net investment earnings, gains, and losses		-		
ď	Grants or scholarships	-			
е	Other expenditures for facilities and				
	programs	, l			
f	Administrative expenses				
g	End of year balance				
2	Provide the estimated percentage of the co	current year end balar	ice (line 1g, column	(a)) held as:	
а	Board designated or quasi-endowment	%			
b		%			
С	Temporarily restricted endowment ▶	%			
	The percentages on lines 2a, 2b, and 2c s	hould equal 100%.			
3a	Are there endowment funds not in the po	ssession of the orgar	nization that are he	ld and administered	for the
	organization by:				Yes No
	(i) unrelated organizations				3a(i)
_	(ii) related organizations				3a(ii)
_	If "Yes" on line 3a(ii), are the related organ			3?	<u>[</u> 3b
4	Describe in Part XIII the intended uses of t		dowment funds.		
Part			000 D-+ IV I	11- O F	000 D-+
	Complete if the organization ans				
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other bas (other)	(c) Accumulated depreciation	(d) Book value
1a	Land		70,00	0	70,000
b	Buildings		130,45	3	0 130,453
C	Leasehold improvements		+	0	0 0
d	Equipment	<u> </u>	10,44	<del></del>	0 10,448
e Total	Other		· 1	0	0 0
. 0121	ALLE WIGE IS INTOLING TO IL OLUMA IN MUSE	COLOR FORM COLL CAM	Y AAUIMAN (U) haa	7/16 1	~

Part VII	Investments - Other Securities.		
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 11b. See F	orm 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial	derivatives		
(2) Closely-h	neld equity interests		
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)	1) 1 m 15 m 200 D 1V m 1/2 / 10 / N		
	b) must equal Form 990, Part X, col (B) line 12)	<u> </u>	
Part VIII	Investments—Program Related.  Complete if the organization answered "Yes" on Form 990, Part	IV line 11a Cas E	orm 000 Bort V line 12
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)			
_(3)			
_(4)			
<u>(5)</u>			
(6)			
<u>(7)</u>			
(8)			
(9)	b) must equal Form 990, Part X, col. (B) line 13 ) ▶		
Part IX	Other Assets.		
raitix	Complete if the organization answered "Yes" on Form 990, Part	IV line 11d See Fi	orm 990 Part X line 15
	(a) Description	17,	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	mn (b) must equal Form 990, Part X, col. (B) line 15.)	<u> </u>	<u> </u>
Part X	Other Liabilities.		
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 11e or 11f.	See Form 990, Part X,
	line 25.		
1.	(a) Description of liability		(b) Book value
(1) Federal in	come taxes		
(2)			
(3)			
(4)			
(5)	<del></del>		
(6)		<del></del>	
(8)			<del></del>
(9)			<del></del>
	o) must equal Form 990, Part X, col (B) line 25 ) ▶	<del></del>	<del></del>
	uncertain tax positions. In Part XIII, provide the text of the footnote to the organ	nization's financial stat	ements that reports the
	s liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the te		

້ Part	XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue per R	eturn.
	Complete if the organization answered "Yes" on Form 990, F	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	1992 - 1992 - 1992 - 1992 - 1992 - 1992 - 1992 - 1992 - 1992 - 1992 - 1992 - 1992 - 1992 - 1992 - 1992 - 1992	<b>Market</b>
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	1078699 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
С	Recoveries of prior year grants	2c -	4
d	Other (Describe in Part XIII.)	2d	Satisface Foliate
е	Add lines 2a through 2d		2e .
3	Subtract line 2e from line 1		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.)		in the
С	Add lines 4a and 4b		4c
_ 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5
Part			Return.
	Complete if the organization answered "Yes" on Form 990, F	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:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
C	Other losses		
d	Other (Describe in Part XIII.)		
_	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3 .
4	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b		•
a b	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4a · · · · · · · · · · · · · · · · · · ·	
_	·		46
С	Add lines <b>4a</b> and <b>4b</b>		4c
c 5	Add lines <b>4a</b> and <b>4b</b>		4c 5
c 5 Part	Add lines <b>4a</b> and <b>4b</b>		5
c 5 Part Provid	Add lines 4a and 4b	e 18.)  14; Part IV, lines 1b and 2b; I	5 Part V, line 4, Part X, line
<b>c</b> 5 Part Provid 2; Part	Add lines 4a and 4b	e 18.)  44; Part IV, lines 1b and 2b; It co provide any additional info	Part V, line 4, Part X, line rmation.
c 5 Part Provid 2; Part	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	e 18.)  I 4; Part IV, lines 1b and 2b; I to provide any additional info	Part V, line 4, Part X, line rmation.
c 5 Part Provid 2; Part	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line  XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and  XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part t	e 18.)  I 4; Part IV, lines 1b and 2b; I to provide any additional info	Part V, line 4, Part X, line rmation.
c 5 Part Provid 2; Part	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	e 18.)  1 4; Part IV, lines 1b and 2b; It oprovide any additional info	Part V, line 4, Part X, line rmation.
c 5 Part Provid 2; Part	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line  XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and  XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part t	e 18.)  1 4; Part IV, lines 1b and 2b; It oprovide any additional info	Part V, line 4, Part X, line rmation.
c 5 Part Provid 2; Part	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	e 18.)  1 4; Part IV, lines 1b and 2b; It oprovide any additional info	Part V, line 4, Part X, line rmation.
c 5 Part Provid 2; Part	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	e 18.)  1 4; Part IV, lines 1b and 2b; It oprovide any additional info	Part V, line 4, Part X, line rmation.
c 5 Part Provid 2; Part	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	e 18.)  1 4; Part IV, lines 1b and 2b; It oprovide any additional info	Part V, line 4, Part X, line rmation.
c 5 Part Provid 2; Part	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	e 18.)  1 4; Part IV, lines 1b and 2b; It oprovide any additional info	Part V, line 4, Part X, line rmation.
c 5 Part Provid 2; Part	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	e 18.)  1 4; Part IV, lines 1b and 2b; It oprovide any additional info	Part V, line 4, Part X, line rmation.
c 5 Part Provid 2; Part	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	e 18.)  1 4; Part IV, lines 1b and 2b; It oprovide any additional info	Part V, line 4, Part X, line rmation.
c 5 Part Provid 2; Part	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	e 18.)  1 4; Part IV, lines 1b and 2b; It oprovide any additional info	Part V, line 4, Part X, line rmation.
c 5 Part Provid 2; Part	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	e 18.)  1 4; Part IV, lines 1b and 2b; It oprovide any additional info	Part V, line 4, Part X, line rmation.
c 5 Part Provid 2; Part	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	e 18.)  1 4; Part IV, lines 1b and 2b; It oprovide any additional info	Part V, line 4, Part X, line rmation.
c 5 Part Provid 2; Part	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	e 18.)  1 4; Part IV, lines 1b and 2b; It oprovide any additional info	Part V, line 4, Part X, line rmation.
c 5 Part Provid 2; Part	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	e 18.)  1 4; Part IV, lines 1b and 2b; It oprovide any additional info	Part V, line 4, Part X, line rmation.
c 5 Part Provid 2; Part	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	e 18.)  1 4; Part IV, lines 1b and 2b; It oprovide any additional info	Part V, line 4, Part X, line rmation.
c 5 Part Provid 2; Part	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	e 18.)  1 4; Part IV, lines 1b and 2b; It oprovide any additional info	Part V, line 4, Part X, line rmation.
c 5 Part Provid 2; Part	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	e 18.)  1 4; Part IV, lines 1b and 2b; It oprovide any additional info	Part V, line 4, Part X, line rmation.
c 5 Part Provid 2; Part	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	e 18.)  1 4; Part IV, lines 1b and 2b; It oprovide any additional info	Part V, line 4, Part X, line rmation.
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c 5 Part Provid 2; Part	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	e 18.)  1 4; Part IV, lines 1b and 2b; It oprovide any additional info	Part V, line 4, Part X, line rmation.

# SCHEDULE (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service		► Go to w	Attach to Form 990. to www.irs.gov/Form990 for the latest information.	rorm 990. O for the latest info	ormation.		Inspection	Inspection
Name of the organization							Employer identification number	ber
Chelan Valley Hope			•				80-0403184	
Part   General Inform	General Information on Grants and Assistance	Assistance						
	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	ostantiate the amou	int of the grants or	assistance, the g	rantees' eligibility for	the grants or ass	stance, and	oN 🗆
2 Describe in Part IV th	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ires for monitoring	the use of grant fur	nds in the United	States.	the organization	no "Yoc"	8
3	990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	t that received m	ore than \$5,000.	Part II can be d	uplicated if additio	nal space is nee	ded.	=   5
1 (a) Name and address of organization or government	nzation (b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	grant ice
(1)								
(2)				l				<b>L</b> .
(3)								
(4)								
(5)								
(9)								1
(2)								
(8)								
(6)								
(10)								
(11)								1
(12)								
2 Enter total number of 3 Enter total number of	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	vernment organiza d in the line 1 table	tions listed in the li	ne 1 table			<b>A A</b>	
For Paperwork Reduction Act Notice, see the Instructions for Form 990	Notice, see the Instruction	ns for Form 990.	i.	Ö	Cat No 50055P		Schedule I (Form 990) (2017)	m 990) (2017)

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule I (Form 990) (2017)

Part III Grants ar

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 See Schedule I, Part IV, Statement 1					
2					
3					
. 4					
5					
9			·	,	
7					
Part IV Supplemental Information. Provide the Information	the information	required in Part I, lin	e 2; Part III, column	on required in Part I, line 2; Part III, column (b); and any other additional information.	onal information.
Scredule I, Part I, Line Z - Chelan Valley Hope oversees the disturbence of everying requests for assistance is an available of the applicant's ability. Assistance is paid directly to the best of the applicant's ability. Assistance is paid directly to third-barty providers on behalf of the individuals. Most assistance benefits are small and are temporary. Basic living needs such as shelter, transportation, and miscellaneous expenses	the dispulsement of the area are standard for assistance benefits	rassistance by reviewi rms that must be comp are small and are tempi	ng requests for assista leted and verified to th orary. Basic living need	nice, and depending on the rebest of the applicant's abilities such as shelter, transport	eeu and availability or tunds. ty. Assistance is paid directly to ation, and miscellaneous expenses
are covered.					
					1700) (000 mas 2) Laborde 3
					(/LOZ) (neg Leotm 990) (2017)

#### SCHEDULE O (Form 990 or 990-EZ)

#### 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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

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

Name of the organization

Challer Valley Hope

Chelan Valley Hope	80-0403184
Form 990, Part VI, Section B, Line 11b - A copy of the Form 990 was given to each director of the orgathe IRS.	nization to review prior to filing with
Form 990, Part VI, Section B, Line 12c - The conflict of interest policy is reviewed and signed annually	by all board members to ensure
continued independence with the organization.	
Form 990, Part VI, Section B, Line 15 - In April 2012 an executive director was hired and the process f executive director included a review of and approval by the finance committee of the board of director	
Form 990, Part VI, Section C, Line 19 - Governing documents and financial statements and policies a	e available upon request. Governing
documents are available through the Washington Secretary of State, Charities division.	
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	•••••••