	aan
Form	330

# EXTENDED TO NOVEMBER 15, 2018

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



Department of the Treasury Internal Revenue Service

Τ.

AF	or th	e 2017 calendar year, or tax year beginning and	l ending		
B c a	heck if pplicab	e: C Name of organization		D Employer identifie	cation number
	Addre chang				
	]Name ]chang	Doing business as		23-7	375919
	Initial return		Room/suite		
	Final	P.O. BOX 11390		406-	388-9399
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	4,758,683.
	Amen	BOZEMAN, MI 59719		H(a) Is this a group re	
	Applied	F Name and address of principal officer: O THE DANGS		for subordinates	? <b>Yes</b> X No
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
		empt status: 🗴 501(c)(3) 🚺 501(c) ( ) ┥ (insert no.) 🗌 4947(a)(1)	or 52 <sup>-</sup>	7 If "No," attach a	list. (see instructions)
		te: > WWW.HEARTOFTHEVALLEYSHELTER.ORG		H(c) Group exemption	
KF	orm o	forganization: 🚺 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Yea	r of formation: 1973 N	State of legal domicile: MT
Pa	rt I	Summary			
ø	1	Briefly describe the organization's mission or most significant activities: $\underline{TO}$	COMPAS	SIONATELY SH	ELTER THE
anc		LOST AND SURRENDERED PETS OF GALLATIN AN	ID MAD	ISON VALLEYS	AND
ern:	2	Check this box 🕨 📖 if the organization discontinued its operations or dispo	osed of mor	re than 25% of its net as	
0 V	3	Number of voting members of the governing body (Part VI, line 1a)		3	12
ن «	4	Number of independent voting members of the governing body (Part VI, line 1b)			12
es	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)			39
iviti	6	Total number of volunteers (estimate if necessary)			710
Activities & Governance		Total unrelated business revenue from Part VIII, column (C), line 12		0.	
	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
				Prior Year	Current Year
P	8	Contributions and grants (Part VIII, line 1h)		1,904,218.	801,244.
ent	9	Program service revenue (Part VIII, line 2g)		405,185. 40,965.	455,380. 604,836.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	nt income (Part VIII, column (A), lines 3, 4, and 7d)		
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		72,164.	100,167.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,422,532.	1,961,627.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		886,096.	907,729.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ă		Total fundraising expenses (Part IX, column (D), line 25)  195, 3			
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		588,394.	649,100.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,474,490.	1,556,829.
	19	Revenue less expenses. Subtract line 18 from line 12		948,042.	404,798.
s or			В	eginning of Current Year	End of Year
set	20	Total assets (Part X, line 16)		8,061,734.	8,531,488.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		64,687.	81,786.
N <sup>N</sup>	22	Net assets or fund balances. Subtract line 21 from line 20		7,997,047.	8,449,702.
	rt II	Signature Block			
		alties of perjury, I declare that I have examined this return, including accompanying schedul			y knowledge and belief, it is
true	corre	nt and complete. Declaration of preparer (other than officer) is based on all information of w	hich prepare	er has any knowledge	

Sign Here	Signature of officer         JIM BANGS, TREASURER         Type or print name and title		Date				
	Print/Type preparer's name	Preparer's signature					
Paid	HEATHER WALSTAD	HEATHER WALSTAD	07/30/18 <sup>if</sup> self-employed P01077744				
Preparer	Firm's name 🕞 ANDERSON ZURMUEH	•	Firm's EIN 🕨 81-0385940				
Use Only	Firm's address 🖌 1007 EAST MAIN S	TREET, SUITE 300					
	BOZEMAN, MT 5971	5	Phone no. $406 - 556 - 6160$				
May the I	May the IRS discuss this return with the preparer shown above? (see instructions)						
732001 11-2	28-17 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.	Form <b>990</b> (2017)				

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

ram service expenses >	cluding grants of \$ 1,237,031.		rm <b>990</b> (2
	cluding grants of \$ 1,237,031.		
		) (Revenue \$	
ram services (Describe in Sched	lule O.)		
) (Expenses \$	including grants of \$	) (Revenue \$	
, \		, (10/01/00 \$	
) (Expenses \$	including grants of \$	) (Revenue \$	
TION AND TRAINING	G; PROMOTING BEST P	RACTICES IN SHELTER OPERA OURCE ON ANIMAL WELFARE I	TION
	COMPANION ANIMALS; RAGING POSITIVE PET	HELPING CONTROL PET OWNERSHIP THROUGH HUMANE	2
EATE A HUMANE COI		NG AND SECURING NEW HOMES	55,990 5 FOR
any, for each program service re	eported.	f grants and allocations to others, the total expension	
escribe these changes on Sched he organization's program servic		e largest program services, as measured by expe	enses.
	make significant changes in how it con	ducts, any program services?	Yes X
990 or 990-EZ?			Yes X
ADISON VALLEYS AN	ND SURROUNDING AREA	S, AND TO ENHANCE THE LIV ADOPTION AND EDUCATION.	
cribe the organization's mission:			
-	-		
ck cri	ment of Program Serv if Schedule O contains a resp be the organization's mission:	be the organization's mission:	ment of Program Service Accomplishments if Schedule O contains a response or note to any line in this Part III

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Form	990	(2017)

 Form 990 (2017)
 HEART OF THE VALLEY, INC.

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i>	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			37
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
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	140		- 23
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	-		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G. Part III	19		x

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HEART OF THE VALLEY, INC.

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			37
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	0.51		x
<b></b>	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	06		x
27	complete Schedule L, Part II	26		- 23
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20	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		x
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	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		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			<u>.</u> _
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	ļ	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
07	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		x
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		- 27
38	Note. All Form 990 filers are required to complete Schedule O	38	х	
		1 00		1

Form **990** (2017)

732004 11-28-17

Form	990 (2017) HEART OF THE VALLEY, INC. 23-7375	919	F	age 5
Pa			-	9
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   16			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
-	(gambling) winnings to prize winners?	1c	х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 39			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
~	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	0.0		
τu	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
h	If "Yes," enter the name of the foreign country:	14		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	00		
ou	any contributions that were not tax deductible as charitable contributions?	6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ua		
D		6b		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	00		
'a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	x	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	10		
C	to file Form 8282?	7c		x
Ь	If "Yes," indicate the number of Forms 8282 filed during the year 7d	70		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	76 7f		X
' g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of qualined intellectual property, did the organization life rorm 0039 as required i	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
U		8		
9	Sponsoring organization have excess business holdings at any time during the year?	<u> </u>		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	55		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
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:			
a	Gross income from members or shareholders 11a			
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	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12.0		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	104		
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
5	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		$\vdash$
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Form **990** (2017)

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Form	990	(2017)
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# HEART OF THE VALLEY, INC.

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

_						Σ
Sec	tion A. Governing Body and Management					
					Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	12	2		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	12	2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with	any other			
	officer, director, trustee, or key employee?			2		
3	Did the organization delegate control over management duties customarily performed by or under th					
-	of officers, directors, or trustees, or key employees to a management company or other person?		•	3		
4	Did the organization make any significant changes to its governing documents since the prior Form			4	х	
- 5	Did the organization make any significant changes to its governing documents since the prior roms. Did the organization become aware during the year of a significant diversion of the organization's as			5		
6				6		
	Did the organization have members or stockholders?			0		ŀ
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	• •		_		.
	more members of the governing body?			7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s					Ι.
	persons other than the governing body?			7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-			
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ached	at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		:
ec	tion B. Policies (This Section B requests information about policies not required by the Internal R				-	
					Yes	1
0a	Did the organization have local chapters, branches, or affiliates?			10a		
	If "Yes," did the organization have written policies and procedures governing the activities of such c					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo			11a	х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	ly DCh		114		$\vdash$
				12a	х	
			afliataQ	12a	X	┢
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			120	~	┢
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y				v	
	in Schedule O how this was done			12c	X	┝
13	Did the organization have a written whistleblower policy?			13	X	
4	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approv		•			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	Х	
	Other officers or key employees of the organization			15b	Х	Γ
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
l6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment	with a			
~	taxable entity during the year?			16a		
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua					f
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization of evaluation of the organization of evaluation of the organization of evaluation of the organization of evaluation of the organization of the organization of evaluation of the organization of the organization of evaluation of the organization of					
				4Ch		
	exempt status with respect to such arrangements?			16b		
	tion C. Disclosure					
17						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	Г (Sec	tion 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website X Upon request Other (explain	in Sc	hedule O)			
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	nflict	of interest policy, an	d finan	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks a	nd records:			
	MARLA CAULK - 406-388-9399					
	1549 E CAMERON BRIDGE RD, BOZEMAN, MT 59715					
32004	5 11-28-17			Form	990	(20
	6					,
20	730 792194 140590 2017.04010 HEART OF THE V	ALT.	EY, INC.	140	)59	0
- 0			,			

Part VII	II Compensation of Officers, Directors, Trustee	s, Key Employees, Highest Compensated
	Employees, and Independent Contractors	

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

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

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

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

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per	(do	not c	(C Pos heck	C) ition		one	(D) Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of
	week (list any hours for related organizations below line)	stee or director			lirecto	Highest compensated start	tee)	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) CORY PULFREY	1.00	v		v				0.	0.	0.
PRESIDENT	1.00	X		X				0.	0.	0.
(2) JIM BANGS	1.00	x		x				0.	0.	0.
TREASURER (3) CARLYE COOK	1.00			<u> </u>				0.	0.	0.
(3) CARLYE COOK VICE PRESIDENT	1.00	x		x				0.	0.	0.
(4) NANCY XANDER	1.00							•••		
SECRETARY		x		x				0.	0.	0.
(5) MARK ALBRECHT	1.00									
BOARD MEMBER		x						0.	0.	0.
(6) DAWN LEADBETTER	1.00									
BOARD MEMBER		x						0.	Ο.	0.
(7) DIANE LEUSCHEN	1.00									
BOARD MEMBER		X						0.	0.	0.
(8) CLINT NAGEL	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) KITTY SAYLOR	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) MELANIE SCHELL	1.00								_	_
BOARD MEMBER		Х						0.	0.	0.
(11) STEVE WHEELER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(12) TONY WOODWARD	1.00	.,							0	0
BOARD MEMBER	40.00	X						0.	0.	0.
(13) MARLA CAULK	40.00			v				100 000	0	2 000
EXECUTIVE DIRECTOR				X				100,000.	0.	3,000.
		1								
732007 11-28-17										Form <b>990</b> (2017)

	990 (2	2017)	HEART	OF	THE	VAI	LLI	ΞΥ,	, ]	ENG	C.			23-7	<u>375</u>	<u>919</u>	Pa	age <b>8</b>
Par	t VII	Section A. Officers	s, Director	s, Trus	tees, Ke	y Em	ploy	ees,	, and	d Hi	ghe	st C	Compensated Employe	es (continued)				
		(A) Name and title	•		(B) Avera hours (list a hours relate organiza belo line	age per k ny for ed ations w	tee or director of xod	not cl , unle:	ss pe	ition more rson irecto	Highest compensated Highest complexed employee	h an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensatio from relate organizatior (W-2/1099-MI	(E)     Es       ontable     Es       ensation     an       related     izations       opg-MISC)     fr       org     and		(F) timate nount other pensa om the anizati d relate	of Ition e ion ed
						)	pul	lns	Offi	Key	em Hig	For						
							<b> </b>											
		total											100,000.		0.		3,0	
		from continuation (add lines 1b and 1											0.100,000.		0.		3,0	0.00.
	Total	number of individua	ls (includin	g but n									eceived more than \$100	0,000 of reportat	le			0
	comp	pensation from the or	rganization														Yes	No
3		•											highest compensated e		ļ		100	
4	line 1 For a	a? If "Yes," complete ny individual listed o	e Schedule n line 1a, is	s the su	uch indiv Im of rep	<i>vidual</i> ortab	le co	ompe	ensa	atior	n and	d ot	her compensation from	the organization		3		x
5		elated organizations ny person listed on li	-										for such individual ted organization or indiv	idual for services	 S	4		X
Sect		ered to the organizat		s," com	plete Sc	hedul	e J f	or sı	ıch	pers	son .	<u></u>				5		Х
1	-	•	-		-		-						that received more than		npens	ation f	rom	
	the o			(A)						vitri	or w		n the organization's tax (B)			(0		
		Na	ime and bu	isiness	address		NC	ONE	2			-	Description of s	services	C	ompe	nsatio	n
												_						
2		number of independ ,000 of compensatio		-	-		iot lii	nite	d to		se li: )	stec	d above) who received r	nore than				
																Form	<b>990</b> (2	2017)

732008 11-28-17

Form 990 (2017
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# Form 990 (2017) HEART OF THE VALLEY, INC. Part VIII Statement of Revenue

		Check if Schedule O conta	ains a respon	se or note to any lin	e in this Part VIII			
					<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	( <b>D)</b> Revenue excluded from tax under sections 512 - 514
S S	1.0	Enderstad compaigns	10			Tevenue	levenue	512-514
ant		Federated campaigns						
ΩĒ		Membership dues		110 202				
fts, rA		Fundraising events		110,203.				
ji Gi		Related organizations						
Sin		Government grants (contributi	· · ·					
e tř	T	All other contributions, gifts, grant		601 041				
E S		similar amounts not included abov		691,041.				
Contributions, Gifts, Grants and Other Similar Amounts	-	Noncash contributions included in lines		138,014.	901 244			
<u>a 0</u>	h	Total. Add lines 1a-1f			801,244.			
	• -	ANIMAL CONTROL		Business Code 900099	196 760	196 760		
/ice				900099	196,760.	196,760.		
Ser	b				172,512.	172,512.		
e nev	-	DAY CAMP INCOME RECLAIM FEES		900099	29,261.	29,261.		
Be	d			900099	18,701.	18,701.		
Program Service Revenue	e	SURRENDER FEES		900099	11,955.	11,955.		+
-	f	All other program service reve		· •	26,191.	26,191.		
	g	Total. Add lines 2a-2f			455,380.			
	3	Investment income (including			<b>62 433</b>			02 422
		other similar amounts)		r i i i i i i i i i i i i i i i i i i i	83,422.			83,422.
	4	Income from investment of tax		· · ·				
	5	Royalties						
	•		(i) Real	(ii) Personal				
		Gross rents						
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securitie					
		assets other than inventory	3,221,64	<sup>4</sup> .				
	b	Less: cost or other basis	2 700 22					
		and sales expenses	2,700,23					
		Gain or (loss)			E01 414			E 01 414
		Net gain or (loss)		▶	521,414.			521,414.
ne	8 a	Gross income from fundraising						
ven		including \$ 110						
Be		contributions reported on line		101 441				
Other Reven		Part IV, line 18						
₫		Less: direct expenses			00 EE7			90 557
		Net income or (loss) from fund	-	<sup>3</sup> ▶	89,557.			89,557.
	9 a	Gross income from gaming ac						
	h	Part IV, line 19		a b				
		Less: direct expenses						
		Net income or (loss) from gam						
	10 a	Gross sales of inventory, less		a 15,176.				
	h	and allowances		<b>b</b> 4,942.				
		Less: cost of goods sold			10,234.	10,234.		
-	C	Net income or (loss) from sale Miscellaneous Revenu		Business Code	10,234.	10,234.		
-	11 0	OTHER INCOME	e	900099	376.	376.		
	n a b				570.	5,0,		
								+
	c d	All other revenue		-				+
		Total. Add lines 11a-11d			376.			
	е 12	Total revenue. See instructions.			1,961,627.	465,990.	0	. 694,393.
732009				····· •	_,,,.	100,000.		Form <b>990</b> (2017)

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9 2017.04010 HEART OF THE VALLEY, INC. 140590\_1

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Part IX Statement of Functional Expenses

HEART OF THE VALLEY, INC.

<u> </u>	Check if Schedule O contains a respons		this Part IX (B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		·		•
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	102 000			20.000
	trustees, and key employees	103,000.	51,500.	20,600.	30,900
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$ ) and				
	persons described in section 4958(c)(3)(B)			225	
7	Other salaries and wages	686,586.	589,784.	337.	96,465
8	Pension plan accruals and contributions (include	15 040	10 010	200	0 400
	section 401(k) and 403(b) employer contributions)	15,042.	12,217.	399.	2,426
9	Other employee benefits	39,117.	31,770.	1,037.	6,310
10	Payroll taxes	63,984.	51,966.	1,697.	10,321
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting	35,578.		35,578.	
d	, e F				
е	Professional fundraising services. See Part IV, line 17	10 000		10.000	
f	Investment management fees	18,828.		18,828.	
g	Other. (If line 11g amount exceeds 10% of line 25,	10 200	4 0 4 2		
	column (A) amount, list line 11g expenses on Sch 0.)	12,309.	4,043.	8,266.	
12	Advertising and promotion			C 117	10 715
13	Office expenses	48,454. 6,333.	22,322.	6,417.	19,715 317
14	Information technology	0,333.	5,383.	033.	517
15	Royalties	90,338.	76,787.	0.024	1 517
16		4,426.	3,762.	9,034. 221.	4,517
7	Travel	4,420.	5,102.	221.	443
8	Payments of travel or entertainment expenses				
_	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
20					
21	Payments to affiliates	166,186.	141,258.	16,619.	8,309
22	Depreciation, depletion, and amortization	29,214.	24,556.	2,385.	2,273
23	Insurance	29,214.	24,330.	2,305.	4,415
.4	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 0.)	181,683.	181,683.		
a L	STAFF TRAINING AND DEVE	16,877.	8,615.	0.	8,262
b	EQUIPMENT LEASE AND MAI	16,272.	9,763.	1,627.	4,882
C	SHELTER SERVICES	8,911.	8,911.	±,04/•	4,002
d	·	13,691.	12,711.	728.	252
e	· · · · · · · · · · · · · · · · · · ·	1,556,829.	1,237,031.	124,406.	195,392
25	Total functional expenses. Add lines 1 through 24e	I, JJU, 049.	±,437,031.	124,400.	190,092
26	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 K if following SOP 98-2 (ASC 958-720)				

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7)	1	HEART	OF	$\mathbf{THE}$	VALLEY,
al	ance Sheet	•			

		Check if Schedule O contains a response or not	to to any	ling in this Part Y			
		Check in Schedule O contains a response of hol	le to any		(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			25,181.	1	31,068.
	2	Savings and temporary cash investments			443,125.	2	318,494.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			25,353.	4	33,132.
	5	Loans and other receivables from current and for			- ,		
		trustees, key employees, and highest compensation					
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali				-	
		section 4958(f)(1)), persons described in section	•				
		employers and sponsoring organizations of sect					
S		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use				8	
	9				8,115.	9	6,001.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	5,396,391.			
	b	basis. Complete Part VI of Schedule D Less: accumulated depreciation	10b	1,454,535.	4,045,766.	10c	3,941,856.
	11	Investments - publicly traded securities	<b></b>		3,514,194.	11	4,200,937.
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equ			8,061,734.	16	8,531,488.
	17	Accounts payable and accrued expenses			64,687.	17	81,786.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to current and former	r officers	, directors, trustees,			
il ti		key employees, highest compensated employee	es, and c	disqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela		E E E E E E E E E E E E E E E E E E E		23	
	24	Unsecured notes and loans payable to unrelate	d third p	arties		24	
	25	Other liabilities (including federal income tax, pa	•				
		parties, and other liabilities not included on lines	s <b>1</b> 7-24).	Complete Part X of			
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			64,687.	26	81,786.
		Organizations that follow SFAS 117 (ASC 958		there ▶ ⊥X and			
ces		complete lines 27 through 29, and lines 33 an			E 021 110		4 040 775
lan	27	Unrestricted net assets			5,031,118. 424,720.	27	4,949,775. 953,719.
Ba	28	Temporarily restricted net assets			2,541,209.	28	2,546,208.
Net Assets or Fund Balances	29	-			2,JHI,209.	29	4,540,200.
ц		Organizations that do not follow SFAS 117 (A	SC 958)	, cneck nere 🕨 🛄			
Ō		and complete lines 30 through 34.				00	
set	30	Capital stock or trust principal, or current funds				30	
: As	31	Paid-in or capital surplus, or land, building, or ec				31	
Net	32	Retained earnings, endowment, accumulated in		E E E E E E E E E E E E E E E E E E E	7,997,047.	32	8,449,702.
-	33	Total net assets or fund balances			8,061,734.	33 34	8,531,488.
	34	Total liabilities and net assets/fund balances			0,001,/54.	34	<b>0,331,400</b>

INC.

Form 990 (2017)

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Form 990 (2017 Part X Ba

Form	1990 (2017) HEART OF THE VALLEY, INC.	23-73	75919	Pa	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,961		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,550		
3	Revenue less expenses. Subtract line 2 from line 1	3			98.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,99		
5	Net unrealized gains (losses) on investments	5	4	/,8	57.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
_	column (B))	10	8,449	9,7	02.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<b>2</b> a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		<b>2</b> b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		<b>2</b> c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	•			37
	Act and OMB Circular A-133?		<b>3a</b>		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			000	
			Form	990	(2017)

Form **990** (2017)

732012 11-28-17

SCHEDULE A

Department of the Treasury Internal Revenue Service

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

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

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

2017
Open to Public Inspection

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OMB No. 1545-0047

Name of the organ	nization
-------------------	----------

Employer identification number

L

				ALLEY, INC.				2	3-7375919			
Pa	art I	Reason for Public	Charity Status (/	All organizations must co	omplete th	is part.) Se	ee instructions.					
The	organ	ization is not a private found	lation because it is: (	(For lines 1 through 12, o	check only	one box.)						
1		A church, convention of ch	urches, or associatio	on of churches describe	d in sectio	n 170(b)(*	1)(A)(i).					
2		A school described in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990 or 9	90-EZ).)						
3		A hospital or a cooperative					ii).					
4		A medical research organiz	1 0				,	). Enter	the hospital's name.			
		city, and state:		·					·····,			
5		An organization operated for	or the benefit of a co	ollege or university owne	d or opera	ted by a d	overnmental unit	descrit	oed in			
Ŭ		section 170(b)(1)(A)(iv). (C			a or opora	lou by u g		000011				
6		A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v).</b>										
7	H	A reaction from the general public described in according overnmental unit or from the general public described in										
'				antial part of its support	nom a gov	errimentai		general	public described in			
•		section 170(b)(1)(A)(vi). (C			<b>.</b>							
8	H	A community trust describe										
9		An agricultural research org										
		or university or a non-land-g	grant college of agric	culture (see instructions)	. Enter the	name, city	y, and state of th	e colleg	e or			
	V	university:										
10	X	An organization that norma	• • • •		-							
		activities related to its exen										
		income and unrelated busin		e (less section 511 tax) fr	om busine	sses acqu	ired by the orgar	nization	after June 30, 1975.			
		See section 509(a)(2). (Complete Part III.)										
11		An organization organized and operated exclusively to test for public safety. See section 509(a)(4).										
12		An organization organized a	and operated exclus	sively for the benefit of, to	o perform	the functio	ons of, or to carry	out the	e purposes of one or			
		more publicly supported or	ganizations describe	ed in <b>section 509(a)(1)</b> c	or section	509(a)(2).	See section 509	(a)(3). (	Check the box in			
		lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.										
á		<b>Type I.</b> A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported or	ganization(s), typi	ically by	' giving			
		the supported organization	on(s) the power to re	egularly appoint or elect	a majority	of the dire	ctors or trustees	of the s	supporting			
		organization. You must o	complete Part IV, Se	ections A and B.								
k	<b>b</b>	<b>Type II.</b> A supporting org	anization supervised	d or controlled in connec	tion with it	s support	ed organization(s	s), by ha	ving			
		control or management o	of the supporting orga	anization vested in the s	same perso	ons that co	ontrol or manage	the sup	ported			
		organization(s). You mus	t complete Part IV,	Sections A and C.								
c	;	Type III functionally inte	grated. A supporting	g organization operated	in connec	tion with, a	and functionally i	ntegrat	ed with,			
		its supported organizatio	n(s) (see instructions	s). You must complete	Part IV, Se	ections A,	D, and E.					
c	1 L	Type III non-functionally	y integrated. A supp	oorting organization oper	rated in co	nnection v	with its supported	d organi	zation(s)			
		that is not functionally int	egrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement and a	n attent	iveness			
		requirement (see instruct	ions). You must con	nplete Part IV, Sections	s A and D,	and Part	<b>V</b> .					
e	, 🗆	Check this box if the orga						Type III				
		functionally integrated, or	r Type III non-functio	onally integrated support	ing organi	zation.						
1	f Ente	er the number of supported of			0 0							
		vide the following informatior										
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of mo	netary	(vi) Amount of other			
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instru	uctions)	support (see instructions)			
					1							
Tot	al											
101	<u>ы</u>								I			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732021 10-06-17 Schedule A (Form 990 or 990-EZ) 2017 13

2017.04010 HEART OF THE VALLEY, INC.

### Schedule A (Form 990 or 990-EZ) 2017 HEART OF THE VALLEY, INC. Part II

23-7375919 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Calendar year (or fiscal year beginning in)       (a) 2013       (b) 2014       (c) 2015       (d) 2016       (e) 2017       (f) Total         7 Amounts from line 4	Sec	ction A. Public Support						
membership fees received. (Do not include any unusual grants.)	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
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2       Tar versues levid for the organization is behalf         3       The value of services or facilities         fumished by a governmental unit to the organization without charge		membership fees received. (Do not						
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11 Total support. Add lines 7 through 10   12 Gross receipts from related activities, etc. (see instructions)   13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)   organization, check this box and stop here Section C. Computation of Public Support Percentage   14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 14   15 Public support percentage from 2016 Schedule A, Part II, line 14   16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization   17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization   17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization   17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization   17a 10% -facts-and-circumstances test - 2016. If the organization qualifies as a publicly supported organization   17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check t		assets (Explain in Part VI.)						
12       Gross receipts from related activities, etc. (see instructions)       12         13       First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)         organization, check this box and stop here       Section C. Computation of Public Support Percentage         14       Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))       14         15       Public support percentage from 2016 Schedule A, Part II, line 14       15         16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       10         17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13 or 16a, and line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumsta	11							
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<ul> <li>b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization</li> <li>Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions</li> </ul>		and if the organization meets the "fac	ts-and-circumstan	ices" test, check t	his box and <b>stop</b>	<b>here.</b> Explain in Pa	rt VI how the orga	nization
more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization       Image: Comparize test of the organization in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization         18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions       Image: Comparize test of the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	publicly supporte	ed organization		▶□]
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18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		more, and if the organization meets the	ne "facts-and-circu	ımstances" test, c	heck this box and	l <b>stop here.</b> Explair	n in Part VI how th	e
		organization meets the "facts-and-cire	cumstances" test.	The organization	qualifies as a pub	licly supported org	anization	
	18	Private foundation. If the organization	n did not check a	box on line 13, 16	6a, 16b, 17a, or 17	b, check this box a	and see instruction	ns ►

Schedule A (Form 990 or 990-EZ) 2017

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# Schedule A (Form 990 or 990 EZ) 2017 HEART OF THE VALLEY, INC.

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

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

Sec	ction A. Public Support		sioto i art illy						
-	ndar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total		
	Gifts, grants, contributions, and	(4) 2010	(6) 2014	(0) 2010	(0) 2010	(0) 2011			
•	membership fees received. (Do not								
	include any "unusual grants.")	718,192.	1,100,113.	1,723,690.	1,904,218.	455,380.	5,901,593.		
~		710,152.	1,100,113.	1,725,050.	1,504,210.	455,500.	5,501,555.		
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the								
	organization's tax-exempt purpose	337,384.	365,775.	371,457.	417,786.	470,556.	1,962,958.		
3	Gross receipts from activities that are not an unrelated trade or bus-								
	iness under section 513								
4	Tax revenues levied for the organ-								
	ization's benefit and either paid to or expended on its behalf								
5	The value of services or facilities								
	furnished by a governmental unit to the organization without charge								
6	Total. Add lines 1 through 5	1,055,576.	1,465,888.	2,095,147.	2,322,004.	925,936.	7,864,551.		
	Amounts included on lines 1, 2, and	. ,	, ,		, ,	-			
	3 received from disqualified persons	56,817.	76,697.	36,172.	73,220.	71,600.	314,506.		
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						0.		
	Add lines 7a and 7b	56,817.	76,697.	36,172.	73,220.	71,600.			
	Public support. (Subtract line 7c from line 6.)	5070170	1070570	5071720	1572200	/ 1 / 0 0 0 0	7,550,045.		
	ction B. Total Support						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(a) 2017	(f) Total		
	Amounts from line 6	1,055,576.	1,465,888.	2,095,147.	2,322,004.	(e) 2017 925,936.	7,864,551.		
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	56,816.	31,628.	61,175.	75,738.				
h	Unrelated business taxable income		-			•	-		
2	(less section 511 taxes) from businesses acquired after June 30, 1975								
	Add lines 10a and 10b	56,816.	31,628.	61,175.	75,738.	83,422.	308,779.		
	Net income from unrelated business activities not included in line 10b, whether or not the business is								
	regularly carried on	125,255.	198,189.	138,038.	61,488.	89,557.	612,527.		
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	742.	476.	731.	515.	376.	2,840.		
13	Total support. (Add lines 9, 10c, 11, and 12.)	1,238,389.	1,696,181.	2,295,091.	2,459,745.	1,099,291.	8,788,697.		
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,		
							▶∟_		
	ction C. Computation of Publ								
15	Public support percentage for 2017 (	line 8, column (f) di	ivided by line 13, c	olumn (f))		15	85.91 %		
16	Public support percentage from 2016	Schedule A, Part	III, line 15			16	93.68 %		
Sec	ction D. Computation of Invest	stment Incom	e Percentage						
17	Investment income percentage for 20	<b>)17</b> (line 10c, colun	nn (f) divided by lir	ne 13, column (f))		17	3.51 %		
18									
19a	<b>33 1/3% support tests - 2017.</b> If the					3 1/3% , and line 1	7 is not		
	more than 33 1/3%, check this box a						►X		
h									
	<b>b 33 1/3% support tests - 2016.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization								
20									
-	20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions								
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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

# Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a 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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Schedule A (Form 990 or 990-EZ) 2017

2017.04010 HEART OF THE VALLEY, INC.

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			V	NI-
	Lies the eventientian eccentral a rift or contribution from any of the following assesso		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)	44-		
<b>b</b>	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b 11c		
	A 35% controlled entity of a person described in (a) or (b) above? <i>If</i> "Yes" to a, b, or c, provide detail in <b>Part VI.</b> tion B. Type I Supporting Organizations	TIC		
000			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		165	NU
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	<u> </u>		
-	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	<b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations	-		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	110
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	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			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
73202	5 10-06-17 Schedule A (Form 99	90 or 99	90-EZ)	2017
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Schedule A	(Form 990 or 990-EZ) 2017 HEAI	RT OF	THE	VALLEY,	INC.	
Part V	Type III Non-Functionally	Integrat	ed 509	(a)(3) Supp	orting Or	ganizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sectio	on 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		
Sectio	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1.	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b,	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
ď	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
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		
	Multiply line 5 by .035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
Sectio	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
	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 integrate	d Type III supporting or	anization (see

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2017

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
Sect	ion D - Distributions		,	Current Year				
1	Amounts paid to supported organizations to accomplish exe	mpt purposes						
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported						
	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	IS					
4	Amounts paid to acquire exempt-use assets							
_5	Qualified set-aside amounts (prior IRS approval required)							
6	Other distributions (describe in Part VI). See instructions.							
7	Total annual distributions. Add lines 1 through 6.							
8	Distributions to attentive supported organizations to which the	ne organization is responsive	e					
	(provide details in <b>Part VI</b> ). See instructions.							
9	Distributable amount for 2017 from Section C, line 6							
10	Line 8 amount divided by line 9 amount							
Sect	ion 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							
2	Underdistributions, if any, for years prior to 2017 (reason-							
	able cause required- explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2017							
a								
b	From 2013							
C	From 2014							
d	From 2015							
e	From 2016							
f	Total of lines 3a through e							
g	Applied to underdistributions of prior years							
h	Applied to 2017 distributable amount							
<u>    i</u>	Carryover from 2012 not applied (see instructions)							
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.							
4	Distributions for 2017 from Section D,							
	line 7: \$							
	Applied to underdistributions of prior years							
-	Applied to 2017 distributable amount							
-	Remainder. Subtract lines 4a and 4b from 4.							
5	Remaining underdistributions for years prior to 2017, if							
	any. Subtract lines 3g and 4a from line 2. For result greater							
	than zero, explain in <b>Part VI.</b> See instructions.							
6	Remaining underdistributions for 2017. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2018. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
	Excess from 2013							
-	Excess from 2014							
	Excess from 2015							
	Excess from 2016							
e	Excess from 2017							

Schedule A (Form 990 or 990-EZ) 2017

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Part VI	(Form 990 or 990-EZ) 2017 HE						no 10: 5	)ovt    !!=		375919 Pag
	Supplemental Informati Part IV, Section A, lines 1, 2, 3t	o, 3c, 4b, 4c	, 5a, 6, 9a	a, 9b, 9c, 1 <sup>-</sup>	la, 11b, and	d 11c; F	Part IV, S	Section B, line	es 1 and 2; Pa	rt IV, Section C,
	line 1; Part IV, Section D, lines 2 Section D, lines 5, 6, and 8; and	2 and 3; Par d Part V, Seo	t IV, Sect ction E, li	ion E, lines nes 2, 5, an	1c, 2a, 2b, d 6. Also co	3a, and omplete	l 3b; Pai e this pa	t V, line 1; Pa rt for any add	art V, Section I litional informa	B, line 1e; Part V ation.
	(See instructions.)									
2028 10-06-1	17				20			Sche	dule A (Form	990 or 990-EZ)
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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.



Department of the Treasury Internal Revenue Service Name of the organization

HEART OF THE VALLEY, INC.

Employer identification number 23-7375919

Pai			other Similar Fund	as or A	ccount	S.Complete if th	e			
	organization answered "Yes" on Form 990, Part IV, lin		advised funds	(	h) Funds :	and other accou	nts			
	Tatal sympton at and of your						1113			
1	Total number at end of year Aggregate value of contributions to (during year)									
2	Aggregate value of grants from (during year)									
3										
4	Aggregate value at end of year Did the organization inform all donors and donor advisors in		anto hold in donor od	l violad fun	do					
5	-	-				Yes				
6	are the organization's property, subject to the organization's									
6	Did the organization inform all grantees, donors, and donor a	•	•							
	for charitable purposes and not for the benefit of the donor of		• • •		-	🖸 Yes				
Pa	t II Conservation Easements. Complete if the org									
1	Purpose(s) of conservation easements held by the organizat	-		, i aitiv,	mic 7.					
•	Preservation of land for public use (e.g., recreation or e		Preservation of a hi	etorically	importan	t land area				
	Protection of natural habitat		_	•	-					
	Protection of natural habitat     Preservation of a certified historic structure     Preservation of open space									
2	Complete lines 2a through 2d if the organization held a quali	ified conservation	contribution in the for	m of a co	nconvotio	n opsomont on t	ho last			
2	day of the tax year.	neu conservation				Id at the End of th				
а					2a					
	Total acreage restricted by conservation easements				2b					
c c	Number of conservation easements on a certified historic str				2c					
ч	Number of conservation easements included in (c) acquired				20					
ŭ	listed in the National Register 2d									
3	Number of conservation easements modified, transferred, re					ring the tax				
Ū	year >	iouoou, oxunguloi		ine ergan						
4	Number of states where property subject to conservation ea	asement is located								
5	Does the organization have a written policy regarding the pe			– of						
-	violations, and enforcement of the conservation easements i					Yes				
6	Staff and volunteer hours devoted to monitoring, inspecting,									
		5	, 3			5.				
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations	, and enforcing conser	vation ea	sements	during the year				
	▶\$	U I	, C			0 9				
8	Does each conservation easement reported on line 2(d) above	ve satisfy the req	uirements of section 1	70(h)(4)(E	3)(i)					
	and section 170(h)(4)(B)(ii)?					Yes	No No			
9	In Part XIII, describe how the organization reports conservation					balance sheet,	and			
	include, if applicable, the text of the footnote to the organiza	ation's financial st	atements that describe	es the org	ganization	's accounting fo	r			
	conservation easements.			-	-	-				
Pa	t III Organizations Maintaining Collections o	of Art, Historic	cal Treasures, or	Other \$	Similar	Assets.				
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line	98.							
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to re	port in its revenue stat	ement ar	nd balance	e sheet works of	art,			
	historical treasures, or other similar assets held for public ext	hibition, educatio	n, or research in furthe	erance of	public ser	vice, provide, in	Part XIII,			
	the text of the footnote to its financial statements that descri	ibes these items.								
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report	in its revenue stateme	ent and b	alance sh	eet works of art	historical			
	treasures, or other similar assets held for public exhibition, e	ducation, or resea	arch in furtherance of p	oublic ser	rvice, prov	vide the following	g amounts			
	relating to these items:									
	(i) Revenue included on Form 990, Part VIII, line 1				▶ \$_					
					▶ \$_					
2	If the organization received or held works of art, historical tre	asures, or other s	similar assets for financ	cial gain,	provide					
	the following amounts required to be reported under SFAS 1	16 (ASC 958) rela	ating to these items:							
а	Revenue included on Form 990, Part VIII, line 1									
	b Assets included in Form 990, Part X 🕨 \$									
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.			Scł	nedule D (Form	990) 2017			
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2017.04010 HEART OF THE VALLEY, INC.

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Sche	dule D (Form 990) 2017 HEART O	F THE VALL	EY, INC.			2	3-73	7591	9 Pa	age <b>2</b>
Par	t III   Organizations Maintaining C	collections of Ar	t, Historical Tı	reasures, or O	ther S	Simila	r Asse	<b>ts</b> (contir	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that are	a signi	ficant u	se of its	collectio	n item	S
	(check all that apply):									
а	Public exhibition	d		change programs						
b	Scholarly research	е	Other							
с	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explair	n how they further	the organization's	exempt	t purpos	se in Par	t XIII.		
5	During the year, did the organization solicit o		,	,				-		-
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arran		te if the organization	on answered "Yes	" on Fo	rm 990,	Part IV,	line 9, or		
	reported an amount on Form 990, Pa									
<b>1</b> a	la Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included									
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:		I					
								Amoun	t	
	Beginning balance					1c				
	Additions during the year					1d				
	Distributions during the year					1e 1f				
f 2a	Ending balance Did the organization include an amount on F							Yes		No
	If "Yes," explain the arrangement in Part XIII.				-		······ ـــــ			
Par										
		(a) Current year	(b) Prior year	(c) Two years bad		Three ve	ars back	(e) Four	vears	back
1a	Beginning of year balance	3,514,195.	2,404,073			87	751,971			
	Contributions	54,999.	935,573			. 303,949. 17,789.				
	Net investment earnings, gains, and losses	631,743.	234,264	91,13	1.	46,849. 138,541				541.
	d Grants or scholarships									
	Other expenditures for facilities									
	and programs		59,715	. 37,68	7.	3	0,683.		31,	064.
f	Administrative expenses									
	End of year balance	4,200,937.	3,514,195	2,404,07	3.	1,19	7,352.		877,	237.
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1g, column (	a)) held as:						
а	Board designated or quasi-endowment	18.56	_%							
b	Permanent endowment  60.61	%								
с	Temporarily restricted endowment  2	<u>0.8</u> 3 %								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are there endowment funds not in the posse	ession of the organization	ation that are held a	and administered t	for the o	organiza	ation			
	by:								Yes	No
	(i) unrelated organizations							3a(i)	X	
	(ii) related organizations							3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organization			?				3b		
4	Describe in Part XIII the intended uses of the	Y	wment funds.							
Par	t VI Land, Buildings, and Equipm					10				
	Complete if the organization answere			,	-		.	( 1) 5		
	Description of property	(a) Cost or of				mulated		( <b>d)</b> Boo	k valu	e
	L	basis (investr	,	(other)	depred	JIALION		<u>זר</u>	0,0	00
	Land				11	8,69	1	<u>25</u>		
	Buildings		4,43	<u>, , , , , , , , , , , , , , , , , , , </u>	.,14	0,09	· · ·	J, 40	<b>±,</b> ⊥	10.
	Leasehold improvements		24	53,250.	20	8,54	3	15	4,7	07
	Equipment			50,280.		$\frac{0,34}{7,30}$				
-	e Other       350,280.       97,301.       252,979.         otal. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)       3,941,856.									
Total	$\cdot$ And these ratio of the contrast of the second	gaan onn 330, Fall.		,	<u></u>	<u></u> e	chedule		-	
						5	sincune	- (i oin	. 555)	2017

Part VII Investments - Other Securities.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	, ,	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		

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

# Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

### Other Liabilities. Part X

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 income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total	. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 🕨	,

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

### Schedule D (Form 990) 2017

Sche	edule D (Form 990) 2017 HEART OF THE VALLEY, INC.			23-	7375919 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Staten	nents With			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total revenue, gains, and other support per audited financial statements			1	2,125,281.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	47,857.		
b	Donated services and use of facilities	2b	23,912.		
с	Recoveries of prior year grants	2c			
d			91,885.		
е	Add lines 2a through 2d			2e	163,654.
3	Subtract line 2e from line 1			3	1,961,627.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с				4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,961,627.
Pa	rt XII Reconciliation of Expenses per Audited Financial State		h Expenses per	Retu	ırn.
Pa	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.		Retu	
Pa 1		a.		Retu	ırn. 1,672,626.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements	a. 			
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	a. <b>2a</b>			
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	a. 2a 2b	23,912.		
1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	a. 2a 2b 2c			1,672,626.
1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	a. 2a 2b 2c 2d	23,912. 91,885.		1,672,626.
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	a. 2a 2b 2c 2d	23,912. 91,885.	1	1,672,626.
1 2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b>	a. 2a 2b 2c 2d	23,912. 91,885.	1 2e	1,672,626.
1 2 b c d e 3	Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         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. 2a 2b 2c 2d 2d	23,912. 91,885.	1 2e	1,672,626.
1 2 b c d 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:	a. 2a 2b 2c 2d 2d	23,912. 91,885.	1 2e	1,672,626.
1 2 b c d 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> 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 Other (Describe in Part XIII.)	a. 2a 2b 2c 2d 2d 4a 4b	23,912. 91,885.	1 2e 3 4c	1,672,626. 115,797. 1,556,829. 0.
1 2 d c 3 4 a b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> 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 Other (Describe in Part XIII.)	a. 2a 2b 2c 2d 2d 4a 4b	23,912. 91,885.	1 2e 3	1,672,626.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

THE INTENTION OF THE ENDOWMENT FUNDS IS TO GENERATE INVESTMENT INCOME TO

FUND CONTINUED OPERATION AND MAINTENANCE OF THE SHELTER.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EVENT EXPENSES

## PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EVENT EXPENSES

# SCHEDULE D PART XI LINE 2D

DIRECT FUNDRAISING EVENT EXPENSES ARE REPORTED NET OF FUNDRAISING EVENT 732054 10-09-17

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2017.04010 HEART OF THE VALLEY, INC.

140590\_1

Part XIII Supplemental Information (continued)

REVENUE ON THE 990, AND INCLUDED AS EXPENSE ON THE FINANCIAL STATEMENTS.

SCHEDULE D PART XII LINE 2D

DIRECT FUNDRAISING EVENT EXPENSES ARE REPORTED NET OF FUNDRAISING EVENT

REVENUE ON THE 990, AND INCLUDED AS EXPENSE ON THE FINANCIAL STATEMENTS.

Schedule D (Form 990) 2017

732055 10-09-17

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SCHEDULE G (Form 990 or 990-EZ) Department of the Treasury	Complete if the	e organizat	ion answered	"Yes" on than \$1	Form 5,000 (	990, F on Fo	ing or Gaming A Part IV, line 17, 18, c rm 990-EZ, line 6a. 0-EZ.			OMB No. 1545-0047
Internal Revenue Service Name of the organization	n	Go to	www.irs.gov/Fo	orm990	for the	e late	st instructions.		Employer id	Inspection dentification number
	HEART O		VALLEY,						23-737	5919
	complete this part		if the organizati	on answe	red "Y	'es" oi	n Form 990, Part IV,	line 17	. Form 990-	EZ filers are not
c Phone solici d In-person so 2 a Did the organization	ions email solicitations tations vlicitations on have a written c red in Form 990, P ) highest paid indiv	r oral agree art VII) or e riduals or e	ef g ement with any i ntity in connecti ntities (fundraise	] Solicitat ] Solicitat ] Special individual ion with p	ion of ion of fundra (incluc rofessi	non-g gover lising ding o ional f	overnment grants nment grants events fficers, directors, tru: jundraising services?	stees,	<b>Y</b>	es 🗌 No o be
(i) Name and addres or entity (fund			(ii) Activity		(iii) fundra have cu or con contribu	trol of	(iv) Gross receipts from activity	tò (or fi	mount paid retained by undraiser ed in col. <b>(i)</b>	
					Yes	No				
Total	ich the organizatio	n is registe	red or licensed	to solicit d	contrib	<b>b</b> utions	s or has been notified	d it is e	exempt from	registration
LHA For Paperwork Re	eduction Act Noti	ce, see the	e Instructions f	or Form 9	990 or	990-1	EZ. S	Sched	ule G (Form	1 990 or 990-EZ) 2017

732081 09-13-17

 Schedule G (Form 990 or 990-EZ) 2017
 HEART OF THE VALLEY, INC.
 23-7375919
 Pag

 Part II
 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		of fundraising event contributions and gr	(a) Event #1	(b) Event #2	(c) Other events	
- 1				SNOWSHOE		(d) Total events
			DOG BALL	SHUFFLE	1	(add col. <b>(a)</b> through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
			(		(	
	1	Gross receipts	260,692.	10,810.	20,142.	291,644
	2	Less: Contributions	109,660.		543.	110,203
	3	Gross income (line 1 minus line 2)	151,032.	10,810.	19,599.	181,441
	4	Cash prizes				
	5	Noncash prizes				
52.55	6	Rent/facility costs				
חוובתו דאמנוספס	7	Food and beverages				
ן נ	8	Entertainment				
	9	Other direct expenses		1,504.	1,285.	91,884
	10	Direct expense summary. Add lines 4 throug			<b>&gt;</b>	91,884
		Net income summary. Subtract line 10 from I			►	89,557
a	rt I	<b>Gaming.</b> Complete if the organization	answered "Yes" on Forn	n 990, Part IV, line 19, or r	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	i			
			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (ad
00000				billgo/progressive billgo		col. (a) through col. (a
		_				
4	1	Gross revenue				
	•					
200	2	Cash prizes				
0000						
	2 3	Cash prizes				
	3 4	Noncash prizes				
	3 4	Noncash prizes	Yes %	Yes %	Yes %	
· · · · · · · · · · · · · · · · · · ·	3 4 5	Noncash prizes Rent/facility costs Other direct expenses	%	└── Yes% └─ No	Yes% □ No	
	3 4 5	Noncash prizes	└── Yes% └── No			
	3 4 5	Noncash prizes Rent/facility costs Other direct expenses	No	No	No	
	3 4 5 6	Noncash prizes	No	No	No	
	3 4 5 6	Noncash prizes	<b>No</b>	No	No ►	
	3 4 5 6 7	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug	<b>No</b>	No	No ►	
•	3 4 5 6 7 8 Ent	Noncash prizes	h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: _	No	□ No ►	
- ) a	3 4 5 7 8 Ent	Noncash prizes	h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: _	No	□ No ►	Yes N
- ) a	3 4 5 7 8 Ent	Noncash prizes	h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: _ uctivities in each of these	States?	□ No ►	YesN
- - 	3 4 5 7 8 Ent	Noncash prizes	h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: _ uctivities in each of these	States?	□ No ►	Yes N
a b	3 4 5 6 7 8 Ent Is t If "	Noncash prizes	No No h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: _ uctivities in each of these	States?	No ►	
e e e e e e e e e e e e e e e e e e e	3 4 5 6 7 8 Enti Is t If " 	Noncash prizes	No h 5 in column (d) from line 1, column (d) ucts gaming activities: uctivities in each of these	states?	No ►	
a b Da	3 4 5 6 7 8 Enti Is t If " 	Noncash prizes	No h 5 in column (d) from line 1, column (d) ucts gaming activities: uctivities in each of these	states?	No ►	
a b	3 4 5 6 7 8 Enti Is t If " 	Noncash prizes	No h 5 in column (d) from line 1, column (d) ucts gaming activities: uctivities in each of these	states?	No ►	
a b	3 4 5 6 7 8 Entl Is t If " U U If " U	Noncash prizes	No h 5 in column (d) from line 1, column (d) ucts gaming activities: uctivities in each of these	states?	No ►	

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Sch	edule G (Form 990 or 990-EZ) 2017 HEART OF THE VALLEY, INC.	<u>23</u> -7	375919	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	No No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility		13a	%
	An outside facility	Г	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and record			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	🗌 No
b	If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount	nt		
	of gaming revenue retained by the third party $\triangleright$ \$			
с	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation <b>&gt;</b> \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		_	
	retain the state gaming license?		Ves	No No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the		
	organization's own exempt activities during the tax year 🕨 \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	urt III, lin	es 9, 9b, 1	0b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
73208	33 09-13-17 Schedule G	i <b>(Form</b>	990 or 990	)-EZ) 2017
, , ,	34 1730 792194 140590 2017.04010 HEART OF THE VALLEY T	NC	140	590 1

11220730 792194 140590

THE VALLEY, INC. 2017.04010 HEART OF 140590\_1

		Schedule G (Form 990 or 990-EZ)
732084 04-01-17	35	

SCHEDULE M Noncash Contributions					OMB No. 1545-0047		47		
(Fo	rm 990)						20	17	,
	ment of the Treasury I Revenue Service	Attach to Form 990					Open To Inspe		ic
Name	e of the organizatio	Go to www.irs.gov/ n	Form990 to	r the latest inform	lation.	Employer id	•		mber
		HEART OF THE	E VALLE	Y, INC.		-7375			
Par	tl   Types of	f Property							
			(a) Check if applicable	<b>(b)</b> Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o noncash con	(d) of determin tribution ar	•	is
1	Art - Works of art								
2		asures							
3	Art - Fractional inte	erests							
4	Books and publication	ations							
5		sehold goods							
6	Cars and other ve	hicles							
7	Boats and planes								
8	Intellectual proper	ty							
9		ly traded	X	6	31,158.	AIR MARK	ET VA	LUE	I.
10	Securities - Closel	y held stock							
11	Securities - Partne	ership, LLC, or							
	trust interests								
12	Securities - Misce	llaneous							
13		ation contribution -							
		3							
14		ation contribution - Other							
15		dential							
16		mercial							
17		r							
18									
19									
20		al supplies							
21									
22									
23		ens							
24		acts	v	0		עסגא סדגי			
25 00	· ` <del>-</del>	NIMAL CARE S	X X	0		FAIR MARK FAIR MARK		LUE LUE	
26 07	· · · · · · · · · · · · · · · · · · ·	ONAIED AUCIT)	A	0	50,011.	AIN MANN	AV 101		
27	Other (	)							
<u>28</u> 29	Other (	/ 8283 received by the organ	ization durin	l a tha tay year for a	uontributiono				
29		inization completed Form 82		• •					
	for which the orga	inization completed Form 62	200, Fait IV,	Donee Acknowled				Yes	No
200	During the year d	id the organization reasive h	v oontributi	an any proporty rar	ported in Part I, lines 1 throug	h 29 that it		162	NO
30a	0, ,	0		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	which isn't required to be us	,			
							30a		x
h		the arrangement in Part II.					304		
31		•	policy that r	equires the review	of any nonstandard contribut	ions?	31	х	
					cit, process, or sell noncash				
020	-			-			32a		x
b	contributions?								_

 describe in Part II.

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

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

Schedule M (Form 990) 2017

732141 09-07-17

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Schedule M (Form 990) 2017 732142 09-07-17 37

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2017.04010 HEART OF THE VALLEY, INC. 140590\_1 SCHEDULE O

(Form 990 or 990-EZ) Department of the Treasury

Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public Inspection Employer identification number 23-7375919

OMB No 1545-0047

HEART OF THE VALLEY, INC.

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SURROUNDING AREAS, AND TO ENHANCE THE LIVES OF PEOPLE AND COMPANION

ANIMALS THROUGH PET ADOPTION AND EDUCATION.

FORM 990, PART VI, SECTION A, LINE 4:

BYLAWS WERE UPDATED BY THE ORGANIZATION IN 2017.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS DISTRIBUTED TO THE BOARD OF DIRECTORS FOR REVIEW AND

APPROVAL PRIOR TO BEING SIGNED.

FORM 990, PART VI, SECTION B, LINE 12C:

DISCLOSURE FORMS ARE GIVEN TO EMPLOYEES AND BOARD MEMBERS WHEN THEY JOIN THE ORGANIZATION AND ARE UPDATED ANNUALLY AT THE ANNUAL BOARD MEETING. ANY REPORTED CONFLICTS ARE REPORTED TO THE BOARD.

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE DIRECTOR'S SALARY WAS SET BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS AFTER CALLING OTHER SHELTERS TO FIND OUT WHAT THEIR SALARIES WERE. DELIBERATION AND DECISION WAS NOTED IN THE MINUTES OF THE FINANCE COMMITTEE. SALARY RANGES FOR ALL OTHER POSITIONS WERE SET AFTER REVIEWING SALARY SURVEYS FROM SIMILAR ORGANIZATIONS. THE DELIBERATION AND DECISION WAS NOTED IN THE MINUTES OF THE FINANCE COMMITTEE AND THE PAY RANGES WERE APPROVED BY THE FULL BOARD.

 FORM 990, PART VI, SECTION C, LINE 19:

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2017)

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 2017.04010 HEART OF THE VALLEY, INC.
 140590\_1

Schedule	0	(Form	990	or 990	-F7)	(2017)

Name of the organization

HEART OF THE VALLEY, INC.

Page 2 Employer identification number 23-7375919

GOVERNING DOCUMENTS OF THE ORGANIZATION ARE MADE AVAILABLE TO THE PUBLIC

UPON REQUEST.

FORM 990, PART XI, LINE 2C

THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS ASSUMES RESPONSIBILITY

FOR OVERSIGHT OF THE AUDIT AND SELECTION OF AN INDEPENDENT ACCOUNTANT.

THERE IS NO CHANGE FROM THE PREVIOUS YEAR.

732212 09-07-17

Schedule O (Form 990 or 990-EZ) (2017)

140590\_1

11220730 792194 140590 2017.04010 HEART OF THE VALLEY, INC.

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(Rev. January 2017)

Department of the Treasury

Internal Revenue Service

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

File a separate application for each return.

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

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile*, click on Charities & Non-Profits, and click on *e-file* for *Charities and Non-Profits*.

## Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

				Enter file	er's identifying r	number
Type or print	Name of exempt organization or other filer, see instruct	Employer identification number (EIN)				
print	HEART OF THE VALLEY, INC.		23-7375919			
File by the due date f filing your return. See	Number, street, and room or suite no. If a P.O. box, se	Social security number (SSN)				
instruction						
Enter th	e Return Code for the return that this application is for (file	a separa	te application for each return)			0 1
Applica	ition	Return	Application			Return
ls For		Code	Is For			Code
Form 99	90 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 99	90-BL	02	Form 1041-A			08
Form 47	720 (individual)	03	Form 4720 (other than individual)			09
Form 99	90-PF	04	Form 5227			10
Form 99	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 99	00-T (trust other than above) MARLA CAULK	06	Form 8870			12
• If this box > 1 In fc	request an automatic 6-month extension of time until or the organization named above. The extension is for the o	aroup Exe and atta NOVEI organizatio , an	emption Number (GEN) I ch a list with the names and EINs of MBER 15, 2018 , to file on's return for:	f this is fo f all memb	r the whole grou pers the extensio npt organization i	n is for.
3a If	this application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069	enter the tentative tax less any			
	onrefundable credits. See instructions.	0.0000,		3a	s	0.
	this application is for Forms 990-PF, 990-T, 4720, or 6069,	enter an	refundable credits and		<b>,</b>	
	stimated tax payments made. Include any prior year overpa			3b	\$	0.
	alance due. Subtract line 3b from line 3a. Include your pay					
	y using EFTPS (Electronic Federal Tax Payment System). S		· · ·	3c	\$	Ο.
	n: If you are going to make an electronic funds withdrawal (			453-EO a	nd Form 8879-E0	) for payment
LHA	For Privacy Act and Paperwork Reduction Act Notice, s	see instri	uctions.		Form <b>8868</b>	(Rev. 1-2017)

# MAIL TO: DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0045

723841 04-01-17