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CLIENT'S COPY

STANISLAWSKI & HARRISON CPA'S
301 N. LAKE AVE, SUITE 900
PASADENA, CA 91101
626-793-3600

AUGUST 22, 2014

HOPE OF THE VALLEY RESCUE MISSION
8165 SAN FERNANDO RD.
SUN VALLEY, CA 91352

HOPE OF THE VALLEY RESCUE MISSION:

ENCLOSED ARE THE 2013 EXEMPT ORGANIZATION RETURNS, AS
FOLLOWS...

2013 FORM 990

2013 CALIFORNIA FORM 199

2013 CALIFORNIA FORM RRF-1

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE
WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED
FOR YOUR FILES.

VERY TRULY YOURS,

BARED DILACAR

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

DECEMBER 31, 2013

Prepared for	HOPE OF THE VALLEY RESCUE MISSION 8165 SAN FERNANDO RD. SUN VALLEY, CA 91352
Prepared by	STANISLAWSKI & HARRISON, CPAS 301 N. LAKE AVE, SUITE 900 PASADENA, CA 91101
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-EO TO US BY NOVEMBER 17, 2014.

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2013, or fiscal year beginning _____, 2013, and ending _____, 20____

2013

▶ **Do not send to the IRS. Keep for your records.**

▶ **Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo**

Department of the Treasury
Internal Revenue Service

Name of exempt organization

Employer identification number

HOPE OF THE VALLEY RESCUE MISSION

27-2053273

Name and title of officer

**CHRIS DELAPLANE
TREASURER**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>2,745,436.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2013 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **STANISLAWSKI & HARRISON, CPAS** to enter my PIN **53273**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

95449653273
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2013 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ **08/22/14**

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2013

Department of the Treasury
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990

Open to Public Inspection

A For the **2013** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization HOPE OF THE VALLEY RESCUE MISSION		D Employer identification number 27-2053273
	Doing Business As		E Telephone number (818) 392-0020
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 2,812,714.
	8165 SAN FERNANDO RD.		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
City or town, state or province, country, and ZIP or foreign postal code SUN VALLEY, CA 91352		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	H(c) Group exemption number ▶
F Name and address of principal officer: KEN CRAFT SAME AS C ABOVE		If "No," attach a list. (see instructions)	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.HOPEOFTHEVALLEY.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 2009 M State of legal domicile: CA	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO ATTRACT PEOPLE/RESOURCES TO ASSIST THE NEEDS OF EVERY HUNGRY HOMELESS PERSON IN THE VALLEY.
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3 Number of voting members of the governing body (Part VI, line 1a) 3 14
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 10
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 64
	6 Total number of volunteers (estimate if necessary) 6 1575
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.
	b Net unrelated business taxable income from Form 990-T, line 34 7b 0.

	Prior Year	Current Year	
8 Contributions and grants (Part VIII, line 1h) 8	1,559,817.	1,447,141.	
9 Program service revenue (Part VIII, line 2g) 9	756,864.	1,227,370.	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10	0.	0.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11	55,559.	70,925.	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12	2,372,240.	2,745,436.	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13	0.	0.	
14 Benefits paid to or for members (Part IX, column (A), line 4) 14	0.	0.	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15	619,236.	1,050,528.	
16a Professional fundraising fees (Part IX, column (A), line 11e) 16a	129,815.	119,203.	
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 354,180.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17	1,153,421.	1,423,675.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18	1,902,472.	2,593,406.	
19 Revenue less expenses. Subtract line 18 from line 12 19	469,768.	152,030.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 20	Beginning of Current Year 1,580,367.	End of Year 1,755,609.
	21 Total liabilities (Part X, line 26) 21	679,091.	702,303.
	22 Net assets or fund balances. Subtract line 21 from line 20 22	901,276.	1,053,306.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date			
	CHRIS DELAPLANE, TREASURER				
Paid Preparer Use Only	Print/Type preparer's name BARED DILACAR	Preparer's signature	Date 08/22/14	Check if self-employed <input type="checkbox"/>	PTIN P00157338
	Firm's name ▶ STANISLAWSKI & HARRISON, CPAS	Firm's EIN ▶ 95-4749365	Firm's address ▶ 301 N. LAKE AVE, SUITE 900 PASADENA, CA 91101		
					Phone no. 626-793-3600

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: OUR MISSION IS TO ATTRACT PEOPLE AND RESOURCES TO ASSIST IN THE EFFORT OF MEETING THE NEEDS OF EVERY HUNGRY AND HOMELESS MAN, WOMAN AND CHILD IN THE VALLEY. THROUGH STRATEGIC PARTNERSHIPS AND SERVICES, WE EMPOWER OUR CLIENTS WITH THE FAITH, KNOWLEDGE, RESOURCES AND SKILLS TO LEAD A

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,153,618. including grants of \$) (Revenue \$) IN 2013, HOPE OF THE VALLEY PROVIDED 96,000 HOT MEALS, 28,000 NIGHTS OF SHELTER, 14,000 SHOWERS AND RELATED HOMELESS HEALTH AND HUMAN SERVICES. OUR 50-BED EMERGENCY SHELTER WAS AT FULL CAPACITY EVERY NIGHT OF THE YEAR. CLIENTS HAVE ACCESS TO OUR DAYTIME LEARNING CENTER AND FULL CASE MANAGEMENT. HOPE ALSO OPENED UP ADDITIONAL FACILITIES LISTED BELOW:

EMERGENCY SHELTER AND DAYTIME ACCESS CENTER PROVIDES 50-BEDS EACH NIGHT TO THE HOMELESS. THE DAYTIME ACCESS CENTER ALLOWS CLIENTS ACCESS TO FULL CASE MANAGEMENT, LIFE SKILLS TRAINING AND JOB SEARCH ASSISTANCE. THEY OFFER DAILY SHOWERS AND HOT MEALS TO THE CLIENTS AND PROVIDE A HOST OF PERSONAL CARE ITEMS AND SUPPORT.

4b (Code:) (Expenses \$ 872,830. including grants of \$) (Revenue \$ 1,191,280.) HOPE OF THE VALLEY OPERATES TWO THRIFT STORES AND A CLOTHING SUBSIDIZATION PROGRAM THAT PROVIDES CLOTHING VOUCHERS TO THE HOMELESS FOR CLOTHING AND OTHER RELATED ITEMS.

4c (Code:) (Expenses \$ 34,151. including grants of \$) (Revenue \$ 36,090.) JOHN E. WHITE HOUSE OF HOPE MEN'S RECOVERY CENTER IS A 13-BED ALCOHOL AND DRUG ABUSE RECOVERY LIVE-IN PROGRAM. THE PROGRAM PROVIDES SHELTER, ITEMS/SERVICES SUCH AS FOOD, SHELTER, CLOTHING, JOB TRAINING, LIFE SKILLS AND A WORK PROGRAM THAT ASSISTS THE MEN IN HELPING THEM REBUILD THEIR LIVES AND BE CONFIDENT ON THEIR PATH TOWARDS RECOVERY.

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 2,060,599.

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)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		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>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		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 "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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 foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i>	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
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? <i>If "Yes," complete Schedule J</i>		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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24b			
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24c			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
24d			
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		X
25b			X
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 so, complete Schedule L, Part II	X	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	X	
28a		X	
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b			X
c	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? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c			X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
29		X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
30			X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
31			X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
32			X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
33			X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
34			X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35a			X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
35b			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36			X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
37			X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	
38		X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O

Main table with columns for question number, description, sub-questions, and Yes/No columns. Includes rows 1a-1c, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7, 7a-7h, 8, 9, 9a-9b, 10, 10a-10b, 11, 11a-11b, 12a, 12b, 13, 13a-13c, 14a-14b.

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.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (14), 1b (10), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: DAVID FAUSTINA - (818) 392-0020 8165 SAN FERNANDO RD., SUN VALLEY, CA 91352

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KEN CRAFT PRESIDENT/CEO	60.00	X		X				49,500.	0.	45,000.
(2) CHARLES CAMERON SECRETARY	16.00	X		X				0.	0.	0.
(3) JILL CAMPBELL TREASURER	5.00	X						0.	0.	0.
(4) DAVID DELAPLANE BOARD DIRECTOR	5.00	X						0.	0.	0.
(5) COBE CROSBY CHAIRMAN OF THE BOARD	10.00	X		X				0.	0.	0.
(6) JIM SILLERUD BOARD DIRECTOR	1.00	X						0.	0.	0.
(7) STEVE WEISS BOARD DIRECTOR	6.00	X						0.	0.	0.
(8) STEVE BERCSI BOARD DIRECTOR	1.00	X						0.	0.	0.
(9) JIN PAK BOARD DIRECTOR	5.00	X						0.	0.	0.
(10) WILLIAM SNODGRASS III BOARD DIRECTOR	1.00	X						0.	0.	0.
(11) WENDY HALE BOARD DIRECTOR	1.00	X						0.	0.	0.
(12) TONY STEED BOARD DIRECTOR	1.00	X						0.	0.	0.
(13) MATT DABABNEH BOARD DIRECTOR	1.00	X						0.	0.	0.
(14) CHRIS DELAPLANE BOARD DIRECTOR	2.00	X						0.	0.	0.
(15) DAVID FAUSTINA GENERAL MANAGER	60.00			X				29,167.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total							78,667.	0.	45,000.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							78,667.	0.	45,000.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MILWAUKEE DIRECT MARKETING, INC, 675 N BARKER, SUITE 130, BROOKFIELD, WI 83045	FUNDRAISING SERVICES	119,203.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **1**

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	8,610.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,438,531.			
	g	Noncash contributions included in lines 1a-1f: \$		544,043.			
	h	Total. Add lines 1a-1f		1,447,141.			
	Program Service Revenue	2 a	THRIFT STORES	Business Code			
				453310	1,191,280.	1,191,280.	
b		CONTRACT FEE	624200	36,090.	36,090.		
c							
d							
e							
g		Total. Add lines 2a-2f		1,227,370.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)					
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
			b	Less: rental expenses			
			c	Rental income or (loss)			
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
			b	Less: cost or other basis and sales expenses			
			c	Gain or (loss)			
	d	Net gain or (loss)					
	8 a	Gross income from fundraising events (not including \$ 8,610. of contributions reported on line 1c). See Part IV, line 18	a	138,203.			
			b	Less: direct expenses	67,278.		
c			Net income or (loss) from fundraising events	70,925.		70,925.	
9 a	Gross income from gaming activities. See Part IV, line 19	a					
		b	Less: direct expenses				
		c	Net income or (loss) from gaming activities				
10 a	Gross sales of inventory, less returns and allowances	a					
		b	Less: cost of goods sold				
		c	Net income or (loss) from sales of inventory				
Miscellaneous Revenue		Business Code					
11 a							
		b					
		c					
		d	All other revenue				
		e	Total. Add lines 11a-11d				
12	Total revenue. See instructions.		2,745,436.	1,227,370.	0.	70,925.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	123,667.	98,934.	9,893.	14,840.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	795,687.	645,097.	60,128.	90,462.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	55,224.	39,924.	6,120.	9,180.
10 Payroll taxes	75,950.	65,776.	4,070.	6,104.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17	119,203.			119,203.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	41,452.	5,244.	15,231.	20,977.
12 Advertising and promotion	106,851.	38,215.	727.	67,909.
13 Office expenses	141,804.	105,814.	24,623.	11,367.
14 Information technology	14,203.	4,434.	5,582.	4,187.
15 Royalties				
16 Occupancy	362,076.	345,951.	10,175.	5,950.
17 Travel	62,804.	61,776.	1,028.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,312.	23.	4,289.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	79,679.	79,679.		
23 Insurance	68,595.	43,648.	24,947.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FOOD SUPPLIES	433,456.	433,456.		
b OTHER EXPENSES	62,831.	47,016.	11,814.	4,001.
c PROGRAM EXPENSES	40,014.	40,014.		
d				
e All other expenses	5,598.	5,598.		
25 Total functional expenses. Add lines 1 through 24e	2,593,406.	2,060,599.	178,627.	354,180.
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 if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	689,396.	1	766,113.
	2 Savings and temporary cash investments	6,455.	2	7,337.
	3 Pledges and grants receivable, net	46,000.	3	0.
	4 Accounts receivable, net		4	14,445.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	113,600.	8	129,339.
	9 Prepaid expenses and deferred charges	22,965.	9	65,749.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 900,330.		
	b Less: accumulated depreciation	10b 151,914.	677,741.	10c 748,416.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	24,210.	15	24,210.
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,580,367.	16	1,755,609.	
Liabilities	17 Accounts payable and accrued expenses	83,626.	17	109,327.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	495,465.	22	492,976.
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	100,000.	24	100,000.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	679,091.	26	702,303.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	651,416.	27	869,192.
	28 Temporarily restricted net assets	249,860.	28	184,114.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	901,276.	33	1,053,306.
34 Total liabilities and net assets/fund balances	1,580,367.	34	1,755,609.	

Part 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	2,745,436.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,593,406.
3	Revenue less expenses. Subtract line 2 from line 1	3	152,030.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	901,276.
5	Net unrealized gains (losses) on investments	5	
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	1,053,306.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2013)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization **HOPE OF THE VALLEY RESCUE MISSION** Employer identification number **27-2053273**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2013

Part II 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	429,103.	482,924.	929,260.	1,551,317.	1,447,141.	4,839,745.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	429,103.	482,924.	929,260.	1,551,317.	1,447,141.	4,839,745.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						602,022.
6 Public support. Subtract line 5 from line 4.						4,237,723.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	429,103.	482,924.	929,260.	1,551,317.	1,447,141.	4,839,745.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		1.	5.			6.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						4,839,751.
12 Gross receipts from related activities, etc. (see instructions)					12	2,480,879.
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	<input checked="" type="checkbox"/>					

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2013. 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	<input type="checkbox"/>	
b 33 1/3% support test - 2012. 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	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2013. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2012. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
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	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 9 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization'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						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 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

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2012. 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 **stop here.** The organization qualifies as a publicly supported organization

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

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

FUNDRAISING INCOME

MISCELLANEOUS INCOME

Multiple horizontal lines for providing supplemental information.

Schedule A Identification of Excess Contributions Included on Part II, Line 5 2013

** Do Not File **

*** Not Open to Public Inspection ***

Table with 3 columns: Contributor's Name, Total Contributions, Excess Contributions. Rows include JOYCE WHITE, KEYES MOTORS - TOYOTA, M.E.N.D.

Total Excess Contributions to Schedule A, Part II, Line 5 602,022.

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and
its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Name of the organization

Employer identification number

HOPE OF THE VALLEY RESCUE MISSION

27-2053273

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization HOPE OF THE VALLEY RESCUE MISSION	Employer identification number 27-2053273
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THE ABAR FOUNDATION 8165 SAN FERNANDO RD. SUN VALLEY, CA 91352	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	ALBERT & ELAINE BORCHARD FOUNDATION 8165 SAN FERNANDO RD. SUN VALLEY, CA 91352	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	THE ANNENBERG FOUNDATION 8165 SAN FERNANDO RD. SUN VALLEY, CA 91352	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	COMMUNITY BANK 8165 SAN FERNANDO RD. SUN VALLEY, CA 91352	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	CATHAY BANK 8165 SAN FERNANDO RD. SUN VALLEY, CA 91352	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	CHINESE CHRISTIAN ALLIANCE CHURCH 8165 SAN FERNANDO RD. SUN VALLEY, CA 91352	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HOPE OF THE VALLEY RESCUE MISSION	Employer identification number 27-2053273
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	CITY OF LOS ANGELES 8165 SAN FERNANDO RD. SUN VALLEY, CA 91352	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	STEVEN AND SUSAN COBIN 8165 SAN FERNANDO RD. SUN VALLEY, CA 91352	\$ 10,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	ROBERT AND POLLY CROCKFORD 8165 SAN FERNANDO RD. SUN VALLEY, CA 91352	\$ 8,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	COBE & KAREN CROSBY 8165 SAN FERNANDO RD. SUN VALLEY, CA 91352	\$ 10,454.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	PETER DARLING 8165 SAN FERNANDO RD. SUN VALLEY, CA 91352	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	DAVID AND PEGGY DELAPLANE 8165 SAN FERNANDO RD. SUN VALLEY, CA 91352	\$ 10,325.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HOPE OF THE VALLEY RESCUE MISSION	Employer identification number 27-2053273
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	FAITH HARVEST CHURCH 8165 SAN FERNANDO RD. SUN VALLEY, CA 91352	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	GEORGE HOAG FAMILY FOUNDATION 8165 SAN FERNANDO RD. SUN VALLEY, CA 91352	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	JOHN GRANT 8165 SAN FERNANDO RD. SUN VALLEY, CA 91352	\$ 34,785.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	H2W TECHNOLOGIES 8165 SAN FERNANDO RD. SUN VALLEY, CA 91352	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	JAMES L. STAMPS FOUNDATION 8165 SAN FERNANDO RD. SUN VALLEY, CA 91352	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	JAMY KAHN 8165 SAN FERNANDO RD. SUN VALLEY, CA 91352	\$ 33,040.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HOPE OF THE VALLEY RESCUE MISSION	Employer identification number 27-2053273
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	KAISER PERMANENTE 8165 SAN FERNANDO RD. SUN VALLEY, CA 91352	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	LAWRENCE P FRANK FOUNDATION 8165 SAN FERNANDO RD. SUN VALLEY, CA 91352	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	LEXUS PURSUIT OF POTENTIAL 8165 SAN FERNANDO RD. SUN VALLEY, CA 91352	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	DAVE AND JOSIE LOWE 8165 SAN FERNANDO RD. SUN VALLEY, CA 91352	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	DAVID AND ESPY NEU 8165 SAN FERNANDO RD. SUN VALLEY, CA 91352	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	SHAUN PARK 8165 SAN FERNANDO RD. SUN VALLEY, CA 91352	\$ 9,840.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HOPE OF THE VALLEY RESCUE MISSION	Employer identification number 27-2053273
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	RESCUE MISSION ALLIANCE 8165 SAN FERNANDO RD. SUN VALLEY, CA 91352	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	RISEN BREAD, LLC 8165 SAN FERNANDO RD. SUN VALLEY, CA 91352	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	KENNETH AND MONIKA ROBERTS 8165 SAN FERNANDO RD. SUN VALLEY, CA 91352	\$ 11,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	SOUTHLAND REGIONAL ASSOCIATION OF REALTORS 8165 SAN FERNANDO RD. SUN VALLEY, CA 91352	\$ 5,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	SYLMAR KWIK MARKET 8165 SAN FERNANDO RD. SUN VALLEY, CA 91352	\$ 5,562.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	KEYES AUTOMOTIVE GROUP 8165 SAN FERNANDO RD. SUN VALLEY, CA 91352	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HOPE OF THE VALLEY RESCUE MISSION	Employer identification number 27-2053273
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	EDITA VAUGHAN 8165 SAN FERNANDO RD. SUN VALLEY, CA 91352	\$ 5,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	MICHAEL AND DIANNE VINCENT 8165 SAN FERNANDO RD. SUN VALLEY, CA 91352	\$ 12,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	JOYCE WHITE 8165 SAN FERNANDO RD. SUN VALLEY, CA 91352	\$ 209,764.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
34	1ST PRES. OF GRANADA HILLS 8165 SAN FERNANDO RD. SUN VALLEY, CA 91352	\$ 6,359.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
35	ALL NATIONS CHURCH 8165 SAN FERNANDO RD. SUN VALLEY, CA 91352	\$ 7,217.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
36	BURBANK TEMPORARY AID 8165 SAN FERNANDO RD. SUN VALLEY, CA 91352	\$ 7,364.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HOPE OF THE VALLEY RESCUE MISSION	Employer identification number 27-2053273
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	CHILDREN'S HUNGER FUND 8165 SAN FERNANDO RD. SUN VALLEY, CA 91352	\$ 71,857.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
38	CHURCH OF ROCKY PEAK 8165 SAN FERNANDO RD. SUN VALLEY, CA 91352	\$ 6,940.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
39	DOMINGO MOTA WINGS OF HOPE 8165 SAN FERNANDO RD. SUN VALLEY, CA 91352	\$ 20,530.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
40	EASTERN POULTRY 8165 SAN FERNANDO RD. SUN VALLEY, CA 91352	\$ 10,484.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
41	ELLEN MORANO, PRANIC HEALERS 8165 SAN FERNANDO RD. SUN VALLEY, CA 91352	\$ 5,598.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
42	HUNGER PROJECT, JOAV GETZLER 8165 SAN FERNANDO RD. SUN VALLEY, CA 91352	\$ 5,272.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HOPE OF THE VALLEY RESCUE MISSION	Employer identification number 27-2053273
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	<u>M.E.N.D.</u> <u>8165 SAN FERNANDO RD.</u> <u>SUN VALLEY, CA 91352</u>	\$ <u>76,757.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
44	<u>SHELTER PARTNERSHIP</u> <u>8165 SAN FERNANDO RD.</u> <u>SUN VALLEY, CA 91352</u>	\$ <u>48,655.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
45	<u>URM</u> <u>8165 SAN FERNANDO RD.</u> <u>SUN VALLEY, CA 91352</u>	\$ <u>5,802.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
46	<u>VALLEY BEREAN CHRISTIAN CHURCH</u> <u>8165 SAN FERNANDO RD.</u> <u>SUN VALLEY, CA 91352</u>	\$ <u>9,292.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
47	<u>YMCA</u> <u>8165 SAN FERNANDO RD.</u> <u>SUN VALLEY, CA 91352</u>	\$ <u>5,193.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HOPE OF THE VALLEY RESCUE MISSION	Employer identification number 27-2053273
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u>33</u>	<u>STOCKS .</u> _____ _____ _____	\$ <u>58,700.</u>	<u>12/31/13</u>
<u>34</u>	<u>FOOD</u> _____ _____ _____	\$ <u>6,359.</u>	<u>12/31/13</u>
<u>35</u>	<u>FOOD</u> _____ _____ _____	\$ <u>7,212.</u>	<u>12/31/13</u>
<u>36</u>	<u>FOOD</u> _____ _____ _____	\$ <u>7,364.</u>	<u>12/31/13</u>
<u>37</u>	<u>FOOD</u> _____ _____ _____	\$ <u>71,857.</u>	<u>12/31/13</u>
<u>38</u>	<u>FOOD</u> _____ _____ _____	\$ <u>6,940.</u>	<u>12/31/13</u>

Name of organization HOPE OF THE VALLEY RESCUE MISSION	Employer identification number 27-2053273
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u>39</u>	<u>FOOD</u> _____ _____ _____	\$ <u>20,530.</u>	<u>12/31/13</u>
<u>40</u>	<u>PRODUCE</u> _____ _____ _____	\$ <u>10,484.</u>	<u>12/31/13</u>
<u>41</u>	<u>FOOD</u> _____ _____ _____	\$ <u>5,598.</u>	<u>12/31/13</u>
<u>42</u>	<u>FOOD</u> _____ _____ _____	\$ <u>5,272.</u>	<u>12/31/13</u>
<u>43</u>	<u>FOOD</u> _____ _____ _____	\$ <u>76,757.</u>	<u>12/31/13</u>
<u>44</u>	<u>FOOD</u> _____ _____ _____	\$ <u>48,655.</u>	<u>12/31/13</u>

Name of organization HOPE OF THE VALLEY RESCUE MISSION	Employer identification number 27-2053273
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
45	CLOTHING AND TOYS _____ _____ _____	\$ 5,802.	12/31/13
46	FOOD _____ _____ _____	\$ 9,292.	12/31/13
47	FOOD _____ _____ _____	\$ 5,193.	12/31/13
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____

Name of organization HOPE OF THE VALLEY RESCUE MISSION	Employer identification number 27-2053273
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Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990**

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

HOPE OF THE VALLEY RESCUE MISSION

Employer identification number

27-2053273

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

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 qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- (ii) Assets included in Form 990, Part X ▶ \$ _____
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____

- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Temporarily restricted endowment _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		240,700.		240,700.
b Buildings		322,300.	21,487.	300,813.
c Leasehold improvements		266,905.	109,037.	157,868.
d Equipment		63,225.	19,250.	43,975.
e Other		7,200.	2,140.	5,060.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				748,416.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include Financial derivatives, Closely-held equity interests, and Other (A-H).

Part VIII Investments - Program Related.

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

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows numbered 1 through 9.

Part IX Other Assets.

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

Table with 2 columns: (a) Description, (b) Book value. Rows numbered 1 through 9.

Part X Other Liabilities.

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

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes Federal income taxes and other liabilities.

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 [X]

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	2,745,436.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	2,745,436.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	2,745,436.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	2,593,406.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	2,593,406.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	2,593,406.

Part XIII Supplemental Information.

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 X, LINE 2:

GENERALLY ACCEPTED ACCOUNTING PRINCIPLES PROVIDE ACCOUNTING AND DISCLOSURE GUIDANCE ABOUT POSITIONS TAKEN BY AN ORGANIZATION IN ITS TAX RETURNS THAT MIGHT BE UNCERTAIN. MANAGEMENT HAS CONSIDERED ITS TAX POSITIONS AND BELIEVES ALL OF THE POSITIONS TAKEN BY THE MISSION ARE MORE LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINATION. THE RETURNS ARE SUBJECT TO EXAMINATION BY FEDERAL AND STATE TAXING AUTHORITIES GENERALLY THREE AND FOUR YEARS, RESPECTIVELY, AFTER THEY ARE FILED.

Part XIII Supplemental Information (continued)

Multiple horizontal lines for supplemental information.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open To Public
Inspection

Name of the organization **HOPE OF THE VALLEY RESCUE MISSION** Employer identification number **27-2053273**

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** Mail solicitations
- b** Internet and email solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
MILWAUKEE DIRECT MARKETING, INC. - 675 N BARKER RD, SUITE	ACQUISITION AND DEVELOPMENT OF SELECTIVE		X	50,871.	119,203.	-68,332.
Total				50,871.	119,203.	-68,332.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

CA

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		SPRING GALA		3	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	60,192.			60,192.
	2 Less: Contributions	8,654.			8,654.
	3 Gross income (line 1 minus line 2)	51,538.			51,538.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	12,518.			12,518.
	8 Entertainment				
	9 Other direct expenses	6,000.			6,000.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				18,518.
	11 Net income summary. Subtract line 10 from line 3, column (d)				33,020.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization operates gaming activities: _____
a Is the organization licensed to operate gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
b If "Yes," explain: _____

- 11 Does the organization operate 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
- 13 Indicate the percentage of gaming activity operated in:

13a		%
13b		%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____.
- c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes 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 ► \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: MILWAUKEE DIRECT MARKETING, INC.

(I) ADDRESS OF FUNDRAISER:

675 N BARKER RD, SUITE 130, BROOKFIELD, WI 53045

(II) ACTIVITY: ACQUISITION AND DEVELOPMENT OF SELECTIVE MAILING LIST.

SCHEDULE L

Transactions With Interested Persons

OMB No. 1545-0047

(Form 990 or 990-EZ)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ. See separate instructions. Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2013

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization HOPE OF THE VALLEY RESCUE MISSION Employer identification number 27-2053273

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

Table with 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization? (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$ 492,976.

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

SEE PART V FOR CONTINUATIONS

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
JPAK SOLUTIONS	JIN PAK, A BOARD ME	16,050.	JPAK SOLUTI		X
EAGLE FLIGHT	CHARLES CAMERON, A	9,600.	EAGLE FLIGH		X

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

(A) NAME OF PERSON: CAROL ROBERG

(B) RELATIONSHIP WITH ORGANIZATION: CAROL WAS A BOARD MEMBER DURING 2011.

(C) PURPOSE OF LOAN: PROVIDE TRANSITIONAL SHELTER AND REHABILITATION PROGRAM FOR HOMELESS MEN.

(A) NAME OF PERSON: DAVID DELAPLANE

(B) RELATIONSHIP WITH ORGANIZATION: DAVID WAS A BOARD MEMBER DURING 2013.

(C) PURPOSE OF LOAN: TO PURCHASE A HOME FOR HOMELESS WOMEN AND THEIR CHILDREN.

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: JPAK SOLUTIONS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

JIN PAK, A BOARD MEMBER, OWNS JPAK SOLUTIONS.

(D) DESCRIPTION OF TRANSACTION: JPAK SOLUTIONS PROVIDED PRINTING AND WEB DESIGN SERVICES TO HOPE OF THE VALLEY.

(A) NAME OF PERSON: EAGLE FLIGHT

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

CHARLES CAMERON, A BOARD MEMBER, OWNS EAGLE FLIGHT CONSULTING

(D) DESCRIPTION OF TRANSACTION: EAGLE FLIGHT CONSULTING PROVIDES

STRATEGIC DEVELOPMENT CONSULTING SERVICES

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

Name of the organization **HOPE OF THE VALLEY RESCUE MISSION** Employer identification number **27-2053273**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		95,261.	PRODUCT VALUATION
6 Cars and other vehicles	X	6	45,725.	FAIR MARKET VALUE
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	210	416,621.	PRODUCT VALUATION
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 - 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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, LINE 32B:

ALL STOCK GIFTS DONATED TO THE ORGANIZATION ARE SENT DIRECTLY TO THE STOCK BROKER. THE STOCK BROKER HAS INSTRUCTIONS TO SELL IMMEDIATELY.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

HOPE OF THE VALLEY RESCUE MISSION

Employer identification number

27-2053273

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

LIFE OF WHOLENESS AND SELF-SUFFICIENCY.

AS A FAITH-BASED COMPASSION MINISTRY, WE FOCUS ON THE SPIRITUAL,

EMOTIONAL, PHYSICAL, RELATIONAL, OCCUPATIONAL AND FINANCIAL NEEDS OF

OUR CLIENTS. OUR LEADERSHIP SEEKS TO OPERATE IN AND PROMOTE AN

ATMOSPHERE THAT IS ENTREPRENEURIAL, STRATEGIC AND PRACTICAL. WE DEVELOP

WELL THOUGHT OUT STRATEGIES AND IMPLEMENT THEM THROUGH TEAMS OF SKILLED

AND FAITHFUL STAFF AND VOLUNTEER WORKERS. PARTNERING WITH INDIVIDUALS,

BUSINESSES, CIVIC ORGANIZATIONS, FAITH BASED ORGANIZATIONS AND

GOVERNMENT AGENCIES WE EXPECT TO GROW AND SERVE EVER GREATER NUMBERS OF

THOSE IN NEED.

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

DRAFT OF THE FORM 990 IS PROVIDED TO ALL MEMBERS FOR THEIR REVIEW BEFORE

FILING.

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

THE ORGANIZATION HAS ESTABLISHED A CONFLICT OF INTEREST POLICY THAT RELATED

TO ALL DIRECTORS, OFFICERS ADMINISTRATORS AND EMPLOYEES. THE ORGANIZATION

MONITORS CONFLICT OF INTERESTS BY REQUIRING A YEARLY SUBMITTAL OF A

DISCLOSURE FORM TO OUR HUMAN RESOURCES. ANY POTENTIAL CONFLICT WILL BE

BROUGHT BEFORE THE BOARD OF DIRECTORS FOR A VOTE TO ENSURE ALL APPLICABLE

STANDARDS SET FORTH IN THE POLICY ARE BEING ADDRESSED AND FOLLOWED.

Name of the organization HOPE OF THE VALLEY RESCUE MISSION	Employer identification number 27-2053273
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FORM 990, PART VI, SECTION B, LINE 13:

THE ORGANIZATION IS IN THE PROCESS OF DEVELOPING A WRITTEN WHISTLEBLOWER POLICY IN 2013. FORMAL POLICY WAS ADOPTED IN JANUARY 2014.

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

THE BOARD REVIEWS SURVEYS OF OTHER RESCUE MISSIONS FOR COMPARABLE COMPENSATION. COMPENSATION BEFORE FINAL APPROVAL IS REVIEWED BY THE BOARD FOR BUDGETARY AND ORGANIZATIONAL FEASIBILITY.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

THE AUDIT COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT AUDITOR/ACCOUNTANT.

FORM 990, SCHEDULE M, PART I, LINE 31:

THE ORGANIZATION ADOPTED A GIFT ACCEPTANCE POLICY IN JANUARY 2014.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. HOPE OF THE VALLEY RESCUE MISSION	Employer identification number (EIN) or 27-2053273
	Number, street, and room or suite no. If a P.O. box, see instructions. 8165 SAN FERNANDO RD.	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SUN VALLEY, CA 91352	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

DAVID FAUSTINA

• The books are in the care of **8165 SAN FERNANDO RD. - SUN VALLEY, CA 91352**
Telephone No. **(818) 392-0020** Fax No.

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2014**.

5 For calendar year **2013**, or other tax year beginning _____, and ending _____.

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

7 State in detail why you need the extension
INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN IS NOT AVAILABLE AT THIS TIME.

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Title Date

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING

DECEMBER 31, 2013

Prepared for	HOPE OF THE VALLEY RESCUE MISSION 8165 SAN FERNANDO RD. SUN VALLEY, CA 91352
Prepared by	STANISLAWSKI & HARRISON, CPAS 301 N. LAKE AVE, SUITE 900 PASADENA, CA 91101
Amount due or refund	NO PAYMENT REQUIRED
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THE FORM 199 RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8453-EO TO OUR OFFICE. WE WILL THEN TRANSMIT THE RETURN ELECTRONICALLY TO THE FTB AND NO FURTHER ACTION IS REQUIRED.

California Exempt Organization
Annual Information Return

Calendar Year 2013 or fiscal year beginning (mm/dd/yyyy) , and ending (mm/dd/yyyy)

Corporation/Organization Name HOPE OF THE VALLEY RESCUE MISSION		California corporation number 3266653
Address (suite, room, or PMB no.) 8165 SAN FERNANDO RD.		FEIN 27-2053273
City SUN VALLEY	State CA	ZIP Code 91352

A First Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	J If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign, or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," complete and attach form FTB 3509.
B Amended Information Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
C IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
D Final Information Return? <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized Enter date: (mm/dd/yyyy) _____	
E Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other	
F Federal return filed? (1) <input type="checkbox"/> 990T (2) <input type="checkbox"/> 990 PF (3) <input type="checkbox"/> Sch H (990)	
G Is this a group filing for the subordinates/affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," attach a roster. See instructions	
H Is this organization in a group exemption? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the parent's name?	
I Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," explain, and attach copies of revised documents.	
K Is the organization exempt under R&TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the gross receipts from nonmember sources \$ _____	
L If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. No filing fee is required. <input checked="" type="checkbox"/>	
M Is the organization a Limited Liability Company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
N Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
O Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Receipts and Revenues	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	1,365,573.00
	2 Gross dues and assessments from members and affiliates	2	00
	3 Gross contributions, gifts, grants, and similar amounts received STMT 1	3	1,447,141.00
	4 Total gross receipts for filing requirement test. Add line 1 through line 3. STMT 2	4	2,812,714.00
	5 Cost of goods sold	5	00
	6 Cost or other basis, and sales expenses of assets sold	6	00
	7 Total costs. Add line 5 and line 6	7	00
	8 Total gross income. Subtract line 7 from line 4	8	2,812,714.00
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18	9	2,660,684.00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	152,030.00
Filing Fee	11 Filing fee \$10 or \$25. See General Instruction F	11	N/A 00
	12 Total payments	12	00
	13 Penalties and Interest. See General Instruction J	13	00
	14 Use tax. See General Instruction K	14	00
	15 Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result	15	00

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer	Title TREASURER	Date	Telephone (818) 392-0020
Preparer's signature	Date 08/22/14	Check if self-employed <input type="checkbox"/>	PTIN P00157338
Firm's name (or yours, if self-employed) and address STANISLAWSKI & HARRISON, CPAS 301 N. LAKE AVE, SUITE 900 PASADENA, CA 91101			FEIN 95-4749365 Telephone 626-793-3600

May the FTB discuss this return with the preparer shown above? See instructions Yes No

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	138,203.00	
	2	Interest	•	2	00	
	3	Dividends	•	3	00	
	4	Gross rents	•	4	00	
	5	Gross royalties	•	5	00	
	6	Gross amount received from sale of assets (See Instructions)	•	6	00	
	7	Other income	•	7	1,227,370.00	
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	1,365,573.00	
	9	Contributions, gifts, grants, and similar amounts paid	•	9	00	
	10	Disbursements to or for members	•	10	00	
	11	Compensation of officers, directors, and trustees	•	11	123,667.00	
	12	Other salaries and wages	•	12	795,687.00	
	Expenses and Disbursements	13	Interest	•	13	00
		14	Taxes	•	14	75,950.00
		15	Rents	•	15	362,076.00
		16	Depreciation and depletion (See instructions)	•	16	00
		17	Other Expenses and Disbursements	•	17	1,303,304.00
		18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	2,660,684.00

Schedule L Balance Sheets		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		695,851.		• 773,450.
2	Net accounts receivable				• 14,445.
3	Net notes receivable				•
4	Inventories		113,600.		• 129,339.
5	Federal and state government obligations				•
6	Investments in other bonds				•
7	Investments in stock				•
8	Mortgage loans				•
9	Other investments				•
10	a Depreciable assets	509,275.		659,630.	
	b Less accumulated depreciation	(72,234.)	437,041. (151,914.)		507,716.
11	Land		240,700.		• 240,700.
12	Other assets STMT 6		93,175.		• 89,959.
13	Total assets		1,580,367.		1,755,609.
Liabilities and net worth					
14	Accounts payable		83,626.		• 109,327.
15	Contributions, gifts, or grants payable				•
16	Bonds and notes payable STMT 7		495,465.		• 492,976.
17	Mortgages payable				•
18	Other liabilities STMT 8		100,000.		• 100,000.
19	Capital stock or principle fund				•
20	Paid-in or capital surplus. Attach reconciliation				•
21	Retained earnings or income fund		901,276.		• 1,053,306.
22	Total liabilities and net worth		1,580,367.		1,755,609.

Schedule M-1 Reconciliation of income per books with income per return					
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.					
1	Net income per books	• 152,030.	7	Income recorded on books this year not included in this return.	•
2	Federal income tax	•	8	Deductions in this return not charged against book income this year	•
3	Excess of capital losses over capital gains	•	9	Total. Add line 7 and line 8	
4	Income not recorded on books this year	•	10	Net income per return.	
5	Expenses recorded on books this year not deducted in this return	•		Subtract line 9 from line 6	152,030.
6	Total. Add line 1 through line 5	152,030.			

FORM 199 CASH CONTRIBUTIONS OF \$5000 OR MORE STATEMENT 1
 INCLUDED ON PART I, LINE 3

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
THE ABAR FOUNDATION	8165 SAN FERNANDO RD. SUN VALLEY, CA 91352	12/31/13	10,000.
ALBERT & ELAINE BORCHARD FOUNDATION	8165 SAN FERNANDO RD. SUN VALLEY, CA 91352	12/31/13	15,000.
THE ANNENBERG FOUNDATION	8165 SAN FERNANDO RD. SUN VALLEY, CA 91352	12/31/13	25,000.
COMMUNITY BANK	8165 SAN FERNANDO RD. SUN VALLEY, CA 91352	12/31/13	6,000.
CATHAY BANK	8165 SAN FERNANDO RD. SUN VALLEY, CA 91352	12/31/13	8,000.
CHINESE CHRISTIAN ALLIANCE CHURCH	8165 SAN FERNANDO RD. SUN VALLEY, CA 91352	12/31/13	5,000.
CITY OF LOS ANGELES	8165 SAN FERNANDO RD. SUN VALLEY, CA 91352	12/31/13	6,000.
STEVEN AND SUSAN COBIN	8165 SAN FERNANDO RD. SUN VALLEY, CA 91352	12/31/13	10,500.
ROBERT AND POLLY CROCKFORD	8165 SAN FERNANDO RD. SUN VALLEY, CA 91352	12/31/13	8,100.
COBE & KAREN CROSBY	8165 SAN FERNANDO RD. SUN VALLEY, CA 91352	12/31/13	10,454.
PETER DARLING	8165 SAN FERNANDO RD. SUN VALLEY, CA 91352	12/31/13	5,000.
DAVID AND PEGGY DELAPLANE	8165 SAN FERNANDO RD. SUN VALLEY, CA 91352	12/31/13	10,325.
FAITH HARVEST CHURCH	8165 SAN FERNANDO RD. SUN VALLEY, CA 91352	12/31/13	5,000.
GEORGE HOAG FAMILY FOUNDATION	8165 SAN FERNANDO RD. SUN VALLEY, CA 91352	12/31/13	15,000.
JOHN GRANT	8165 SAN FERNANDO RD. SUN VALLEY, CA 91352	12/31/13	34,785.

HOPE OF THE VALLEY RESCUE MISSION

27-2053273

H2W TECHNOLOGIES	8165 SAN FERNANDO RD. SUN VALLEY, CA 91352	12/31/13	5,000.
JAMES L. STAMPS FOUNDATION	8165 SAN FERNANDO RD. SUN VALLEY, CA 91352	12/31/13	7,500.
JAMY KAHN	8165 SAN FERNANDO RD. SUN VALLEY, CA 91352	12/31/13	33,040.
KAISER PERMANENTE	8165 SAN FERNANDO RD. SUN VALLEY, CA 91352	12/31/13	10,000.
LAWRENCE P FRANK FOUNDATION	8165 SAN FERNANDO RD. SUN VALLEY, CA 91352	12/31/13	10,000.
LEXUS PURSUIT OF POTENTIAL	8165 SAN FERNANDO RD. SUN VALLEY, CA 91352	12/31/13	10,000.
DAVE AND JOSIE LOWE	8165 SAN FERNANDO RD. SUN VALLEY, CA 91352	12/31/13	7,500.
DAVID AND ESPY NEU	8165 SAN FERNANDO RD. SUN VALLEY, CA 91352	12/31/13	5,000.
SHAUN PARK	8165 SAN FERNANDO RD. SUN VALLEY, CA 91352	12/31/13	9,840.
RESCUE MISSION ALLIANCE	8165 SAN FERNANDO RD. SUN VALLEY, CA 91352	12/31/13	10,000.
RISEN BREAD, LLC	8165 SAN FERNANDO RD. SUN VALLEY, CA 91352	12/31/13	7,000.
KENNETH AND MONIKA ROBERTS	8165 SAN FERNANDO RD. SUN VALLEY, CA 91352	12/31/13	11,800.
SOUTHLAND REGIONAL ASSOCIATION OF REALTORS	8165 SAN FERNANDO RD. SUN VALLEY, CA 91352	12/31/13	5,700.
SYLMAR KWIK MARKET	8165 SAN FERNANDO RD. SUN VALLEY, CA 91352	12/31/13	5,562.
KEYES AUTOMOTIVE GROUP	8165 SAN FERNANDO RD. SUN VALLEY, CA 91352	12/31/13	10,000.
EDITA VAUGHAN	8165 SAN FERNANDO RD. SUN VALLEY, CA 91352	12/31/13	5,250.
MICHAEL AND DIANNE VINCENT	8165 SAN FERNANDO RD. SUN VALLEY, CA 91352	12/31/13	12,900.
TOTAL INCLUDED ON LINE 3			<u>340,256.</u>

FORM 199 NONCASH CONTRIBUTIONS OF \$5000 OR MORE STATEMENT 2
 INCLUDED ON PART I, LINE 3

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS		
JOYCE WHITE	8165 SAN FERNANDO RD. SUN VALLEY, CA 91352		
PROPERTY DESCRIPTION	DATE OF GIFT	FMV OF GIFT	AMOUNT OF GIFT
STOCKS.	12/31/13	58,700.	209,764.

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS		
1ST PRES. OF GRANADA HILLS	8165 SAN FERNANDO RD. SUN VALLEY, CA 91352		
PROPERTY DESCRIPTION	DATE OF GIFT	FMV OF GIFT	AMOUNT OF GIFT
FOOD	12/31/13	6,359.	6,359.

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS		
ALL NATIONS CHURCH	8165 SAN FERNANDO RD. SUN VALLEY, CA 91352		
PROPERTY DESCRIPTION	DATE OF GIFT	FMV OF GIFT	AMOUNT OF GIFT
FOOD	12/31/13	7,212.	7,217.

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS		
BURBANK TEMPORARY AID	8165 SAN FERNANDO RD. SUN VALLEY, CA 91352		
PROPERTY DESCRIPTION	DATE OF GIFT	FMV OF GIFT	AMOUNT OF GIFT
FOOD	12/31/13	7,364.	7,364.

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS		
CHILDREN'S HUNGER FUND	8165 SAN FERNANDO RD. SUN VALLEY, CA 91352		
PROPERTY DESCRIPTION	DATE OF GIFT	FMV OF GIFT	AMOUNT OF GIFT
FOOD	12/31/13	71,857.	71,857.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
CHURCH OF ROCKY PEAK	8165 SAN FERNANDO RD. SUN VALLEY, CA 91352		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>FMV OF GIFT</u>	<u>AMOUNT OF GIFT</u>
FOOD	12/31/13	6,940.	6,940.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
DOMINGO MOTA WINGS OF HOPE	8165 SAN FERNANDO RD. SUN VALLEY, CA 91352		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>FMV OF GIFT</u>	<u>AMOUNT OF GIFT</u>
FOOD	12/31/13	20,530.	20,530.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
EASTERN POULTRY	8165 SAN FERNANDO RD. SUN VALLEY, CA 91352		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>FMV OF GIFT</u>	<u>AMOUNT OF GIFT</u>
PRODUCE	12/31/13	10,484.	10,484.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
ELLEN MORANO, PRANIC HEALERS	8165 SAN FERNANDO RD. SUN VALLEY, CA 91352		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>FMV OF GIFT</u>	<u>AMOUNT OF GIFT</u>
FOOD	12/31/13	5,598.	5,598.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
HUNGER PROJECT, JOAV GETZLER	8165 SAN FERNANDO RD. SUN VALLEY, CA 91352		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>FMV OF GIFT</u>	<u>AMOUNT OF GIFT</u>
FOOD	12/31/13	5,272.	5,272.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
M.E.N.D.	8165 SAN FERNANDO RD. SUN VALLEY, CA 91352		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>FMV OF GIFT</u>	<u>AMOUNT OF GIFT</u>
FOOD	12/31/13	76,757.	76,757.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
SHELTER PARTNERSHIP	8165 SAN FERNANDO RD. SUN VALLEY, CA 91352		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>FMV OF GIFT</u>	<u>AMOUNT OF GIFT</u>
FOOD	12/31/13	48,655.	48,655.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
URM	8165 SAN FERNANDO RD. SUN VALLEY, CA 91352		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>FMV OF GIFT</u>	<u>AMOUNT OF GIFT</u>
CLOTHING AND TOYS	12/31/13	5,802.	5,802.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
VALLEY BEREAN CHRISTIAN CHURCH	8165 SAN FERNANDO RD. SUN VALLEY, CA 91352		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>FMV OF GIFT</u>	<u>AMOUNT OF GIFT</u>
FOOD	12/31/13	9,292.	9,292.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
YMCA	8165 SAN FERNANDO RD. SUN VALLEY, CA 91352		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>FMV OF GIFT</u>	<u>AMOUNT OF GIFT</u>
FOOD	12/31/13	5,193.	5,193.

TOTAL INCLUDED ON LINE 3			497,084.
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<u>FORM 199</u>	<u>OTHER INCOME</u>	<u>STATEMENT</u>	<u>3</u>
<u>DESCRIPTION</u>			<u>AMOUNT</u>
THRIFT STORES			1,191,280.
CONTRACT FEE			36,090.
TOTAL TO FORM 199, PART II, LINE 7			1,227,370.

FORM 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 4

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
KEN CRAFT 8165 SAN FERNANDO RD. SUN VALLEY, CA 91352	PRESIDENT/CEO 60.00	94,500.
DAVID FAUSTINA 8165 SAN FERNANDO RD. SUN VALLEY, CA 91352	GENERAL MANAGER 60.00	29,167.
TOTAL TO FORM 199, PART II, LINE 11		123,667.

FORM 199 OTHER EXPENSES STATEMENT 5

DESCRIPTION	AMOUNT
DEPRECIATION	79,679.
FOOD SUPPLIES	433,456.
OTHER EXPENSES	62,831.
PROGRAM EXPENSES	40,014.
DIRECT EXPENSES OF FUNDRAISING EVENTS	67,278.
OTHER EMPLOYEE BENEFITS	55,224.
PROFESSIONAL FUNDRAISING FEES	119,203.
OTHER PROFESSIONAL FEES	41,452.
ADVERTISING AND PROMOTION	106,851.
OFFICE EXPENSES	141,804.
INFORMATION TECHNOLOGY	14,203.
TRAVEL	62,804.
CONFERENCES AND CONVENTIONS	4,312.
INSURANCE	68,595.
ALL OTHER EXPENSES	5,598.
TOTAL TO FORM 199, PART II, LINE 17	1,303,304.

FORM 199	OTHER ASSETS	STATEMENT	6
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
PLEDGES AND GRANTS RECEIVABLE	46,000.	0.	
PREPAID EXPENSES AND DEFERRED CHARGES	22,965.	65,749.	
SECURITY DEPOSIT - 8165	8,280.	8,280.	
SECURITY DEPOSIT - DWP 8165	930.	930.	
SECURITY DEPOSIT - THRIFT STORE 2	15,000.	15,000.	
TOTAL TO FORM 199, SCHEDULE L, LINE 12	93,175.	89,959.	

FORM 199	BONDS AND NOTES PAYABLE	STATEMENT	7
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
PAYABLES TO OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES, ETC.	495,465.	492,976.	
TOTAL TO FORM 199, SCHEDULE L, LINE 16	495,465.	492,976.	

FORM 199	OTHER LIABILITIES	STATEMENT	8
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
UNSECURED NOTES AND LOANS PAYABLE	100,000.	100,000.	
TOTAL TO FORM 199, SCHEDULE L, LINE 18	100,000.	100,000.	

FORM 199	FUND BALANCES	STATEMENT	9
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
UNRESTRICTED ASSETS	651,416.	869,192.	
TEMPORARILY RESTRICTED ASSETS	249,860.	184,114.	
TOTAL TO FORM 199, SCHEDULE L, LINE 21	901,276.	1,053,306.	

TAXABLE YEAR
2013

California e-file Return Authorization for Exempt Organizations

FORM
8453-EO

Exempt Organization name HOPE OF THE VALLEY RESCUE MISSION	Identifying number 27-2053273
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Part I Electronic Return Information (whole dollars only)

1	Total gross receipts (Form 199, line 4)	1	2,812,714 00
2	Total gross income (Form 199, line 8)	2	2,812,714 00
3	Total expenses and disbursements (Form 199, line 9)	3	2,660,684 00

Part II Settle Your Account Electronically for Taxable Year 2013

4 <input type="checkbox"/> Electronic funds withdrawal	4a Amount	4b Withdrawal date (mm/dd/yyyy)
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Part III Banking Information (Have you verified the exempt organization's banking information?)

5 Routing number _____	7 Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
6 Account number _____	

Part IV Declaration of Officer

I authorize the exempt organization's account be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my Electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2013 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to my ERO, intermediate service provider, the reason(s) for the delay.**

Sign Here	Signature of Officer _____	Date _____	TREASURER	Title _____
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Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an Intermediate Service Provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2013 e-file Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or four years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign	ERO's signature	Date _____	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN _____
	Firm's name (or yours if self-employed) and address	STANISLAWSKI & HARRISON, CPAS			FEIN 95-4749365
		301 N. LAKE AVE, SUITE 900			ZIP Code 91101
		PASADENA, CA			

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Must Sign	Paid preparer's signature	Date _____	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN P00157338	
	Firm's name (or yours if self-employed) and address	STANISLAWSKI & HARRISON, CPAS			FEIN 95-4749365
		301 N. LAKE AVE, SUITE 900			ZIP Code 91101
		PASADENA, CA			

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM RRF-1

FOR THE YEAR ENDING

DECEMBER 31, 2013

Prepared for	HOPE OF THE VALLEY RESCUE MISSION 8165 SAN FERNANDO RD. SUN VALLEY, CA 91352
Prepared by	STANISLAWSKI & HARRISON, CPAS 301 N. LAKE AVE, SUITE 900 PASADENA, CA 91101
Mail tax return to	REGISTRY OF CHARITABLE TRUSTS P.O. BOX 903447 SACRAMENTO, CA 94203-4470
Return must be mailed on or before	NOVEMBER 17, 2014
Special Instructions	THE RETURN SHOULD BE SIGNED AND DATED BY AN AUTHORIZED INDIVIDUAL. ENCLOSE A CHECK FOR \$150 MADE PAYABLE TO ATTORNEY GENERAL'S REGISTRY OF CHARITABLE TRUSTS. INCLUDE "FORM RRF-1," THE REPORT YEAR AND THE ORGANIZATION'S STATE CHARITY REGISTRATION NUMBER AND/OR ORGANIZATION NUMBER ON THE REMITTANCE.

MAIL TO:
 Registry of Charitable Trusts
 P.O. Box 903447
 Sacramento, CA 94203-4470
 Telephone: (916) 445-2021

**ANNUAL
 REGISTRATION RENEWAL FEE REPORT
 TO ATTORNEY GENERAL OF CALIFORNIA**

Sections 12586 and 12587, California Government Code
 11 Cal. Code Regs. sections 301-307, 311 and 312

WEB SITE ADDRESS:
<http://ag.ca.gov/charities/>

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number: CT <u>0158552</u>	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report
HOPE OF THE VALLEY RESCUE MISSION <small>Name of Organization</small>	Corporate or Organization No. <u>3266653</u>
<u>8165 SAN FERNANDO RD.</u> <small>Address (Number and Street)</small>	Federal Employer I.D. No. <u>27-2053273</u>
<u>SUN VALLEY, CA 91352</u> <small>City or Town, State and ZIP Code</small>	

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)
 Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

PART A - ACTIVITIES

For your most recent full accounting period (beginning 01/01/2013 ending 12/31/2013) list:
 Gross annual revenue \$ 2,745,436. Total assets \$ 1,755,609.

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest? SEE STATEMENT 10	X	
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?		X
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		X
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider. STMT 11	X	
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.		X
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.		X
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes. STMT 12	X	
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	X	

Organization's area code and telephone number (818) 392-0020

Organization's e-mail address _____

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

CHRIS DELAPLANE	TREASURER
<small>Signature of authorized officer</small>	<small>Printed Name</small>
	<small>Title</small>
	<small>Date</small>

FORM RRF-1

EXPLANATION OF FINANCIAL TRANSACTIONS
PART B, LINE 1

STATEMENT 10

THE ORGANIZATION HAS TWO LOANS PAYABLE TO ONE CURRENT BOARD MEMBER AND ONE FORMER BOARD MEMBER. THE ORGANIZATION ALSO PURCHASES PRINTING AND WEB DESIGN SERVICES AS WELL AS CONSULTING SERVICES FROM CURRENT BOARD MEMBERS.

FORM RRF-1

INFORMATION REGARDING PROFESSIONAL
FUND-RAISING SERVICES
PART B, LINE 5

STATEMENT 11

NAME OF FUNDRAISER: MILWAUKEE DIRECT MARKETING, INC.
ADDRESS OF FUNDRAISER: 675 N BARKER RD, SUITE 130, BROOKFIELD, WI,
53045
TEL PHONE:(262)789-2240

FORM RRF-1

EXPLANATION OF VEHICLE DONATIONS
PART B, LINE 8

STATEMENT 12

THE VEHICLE DONATION PROGRAM IS OPERATED BY THE ORGANIZATION.