** PUBLIC DISCLOSURE COPY **

Department of the Treasury

Internal Revenue Service

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

OMB No. 1545-0047

▶ 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

Α	For the	e 2014 calendar year, or tax year beginning JUL I, ∠UI4 and	ending J	UN 30, 2015)
В	Check if applicable	C Name of organization		D Employer identif	ication number
	Addres				
	Name change	Doing business as		11-1	1633549
	Initial return Final return/	12 MEMBO MECH CENMED	Room/suite	E Telephone numb	er -422-3235
	termin ated			G Gross receipts \$	92,348,127.
	Ameno return	BROOKHIN, NI 11201-4520		H(a) Is this a group	return
	Applic tion pendir	F name and address of principal officer: WIDDIAM N. GUANING	LLO	for subordinate H(b) Are all subordinates	
$\frac{1}{1}$	Tay.ov	empt status: X 501(c)(3) 501(c) ()	or 527	1	a list. (see instructions)
		e: WWW.HEARTSHARE.ORG	51 021	H(c) Group exemption	
		organization: X Corporation Trust Association Other ►	I Year		M State of legal domicile: NY
	art I	Summary	I Tour	orioniation: ====	W Clate of logar domining. = 1
		Briefly describe the organization's mission or most significant activities: SEE	SCHEDU	LE O	
Governance	'	briefly describe the organization 5 mission of most significant activities.		-	
'n,	2	Check this box if the organization discontinued its operations or dispose	sed of more	than 25% of its net a	ussets
Ş	1	·		3	1 00
ၓ		Number of independent voting members of the governing body (Part VI, line 1b)			
ە ق		Total number of individuals employed in calendar year 2014 (Part V, line 2a)			1974
Activities		Total number of volunteers (estimate if necessary)			284
휹		Total unrelated business revenue from Part VIII, column (C), line 12			
Ă		Net unrelated business taxable income from Form 990-T, line 34			+
	† ~			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)		792,275	
		Program service revenue (Part VIII, line 2g)		85,527,587	
		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		30,960	
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,780,963	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		89,131,785	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		3,065,288	
		Benefits paid to or for members (Part IX, column (A), line 4)		0,	
"	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		58,389,988	
Expenses	162	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
þer	h ioa	Total fundraising expenses (Part IX, column (D), line 25) 304,8'	75.	•	
ĕ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		30,527,797	30,193,810.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		91,983,073	
		Revenue less expenses. Subtract line 18 from line 12		-2,851,288	
JC Book	3 3	Teveride 1635 experises. Subtract line 10 from line 12		ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		55,126,696.	
ASS	21	Total liabilities (Part X, line 26)		45,363,423	
E. Set	22	Net assets or fund balances. Subtract line 21 from line 20		9,763,273	
P	art II	Signature Block		.,,	
		Ities of perjury, I declare that I have examined this return, including accompanying schedule:	s and statem	ents, and to the best of r	nv knowledge and belief, it is
	-	t, and complete. Declaration of preparer (other than officer) is based on all information of wh			,
	,				
Sig	ın	Signature of officer		Date	
He		WILLIAM R. GUARINELLO, PRESIDENT & CEO	O		
	. •	Type or print name and title			
_		Print/Type preparer's name Preparer's signature	10	Date Check	PTIN
Pai	d	ERIC GOLDFARB		if self-emplo	P01277125
	parer	Firm's name LOEB & TROPER LLP	<u> </u>	Firm's EIN	13-1517563
	Only	Firm's address 655 THIRD AVENUE, 12TH FLOOR		5 E	
	,	NEW YORK, NY 10017		Phone no 2.1	12-867-4000
<u> </u>	v tho IE	RS discuss this return with the preparer shown above? (see instructions)		11 110110 110.22	X Ves No

Pai	Check if Schedule O contains a response or note to any line in this Part III
1	Check if Schedule O contains a response or note to any line in this Part III
•	SEE SCHEDULE O
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? 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 \$ 42,639,194. including grants of \$) (Revenue \$ 48,058,793.)
	RESIDENTIAL SERVICES:
	HEARTSHARE PROVIDED RESIDENTIAL SERVICES TO 381 CHILDREN AND ADULTS
	WITH DEVELOPMENTAL DISABILITIES THROUGH ITS 41 GROUP HOMES AND 47
	SUPPORTED AND ISS APARTMENTS. OUR RESIDENTS LEARN COOKING, CLEANING, BUDGETING AND MORE WHILE ATTENDING SCHOOL OR A TRAINING PROGRAM OR
	WORKING. THE RESIDENTS MAINTAIN THEIR HOMES, PARTICIPATE IN
	RECREATIONAL AND CULTURAL ACTIVITIES IN THE COMMUNITY AND ESTABLISH
	GOOD RELATIONSHIPS WITH THEIR NEIGHBORS. LOCATED IN BROOKLYN, QUEENS
	AND STATEN ISLAND, HEARTSHARE'S HOMES OFFER INDIVIDUALS A SAFE AND
	LOVING PLACE TO LIVE WHEN THEY ARE READY TO TAKE THE NEXT STEP TOWARD
	INDEPENDENCE.
	INDUI BROBRED.
4b	(Code:) (Expenses \$18,640,035 • including grants of \$) (Revenue \$21,066,285 •)
	ADULT DAY PROGRAMS:
	HEARTSHARE'S DAY PROGRAMS FOR ADULTS WITH DEVELOPMENTAL DISABILITIES
	ARE TAILORED TO MEET THE INDIVIDUAL NEEDS, GOALS AND DESIRES OF THE
	PROGRAM PARTICIPANTS. MORE THAN 624 ADULTS RECEIVED SERVICES FROM ONE
	OF HEARTSHARE'S 12 DAY PROGRAMS LOCATED IN BROOKLYN, QUEENS OR STATEN
	ISLAND. THESE PROGRAMS OFFER ADULTS A WIDE RANGE OF EXPERIENCES WITH A
	SPECIAL FOCUS ON COMMUNITY-BASED VOLUNTEER AND WORK OPPORTUNITIES.
	RECREATIONAL TRIPS AND COMMUNITY ACTIVITIES ARE ALSO AN INTEGRAL PART
	OF THE PROGRAMS. HEARTSHARE OFFERS A SUPPORTED EMPLOYMENT PROGRAM FOR
	THOSE INDIVIDUALS CAPABLE OF COMPETITIVE EMPLOYMENT.
	(Code:) (Expenses \$12,428,683. including grants of \$) (Revenue \$13,378,545.
4c	(Code:) (Expenses \$ 12,428,085. including grants of \$) (Revenue \$) (Revenue \$)
	EARLY CHILDHOOD SERVICES: HEARTSHARE'S EARLY CHILDHOOD SERVICES HELP CHILDREN WITH DEVELOPMENTAL
	DELAYS OR DISABILITIES BUILD A STRONG FOUNDATION FOR THEIR FUTURES.
	MORE THAN 900 CHILDREN BENEFITTED FROM THESE SERVICES OFFERED AT FIVE
	LOCATIONS IN BROOKLYN AND QUEENS. IN ADDITION TO EVALUATION SERVICES
	AND PRE-SCHOOL PROGRAMS FOR CHILDREN WITH DEVELOPMENTAL DELAYS OR
	DISABILITIES, HEARTSHARE ALSO OFFERS UNIVERSAL PRE-KINDERGARTEN FOR
	4-YEAR-OLD CHILDREN. HEARTSHARE'S PROGRAMS OFFER A FULL RANGE OF
	SERVICES WHICH INCLUDE SPECIAL EDUCATION SERVICES IN A CLASSROOM
	SETTING, PHYSICAL AND OCCUPATIONAL THERAPY, SPEECH AND LANGUAGE
	THERAPY, MUSIC THERAPY, RECREATIONAL ACTIVITIES, COMPUTERS IN
	CLASSROOMS, AND PARENT EDUCATION AND SUPPORT. HEARTSHARE HELPS
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 1,111,309 • including grants of \$) (Revenue \$ 2,786,663 •)
4e	Total program service expenses ► 74,819,221.
43200	Form 990 (2014

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	<u> </u>	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			3,7
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			₩
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		x
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			$ _{\mathbf{x}}$
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		
7	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	- '-		 -
Ü	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	Ť		
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	Х	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	<u> </u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40	Х	
	Schedule D, Parts XI and XII	12a	Λ	
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	21	Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	174		 -
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990	(2014)

Part IV Checklist of Required Schedules (continued)

21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic organization report more than \$5,000 of grants or other assistance to any domestic individuals on Part X, courum (A), the 21 H*** (Secomplete Schedule J** Parts and III Parts an				Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III, and former officers, directors, trustees, key employees, and highest compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I. 23 X 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$10,0000 as of the last at any of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a 24b Did the organization have a tax-exempt bond issue with an outstanding storage properties. The part of defease any tax-exempt bonds? 25b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 25c Section 501(c)(3), 601(c)(4), and 601(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25c II be organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part II 25c II bid the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any purrent or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II instructions for applicable limiting thresholds, conditions, and exceptions; a A current of former officer, director, trustee, or key employee (or a family member of any of these persons? If "Yes," complete Schedule L, Part IV 25d Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule L, Part IV 2	21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
Part IX, column (A), line 27 if "Yes," complete Schedule I, Parts I and III 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, fusitess, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part II 19 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule I, I'm? or 10 time 25s 24		domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former offices, directors, flustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a 24b 24c 24b 25a Schedule K. If "No", go to line 25a 24b 24c 24b 25a Schedule K. If "No", go to line 25a 24b 24c 24b 25a Schedule K. If "No", go to line 25a 24b 25a 25b	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J and the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 240 through 240 and complete Schedule I, "No.", or or line 253 246		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 25a Section 501(e/3), 501(e/14), and 501(e/29) organizations. Did the organization engage in an excess benefit transaction with a disqualide person during the year? 25a Section 501(e/3), 501(e/14), and 501(e/29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction was not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part II 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 efficiers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part IV 25b A starting and provide a grant or other assistance to an officer, director, trustee, key employee, substantial contribution or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV 27	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 25a Section 501(e/3), 501(e/14), and 501(e/29) organizations. Did the organization engage in an excess benefit transaction with a disqualide person during the year? 25a Section 501(e/3), 501(e/14), and 501(e/29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction was not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part II 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 efficiers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part IV 25b A starting and provide a grant or other assistance to an officer, director, trustee, key employee, substantial contribution or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV 27		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002/ if "Yes," answer lines 24b through 24d and complete Schedule K. if "No", go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d 25d Did the organization at as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25b Is the organization on as not been reported on any of the organization's prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part I 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, inglinest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employees, or disqualified persons? If "Yes," complete Schedule L, Part III 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable thereof, a grant selection committee empther, or to a 35% controlled entity or family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 27 A a nentity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28 A current or former officer, director, trustee, or key employee? If "Ye			23	Х	
stat day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 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? d Did the organization act as an "on behalf of issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of issuer for bonds outstanding at any time during the year? d Did the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization spote Did the organization in prory person in a prior year, and that the transaction has not been reported on any of the organization spote Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributions for applicable filing thresholds, conditions, and exceptions; a A current or former officer director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee or a family member of a current or former officer, director, trustee, or key employee or a family member of a current or former officer, director, trustee, or key employee or a family member of a current or forme	24a				
Schedule K. If "No", go to line 25s b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part II 25a					
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 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? 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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part II 25b X 27 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, exp employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part III 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? If "Yes," complete Schedule L, Part IV and A transfer or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV and the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV 28b X 29 Did the organization injudiate, terminate, or dissolve and cease operations? If "Yes," complete Schedule M. 30 Did the organization injudiate, terminate, or dissolve and cease operations? If "Yes," complete Schedule M. 31 Did the organization injudiate, terminate, or dissolve and cease operations? If "Yes," complete Schedule M. Part I. 32 Did the organization have a controlled entity within the mea			242		x
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? 24d 25d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage 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 with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization is prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part II 25d Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 26b 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? If "Yes," complete Schedule L, Part II 28 Was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV 28 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M, Part I 30 Did the organization inquicidate, terminate, or dissolve and cease operations? 16 Yes, "complete Schedule N, Part I 31 Did the organization	h		-		 -
any tax-exempt bonds? did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 246 258 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a X b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part I 25b X 25c			240		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	·		240		
Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	a				
transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I			24u		
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-E27 If "Yes," complete Schedule L, Part I 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 "Yes," complete Schedule L, Part II 266 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? If "Yes," complete Schedule L, Part II 27 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? If "Yes," complete Schedule L, Part IV 28b X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 X 31 Did the organization engalized the full of the organization includiate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 31 Did the organization on 100% of an entity disregarded as separate from the organization under Regulation sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1 32 X 33 Did the organization naive a controlled entity within the meaning of section 512(b)(13)? bit "Yes," complete Schedule R, Part IV, line 2 35 X	2 5a		05-		v
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part I 25b			25a		
Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 26	D				
Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 26 X X 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? If "Yes," complete Schedule L, Part III 27 X X 4 the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filling thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X 2 A an entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X 2 2 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 2 2 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I 3 3 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 3 3 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 3 3 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3					_V
former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 26 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? If "Yes," complete Schedule L, Part III 27 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M, Part I 31 X 31 Did the organization ilquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 31 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? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? B "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 37 X 35b Section 501(c)(3) organizations. Did the			250		
complete Schedule L, Part II 26	26				
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? If "Yes," complete Schedule L, Part III 27					- V
contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28 X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 31 X 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 A X 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35 Did the organization have a controlled entity within the meaning of section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization and that is treated as a partnership fo			26		
of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filling thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization ilquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization ilquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V I 37 X 38 Did the organization conduct more than 5% of its activit	27				
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? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization and that is treated as a p			l		177
instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 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 key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee? If "Yes," complete Schedule N 28b X 29			27		Α.
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 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? If "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 31 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 31 Part V, line 1 32 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 33 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 33 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V, line 2 34 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V, line 2 35 Did the organization co	28				
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 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? If "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?				.,	
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? If "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 If the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 32 Ax 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35 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 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Yax 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI, line 11b and 19?			-		
director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 16 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)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI ines 11b and 19?			28b	X	
Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X	С			l	
Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI, lines 11b and 19?				Х	
contributions? If "Yes," complete Schedule M 30	29		29		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 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)? If "Yes," complete Schedule R, Part V, line 2 35b X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	30	· · · · · · · · · · · · · · · · · · ·			
If "Yes," complete Schedule N, Part I 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 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)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI and In the properties of the organization of the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			30		X
Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 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)? If "Yes," complete Schedule R, Part V, line 2 35b X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 A X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	31				
Schedule N, Part II 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? If "Yes," complete Schedule R, Part I 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35b 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)? If "Yes," complete Schedule R, Part V, line 2 35b X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI lines 11b and 19?		If "Yes," complete Schedule N, Part I	31		X
Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34	32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33		Schedule N, Part II	32		X
Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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)? If "Yes," complete Schedule R, Part V, line 2 35b X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	33				
Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			33		X
Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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)? If "Yes," complete Schedule R, Part V, line 2 35b X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 		Part V, line 1	34		
within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
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</i> "Yes," <i>complete Schedule R, Part VI</i> 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
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</i> "Yes," <i>complete Schedule R, Part VI</i> 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		If "Yes," complete Schedule R, Part V, line 2	36		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37				
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
Note. All Form 990 filers are required to complete Schedule O	38				
		Note. All Form 990 filers are required to complete Schedule O	38	Х	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Peach No.		Check if Schedule O contains a response or note to any line in this Part V					
b Enter the number of Forms W26 included in line 1a. Enter of 1 not applicable 1						Yes	No
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming generalized in the company of the provided provided the provided pr	1a						
a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return **Page 18	b			J			
2a Earth the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendary year ending with or within the year covered by this return. b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unreaded business gross income of \$1,000 or more during the year? 3a X b If Yes, "has it filed a Form 990-T for this year? If "No," to file 2b, provide an explanation in Schedule O 3b A At any time during the calendary year, did the organization have an interest it, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a At any time the haame of the foreign country. 5b If Yes," and the file and the foreign country (such as a bank account, securities account, or other financial Accounts (FBAF). 5c In the state or spanization shall be a such as a bank account, securities account, or other financial Accounts (FBAF). 5c In the state or spanization shall be that it was or is a party to a prohibited tax shelter transaction? 5c In the "Yes," to line 5a or 5b, did the organization file Form 8868-T7 6d Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 5c In the state of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6d If Yes," did the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible? 7c In the formal saze? 7d In the organization selle, expanyed in excess of \$75 made party as a contribution and party for goods and services provided to the payor. 7a In the organization received a paymen	С						
tiled for the calendary year ending with or within the year covered by this return. 1			 I		1c		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3a Did the organization have unrelated business gross income of 750,000 m more during the year? 3a Ibid the organization and a foreign country (such as a bank account, so file (see instructions) 3b If "Yes," has it filed a Form 990 T for this year? If "No," to fine 3b, provide an explanation in Schedule O 3a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a At any time there the name of the foreign country ▶ 5b ein structions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b If "Yes," to line 5a or 5b, did the organization file Form 8886-17 6c If "Yes," to line 5a or 5b, did the organization file Form 8886-17 6d Does the organization shall were not tax deductible as charitable contributions? 6d Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 organizations that many receive deductible contributions under section 170(c). 8d Did in organization necelve apprential microses of 35 made party is a contribution and party for goods and services provided to the payor? 7 b If "Yes," did the organization notity the donor of the value of the goods or services provided? 7 c Zy If I was explained to the payor payment in excess of 35 made party is a contribution of quantization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 c Zy If I was explained to the organization foreive payment in excess business holdings at any time during the year? 8 Sponsoring organization neceive any funds distribution of cars, boats, airplanes, or oth	2a		_	1074			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Dit the organization have unrelated business gross across more of \$1,000 or brore during the year? 4a Aar by time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. Such as a bank account, securities account in a foreign country (such as a bank account, securities account, or other financial accountry) 5b 1f Yes,* enter the name of the foreign country. ► 5ce instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial accountry. 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5ce instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization aparty to a prohibited tax shelter transaction? 5b X 5ce instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5ce instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5ce instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5ce instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5ce instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5ce instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5ce instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5ce in filing						37	
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 4b If Yes,* has if filed a Form 900-17 for this year, "I "\0," to live a By, provide an explanation in Schedule 0 4c At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial all account)? 4c If Yes, "to live the foreign country Provided in the financial Accounts (FBAR). 5c If Yes, "to line 5a or 5b, did the organization file Form 8886-17? 6c If Yes, "to line 5a or 5b, did the organization file Form 8886-17? 6d Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6d If Yes, "to line 5a or 5b, did the organization file Form 8886-17? 6d Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6d If Yes, "did the organization include with every solicitation and partly for goods and services provided to the payor? 6d If Yes, "did the organization neceive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 6d If Yes, "did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c X 7d If Yes, "did the organization received a contribution of qualified intellectual property, did the organization file Form 899 as required? 7d If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1099 C? 7d Sponsoring organization have excess business holdings at any time during the year? 7d Sponsoring organization have excess business holdings at any time during the year? 8d Sponsoring organization maintaining donor advised funds. Did a donor advised funds. 8d	b				2b	Λ	
b If "Yes," has it flied a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. 4a X b If "Yes," enter the name of the foreign country. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Ust any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? 5b Ust any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? 5c If "Yes," to line 5a or 5b, did the organization the Form 888617? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax eductibles? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles? 7 Organizations that may receive deductible contributions under section 170(c). a bill the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 8882? 7 Organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 8882? 8 Of If "Yes," indicate the number of Forms 8282 filed during the year 9 If the organization received an contribution of caris, boats, parisonal benefit contract? 7 Organization received an contribution of caris, boats and party in directly, in a personal benefit contract? 7 Organization received an contribution of caris, boats and party the organization flee form 8899 as required? 10 If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 Organization received an contribution of caris, boats, boats, an			3)				v
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, eventhes account, or other financial account)? See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). So Was the organization party to a prohibited tax shelter transaction at any time during the tax year? 5a							
financial account in a foreign country (such as a bank account, securities account, or other financial account)? b (if "Yes," enter the name of the foreign country: "See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b L X C If "Yes," to line 5a or 5b, did the organization file Form 8886-17? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a X					3b		
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions of filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). So Was the organization that was or is a party to a prohibited tax shelter transaction? So If "Yes," to line 5a or 5b, did the organization file Form 8886-17 Boos the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? So If "Yes," did the organization include with very solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Bid the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? The section of the organization notity the donor of the value of the goods or services provided? Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? The section of the form 8282? If If Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? To If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? To If If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations make every acusable distributions under section 4968? Sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make any taxa	4a			•			v
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b TYes, 1 to line 5a or 5b, did the organization file Form 8886-17 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a X 5b If Yes, 1 did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible? 7b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly to goods and services provided to the payor? 7b If Yes, 1 did the organization notify the donor of the value of the goods or services provided? 7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 6c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c X 6d If "Yes," indicate the number of Forms 8282 filed during the year 6e Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7c If Did the organization may the year, pay premiums, directly or indirectly, on a personal benefit contract? 7d X 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. 8 Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution of pay If If If If I a Did Bord Form 1041? 9a Section 501(c)(12) orga			accou	nt)?	4a		Λ
Sa X D Did any taxable party not a prohibited tax shelter transaction at any time during the tax year? 5a X D Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X C If Yes,* 10 line 5a or 5b, did the organization file Form 888617? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6b If Yes,* did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization receive any payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 8 Object of Did the organization receive any funds, directly, to pay premiums on a personal benefit contract? 9 Did the organization receive any funds, directly, to pay premiums on a personal benefit contract? 10 Did the organization receive any funds, directly, to pay premiums on a personal benefit contract? 11 Did the organization received a contribution of qualified intellectual property, did the organization file Form 1098-C? 12 Did the organization make any taxable distributions under section 4966? 13 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Gross	D	· · · · · · · · · · · · · · · · · · ·		.t- (FDAD)			
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6 If "Yes," to line 5 aor 5b, did the organization file Form 8886-17 6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization review a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 If "Yes," did the organization notify the donor of the value of the goods or services provided? 8 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 9 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 9 Did the organization receive any funds, directly or indirectly, on a personal benefit contract? 10 Did the organization received a contribution of qualified intellectual property, did the organization file Form 8893 as required? 11 Did the organization make any state of the special property, did the organization file form 8893 as required? 12 Sponsoring organization make any taxable distributions under section 4966? 13 Sponsoring organization make any taxable distributions under section 4966? 14 Did the sponsoring organization make any taxable distributions under section 4966? 15 Section 501(c)(12) organizations. Enter: 16 If Yes, "Intelligent the members or shareholders 17 Ja Section 501(c)(12) organizations. Enter: 18 If Yes, "Intelligent the manual of reserves the organization intelligent benefit to other sources against 19 Did the sponsoring organization make any taxable distributions under section 4966? 18	E.			· · · · · · · · · · · · · · · · · · ·	E		x
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$5° made partly as a contribution and partly for goods and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided? If "Yes," inclinate the number of Forms 8282 filed during the year of the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? If "Yes," inclinate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? To X If the organization receive any tunds, directly or indirectly, to pay premiums on a personal benefit contract? To X If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make and stirbutions included on Part VIII, line 12 Did the sponsoring organization make and stirbutions under section 4966? Did the sponsoring organization make and stirbutions under section 4966? Did the sponsoring organization m							
6a Des the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? filed during the year							- 21
b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly tor goods and services provided to the payor? 7b if "Yes," did the organization notify the donor of the value of the goods or services provided? 7 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 8 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 9 Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 10 Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 11 Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 12 Sponsoring organizations maintaining donor advised funds. 13 Did the sponsoring organizations maintaining donor advised funds. 14 Did the sponsoring organization make any taxable distributions under section 4966? 15 Did the sponsoring organization make any taxable distributions under section 4966? 16 Gross receipts, included on Form 990, Part VIII, line 12. 17 Did the sponsoring organization make any taxable distributions under section 4966? 18 Section 501(c)(12) organizations. Enter: 19 Gross income from members or shareholders 10 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 18 Section 501(c)(12) qualified nonprofit health insurance issuers. 19 Section 501(c)(12) qualified nonprofit health insurance issuers. 10 It is the organization incorese to issue qualified health plans in more than one state? Note. See the instructions for additional information the or					30		
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year F Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Te X 7 Tif X Tif bid the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organizations maintaining donor advised funds. 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part Vill, line 12 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12b If "Yes," enter the amount of tax exempt interest received or accrued during the year 12b If yes, enter the amount of reserves on hand 13b If yes," has it filled a Form 720 to report these payments? If	oa		-		62		х
were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization scelve a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 88282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Te X g If the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7 Te X g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? S Sponsoring organizations maintaining donor advised funds. Job If the sponsoring organization make any taxable distributions under section 4966? Job If the sponsoring organization make any taxable distribution sunder section 4966? Job If the sponsoring organization make any taxable distribution sunder section 4966? Job If the sponsoring organization make any taxable distribution sunder section 4966? Job Gross receipts, included on Form 990, Part VIII, line 12 Job Gross income from members or shareholders Job Gross income from members or shareholders Job Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) Job Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) Job Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) Job Gross income from other sou	b						
7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7	~			-	6b		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b if "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d if "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c	7						
b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? f If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Da b Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them). 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b If "Yes," enter the amount of tax exempt interest received or accrued during the year 12a b If "Yes," enter the amount of tax exempt interest received or accr		• , , ,	rvices p	rovided to the payor?	7a	Х	
to file Form 8282? 7c	b				7b	Х	
d if "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f Did the organization function of qualified intellectual property, did the organization file Form 8899 as required? f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. D Did the sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross income from members or shareholders b Gross income from members or shareholders a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans in more than one state? Note. See the instructions for additional informati	С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as req	uired			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7		to file Form 8282?			7c		Х
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 Gross income from members or shareholders b Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organization make excess business holdings at any time during the year? 8 Sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 10b 11c 10c 10c 11d 12c 10d 11d 11d 11d 12a 12b 17e 12a 18 Section 501(c)(12) organizations. Enter: a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a 12b 17b 17c 12a 12b 17c 12a 12b 17c 12a 12b 17d 12a 12b 17d 12a 12b 13a 13b 13c 14a 13b 13c 14a 14b 14b 14b 14b	е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontra	t?	7e		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 Gross income from members or shareholders 11 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 15c 17h 18 Certification is file a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14a Did the organization receive any payments for indoor tanning services during the xyear? 14a X	f				7f		X
Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Tob Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Foress income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Ida Did the organization receive any payments for indoor tanning services during the tax year? Ida K Bif "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	g						
sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14b 16 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	_				7h		
9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b	8		•				
a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b	_				8		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13a 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	9				0-		
10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12	a						
a Initiation fees and capital contributions included on Part VIII, line 12	40 40				90		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b			102				
11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	_						
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b							
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 15d			11a				
amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	b						
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			11b				
Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Tac In the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	12a		1041	?	12a		
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
organization is licensed to issue qualified health plans 13b 13c 13c 13c 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15b 1f "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b		Note. See the instructions for additional information the organization must report on Schedule O.					
c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	b						
14aDid the organization receive any payments for indoor tanning services during the tax year?14aXbIf "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O14b							
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b			13c				37
							X
	b	It "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e Ο			000	(0014

432005 11-07-1 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
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 26	5		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 26	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a				
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
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)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	ANTHONY BIANCA - 718-422-3301			
	12 METRO TECH CENTER 29TH FLOOR, BROOKLYN, NY 11201-4326			

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.

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

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

(A)	(B)			(((D)	(E)	(F)
Name and Title	Average hours per		not c		more	l than is bot		Reportable compensation	Reportable compensation	Estimated amount of
	week (list any	offic				or/trus		from the	from related organizations	other compensation
	hours for related organizations below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) PAUL TORRE	line) 1.00	Pul	lns	#0	Ke	훈曲	For			
CHAIRPERSON	1.00	x		x				0.	0.	0.
(2) ROBERT GOLDEN	0.50									
FIRST VICE CHAIRPERSON		x		х				0.	0.	0.
(3) JOHN SHARKEY	0.50							-		
SECOND VICE CHAIRPERSON		х		х				0.	0.	0.
(4) SALVATORE CALABRESE	0.50									
SECRETARY		Х		Х				0.	0.	0.
(5) MIKE ABATEMARCO	2.00									
TREASURER		Х		Х				0.	0.	0.
(6) JOSEPH BENFANTE	0.50									
BOARD MEMBER		Х						0.	0.	0.
(7) JOSEPH CARUANA	0.50									
BOARD MEMBER		Х						0.	0.	0.
(8) NANCY CIANFLONE	0.50									
BOARD MEMBER		Х						0.	0.	0.
(9) LINDA DANO	0.50									
BOARD MEMBER UNTIL 11/12/14		Х						0.	0.	0.
(10) CRAIG EATON	0.50								_	_
BOARD MEMBER		Х						0.	0.	0.
(11) REV. PATRICK FLANAGAN	0.50									
BOARD MEMBER	1 2 5 2	Х						0.	0.	0.
(12) GREGORY GENERET	0.50									•
BOARD MEMBER UNTIL 11/12/14	0.50	Х						0.	0.	0.
(13) JONATHAN GOLDSTEIN	0.50	٠,,								0
BOARD MEMBER	0 50	Х						0.	0.	0.
(14) CHRISTOPHER JONES	0.50	X						0.	0.	0.
BOARD MEMBER STARTING 6/10/15	0.50	^						0.	0.	0.
(15) JIM KERR BOARD MEMBER	0.30	X						0.	0.	0.
(16) MICHAEL KILEY	0.50	^	_		_	\vdash		· ·	· ·	· ·
BOARD MEMBER	0.30	X						0.	0.	0.
(17) FRANK MARESCA	0.50								· ·	. .
BOARD MEMBER	3.30	X						0.	0.	0.
432007 11-07-14	1					_				Form 990 (2014)

Form **990** (2014

Page 8 Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (A) (C) (F) (D) (E) Position Name and title Average Reportable Reportable Estimated (do not check more than one hours per compensation compensation amount of box, unless person is both an officer and a director/trustee) week from from related other (list any organizations compensation ndividual trustee or director the hours for organization (W-2/1099-MISC) from the related nstitutional trustee (W-2/1099-MISC) organization organizations (ey employee and related below organizations line) (18) RAYMOND MOLLICA 0.50 BOARD MEMBER 0. 0. 0. (19) TERENCE MULLIN 0.50 X 0 0. 0. BOARD MEMBER 0.50 (20) KENNETH NOLAN 0 X 0. 0. BOARD MEMBER (21) REV. THOMAS PETTEI 0.50 X 0 0. BOARD MEMBER 0. (22) ANDREW PIEKARSKI 0.50 0 0 BOARD MEMBER STARTING 4/15/15 X 0. 0.50 (23) PETER PISAPIA X 0. 0. BOARD MEMBER 0. (24) DENNIS QUIRK 0.50 X 0 0. 0. BOARD MEMBER 0.50 (25) ANTHONY RICCIO, JR. 0. X 0. 0. BOARD MEMBER (26) FRANK RIGGIO 0.50 0. BOARD MEMBER UNTIL 4/15/15 Х 0 0 0. 0. 1b Sub-total 1,864,422. 14,000. 162,051. c Total from continuation sheets to Part VII, Section A 1,864,422. 162,051. 14,000. d Total (add lines 1b and 1c)

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

Yes No

3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3		х
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? If "Yes," complete Schedule J for such individual	4	Х	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		Х

Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
INTERAGENCY TRANSPORTATION SOLUTIONS, 150		
WEST 30TH STREET- 15TH FLOOR, NEW YORK, NY	TRANSPORTATION	3,357,375.
ED BROIDY CONTRACTORS		
•	CONSTRUCTION	892,373.
LOEB & TROPER LLP, 655 THIRD AVENUE 12TH		
FLOOR, NEW YORK, NY 10017	ACCOUNTING	779,679.
CARL FENICHEL COMMUNITY SERVICES, 483		
CLERMONT AVENUE 3RD FL, BROOKLYN, NY 11283	DAY SERVICES	484,082.
DESIGN AND CONSTRUCTION BY NATIVO		
1560 BATH AVENUE, BROOKLYN, NY 11228	CONSTRUCTION	479,261.
2 Total number of independent contractors (including but not limited to those liste	d above) who received more than	
\$100,000 of compensation from the organization > 15		

SEE PART VII, SECTION A CONTINUATION SHEETS

	RE HUMAI	1 K	SEL	₹V.	LCI	<u> :S</u>	OF	F NEW YORK	11-163	3549
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A) (B) (C) (D) (E) (F)										(F)
Name and title Average Position							Reportable	Reportable	Estimated	
	hours	(cl	(check all that apply)				ly)	compensation	compensation	amount of
	per	Ť				Ė	<u>, , , , , , , , , , , , , , , , , , , </u>	from	from related	other
	week					yee		the	organizations	compensation
	(list any	rector				em pla		organization	(W-2/1099-MISC)	from the
	hours for	or di	ee			sated		(W-2/1099-MISC)		organization
	related organizations	ustee	trust		99	ubeus				and related organizations
	below	dual tr	tional		nploy	st con	_			Organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) ROSANNA SCOTTO	0.50									
BOARD MEMBER		Х						0.	0.	0.
(28) CHRISTINE STREHLE	0.50									
BOARD MEMBER		Х						0.	0.	0.
(29) JOSEPH TARANTO	0.50									
BOARD MEMBER UNTIL 11/12/2014		Х						0.	0.	0.
(30) ROGER YOUNG	0.50									
BOARD MEMBER STARTING 11/12/2014		Х						0.	0.	0.
(31) WILLIAM R. GUARINELLO	35.00								_	
PRESIDENT & CEO				Х				493,243.	0.	30,122.
(32) ANTHONY BIANCA	35.00								_	
EXECUTIVE VICE PRESIDENT				Х				298,747.	0.	35,435
(33) LINDA M. TEMPEL	35.00								_	
EXECUTIVE DIRECTOR					Х			248,973.	0.	13,393.
(34) LYNETTE FERNANDEZ	35.00									
SENIOR VICE PRESIDENT						Х		176,257.	0.	19,842.
(35) EVELYN ALVAREZ-RICHARDS	35.00					l		454 060		06 450
EXECUTIVE VICE PRESIDENT	1					Х		174,869.	0.	26,459.
(36) THERESA MALOT	35.00					l		466 500		10.000
VICE PRESIDENT	1 24 50					Х		166,583.	0.	13,260
(37) JOYCE LEVIN	31.50							140 550	14 000	11 400
SENIOR VP DEVELOPMENTALLY DISABLED	3.50					Х		149,552.	14,000.	11,480
(38) VINCENT PAGNOTTA	35.00	-				37		156 100	0	10 000
VICE PRESIDENT						Х		156,198.	0.	12,060
		1								
		1								
		1								
		-								
Total to Part VII, Section A, line 1c								1,864,422.	14,000.	162,051.
, ,								•		· · · · · · · · · · · · · · · · · · ·

			Check if Schedule O cont	ains a resnonse	or note to any line	e in this Part VIII			
			Check if Schedule O cont	anis a response	or note to any iii	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts nts	1	а	Federated campaigns	1a					
ara our		b	Membership dues	1b					
s, (Am		С	Fundraising events	1c	532,972.				
Gift lar			Related organizations						
is, (е	Government grants (contribut	ions) 1e					
tior S S		f	All other contributions, gifts, grant	ts, and					
ibu			similar amounts not included above	ve 1f	188,886.				
Contributions, Gifts, Grants and Other Similar Amounts		g	Noncash contributions included in lines	1a-1f: \$	15,000.				
a C		h	Total. Add lines 1a-1f			721,858.			
					Business Code				
Se	2	а	MEDICAID		621610	69,671,375.	69,671,375.		
ervi		b	NYC DEPT OF EDUCATION		611710	13,320,318.	13,320,318.		
n S en		-	CLIENT FEES		624100	2,183,372.	2,183,372.		
Program Service Revenue		d	PRIVATE PAY		624100	115,221.	115,221.		
roc		е							
ъ			All other program service reve						
			Total. Add lines 2a-2f			85,290,286.			
	3		Investment income (including			120			120
			other similar amounts)			139.			139.
	4		Income from investment of tax		· -				
	5		Royalties	(i) Real					
	6	2	Gross rents	(i) Neai	(ii) Personal				
			Gross rents Less: rental expenses						
	c Rental income or (loss)								
			Net rental income or (loss)						
			Gross amount from sales of	(i) Securities	(ii) Other				
	•	u	assets other than inventory	(i) occurries	38,500.				
		h	Less: cost or other basis		1				
		_	and sales expenses		0.				
		С	Gain or (loss)		38,500.				
			Net gain or (loss)			38,500.			38,500.
Ð			Gross income from fundraising						
nue			including \$ 532	,972. of					
eve			contributions reported on line	1c). See					
F. H			Part IV, line 18	а	192,674.				
Other Revenu		b	Less: direct expenses	b	437,700.				
		С	Net income or (loss) from fund	Iraising events		-245,026.			-245,026.
	9	а	Gross income from gaming ac						
			Part IV, line 19						
			Less: direct expenses						
			Net income or (loss) from gam	•	▶				
	10	а	Gross sales of inventory, less						
			and allowances		<u> </u>				
			Less: cost of goods sold						
		С	Net income or (loss) from sale						
	11	2	Miscellaneous Revenu MANAGEMENT FEES	C	Business Code 900099	5,812,000.			5,812,000.
			HEATING FUND		900099	184,000.			184,000.
			MISCELLANEOUS		900099	108,670.			108,670.
		_	All other revenue						
			Total. Add lines 11a-11d			6,104,670.			
	12		Total revenue. See instructions.			91,910,427.	85,290,286.	0.	5,898,283.
43200 11-07	9 -14					·	· · · · · ·		Form 990 (2014)

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 respor			omplete column (A).	
	·	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	1 160 600		1 160 600	
	trustees, and key employees	1,168,622.		1,168,622.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	45 500 600	20 010 000	6 400 500	105.061
7	Other salaries and wages	45,539,692.	39,218,833.	6,183,598.	137,261
8	Pension plan accruals and contributions (include	4 040 050	005 105	140 505	
	section 401(k) and 403(b) employer contributions)	1,048,952.			3,163
9	Other employee benefits	5,388,697.			15,854
10	Payroll taxes	5,191,669.	4,367,416.	808,928.	15,325
11	Fees for services (non-employees):	400 475	254 22:	[
а	Management	403,476.	351,024.	52,452.	
b	Legal	116,643.		101,479.	
С	Accounting	902,659.	117,346.	785,313.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17			10.000	
f	Investment management fees	92,334.	80,331.	12,003.	
g	Other. (If line 11g amount exceeds 10% of line 25,	4 000 446	0.40 = 0.0	4 000 450	4 - 0
	column (A) amount, list line 11g expenses on Sch 0.)	1,329,116.	248,508.	1,080,458.	150
12	Advertising and promotion	4 000 005	4 005 040	505 500	0 240
13	Office expenses	4,820,827.	4,285,948.	525,539.	9,340
14	Information technology				
15	Royalties	0 242 002	F F 1 F 0 F 1	760 010	07.060
16	Occupancy	8,313,923.		768,912.	27,060
17	Travel	4,118,609.	4,071,263.	46,875.	471
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	000 000	004 400	22 050	1 500
20	Interest	929,920.	894,480.	33,852.	1,588
21	Payments to affiliates	2 760 001	2 555 265	210 000	0 020
22	Depreciation, depletion, and amortization	2,769,201.	2,555,365.	210,898.	2,938
23	Insurance	891,929.	690,173.	199,506.	2,250
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 0.)				
а	FOOD	1,425,877.	1,395,065.	30,812.	
b	NYS HEALTH CARE FACILIT	1,338,482.	1,338,482.		
С	DAY HAB SERVICES	1,283,305.	1,283,305.		
d	BAD DEBT	647,692.	647,692.		
е	All other expenses	809,817.	199,707.	520,635.	89,475
25	Total functional expenses. Add lines 1 through 24e	88,531,442.	74,819,221.	13,407,346.	304,875
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)				

Pa	πχ	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	4,478,572.	1	4,380,676.		
	2	Savings and temporary cash investments	373,678.	2	415,078.		
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net			16,638,525.	4	16,964,353.
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensa					
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 50	1(c)(9) voluntary			
ţ		employees' beneficiary organizations (see instr).		·		6	
Assets	7	Notes and loans receivable, net				7	
ğ	8	Inventories for sale or use				8	
	9				844,593.	9	1,349,096.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	50,164,099.			
	b	Less: accumulated depreciation		26,074,171.	23,927,874.	10c	24,089,928.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1	1			12	
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	8,863,454.	15	20,109,851.		
	16	Total assets. Add lines 1 through 15 (must equa	55,126,696.	16	67,308,982.		
	17	Accounts payable and accrued expenses	7,787,328.	17	8,879,662.		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F	Part IV	of Schedule D		21	
es	22	Loans and other payables to current and former	office	rs, directors, trustees,			
≣		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L			45 555 604	22	10 604 060
_	23	Secured mortgages and notes payable to unrela		F	17,577,621.	23	18,694,863.
	24	Unsecured notes and loans payable to unrelated	d third	parties		24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	17-24	. Complete Part X of	10 000 474		26 502 100
		Schedule D			19,998,474.	25	26,592,199.
	26				45,363,423.	26	54,166,724.
		Organizations that follow SFAS 117 (ASC 958		k here 🕨 🔼 and			
ces		complete lines 27 through 29, and lines 33 an			0 256 574		12 606 076
<u>a</u>	27	Unrestricted net assets			9,356,574.	27	12,696,976.
Fund Balances	28	Temporarily restricted net assets	400,099.	28	445,202.		
<u>n</u>	29					29	
		Organizations that do not follow SFAS 117 (A	SC 95	3), check here 🕨 📖			
S		and complete lines 30 through 34.					
set	30	Capital stock or trust principal, or current funds				30	
Net Assets or	31	Paid-in or capital surplus, or land, building, or eq		F		31	
Net	32	Retained earnings, endowment, accumulated in			9,763,273.	32	13,142,258.
_	33	Total net assets or fund balances			55,126,696.	33	
	34	Total liabilities and net assets/fund balances			JJ, 140, 090.	34	67,308,982.

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			Ш
1	Total revenue (must equal Part VIII, column (A), line 12)	1	91	<u>,91</u>	0,4	<u>27.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		,53		
3	Revenue less expenses. Subtract line 2 from line 1	3		,37		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9	,76	3,2	73 .
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	13	,14	2,2	58.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,				
	consolidated basis, or both:					
	Separate basis Consolidated basis X Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audi	t			
	Act and OMB Circular A-133?	-		За	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audi	t			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b	Х	
				Form	990	(2014)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

HEARTSHARE HUMAN SERVICES OF NEW YORK

Employer identification number 11-1633549

Pa	rt I	Reason for Public Charity Status (All organizations must complete this part.) See instructions.							
The (organi	zation is not a private found	lation because it is: ((For lines 1 through 11, o	check only	one box.)			
1		A church, convention of ch	urches, or association	on of churches describe	d in sectio	n 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		•	ection 170	(b)(1)(A)(ii	i).		
4		A medical research organiz					-	the hospital's name,	
		city, and state:	'	, ,			(,	
5		An organization operated for	or the benefit of a co	llege or university owne	d or opera	ted by a go	overnmental unit describ	ped in	
_		section 170(b)(1)(A)(iv). (C				, 9			
6		A federal, state, or local go	· · · · · ·	mental unit described in	section 17	70(b)(1)(A)	(v)		
7	一	An organization that norma	-					nublic described in	
•		section 170(b)(1)(A)(vi). (C	•	iniai part of its support	nom a gov	ommonia	ant of from the general	public described in	
8		A community trust describe		(1)(A)(vi) (Complete Par	+ 11 \				
	X	An organization that norma				contribution	one momborehin fooe a	and gross receipts from	
5		activities related to its exen							
		income and unrelated busin	•	•			· · · · · · · · · · · · · · · · · · ·	•	
		See section 509(a)(2). (Con		(less section of reak) if	OIII DUSIIIE	sses acqu	ired by the organization	arter June 30, 1973.	
10		An organization organized		ively to test for public so	ofaty Saa	saction 50	10(2)(4)		
11	H	An organization organized a	·		•			nurnoses of one or	
••		-	·	•	-		· · · · · · · · · · · · · · · · · · ·		
		more publicly supported or	~					DIRECK THE DOX III	
_		lines 11a through 11d that	* *			•		, giving	
а		Type I. A supporting orga	· · · · · · · · · · · · · · · · · · ·	· ·	•				
		the supported organization		• • • •	a majomy	or the direc	ciors or trustees or the s	supporting	
		organization. You must o	- ·				- d		
b		Type II. A supporting org	-					-	
		control or management o			same perso	ons that co	ontroi or manage the sup	pported	
_		organization(s). You mus			:			ملاند، الم	
С		Type III functionally inte	- :				· ·	ea with,	
		its supported organizatio		•				!+!(-)	
d		Type III non-functionally						• •	
		that is not functionally int	-		•			iveness	
		requirement (see instruct	•	-					
е		Check this box if the orga					Type i, Type ii, Type iii		
		functionally integrated, or	* *						
T		r the number of supported of							
g		ide the following information Name of supported	ii) EIN		(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of	
	,	organization	(,	(described on lines 1-9	listed i	n your	support (see	other support (see	
		-		above or IRC section	governing of Yes	No No	Instructions)	Instructions)	
				(see instructions))	163	NO			
Гotа									

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

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.)

560	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						_
	ization'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						
	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)						
6	Public support. Subtract line 5 from line 4.						
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 4		. ,	()	,	,	
	Gross income from interest,						_
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						-
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						_
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instruction	ons)			12	_
	First five years. If the Form 990 is for	•	,			n 501(c)(3)	
	organization, check this box and stop						▶□
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2014 (I	ine 6, column (f) di	vided by line 11, o	column (f))		14	%
15	Public support percentage from 2013	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2014. If the o	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization	١			▶□
b	33 1/3% support test - 2013. If the o	organization did no	t check a box on	ine 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual	ifies as a publicly s	supported organiz	ation			▶□
17a	10% -facts-and-circumstances test	t - 2014. If the org	anization did not d	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check tl	nis box and stop h	nere. Explain in Pa	rt VI how the organ	ization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶□
b	10% -facts-and-circumstances test	t - 2013. If the org	anization did not d	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, c	neck this box and	stop here. Explain	n in Part VI how the	
	organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	▶□
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	a, 16b, 17a, or 17l	b, check this box a	and see instruction	s 🕨 🔲

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.)

Se	ction A. Public Support	ciew, piedee cemp	noto i uit iii)				
Cale	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,138,034.	812,944.	1,189,742.	792,275.	721,858.	4,654,853.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	98,071,464.	91,484,031.	92,470,786.	85,527,587.	85,290,286.	452,844,154.
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	99,209,498.	92,296,975.	93,660,528.	86,319,862.	86,012,144.	457,499,007.
7	Amounts included on lines 1, 2, and						_
	3 received from disqualified persons						0.
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
	Add lines 7a and 7b						0.
	Public support (Subtract line 7c from line 6.)						457,499,007.
	ction B. Total Support						, , , .
Cale	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 6	99,209,498.	92,296,975.	93,660,528.	86,319,862.	86,012,144.	457,499,007.
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	429.	36,379.	39,633.	30,960.	38,639.	146,040.
ŀ	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	429.	36,379.	39,633.	30,960.	38,639.	146,040.
	Net income from unrelated business activities not included in line 10b, whether or not the business is		57,844.				57,844.
12	regularly carried on Other income. Do not include gain		37,044.				37,044.
	or loss from the sale of capital	518.399.	912,181.	1,013,536.	2,798,055.	6,104,670.	11,346,841.
13	assets (Explain in Part VI.)	99,728,326.	93,303,379.	94,713,697.	89,148,877.	92,155,453.	469,049,732.
	First five years. If the Form 990 is for						
	check this box and stop here			<i>,</i> , , , , , , , , , , , , , , , , , ,			>
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2014 (I	ine 8, column (f) di	vided by line 13, c	olumn (f))		15	97.54 %
16	Public support percentage from 2013	Schedule A, Part	III, line 15			16	98.71 %
Se	ction D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20	14 (line 10c, colun	nn (f) divided by lin	e 13, column (f))		17	.03 %
	Investment income percentage from 2	•				18	.02 %
19	a 33 1/3% support tests - 2014. If the						
ŀ	more than 33 1/3%, check this box at 33 1/3% support tests - 2013. If the						
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	as a publicly suppo	orted organization	▶□
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check th	is box and see ins	structions	

Part IV | Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in *part VI* how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	00		
	4a		
	4b		
	40		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	- 3-		
	10b		
a 0	90 or 99	ハ-F7\	2014

432025 09-17-14

За

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in *Part VI* the role played by the organization in this regard.

trustees of each of the supported organizations? Provide details in Part VI.

Schedule A (Form 990 or 990-EZ) 2014 HEARTSHARE HUMAN SERVICES OF NEW YORK 11-1633549 Page 6

Pai	Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	anizations	· ·			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All						
	other Type III non-functionally integrated supporting organizations must co	mplete S	Sections A through E.				
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1	Net short-term capital gain	1		, , , , , , , , , , , , , , , , , , ,			
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or						
	collection of gross income or for management, conservation, or						
	maintenance of property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8					
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
а	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
С	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other						
	factors (explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d	3					
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,						
	see instructions).	4					
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by .035	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	ion C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1					
2	Enter 85% of line 1	2					
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3					
4	Enter greater of line 2 or line 3	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions)	6					
7	Check here if the current year is the organization's first as a non-functionall	y-integra	ated Type III supporting org	anization (see			
	instructions).						

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 HEARTSHARE HUMAN SERVICES OF NEW YORK 11-1633549 Page 7

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

ı aı	Type in Non-Functionally integrated 509	(a)(s) Supporting Orga	anizations (continued)	
Secti	on D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
3001	on E Distribution Anocations (See instructions)		Pre-2014	Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
С				
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а				
b				
С				
d	Excess from 2013			

Schedule A (Form 990 or 990-EZ) 2014

e Excess from 2014

Part VI Su	pple	mental I	nforma	tion. Prov	ide the		y Part II,		t II, line 17a or 17b; and Part III, line 12.
SCHEDULE	Α,	PART	III,	LINE	12,	EXPLANATION	FOR	OTHER	INCOME:
MANAGEME	NT	FEE							
HEATING I	FUN	D							
MISCELLA	NEO	US							

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

Name of the organization

Employer identification number

HEARTSHARE HUMAN SERVICES OF NEW YORK

11-1633549

Organization type (check one):						
Filers of:		Section:				
Form 990	or 990-EZ	$\overline{\mathbf{X}}$ 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				
Note. On General	ly a section 501(c)(Rule For an organization	covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. I filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special I	Rules					
	sections 509(a)(1) a any one contributo	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, line 1. Complete Parts I and II.				
	year, total contribut	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for ruelty to children or animals. Complete Parts I, II, and III.				
	year, contributions is checked, enter h purpose. Do not co	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., emplete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year				
but it mu	st answer "No" on	nat is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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 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) (2014)

HEARTSHARE HUMAN SERVICES OF NEW YORK

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al spa	ce is needed.	
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
45		\$_	12,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
1		\$_	6,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
2		\$_	6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
3	Name, address, and Zir + 4	\$_	5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
4		\$_	27,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
5		\$_	5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

HEARTSHARE HUMAN SERVICES OF NEW YORK

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$9,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	- Training, datal coop, direc En 1 1	\$ 5,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$ 5,520.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$5,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

HEARTSHARE HUMAN SERVICES OF NEW YORK

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$9,334.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	- Training data coop and En 1 1	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$5,600.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$ <u>12,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

HEARTSHARE HUMAN SERVICES OF NEW YORK

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
18		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$5,310.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20	Humo, dudi coo, and Eli T	\$5,000.	Person X Payroll
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No. 21	Name, address, and ZIP + 4	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22		\$11,950 .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$5,000.	Person X Payroll

HEARTSHARE HUMAN SERVICES OF NEW YORK

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$13,100.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$5,185.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$5,095.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27		\$11,450.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29		\$ <u>16,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

HEARTSHARE HUMAN SERVICES OF NEW YORK

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$8,700.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34		\$ 5,125.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35		\$5,700.	Person X Payroll

HEARTSHARE HUMAN SERVICES OF NEW YORK

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36		\$13,240.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$8,225.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38		\$5,200.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39	- Training, datal coop, direc En 1 1	\$ 45,743.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
40		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
41		\$5,150.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

HEARTSHARE HUMAN SERVICES OF NEW YORK

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
42		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44	Hume, address, and Zn ++	\$ 8,755.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
46	Name, address, and Zir + +	\$ 9,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
47		\$6,000.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

HEARTSHARE HUMAN SERVICES OF NEW YORK

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		
46	TICKET TO A STUDIO TO GET A PORTRAIT				
		\$9,000.	03/26/15		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
47	BENCHES				
		\$6,000.	_10/02/14_		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
		\$			
400450 11.0	<u> </u>		990 990-F7 or 990-PF\/2014\		

Name of organization Employer identification number 11-1633549 HEARTSHARE HUMAN SERVICES OF NEW YORK Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations Part III completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (<u>a)</u> No. `fŕom 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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (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

Open to Public Inspection

Name of the organization

HEARTSHARE HUMAN SERVICES OF NEW YORK

Employer identification number 11-1633549

Pa	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of 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 advi	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose	e conferring
	impermissible private benefit?		
Pa	t II Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a his	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired	•	
	listed in the National Register		
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	ne organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting,		<u> </u>
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) abor-		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservat	•	
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	s the organization's accounting for
Da	conservation easements.	4 Aut Historiaal Trassumes av C	Other Circilar Accets
Pa	t III Organizations Maintaining Collections o		other Similar Assets.
	Complete if the organization answered "Yes" to Form	<u> </u>	
та	If the organization elected, as permitted under SFAS 116 (AS	•	·
	historical treasures, or other similar assets held for public ex		ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr		
D	If the organization elected, as permitted under SFAS 116 (AS	• •	
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pi	ublic service, provide the following amounts
	relating to these items:		•
	(i) Revenue included in Form 990, Part VIII, line 1		
^			> \$
2	If the organization received or held works of art, historical tre		ai gairi, provide
_	the following amounts required to be reported under SFAS 1		•
a	Revenue included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		> \$

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

Schedule D (Form 990) 2014

Pai	t III Organizations Maintaining C	collections of Ar	t, Histo	orical Tr	easures, d	or Othe	r Similar As	sets(contin	ued)
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the	following tha	t are a sig	nificant use of	its collectior	า items
	(check all that apply):								
а	Public exhibition	d	Щь	oan or excl	nange progra	ams			
b	Scholarly research	е		Other					
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	how the	ey further th	ne organizati	on's exen	npt purpose in F	Part XIII.	
5	During the year, did the organization solicit o								
_	to be sold to raise funds rather than to be ma							Yes	No_
Pai	t IV Escrow and Custodial Arran		te if the o	organizatio	n answered	'Yes" to F	form 990, Part I	V, line 9, or	
	reported an amount on Form 990, Par	•							
1a	Is the organization an agent, trustee, custodi							X Yes	
	on Form 990, Part X?							_A_ Yes	└── No
D	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing ta	able:				A	
_	Paginning halanga						1c	Amount	4,208.
	Additions during the year								3,649.
	Additions during the year								$\frac{5,464}{5,464}$
	Distributions during the year Ending balance								1,393.
	Did the organization include an amount on Fe							Yes	X No
	If "Yes," explain the arrangement in Part XIII.						·y ·		
_	t V Endowment Funds. Complete it								
	·	(a) Current year		ior year			d) Three years ba	ck (e) Four	years back
1a	Beginning of year balance			•		Ť			
	Contributions								
	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curr	rent year end balance	e (line 1g	ı, column (a)) held as:				
	Board designated or quasi-endowment		_%						
	Permanent endowment	%							
С	Temporarily restricted endowment	%							
_	The percentages in lines 2a, 2b, and 2c should be a sh								
За	Are there endowment funds not in the posse	ession of the organiza	ition that	are held a	nd administe	red for th	e organization	г	
	by:								Yes No
	(i) unrelated organizations							3a(i)	-+-
h	(ii) related organizations								-+-
ο Δ	Describe in Part XIII the intended uses of the							30	
Pai	t VI Land, Buildings, and Equipm		willelit it	arius.					
	Complete if the organization answere		Part IV.	line 11a. S	ee Form 990	. Part X. li	ne 10.		
	Description of property	(a) Cost or ot		(b) Cost	1		cumulated	(d) Book	value
	zeep or property	basis (investm		basis (` '	reciation	(=, ====	
1a	Land	<u> </u>		5,38	1,958.	-		5,381	1,958.
	Buildings				5,953.		51,818.	8,314	4,135.
	Leasehold improvements			16,08	9,142.	7,4	12,481.		5,661.
	Equipment			6,72	7,046.	5,0	09,872.	1,717	7,174.
	Other								
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colum	n (B), line 1	0c.))	24,089	928.
							Sched	ule D (Form	990) 2014

Part VII	Investments -	Other Securities.

Part VIII III Vestille III - Other Securities.		
Complete if the organization answered "Yes"	to Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	to Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶
Part IX Other Assets.

(5) (6) (7) (8) (9)

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

(a) Description	(b) Book value
(1) SECURITY DEPOSIT	141,524.
(2) DEBT SERVICE RESERVE FUND	230,899.
(3) DEFERRED CHARGE	141,313.
(4) DUE FROM HEARTSHARE EDUCATION CENTER	563,190.
(5) DUE FROM ST. VINCENT'S SERVICES, INC.	19,032,925.
(6)	
(7)	
(8)	
(9)	
Total, (Column (b) must equal Form 990. Part X. col. (B) line 15.)	20,109,851.

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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO NEW YORK STATE	17,312,227.
(3) ALLOWANCES FOR POTENTIAL RATE	
(4) ADJUSTMENTS	6,851,270.
(5) DEFERRED RENT	502,669.
(6) DUE TO HEARTSHARE WELLNESS, LTD.	1,926,033.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	26,592,199.

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

Schedule D (Form 990) 2014

Schedule D (Form 990) 2014	HEARTSHARE	HUMAN	SERVICES	OF	NEW YO	RK 11-1633549	Page 4
Part XI Reconciliatio	n of Revenue per Au	dited Fin	ancial Statem	ents	With Reve	enue per Return.	

	Complete if the organization answered "Yes" to Form 990, Part IV, line 12	a.		101 010 407
1		1	91,910,427.	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а				
b				
С	1 , 0			
d	, , , , , , , , , , , , , , , , , , , ,	2d		
е	• • • • • • • • • • • • • • • • • • • •			U.
3	Subtract line 2e from line 1		3	91,910,427.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	, , , , , , , , , , , , , , , , , , , ,			
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		91,910,427.	
Pa	rt XII Reconciliation of Expenses per Audited Financial State		penses per Ret	urn.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12			100 501 440
1	Total expenses and losses per audited financial statements		1	88,531,442.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а				
b	Prior year adjustments	2b		
С	Other losses			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	88,531,442.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	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	88,531,442.
Pa	rt XIII Supplemental Information.			
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a			t X, line 2; Part XI,
PAI	RT IV, LINE 1B:			
MAI	NY OF THE INDIVIDUALS IN OUR RESIDENTIAL	PROGRAMS I	HAVE PERSON	NAL BANK
AC	COUNTS. HEARTSHARE SERVES AS THE CUSTODIA	N OF THES	E ACCOUNTS.	THESE
FUI	NDS ARE USED FOR THEIR PERSONAL NEEDS NOT	COVERED 1	BY THE PROC	GRAM.
PAI	RT X, LINE 2:			
HEZ	ARTSHARE HAS DETERMINED THAT THERE ARE NO	MATERIAL	UNCERTAIN	TAX
POS	SITIONS THAT REQUIRE RECOGNITION OR DISCL	OSURE IN '	THE FINANC	IAL

STATEMENTS. PERIODS ENDING JUNE 30, 2012 AND SUBSEQUENT REMAIN SUBJECT TO

EXAMINATION BY APPLICABLE TAXING AUTHORITIES.

Schedule D	(Form 990) 2014	HEARTSHARE	HUMAN	SERVICES	OF	NEW	YORK	11-1633549 Page
Part XIII	(Form 990) 2014 Supplemental Info	rmation (continued)						
	,	,						
_								
_								

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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/form 990. Employer identification number

OMB No. 1545-0047

Open to Public Inspection

HEARTSH	ARE HUMAN SERVICES	OF	NE	W YORK	11-1633	549
Part I Fundraising Activities. required to complete this par	 Complete if the organization answer t. 	ered "Y	'es" to	Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the ten highest paid indicompensated at least \$5,000 by the 	e Solicitat f Solicitat g Special or oral agreement with any individual eart VII) or entity in connection with p ividuals or entities (fundraisers) purs	tion of tion of fundra (inclu- irofess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, true fundraising services?	stees or Yes	
(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			
Total			•			
List all states in which the organization or licensing.				s or has been notified	d it is exempt from re	egistration

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

Schedule G (Form 990 or 990-EZ) 2014

Schedule G (Form 990 or 990-EZ) 2014 HEARTSHARE HUMAN SERVICES OF NEW YORK 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 (add col. (a) through GOLF OUTING SPRING GALA col. (c)) (event type) (event type) (total number) 505,734 725,646. 114,746. 105,166. 1 Gross receipts 341,234 109,946 81,792. 532,972. 2 Less: Contributions 164,500 4,800. 23,374. 192,674. **3** Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expense 6 Rent/facility costs 27,442. 27,442. 21,560. 32,641. 287,806. 233,605. 7 Food and beverages 8 Entertainment 65,232. 7,828. 49,392. 122,452. 9 Other direct expenses 437,700. 10 Direct expense summary. Add lines 4 through 9 in column (d) -245,026. 11 Net income summary. Subtract line 10 from line 3, column (d) 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. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue ... 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs **5** Other direct expenses Yes Yes % Yes 6 Volunteer labor 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 conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? No **b** If "No," explain:

Schedule G (Form 990 or 990-EZ) 2014

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____ Yes ____ No

b If "Yes," explain:

Sch	isdate a (Form 500 of 500 LL) Lot 1	1633549	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
a	The organization's facility	13a	%
	An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
k	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party \$\bigs\sum_{		
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
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year ▶ \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III,	lines 9, 9b, 10	b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).		

Schedule G	(Form 990 or 990-EZ)	HEARTSHARE	HUMAN	SERVICES	OF	NEW	YORK	11-1633549 Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Inf	ormation (continued)						

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

HEARTSHARE HUMAN SERVICES OF NEW YORK

Employer identification number 11-1633549

Pa	art I Questions Regarding Compensation			
			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
_				
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract			
	X Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
_	organization or a related organization:	4-		х
a	Receive a severance payment or change-of-control payment? Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4a 4b		X
D	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
C	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	70		<u> </u>
	The story of lines 4a o, list the persons and provide the applicable amounts for each term in a cin.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
	Any related organization?	5b		Х
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7	Х	\vdash
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		<u> </u>

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

Schedule J (Form 990) 2014

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred in prior Form 990	
(1) WILLIAM R. GUARINELLO	(i)	417,707.	63,000.	12,536.	10,500.	19,622.	523,365.	0.	
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) ANTHONY BIANCA	(i)	278,747.	20,000.	0.	10,500.	24,935.	334,182.	0.	
EXECUTIVE VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) LINDA M. TEMPEL	(i)	228,432.	20,541.	0.	10,500.	2,893.	262,366.	0.	
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) LYNETTE FERNANDEZ	(i)	167,857.	8,400.	0.	10,500.	9,342.	196,099.	0.	
SENIOR VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
(5) EVELYN ALVAREZ-RICHARDS	(i)	165,235.	217.	9,417.	10,500.	15,959.	201,328.	0.	
EXECUTIVE VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
(6) THERESA MALOT	(i)	158,658.	7,925.	0.	10,500.	2,760.	179,843.	0.	
VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
(7) JOYCE LEVIN	(i)	149,552.	0.	0.	10,500.	0.	160,052.	0.	
SENIOR VP DEVELOPMENTALLY DISABLED	(ii)	14,000.	0.	0.	980.	0.	14,980.	0.	
(8) VINCENT PAGNOTTA	(i)	147,886.	8,312.	0.	10,500.	1,560.	168,258.	0.	
VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 7:
THE BOARD, THROUGH A COMPENSATION COMMITTEE, ON AN ANNUAL BASIS REVIEWS AND
DOCUMENTS THE COMPENSATION AND PERFORMANCE OF INDIVIDUALS. BONUSES ARE
BASED ON HOW THE INDIVIDUAL HAS MET THE PREVIOUS YEAR'S GOALS AND
OBJECTIVES AND THE OVERALL PERFORMANCE OF THE AGENCY.

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

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.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

2014

Open To Public Inspection

Employer identification number Name of the organization HEARTSHARE HUMAN SERVICES OF NEW YORK 11-1633549 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (b) Relationship between disqualified (d) Corrected? (a) Name of disqualified person (c) Description of transaction person and organization 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 Loans to and/or From Interested Persons. Part II 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 (d) Loan to or (i) Written (b) Relationship (a) Name of (c) Purpose (e) Original (f) Balance due (g) In by board or from the interested person with organization of loan principal amount default? agreement? committee? organization? To From Yes No Yes No Yes No Total **>** \$ Grants or Assistance Benefiting Interested Persons. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (e) Purpose of (a) Name of interested person (c) Amount of (d) Type of (b) Relationship between assistance assistance assistance interested person and the organization

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

Schedule L (Form 990 or 990-EZ) 2014

Schedule L (Form 990 or 990-EZ) 2014 HEAR' Part IV Business Transactions Invo	TSHARE H	IAMU	N SERVICES	OF	NEW	YOF	RK 1	1-1633	3549	Page 2
	_			OI (20 -					
Complete if the organization answer (a) Name of interested person	(b) Relation	ship b	n, Part IV, line 28a, 2 between interested ne organization	(c)	28c. Amoun ansactio			•	òrgani	aring of ization's nues?
									Yes	No
JOSEPH GUARINELLO	FAMILY	OF	PRESIDENT	1	.56,	005.	EMPLO	YMENT		Х
VINCENT PAGNOTTA	FAMILY	OF	PRESIDENT	1	.56,	198.	EMPLO	YMENT		X
ALISON MARINO	FAMILY	OF	PRESIDENT		38,	511.	f (d) Description of transaction 5. EMPLOYMENT 8. EMPLOYMENT 1. EMPLOYMENT ATION: CATION:		X	
Part V Supplemental Information										
Provide additional information for re	sponses to que	stions	on Schedule L (see	instruc	tions).					
SCH L, PART IV, BUSINESS	TRANSAC	יוסדים	NS TNVOLVT	NG I	ואידו	REST	ED PE	RSONS	•	
Ben E, IIMI IV, Besimess	110110110	1101	ND INVOLVI	110 1				1100110	•	
(A) NAME OF PERSON: JOSE	PH GUARI	NELI	LO							
(B) RELATIONSHIP BETWEEN	INTERES'	TED	PERSON AN	D OF	RGAN	[ZA]	CION:			
FAMILY OF PRESIDENT & CE	0									
/C) AMOINE OF EDANGACETO	NT & 156	005								
(C) AMOUNT OF TRANSACTION	N \$ 156,	005	•							
(D) DESCRIPTION OF TRANS.	ACTION.	гмоі	.∩VMFNm							
(D) DESCRIPTION OF TRANSPORT	ACTION.	DIMI 1	DOIMENT							
(E) SHARING OF ORGANIZAT	TON REVE	NUES	S? = NO							
(=) Similarity of Orionaction			210							
(A) NAME OF PERSON: VINC	ENT PAGN	ОТТА	A							
(B) RELATIONSHIP BETWEEN	INTERES	TED	PERSON AN	D OF	RGAN	[ZA]	CION:			
FAMILY OF PRESIDENT & CE	0									
/G\		100								
(C) AMOUNT OF TRANSACTION	N \$ 156,	198	•							
(D) DESCRIPTION OF TRANS.	A CULTONI.	гирі	OVMENT							
(D) DESCRIPTION OF TRANS.	ACTION:	CME	LOIMENI							
(E) SHARING OF ORGANIZAT	TON REVE	NITES	32 = NO							
(E) SIMILING OF CHOMIZETT	ION REVE	.,	3 110							
(A) NAME OF PERSON: ALIS	ON MARIN	0								
(B) RELATIONSHIP BETWEEN	INTERES	TED	PERSON AN	D OF	RGAN	[ZA]	CION:			
									<u> </u>	
FAMILY OF PRESIDENT & CE	0									

(C) AMOUNT OF TRANSACTION \$ 38,511.

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT

Schedule L (Form 990 or 990-EZ) 2014

SCHEDULE O

Internal Revenue Service

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

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.

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

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

HEARTSHARE HUMAN SERVICES OF NEW YORK

Employer identification number 11-1633549

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THE MISSION OF HEARTSHARE HUMAN SERVICES IS TO NURTURE AND SUPPORT, WITH DIGNITY AND RESPECT, CHILDREN, ADULTS AND FAMILIES IN ORDER TO EXPAND OPPORTUNITIES AND ENHANCE LIVES.

FORM 990, PART III, LINE 1:

HEARTSHARE HUMAN SERVICES HAS BEEN DEDICATED TO BETTERING THE LIVES OF PEOPLE IN NEED OF SPECIAL SERVICES AND SUPPORTS SINCE 1914. HEARTSHARE'S COMMITMENT TO EXCELLENT SERVICES AND SUPPORTS ENABLE CHILDREN, ADULTS AND FAMILIES TO REACH THEIR FULLEST POTENTIAL AND LEAD MEANINGFUL LIVES AS ACTIVE PARTICIPANTS IN SOCIETY. IN TOTAL, 19,000 CHILDREN, ADULTS AND FAMILIES RECEIVED SERVICES AT ONE OF HEARTSHARE'S 85 PROGRAM SITES.

WHETHER A FAMILY IS HAVING CHALLENGES AND NEEDS COUNSELING OR A CHILD HAS A DEVELOPMENTAL DISABILITY SUCH AS AUTISM SPECTRUM DISORDERS NEEDS A PRESCHOOL PROGRAM, HEARTSHARE CAN HELP. IF SOMEONE IS HIV+ AND NEEDS ASSISTANCE ACCESSING SERVICES OR AN ADULT WITH A DEVELOPMENTAL DISABILITY NEEDS A PLACE TO LIVE, HEARTSHARE CAN HELP. WHETHER A STUDENT NEEDS A SAFE PLACE TO GO AFTER SCHOOL OR A FAMILY NEEDS ASSISTANCE PAYING THEIR UTILITY BILL, HEARTSHARE CAN HELP.

FOR 101 YEARS, HEARTSHARE HAS RESPONDED TO THE CHANGING NEEDS OF THE COMMUNITY AND WILL CONTINUE TO DO SO FOR YEARS TO COME. HEARTSHARE IS ACCREDITED BY THE COUNCIL ON ACCREDITATION OF SERVICES FOR FAMILIES AND CHILDREN AND IS A BETTER BUSINESS BUREAU ACCREDITED CHARITY. WE ARE

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

Schedule O (Form 990 or 990-EZ) (2014)

432211 08-27-14

Name of the organization **Employer identification number** HEARTSHARE HUMAN SERVICES OF NEW YORK 11-1633549 PROUD TO REPORT THAT APPROXIMATELY 90 CENTS OF EVERY DOLLAR OF REVENUE GOES DIRECTLY TO PROGRAM SERVICES. FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES: AS OF JULY 1, 2014 THE FOLLOWING PROGRAMS WERE TRANSFERRED FROM ST. VINCENT'S SERVICES, INC.: RESIDENCE PROGRAMS WHICH INCLUDE INTERMEDIATE CARE FACILITIES OPERATED BY CERTIFICATION FROM THE OFFICE FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES WITH A CAPACITY OF UP TO 30 BEDS TO PROVIDE ACTIVE PROGRAMMING, ROOM AND BOARD, AND CONTINUOUS 24-HOUR PER DAY SUPERVISION. THE SUPERVISED INDIVIDUAL RESIDENTIAL ALTERNATIVE (IRA), WHICH PROVIDES 24-HOUR SUPERVISED CARE. THEY ARE DESIGNED TO PROVIDE A HOME ENVIRONMENT AND A SETTING WHERE PERSONS CAN ACQUIRE THE SKILLS NECESSARY TO LIVE AS INDEPENDENTLY AS POSSIBLE. RESIDENTIAL HABILITATION ALSO MAY INCLUDE PROGRAM-RELATED PERSONAL CARE, HEALTH CARE AND PROTECTIVE OVERSIGHT AND SUPERVISION. NON MSC CASE MANAGEMENT IS A PROGRAM EMPHASIZING AN INDIVIDUAL'S CHOICE. IT REQUIRES PROVIDERS TO ASSIST THE INDIVIDUAL IN ACQUIRING SERVICES THAT BEST SERVE THE INDIVIDUAL. FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES: AS OF JULY 1, 2014, THE FOLLOWING PROGRAMS WERE TRANSFERRED TO ST. VINCENT'S SERVICES, INC.: BOARDING HOME WHICH PLACES ABUSED AND NEGLECTED CHILDREN WITH CONTRACTED AGENCIES THAT PROVIDE THE CHILDREN WITH FOSTER HOMES AND SERVICES. MEDICAL SERVICES WHERE THE CHILDREN IN FOSTER CARE RECEIVE GENERAL

Schedule O (Form 990 or 990-EZ) (2014)

Name of the organization

HEARTSHARE HUMAN SERVICES OF NEW YORK

MEDICAL CARE THROUGH MEDICAID.

THE AIDS RESIDENTIAL HOUSING PROGRAM WHICH PROVIDED HOUSING AND SUPPORT

SERVICES FOR ADULTS WITH ADVANCED HIV/AIDS.

THE PREVENTION PROGRAMS ARE COMMUNITY-BASED FAMILY SERVICE CENTERS THAT

HELP FAMILIES FIND HEALTHY WAYS TO RESOLVE PROBLEMS AND AVOID CONFLICTS

AND CRISIS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

CHILDREN GET THE BEST POSSIBLE START IN LIFE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

FAMILY SUPPORT SERVICES AND ENERGY ASSISTANCE PROGRAMS.

EXPENSES \$ 1,111,309. INCLUDING GRANTS OF \$ 0. REVENUE \$ 2,786,663.

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

THE BOARD'S AUDIT AND FINANCE COMMITTEE REVIEWED HEARTSHARE'S FORM 990

PRIOR TO FILING. AFTER THE COMMITTEE'S REVIEW, THE FORM 990 WAS PRESENTED

TO THE FULL BOARD FOR REVIEW AND APPROVAL.

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

HEARTSHARE'S CONFLICT OF INTEREST POLICY REQUIRES BOARD MEMBERS, KEY STAFF
AND MAJOR INDEPENDENT CONTRACTORS TO COMPLETE AN ANNUAL DISCLOSURE

STATEMENT. THE AUDIT & FINANCE COMMITTEE OF THE BOARD REVIEWS EACH REPORTED

POTENTIAL CONFLICT OF INTEREST AND REPORTS ITS RECOMMENDATIONS TO THE FULL

BOARD FOR APPROVAL. IF A CONFLICT OF INTEREST ARISES, THE MATTER MAY BE

REMEDIED VIA RECUSAL OR DISQUALIFICATION OF THE BOARD MEMBER. THIS SIMPLY

MEANS THAT THE BOARD MEMBER DOES NOT PARTICIPATE IN THE MATTER THAT POSES

THE CONFLICT OF INTEREST. IN THE EVENT OF A VIOLATION OF THE CONFLICT OF

Schedule O (Form 990 or 990-EZ) (2014)

Name of the organization HEARTSHARE HUMAN SERVICES OF NEW YORK	Employer identification number 11-1633549
INTEREST POLICY, THE AGENCY RESERVES THE RIGHT TO IMMEDIA	TELY DISMISS THE
EMPLOYEE OR BOARD MEMBER OF INTEREST.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE BOARD COMPRISED OF INDEPENDENT MEMBERS, THROUGH A COM	PENSATION
COMMITTEE, ON AN ANNUAL BASIS REVIEWS AND DOCUMENTS THE P	RESIDENT & CEO'S
PERFORMANCE AND COMPENSATION USING INDEPENDENT COMPENSATI	ON SOURCES,
INCLUDING SALARY SURVEYS, FORM 990S OF COMPARABLE ORGANIZ	ATIONS, AND
INFORMATION PROVIDED BY AN INDEPENDENT COMPENSATION CONSU	LTANT. THE
PRESIDENT & CEO SETS THE SALARY FOR KEY STAFF ALSO USING	INDEPENDENT
COMPENSATION SOURCES WITH OVERSIGHT BY THE BOARD. THE PRO	CESS LAST OCCURRED
ON JULY 11, 2014.	
FORM 990, PART VI, SECTION C, LINE 19:	
HEARTSHARE'S CONFLICT OF INTEREST POLICY, GOVERNING DOCUM	ENTS, AND
FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.	
FORM 990, PART XII, LINE 2C:	
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

➤ Attach to Form 990.

►Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public

Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

HEARTSHARE HUMAN SERVICES OF NEW YORK

 $\begin{array}{c} \text{Employer identification number} \\ 11-1633549 \end{array}$

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controllino entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	Section 5 contr ent	rolled
				501(c)(3))		Yes	No
ST. VINCENT'S SERVICES, INC. (D/B/A					HEARTSHARE HUMAN		
HEARTSHARE ST. VINCENT'S SERVICES) - 11-, 66					SERVICES OF NEW		İ
BOERUM PLACE, BROOKLYN, NY 11201	CHILD WELFARE SERVICES	NEW YORK	501(C)(3)	LINE 9	YORK	X	
HEARTSHARE WELLNESS, LTD 11-3538646					HEARTSHARE HUMAN		
177 LIVINGSTON STREET, LOWER LEVEL	AMBULATORY CARE MEDICAL				SERVICES OF NEW		l
BROOKLYN, NY 11201	CLINIC	NEW YORK	501(C)(3)	LINE 9	YORK	X	
HEARTSHARE EDUCATION CENTER - 90-0452757					HEARTSHARE HUMAN		
1825 BATH AVENUE	SCHOOL FOR AUTISTIC				SERVICES OF NEW		İ
BROOKLYN, NY 11214	CHILDREN	NEW YORK	501(C)(3)	LINE 2	YORK	X	l
NEW YORK INTEGRATED NETWORK FOR PERSONS WITH							
DEVELOPMENTAL DISABILITIES - 45, 12]						
METROTECH CENTER, BROOKLYN, NY 11201	HEALTHCARE	NEW YORK	501(C)(3)	LINE 8			X

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

Schedule R (Form 990) 2014

Page 2

Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. Part III

<u> </u>	· · · · · · · · · · · · · · · · · · ·		1	·							
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of	Disprop	ortionate	Code V-UBI	General	Percentage
of related organization		(state or foreign	entity	(related, unrelated, lexcluded from tax under	income	end-of-year assets	allocations?		amount in box	partner	ownership
		country)		sections 512-514)		233013	Yes	No	amount in box 20 of Schedule K-1 (Form 1065)	Yes N	
	1										
	1										
	1										
	1										
	1										
	1										
	1										
										\vdash	+
	-										

Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	512(l conti ent	(i) ction (b)(13) trolled tity?
HEADEGUADE DRODUGETONG LED 21 1594909			HEARTSHARE					Yes	No
HEARTSHARE PRODUCTIONS, LTD 31-1584808 12 METRO TECH CENTER, 29TH FLOOR BROOKLYN, NY 11201	FILM PRODUCTION AND DISTRIBUTION		HUMAN SERVICES	C CORP			100.00%	x	
Brooklin, NI 11101		1112	or naw rotte	0 00111			100.000		

Page 3

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			Yes	No
1	1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed	in Parts II-IV?			
а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		1a		X
b	b Gift, grant, or capital contribution to related organization(s)		1b		X
С	c Gift, grant, or capital contribution from related organization(s)		1c		Х
	d Loans or loan guarantees to or for related organization(s)		1d	Х	
	e Loans or loan guarantees by related organization(s)		1e		X
f	f Dividends from related organization(s)		1f		Х
	g Sale of assets to related organization(s)		1g		X
	h Purchase of assets from related organization(s)		1h		X
i	i Exchange of assets with related organization(s)		1i		X
j	j Lease of facilities, equipment, or other assets to related organization(s)		1j	Х	
-					
k	k Lease of facilities, equipment, or other assets from related organization(s)		1k		Х
1	l Performance of services or membership or fundraising solicitations for related organization(s)		11	Х	
	m Performance of services or membership or fundraising solicitations by related organization(s)		1m		X
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		1n		X
	Sharing of paid employees with related organization(s)		10	Х	
р	p Reimbursement paid to related organization(s) for expenses		1p		Х
	q Reimbursement paid by related organization(s) for expenses		1q	Х	
•					
r	r Other transfer of cash or property to related organization(s)		1r		Х
s	s Other transfer of cash or property from related organization(s)		1s		Х
	2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered				

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) HEARTSHARE EDUCATION CENTER	L	425,000.	COST
(2) HEARTSHARE WELLNESS, LTD.	L	517,000.	соѕт
ST. VINCENT'S SERVICES, INC. (D/B/A (3) HEARTSHARE ST. VINCENT'S SERVICES)	L	4,870,000.	COST
(4)			
(5)			
(6)	E A		

Page 4

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(e) Are all partners s 501(c)(3 orgs.? Yes N	(g) Share of end-of-year assets	Disprotionallocati	opor- ate ions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General managir partner Yes N	(k) or Percentage ownership

Asset No.	Description Date Acquired M		Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction	
	BUILDINGS												
		VARI	ES	SL	.000	16	21,965,953.			21,965,953.	12,452,505.		1,199,313.
	* 990 PAGE 10 TOTAL BUILDINGS						21,965,953.		0.	21,965,953.	12,452,505.	0.	1,199,313.
	MACHINERY & EQUIPMENT												
		VARI	ES	SL	.000	16	6,636,062.			6,636,062.	4,298,210.		630,644.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPM						6,636,062.		0.	6,636,062.	4,298,210.	0.	630,644.
	TRANSPORTATION EQUIPMENT												
5		VARI	ES	SL	.000	16	90,984.			90,984.	68,686.		12,332.
	* 990 PAGE 10 TOTAL TRANSPORTATION EQU						90,984.		0.	90,984.	68,686.	0.	12,332.
	LAND												
1		VARI	ES	SL	.000	16	5,381,958.			5,381,958.			0.
	* 990 PAGE 10 TOTAL LAND						5,381,958.		0.	5,381,958.	0.	0.	0.
	OTHER												
		VARI	ES	SL	.000	16	16,089,142.			16,089,142.	6,485,569.		926,912.
	* 990 PAGE 10 TOTAL OTHER						16,089,142.		0.	16,089,142.	6,485,569.	0.	926,912.
	* GRAND TOTAL 990 PAGE 10 DEPR						50,164,099.		0.	50,164,099.	23,304,970.	0.	2,769,201.

** PUBLIC DISCLOSURE COPY **

Department of the Treasury

Internal Revenue Service

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

OMB No. 1545-0047

▶ 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

Α	For the	e 2014 calendar year, or tax year beginning JUL I, ZUI4 and e	ending J	<u>UN 30, ∠UI5</u>	
В	Check if applicabl	c Name of organization		D Employer identifi	cation number
	Addre chang				
	Name chang	Doing business as		11-3	538646
	Initial return Final return		Room/suite	E Telephone numbe 718-	r 422-3235
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	6,171,559.
	Amen	ded BROOKLYN, NY 11201		H(a) Is this a group re	eturn
	Application	F Name and address of principal officer: DK • UODEFII CARUANA		for subordinates	? Yes X No
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
		empt status: X 501(c)(3) 501(c)()◀ (insert no.) 4947(a)(1) o	r 527	If "No," attach a	list. (see instructions)
		te: WWW.HEARTSHAREWELLNESS.ORG		H(c) Group exemptio	
		organization: X Corporation Trust Association Other	L Year	of formation: 2000 N	A State of legal domicile: NY
P	art I	Summary	CITEDII	T. D. O.	
çe	1	Briefly describe the organization's mission or most significant activities: SEE S	CHEDU	TE O	
Jan				H 050/ -f H 1	
Governance	1	Check this box if the organization discontinued its operations or dispos		ı	ssets.
ဇ္ဗ		Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)		·····	6
≪		Total number of individuals employed in calendar year 2014 (Part V, line 2a)			49
iţie		Total number of volunteers (estimate if necessary)			6
Activities	⁰	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
ď		Net unrelated business taxable income from Form 990-T, line 34			0.
		······································		Prior Year	Current Year
<u>o</u>	8	Contributions and grants (Part VIII, line 1h)		38,000.	73,354.
Revenue		Program service revenue (Part VIII, line 2g)		5,658,184.	6,098,205.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,696,184.	6,171,559.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,275,991.	2,533,316.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ă	b	Total fundraising expenses (Part IX, column (D), line 25)	<u>0.</u>		
ш	1/	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,918,418.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,194,409.	
	19	Revenue less expenses. Subtract line 18 from line 12		501,775.	
Net Assets or Fund Balances			Ве	ginning of Current Year	End of Year
Ssel	20	Total assets (Part X, line 16)		4,576,176.	4,712,455.
et A	21	Total liabilities (Part X, line 26)		2,238,052.	1,613,246.
	22 art II	Net assets or fund balances. Subtract line 21 from line 20 Signature Block		2,338,124.	3,033,203.
		alties of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ante and to the heet of m	v knowledge and helief it is
		st, and complete. Declaration of preparer (other than officer) is based on all information of whi		•	y knowledge and beller, it is
	,, 001100	A and complete book and on property (care and one of) to become of an intermediation of this	ion proparor	That any knowledge:	
Sig	ın	Signature of officer		Date	
He		DR. JOSEPH CARUANA, PRESIDENT			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai	d	ERIC GOLDFARB		if self-employ	P01277125
	parer	Firm's name LOEB & TROPER LLP	ı	Firm's EIN	13-1517563
	Only	Firm's address 655 THIRD AVENUE, 12TH FLOOR			
		NEW YORK, NY 10017		Phone no.21	2-867-4000
Ma	v the II	RS discuss this return with the preparer shown above? (see instructions)		<u>'</u>	X Ves No

Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	HEARTSHARE WELLNESS, LTD.'S MISSION IS TO PROVIDE HIGH QUALITY AND
	CARING HEALTH CARE AND CASE MANAGEMENT SERVICES TO VULNERABLE PEOPLE,
	INCLUDING THOSE WITH I/DD AND CHRONIC HEALTH CONDITIONS, IN ORDER TO
	ENHANCE THEIR OVERALL QUALITY OF LIFE.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	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 \$ 3,462,993. including grants of \$) (Revenue \$ 3,765,669.)
	DURING THIS YEAR, NEARLY 1988 PATIENTS RECEIVED HEALTH CARE SERVICES
	FROM HEARTSHARE WELLNESS' ARTICLE 16 AND ARTICLE 28 CLINICS.
	
	771 076
4b	(Code:) (Expenses \$ 771,876. including grants of \$) (Revenue \$ 2,332,536.)
	DURING THIS YEAR, 344 CLIENTS RECEIVED CARE COORDINATION/CASE
	MANAGEMENT SERVICES THROUGH OUR TARGETED CASE MANAGEMENT PROGRAM WHICH
	WE ACQUIRED FROM HEARTSHARE HUMAN SERVICES OF NEW YORK.
4c	
40	(Code:) (Expenses \$
4d	Other program services (Describe in Schedule O.)
→u	
40	1 224 000
<u>4e</u>	Total program service expenses ► 4 , 234 , 869 . Form 990 (2014)
43200	, Form 990 (2014)

07400421 733030 2164

Form 990 (2014) HEARTSHARE W Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			17
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			37
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			37
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			37
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
••	complete Schedule G, Part III	19		X
20a		20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	990	(2244)

Form **990** (2014)

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			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
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? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		_	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form **990** (2014)

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				Ш
		0.05		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	33			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming				
	(gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	49			
_	filed for the calendar year ending with or within the year covered by this return	_		v	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	_	2b	X	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		•		Х
	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	····· -	3b		
48	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		x
h	If "Yes," enter the name of the foreign country:		4a		21
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	— 1			
5a			5a		х
b			5b		X
			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solic				
-	any contributions that were not tax deductible as charitable contributions?		6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	·····			
	were not tax deductible?		6b		1
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the p	ayor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required				
	to file Form 8282?		7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	\perp			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required		7g		
h	, , , , , , , , , , , , , , , , , , , ,	8-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		_		
•	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?		00		
a h	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9a 9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:		90		
а	Initiation fees and capital contributions included on Part VIII, line 12				
b		\neg			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders 11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	L	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	ļ			
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans 13b				
	Enter the amount of reserves on hand	\rightarrow	140		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14a 14b		
IJ	in 165, has it income to one for these payments: if 190, provide an explanation in somedie of			990	(2014)

432005 11-07-1

5

07400421 733030 2164

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
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3	X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			,
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
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)	availab	ie	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	ANTHONY BIANCA - (718)422-3301			
	12 METRO TECH CENTER 29TH FLOOR, BROOKLYN, NY 11201-4326		000	

2164___1

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.

(A) Name and Title	(B) Average hours per week	box	not c , unle	Pos heck ss pe	more rson	than is bot or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JOSEPH CARUANA, MD	0.50	,,		٠,,					0	•
PRESIDENT (2) ROBERT CALCIANO MD	0.50	Х		Х				0.	0.	0 .
(2) ROBERT CALCIANO, MD VP	0.30	X		x				0.	0.	0
(3) CONO DEPAOLA	0.50	25		122				0.	0.	0
SECRETARY	0000	x		x				0.	0.	0
(4) CARL CAMPAGNA	0.50									
TREASURER		Х		х				0.	0.	0
(5) MARK FAPPIANO, CPA	0.50									
DIRECTOR		Х						0.	0.	0
(6) MICHAEL ABBOTT, MD	0.50	l							•	
DIRECTOR	2.50	Х						0.	0.	0
(7) JOYCE LEVIN	3.50 31.50	-		٠ <u>.</u>				14 000	140 552	11 400
EXECUTIVE DIRECTOR (8) JON J. MICHNOVICZ	23.00			Х				14,000.	149,552.	11,480
COMMUNITY HEALTH SUPERVISOR	23.00					Х		208,887.	0.	10,500
(9) JUDE H. ALEXANDRE	35.00									
CLINIC DIRECTOR						Х		120,450.	0.	9,852
(10) VINCENT SIASOCO	35.00								_	
MEDICAL DIRECTOR						Х		118,965.	0.	8,328
				_						
		-								
		-								

Form **990** (2014)

Par	t VII Section A. Officers, Directors, Trus	stees, Key Em	ploy	ees/	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A)	(B)				C)			(D)	(E)			(F)	
	Name and title	Average	(do		Pos		1 than	one	Reportable	Reportable	Э	Es	stimate	ed
		hours per	box	, unle	ss pe	erson	is bot	th an	compensation	compensation	on	an	nount	of
		week	\vdash	cer ar	nd a d	irecto	or/trus	ree)	from	from relate			other	
		(list any	rector						the	organization			pensa	
		hours for related	or di	ee ee			ated		organization	(W-2/1099-MI	SC)		rom th	
		organizations	ustee	trust		9	suadu		(W-2/1099-MISC)			·	janizat d relat	
		below	ual tr	ional		ploye	t con	ار					u reiai anizati	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				o g	ai iizut	10110
			=	=	0		± ø	Т.						
							\vdash							
			1											
			ł											
						\vdash	\vdash							
			1											
						\vdash	\vdash							
			1											
						\vdash	\vdash							
			1											
						\vdash	\vdash							
			1											
						\vdash	\vdash							
			1											
						\vdash	\vdash	┢						
			1											
	Sub-total					<u> </u>			462,302.	149,5	52.	4	0.1	60.
	Sub-total Total from continuation sheets to Part V								0.	113/3	0.	40,160.		
	Total (add lines 1b and 1c)								462,302.	149,5				
2	Total number of individuals (including but r							bo r					• , _	•••
2	compensation from the organization	ioi iiriilea lo ti	1056	IISLE	eu a	DOV	e) wi	110 1	eceived more man proc	,,000 or reportat	JIE			3
	compensation from the organization												Yes	No
3	Did the organization list any former officer,	director or tru	ıcto	م اده	w or	mple		٥٢	highest compensated o	mplovoo on			100	110
3	line 1a? If "Yes," complete Schedule J for s											3		х
4	For any individual listed on line 1a, is the si								har companation from			3		- 23
4	and related organizations greater than \$15	•								-		4	Х	
5	Did any person listed on line 1a receive or											4	25	
3		•				•			· ·			E		х
Sec	rendered to the organization? If "Yes," contion B. Independent Contractors	ipiete Scriedui	e	OI SI	исп	pers	SOII .			<u></u>		5		22
	· · · · · · · · · · · · · · · · · · ·													
'	1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from													
	the organization. Report compensation for the calendar year ending with or within the organization's tax year.													
	(A) (B) (C) Name and business address Description of services Compensation										n			
ᄪᄧ	HEARTSHARE HUMAN SERVICES OF NEW YORK, 12													
	TRO TECH CENTER, 29TH					-		Ļ	МАМАСЕМЕМП С	EDVIT CE		E 1	7 0	00.
	EE LINE WEST, LLC, 200								MANAGEMENT S	TULLICE		JΙ	1,0	00.
				т т. 7	. 1	C 117	A L		ם ביאתי			26	a n	27
	TTE 325, GARDEN CITY, I			7 7	N T 7 T	ידאים	1117		RENT		<u> </u>	∠ 0	J, U	37.
புப	DBAL COMMUNICATIONS, 1	JIJ MAK(こしょ	э <i>Е</i>	-7 A T	CT/1 (UЪ				I			

Form **990** (2014)

182,949.

179,850.

Total number of independent contractors (including but not limited to those listed above) who received more than

PROMILA THAKKER

SUITE 204, NEW HYDE PARK, NY 11042

4 YALE DRIVE, MANHASSET, NY 11030

\$100,000 of compensation from the organization

THERAPY SERVICES

PSYCHIATRY

		Check if Schedule O contr	ains a response	or note to any li	ne in this Part VIII			
		Check if Schedule O conta	anio a response	or note to any m	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		 b Membership dues c Fundraising events d Related organizations e Government grants (contributions, gifts, grant similar amounts not included above 	1c 1d 1d 1e 1e 1e 1e 1e 1e	36,554. 36,800.				
Sont		Noncash contributions included in lines Tatal Add lines 1s 1f		>	73,354.			
<u> </u>		h Total. Add lines 1a-1f		Business Code				
Program Service Revenue	,	a HEALTH NEEDS FO b c d e	R INDIV	623990	6,098,205.	6,098,205.		
Д		f All other program service reve			6 000 005			
	3	Investment income (including other similar amounts) Income from investment of tax	dividends, intere	est, and	6,098,205.			
	5	Royalties		>				
		a Gross rents b Less: rental expenses c Rental income or (loss)	(i) Real	(ii) Personal				
		d Net rental income or (loss)						
		a Gross amount from sales of assets other than inventoryb Less: cost or other basis	(i) Securities	(ii) Other				
enne		and sales expenses c Gain or (loss) d Net gain or (loss) a Gross income from fundraising including \$ contributions reported on line	g events (not	>				
Other Revenu		Part IV, line 18 b Less: direct expenses c Net income or (loss) from fund	a					
	9	a Gross income from gaming ac Part IV, line 19 b Less: direct expenses	tivities. See					
		c Net income or (loss) from gam	ing activities					
		 a Gross sales of inventory, less and allowances b Less: cost of goods sold c Net income or (loss) from sales 	a					
		Miscellaneous Revenue		Business Code				
	11	a						
		b						
								1
		d All other revenuee Total. Add lines 11a-11d						
	12	Total revenue. See instructions.			6,171,559.	6,098,205.	0.	0.
43200 11-07	9	The second second		·····	, , , , , , , , , , ,		,	Form 990 (2014)

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 (D) (C) Do not include amounts reported on lines 6b, Program service expenses Management and general expenses Total expenses Fundraising expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 14,291. 14,291. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 2,013,671. 1,714,167. 299,504. Other salaries and wages _____ 7 Pension plan accruals and contributions (include 34,718. 26,346 8,372 section 401(k) and 403(b) employer contributions) 225,724. 234,240. 8,516. Other employee benefits 9 236,396. 177,197. 59,199. Payroll taxes 10 Fees for services (non-employees): 550,088. 550,088. a Management 4,428. 4,428. Legal 87,237. 87,237. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 884,787 778,097. 106,690. column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 12,349. 347,865. 335,516. Office expenses 13 14 Information technology Royalties 15 662,615. 638,492. 24,123. 16 Occupancy 34,020. 34,020. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 Interest 20 Payments to affiliates _____ 21 280,245. 280,245. Depreciation, depletion, and amortization 22 20,878. 20,878. 23 Other expenses. Itemize expenses not covered 24 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.) '..... 4,995. 4,187. 808. All other expenses 5,410,474. 4,234,869. 1,175,605. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720)

Form **990** (2014)

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to any	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,331,284.	1	832,930.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net			385,480.	4	1,069,499.
	5	Loans and other receivables from current and for					
	_	trustees, key employees, and highest compensa					
		Part II of Schedule L		5			
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	-	·			
		employers and sponsoring organizations of sect					
ω		employees' beneficiary organizations (see instr).		·		6	
Assets	7	Notes and loans receivable, net				7	
¥	8	Inventories for sale or use				8	
	9				48,497.	9	34,287.
	10a	Land, buildings, and equipment: cost or other	1 1				
		basis. Complete Part VI of Schedule D	10a	2,384,030.			
	b	basis. Complete Part VI of Schedule D Less: accumulated depreciation	10b	1,553,815.	797,395.	10c	830,215.
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	2,013,520.	15	1,945,524.		
	16	Total assets. Add lines 1 through 15 (must equa	4,576,176.	16	4,712,455.		
	17	Accounts payable and accrued expenses		373,987.	17	423,416.	
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I	Part IV	of Schedule D		21	
es	22	Loans and other payables to current and former					
≣		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	-	•	1,864,065.		1 100 020
		Schedule D			2,238,052.	25	1,189,830.
	26	Total liabilities. Add lines 17 through 25			2,230,032.	26	1,013,240.
		Organizations that follow SFAS 117 (ASC 958		k nere 🚩 🔼 and			
ĕ	07	complete lines 27 through 29, and lines 33 an			2,338,124.	27	3,099,209.
lan	27	Unrestricted net assets			2,330,124.	28	3,033,203
B	28 29	Temporarily restricted net assets Permanently restricted net assets				29	
Fund Balances	29	Organizations that do not follow SFAS 117 (A	 SC 058	check here		29	
Ē		and complete lines 30 through 34.	30 930	n, check here			
ts c	30	Capital stock or trust principal, or current funds				30	
sse	31	Paid-in or capital surplus, or land, building, or eq				31	
Net Assets or	32	Retained earnings, endowment, accumulated in				32	
Se	33	Total net assets or fund balances			2,338,124.	33	3,099,209.
	34	Total liabilities and net assets/fund balances			4,576,176.	34	4,712,455.
	<u> </u>				, = : = , = : • •	J F	, ==, == ,

Form **990** (2014)

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1 2 3 4 5 6 7 8	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O)	1 6 2 5 3	,17 ,41	1,5 0,4 1,0	74. 85.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B))	10 3	,09	9,2	09.		
Pa	rt XII Financial Statements and Reporting	•					
	Check if Schedule O contains a response or note to any line in this Part XII				X		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.		Yes	No X		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?						
b	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: Separate basis Consolidated basis Both consolidated and separate basis 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,						
С	consolidated basis, or both: Separate basis Consolidated basis X Both consolidated and separate basis 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.						
За	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?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit	_				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		_3b_	000	(00:1.1)		
			Form	990 ((2014)		

432012 11-07-14

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

HEARTSHARE WELLNESS, LTD.

Employer identification number 11-3538646

Pa	rt I	Reason for Public	Charity Status (All organizations must co	omplete th	is part.) Se	ee instructions.						
The (organi	zation is not a private found	ation because it is: (For lines 1 through 11, o	check only	one box.)							
1		A church, convention of ch	urches, or association	on of churches describe	d in sectio	n 170(b)(1)(A)(i).						
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E.)									
3		A hospital or a cooperative		•	ection 170	(b)(1)(A)(ii	i).						
4		A medical research organiz					-	the hospital's name,					
		city, and state:	·	, ,			(,					
5		An organization operated for	or the benefit of a co	llege or university owne	d or opera	ted by a go	overnmental unit describ	ped in					
_		section 170(b)(1)(A)(iv). (C				, 9							
6		A federal, state, or local go	•	nental unit described in	section 17	70(b)(1)(A)	(v)						
7	一	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 describe		(1)(A)(vi) (Complete Par	+ 11 \								
	X	An organization that norma				contributio	one mambarehin faas a	and arose receipts from					
J		activities related to its exen											
		income and unrelated busin		•			· · · · · · · · · · · · · · · · · · ·	•					
		See section 509(a)(2). (Coi		(less section of reax) if	OIII DUSIIIC	sses acqu	ired by the organization	arter durie 30, 1973.					
10		An organization organized	•	ively to test for public sa	afaty Saa	saction 50	10(a)(A)						
11		An organization organized a	•	•	•			nurnoses of one or					
••		more publicly supported or	•	•	-		· · · · · · · · · · · · · · · · · · ·						
		lines 11a through 11d that	-					STICON THE BOX III					
а		Type I. A supporting orga	* *			•		, aivina					
u		the supported organization	· · · · · · · · · · · · · · · · · · ·	•	•								
		organization. You must o			a majority	or the direc	Stors or trustees or trie s	supporting					
b		Type II. A supporting org			tion with it	e cupport	nd organization(s) by ha	wing					
b		control or management o	•					•					
		organization(s). You mus			arrie perso	ons mai cc	introl of manage the sup	ported					
		Type III functionally inte	-		in connec	tion with	and functionally integrat	ed with					
C		its supported organizatio	= ::				· ·	ea with,					
d		Type III non-functionally		•				zation(s)					
u		that is not functionally int											
		requirement (see instruct	-		•			iveriess					
е		Check this box if the orga	•	- ·									
C		functionally integrated, or					Type i, Type ii, Type iii						
f	Ente	r the number of supported	• •										
,		ide the following information											
9		Name of supported	(ii) EIN		(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of					
		organization		(described on lines 1-9	listed i	n your document?	support (see	other support (see					
				above or IRC section (see instructions))	Yes	No	Instructions)	Instructions)					
				(See instructions)									
Гotа								1					

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and	` ,	, ,	` ,	` '	. ,	,,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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						
	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)						
6	Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						_
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						_
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						_
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop	here					>
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2014 (I					14	<u>%</u>
	Public support percentage from 2013					15	<u>%</u>
16a	33 1/3% support test - 2014. If the c						
	stop here. The organization qualifies						
b	33 1/3% support test - 2013. If the o	-					is box
	and stop here. The organization quali						▶□
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac			=	· ·	_	
	meets the "facts-and-circumstances"	-			-		
b	10% -facts-and-circumstances test						
	more, and if the organization meets the						_
40	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n dia not check a	box on line 13, 16	a, 100, 1/a, 0r 1/b		and see instruction:	

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.)

Se	ction A. Public Support									
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	35,025.	37,150.	33,850.	38,000.	73,354.	217,379.			
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the	4 767 407	4 951 604	2 874 330	5,658,184.	6,098,205.	24 349 730			
2	organization's tax-exempt purpose	4,767,407.	4,951,604.	2,874,330.	3,030,104.	0,050,205.	24,349,730.			
3	Gross receipts from activities that									
	are not an unrelated trade or bus-									
4	iness under section 513									
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf									
5	The value of services or facilities									
ŭ	furnished by a governmental unit to the organization without charge									
6	Total. Add lines 1 through 5	4,802,432.	4,988,754.	2,908,180.	5,696,184.	6,171,559.	24,567,109.			
78	a Amounts included on lines 1, 2, and						_			
	3 received from disqualified persons						0.			
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.			
(Add lines 7a and 7b						0.			
	Public support (Subtract line 7c from line 6.)						24,567,109.			
	ction B. Total Support			<u>'</u>			, ,			
Cale	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total			
9	Amounts from line 6	4,802,432.	4,988,754.	2,908,180.	5,696,184.	6,171,559.	24,567,109.			
10	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources									
k	unrelated business taxable income									
	(less section 511 taxes) from businesses acquired after June 30, 1975									
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on									
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)									
	Total support. (Add lines 9, 10c, 11, and 12.)		4,988,754.	2,908,180.	5,696,184.	6,171,559.	24,567,109.			
14	First five years. If the Form 990 is for						zation,			
<u></u>	check this box and stop here ction C. Computation of Publ	ia Cunnart Da					<u></u>			
	•			- L (f))		45	100.00 %			
	11 1 3 (7)									
	ction D. Computation of Inves					16	100.00 %			
	•			- 40 1 (6)		47	00 %			
	7 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f)) 17 . 00 %									
	Investment income percentage from 2	•		B 4 4 1 B		18	<u>%</u>			
198	a 33 1/3% support tests - 2014. If the	-					7 is not ► X			
k	more than 33 1/3%, check this box at 33 1/3% support tests - 2013. If the	organization did n	ot check a box on	line 14 or line 19a,	and line 16 is mo	re than 33 1/3%,	and			
	line 18 is not more than 33 1/3%, che									
20	Private foundation. If the organization	n did not check a l	box on line 14, 19a	a, or 19b, check thi	is box and see ins	tructions	▶Ш			

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI. including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in

Part VI.

- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	За		
	3b		
	JD.		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	Ja		
	9b		
	9с		
	10a		
	10b		
0	<u> </u>	0 EZ	0044

Pa	rt IV Supporting Organizations _(continued)			
	,		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in part VI.	11c		
	tion B. Type I Supporting Organizations			
	71 11 3 3		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	· •···			
800	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		<u> </u>	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. Type III Supporting Organizations		T	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI .	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

2164___1

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pai	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations				
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All				
	other Type III non-functionally integrated supporting organizations must co	mplete S	Sections A through E.		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		(= = ==================================	
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1 b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other				
	factors (explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d	3			
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,				
	see instructions).	4			
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by .035	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 85% of line 1	2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4	Enter greater of line 2 or line 3	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions)	6			
7	Check here if the current year is the organization's first as a non-functional	y-integra	ted Type III supporting org	anization (see	
	instructions).				

Schedule A (Form 990 or 990-EZ) 2014

Par	LV	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	on D -	Distributions	,	Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes				
2	Amou	nts paid to perform activity that directly furthers exemp	t purposes of supported		
	organi	zations, in excess of income from activity			
3	Admir	nistrative expenses paid to accomplish exempt purpose	es of supported organization	IS	
4	Amou	nts paid to acquire exempt-use assets			
5	Qualif	ied set-aside amounts (prior IRS approval required)			
6	Other	distributions (describe in Part VI). See instructions.			
7	Total	annual distributions. Add lines 1 through 6.			
8	Distrib	outions to attentive supported organizations to which the	ne organization is responsive	Э	
	(provi	de details in Part VI). See instructions.			
9	Distrib	outable amount for 2014 from Section C, line 6			
10	Line 8	amount divided by Line 9 amount			
			(i)	(ii)	(iii)
.		Distribution Allocations (see instance)	Excess Distributions	Underdistributions	Distributable
Secti	on E -	Distribution Allocations (see instructions)		Pre-2014	Amount for 2014
1	Distrib	outable amount for 2014 from Section C, line 6			
2	Under	distributions, if any, for years prior to 2014			
	(reaso	nable cause required-see instructions)			
3	Exces	s distributions carryover, if any, to 2014:			
а					
b					
С					
d					
е	From	2013			
f	Total	of lines 3a through e			
g	Applie	ed to underdistributions of prior years			
h	Applie	ed to 2014 distributable amount			
i	Carry	over from 2009 not applied (see instructions)			
j	Rema	inder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distrib	outions for 2014 from Section D,			
	line 7:	\$			
а	Applie	ed to underdistributions of prior years			
b	Applie	ed to 2014 distributable amount			
С	Rema	inder. Subtract lines 4a and 4b from 4.			
5	Rema	ining underdistributions for years prior to 2014, if			
	any. S	Subtract lines 3g and 4a from line 2 (if amount			
	greate	er than zero, see instructions).			
6	Rema	ining underdistributions for 2014. Subtract lines 3h			
	and 4	o from line 1 (if amount greater than zero, see			
	instru	ctions).			
7	Exces	ss distributions carryover to 2015. Add lines 3j			
	and 4	c.			
8	Break	down of line 7:			
а					
b					
С					
d	Exces	s from 2013			
е	Exces	s from 2014			

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 HEARTSHARE WELLNESS, LTD.	11-3538646 Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a of	or 17b; and Part III, line 12.
Also complete this part for any additional information. (See instructions).	
· · · · · · · · · · · · · · · · · · ·	

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

Name of the organization

Employer identification number

HEARTSHARE WELLNESS, LTD. 11-3538646 Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 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 X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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 totaling \$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),

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) (2014)

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).

Name of organization Employer identification number

HEARTSHARE WELLNESS, LTD. 11-3538646

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		\$ 35,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

HEARTSHARE WELLNESS, LTD.

11-3538646

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Employer identification number

Name of organization

	IARE WELLNESS, LTD.	tributions to organizations described	11-3538646
	the year from any one contributor. Complete	columns (a) through (e) and the follo	in section 501(c)(7), (8), or (10) that total more than \$1,00 wing line entry. For organizations
	completing Part III, enter the total of exclusively religiou Use duplicate copies of Part III if addition		r less for the year. (Enter this info. once.)
-			
_	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
·		(e) Transfer of gif	*
	Transferee's name, address, a		Relationship of transferor to transferee
	, ,		·
- -			
	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
. _			
		(e) Transfer of gif	t
<u> </u>	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
-			
•	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
·			
	Transferencia nomo addresa	(e) Transfer of gif	Relationship of transferor to transferee
_	Transferee's name, address, a	MU ZIF + 4	netationship of transfer of to transferee
_			
•	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
. _			
		(e) Transfer of gif	t
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee

2164___1

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

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 Open to Public Inspection

Name of the organization

HEARTSHARE WELLNESS, LTD.

Employer identification number 11-3538646

Pai	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts.Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o		
	• •		
Pai			
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e	`	orically important land area
	Protection of natural habitat	Preservation of a certi	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied 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
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic stru		·····
	Number of conservation easements included in (c) acquired a		
	listed in the National Register		
3	Number of conservation easements modified, transferred, rel		
	year >		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and e		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizat		
	conservation easements.		-
Pai	rt III Organizations Maintaining Collections of	f Art, Historical Treasures, or O	ther 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 (AS	C 958), not to report in its revenue staten	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	nibition, education, or research in furthera	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descril	bes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ec	ducation, or research in furtherance of pul	olic service, provide the following amounts
	relating to these items:		
	(i) Revenue included in Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical trea		
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenue included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		· · · · · · · · · · · · · · · · · · ·

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

Schedule D (Form 990) 2014

Pai	t III Organizations Maintaining C	ollections of A	rt, Hist	orical Tr	easures, c	r Othe	r Simi	ar Asse	t s (continu	ied)
3	Using the organization's acquisition, accession	on, and other record	ls, check	any of the	following that	t are a si	gnificant	use of its	collection	items
	(check all that apply):									
а	Public exhibition	d	· ∐ ∟	oan or exc	hange progra	ıms				
b	b Scholarly research e Other									
С	c Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how the	ey further t	he organization	on's exer	npt purp	ose in Par	t XIII.	
5	During the year, did the organization solicit or	r receive donations	of art, his	torical trea	sures, or othe	er similar	assets			
	to be sold to raise funds rather than to be ma	aintained as part of t	he organ	ization's c	ollection?				Yes	No_
Pai	t IV Escrow and Custodial Arrang	gements. Comple	ete if the	organizatio	n answered "	Yes" to	Form 990), Part IV,	line 9, or	
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for c	ontribution	ns or other as	sets not	included			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a									
									Amount	
С	Beginning balance						1c			
	Additions during the year									
	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on Fo								Yes	☐ No
	If "Yes," explain the arrangement in Part XIII.						•			
Pai										
	· ·	(a) Current year		ior year	(c) Two year			years back	(e) Four y	ears back
1a	Beginning of year balance	,	,		, ,	,	,	,	, ,	
	Contributions									
c	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
C	-									
	and programs									
	Administrative expenses									
g	End of year balance	ont veer and belene	o (line 1 e	, column (a)) hold oo:					
2		ent year end baland		j, column (a	a)) rieid as.					
a	Board designated or quasi-endowment	0/	_%							
b	Permanent endowment	%								
С	Temporarily restricted endowment	%								
_	The percentages in lines 2a, 2b, and 2c shou									
За	Are there endowment funds not in the posses	ssion of the organiza	ation that	are held a	and administe	red for th	ne organ	zation	L.	
	by:									es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations									
	If "Yes" to 3a(ii), are the related organizations								. 3b	
4	Describe in Part XIII the intended uses of the		wment fu	unds.						
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answered					Part X, I	ine 10.			
	Description of property	(a) Cost or o			t or other	٠,	cumulat		(d) Book	value
		basis (investr	nent)	basis	(other)	dep	reciation			
	Land									
	Buildings				1 000					
С	Leasehold improvements				1,220.		733,3			,838.
d	Equipment			1,22	22,810.	8	320,4	33.	402	,377.
	Other									
Total	Add lines to through to (Column (d) must ex	aual Form 000 Port	V colum	n (D) line	100)				830	215.

Schedule D (Form 990) 2014

Part VII	Investments -	Other Securitie	S

Part VIII III Vestille III - Other Securities.		
Complete if the organization answered "Yes"	to Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	to Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		

Part IX Other Assets.

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)

(7) (8) (9)

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

(a) Description	(b) Book value
(1) DUE FROM HEARTSHARE HUMAN SERVICES OF NEW YORK	1,926,033.
(2) SECURITY DEPOSIT	18,729.
(3) OTHER ASSETS	762.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total, (Column (b) must equal Form 990, Part X, col. (B) line 15.)	1,945,524.

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.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	DUE TO NEW YORK STATE	1,189,830.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,189,830.

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

Schedule D (Form 990) 2014

Sche	dule D (Form 990) 2014 HEARTSHARE WELLNESS, LTI			3538646 Page
Par	t XI Reconciliation of Revenue per Audited Financial Stat		nue per Returr	1.
	Complete if the organization answered "Yes" to Form 990, Part IV, line	12a.		C 181 FF0
			1	6,171,559
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
	Net unrealized gains (losses) on investments			
	Donated services and use of facilities			
	Recoveries of prior year grants			
	Other (Describe in Part XIII.)	2d		0
	Add lines 2a through 2d		— — — — 1	<u> </u>
	Subtract line 2e from line 1		3	6,171,559
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
	Investment expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIII.)	4b		0
	Add lines 4a and 4b			<u> </u>
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			6,171,559
Par	T XII Reconciliation of Expenses per Audited Financial Sta		enses per Retu	rn.
	Complete if the organization answered "Yes" to Form 990, Part IV, line		1 4 1	5,410,474
	Total expenses and losses per audited financial statements		1	3,410,474
	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	Donated services and use of facilities			
	Prior year adjustments			
	Other losses			
	Other (Describe in Part XIII.)			0
	Add lines 2a through 2d			5,410,474
	Subtract line 2e from line 1		3	3,410,474
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1		
	Investment expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIII.)	·		0
	Add lines 4a and 4b			5,410,474
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18. TXIII Supplemental Information.)	5	3,410,474
		D-+ N/ 15 41 1 01	Dest William A. Dest	V. E O. D. H. VI
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;		Part V, line 4; Part	X, line 2; Part XI,
ines 2	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	y additional information.		
PAR	RT X, LINE 2:			
	11, 11, 11, 11, 11, 11, 11, 11, 11, 11,			
HEA	ARTSHARE WELLNESS, LTD. HAS DETERMINED T	THAT THERE AR	E NO MATE	RIAL
UNC	CERTAIN TAX POSITIONS THAT REQUIRE RECO	NITION OR DI	SCLOSURE	IN THE
FIN	NANCIAL STATEMENTS. PERIODS ENDING JUNE	30, 2012 AND	SUBSEOUE	NT REMAIN
SUE	BJECT TO EXAMINATION BY APPLICABLE TAXIN	G AUTHORITIE	S.	
			 -	

2164___1

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

HEARTSHARE WELLNESS, LTD. Employer identification number 11-3538646

Pá	art I Questions Regarding Compensation			
	·		Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			l
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:	_		Х
a	The organization?	5a		X
D	Any related organization?	5b		A
	If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
6	contingent on the net earnings of:			
•		60		Х
a h	The organization?	6a		X
b	Any related organization? If "Yes" to line 6a or 6b, describe in Part III.	6b		
7				
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	7		Х
o	not described in lines 5 and 6? If "Yes," describe in Part III			
8	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	P		
9	Regulations section 53.4958-6(c)?	9		
	1 104414110113 30011011 30,7300°01011			1

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

Schedule J (Form 990) 2014

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation in column (B)		
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	reported as deferred in prior Form 990		
(1) JOYCE LEVIN	(i)	14,000. 149,552. 208,887.	0.	0.	980.	0.	14,980. 160,052. 219,387.	0.		
EXECUTIVE DIRECTOR	(ii)	149,552.	0.	0.	10,500.	0.	160,052.	0.		
(2) JON J. MICHNOVICZ	(i)	208,887.	0.	0.	10,500.	0.	219,387.	0.		
COMMUNITY HEALTH SUPERVISOR	(ii)	0.	0.	0.	0.	0.	0.	0.		
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE O

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

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

990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Name of the organization

HEARTSHARE WELLNESS, LTD.

Employer identification number 11-3538646

OMB No. 1545-0047

Open to Public

Inspection

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

HEARTSHARE WELLNESS, LTD. OFFERS BOTH MEDICAL DIAGNOSTIC AND TREATMENT

SERVICES (ARTICLE 28 CLINIC) AND LONG-TERM THERAPY SERVICES (ARTICLE 16

CLINIC) DESIGNED TO MEET THE HEALTH CARE NEEDS OF INDIVIDUALS WITH

INTELLECTUAL AND DEVELOPMENTAL DISABILITIES (I/DD). IN ADDITION,

HEARTSHARE WELLNESS, LTD. PROVIDES TARGETED CASE MANAGEMENT SERVICES

FOR THOSE WITH TWO OR MORE CHRONIC HEALTH CONDITIONS, INCLUDING THOSE

WITH HIV/AIDS.

FORM 990, PART VI, SECTION A, LINE 3:

HEARTSHARE WELLNESS PURCHASES CERTAIN ADMINISTRATIVE FUNCTIONS, INCLUDING FISCAL, PAYROLL AND HUMAN RESOURCE SERVICES, FROM HEARTSHARE HUMAN SERVICES OF NEW YORK.

FORM 990, PART VI, SECTION A, LINE 6:

HEARTSHARE WELLNESS IS A MEMBERSHIP ORGANIZATION WITH THREE MEMBERS: THE
CHAIRPERSON OF THE BOARD OF HEARTSHARE HUMAN SERVICES, THE PRESIDENT AND
CEO OF HEARTSHARE HUMAN SERVICES, AND ONE OTHER PERSON DESIGNATED BY THE
CHAIRPERSON OF HEARTSHARE HUMAN SERVICES. THE MEMBERS APPROVE SIGNIFICANT
DECISIONS OF THE HEARTSHARE WELLNESS BOARD INCLUDING, BUT NOT LIMITED TO,
CHANGES IN PHILOSOPHY OR MISSION OF THE CORPORATION, CHANGES TO THE
ORGANIZATION'S GOVERNING DOCUMENTS, ELECTION OF THE BOARD OF DIRECTORS,
DISSOLVING THE CORPORATION, ETC.

FORM 990, PART VI, SECTION A, LINE 7A:

THE MEMBERS APPROVE SIGNIFICANT DECISIONS OF THE HEARTSHARE WELLNESS BOARD

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

Schedule O (Form 990 or 990-EZ) (2014)

632211
68-27-14

Name of the organization HEARTSHARE WELLNESS, LTD.

Employer identification number 11-3538646

INCLUDING, BUT NOT LIMITED TO, CHANGES IN PHILOSOPHY OR MISSION OF THE CORPORATION, CHANGES TO THE ORGANIZATION'S GOVERNING DOCUMENTS, ELECTION OF THE BOARD OF DIRECTORS, DISSOLVING THE CORPORATION, ETC.

FORM 990, PART VI, SECTION A, LINE 7B:

THE MEMBERS APPROVE SIGNIFICANT DECISIONS OF THE HEARTSHARE WELLNESS BOARD INCLUDING, BUT NOT LIMITED TO, CHANGES IN PHILOSOPHY OR MISSION OF THE CORPORATION, CHANGES TO THE ORGANIZATION'S GOVERNING DOCUMENTS, ELECTION OF THE BOARD OF DIRECTORS, DISSOLVING THE CORPORATION, ETC.

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

THE FULL BOARD REVIEWED AND APPROVED HEARTSHARE WELLNESS FORM 990 PRIOR TO FILING.

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

HEARTSHARE WELLNESS' CONFLICT OF INTEREST POLICY REQUIRES BOARD MEMBERS,

KEY STAFF AND MAJOR INDEPENDENT CONTRACTORS TO COMPLETE AN ANNUAL

DISCLOSURE STATEMENT. THE BOARD REVIEWS EACH REPORTED POTENTIAL CONFLICT OF

INTEREST AND MAKES A DETERMINATION WHETHER OR NOT A CONFLICT EXISTS. IF A

CONFLICT OF INTEREST ARISES, THE MATTER MAY BE REMEDIED VIA RECUSAL OR

DISQUALIFICATION OF THE BOARD MEMBER. THIS SIMPLY MEANS THAT THE BOARD

MEMBER DOES NOT PARTICIPATE IN THE MATTER THAT POSES THE CONFLICT OF

INTEREST. IN THE EVENT OF A VIOLATION OF THE CONFLICT INTEREST POLICY, THE

AGENCY RESERVES THE RIGHT TO IMMEDIATELY DISMISS THE EMPLOYEE OR BOARD

MEMBER OF INTEREST.

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

THE BOARD ANNUALLY REVIEWS AND DOCUMENTS THE EXECUTIVE DIRECTOR AND MEDICAL
432212
08-27-14
Schedule O (Form 990 or 990-EZ) (2014)

Name of the organization HEARTSHARE WELLNESS, LTD.	Employer identification number 11-3538646
DIRECTOR'S PERFORMANCE AND SALARY, USING INDEPENDENT SOUR	CES OF
COMPENSATION INFORMATION, INCLUDING FORM 990S FROM COMPAR	ABLE
ORGANIZATIONS, SALARY SURVEYS, AND INDEPENDENT COMPENSATI	ON CONSULTANTS.
THE PROCESS WAS LAST CONDUCTED IN 2014.	
FORM 990, PART VI, SECTION C, LINE 19:	
HEARTSHARE WELLNESS' GOVERNING DOCUMENTS, CONFLICT OF INT	
FINANCIAL STATEMENTS ARE AVAILABLE UPON WRITTEN REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
HEALTH CARE PROFESSIONALS:	
PROGRAM SERVICE EXPENSES	
MANAGEMENT AND GENERAL EXPENSES	
FUNDRAISING EXPENSES	
TOTAL EXPENSES	844,255.
COMPUTER CONSULTANT:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	40,532.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	40,532.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	884,787.
FORM 990, PART XII, LINE 2C:	
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	

2164___1

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

➤ Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

Name of the organization

HEARTSHARE WELLNESS, LTD.

2014

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

11-3538646

Part I Identification of Disregarded Entities Complete	e if the organization answered "Yes" or	n Form 990, Part IV, line 33.			
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	1	512(b)(13) rolled ity?
				501(c)(3))		Yes	No
HEARTSHARE HUMAN SERVICES OF NEW YORK -							
11-1633549, 12 METRO TECH CENTER, 29TH	HUMAN SERVICES						
FLOOR, BROOKLYN, NY 11201	ORGANIZATION	NEW YORK	501(C)(3)	LINE 9	N/A		X
HEARTSHARE EDUCATION CENTER - 90-0452757					HEARTSHARE HUMAN		
1825 BATH AVENUE	SCHOOL FOR AUTISTIC				SERVICES OF NEW		
BROOKLYN, NY 11214	CHILDREN	NEW YORK	501(C)(3)	LINE 2	YORK		X
ST. VINCENT'S SERVICES, INC. (D/B/A					HEARTSHARE HUMAN		
HEARTSHARE ST. VINCENT'S SERVICES) - 11-, 66]				SERVICES OF NEW		
BOERUM PLACE, BROOKLYN, NY 11201	CHILD WELFARE SERVICES	NEW YORK	501(C)(3)	LINE 9	YORK		X

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

Schedule R (Form 990) 2014

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling	Predominant income (related, unrelated, excluded from tax under	Share of total	Share of total income Share of end-of-year assets Disproportionate allocations?		Code V-UBI amount in box 20 of Schedule	General managir partner	Percentage ownership	
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	<u> </u>
ACCOUNTABLE CARE COALITION OF											
GREATER NEW YORK, LLC -											
45-5592037, 1001 HEATHROW											
PARK LANE, STE 5001, LAKE	HEALTH CARE	FL	N/A	RELATED	0.	1.		X	N/A	X	2.23%
	1										
	1										
	1										
	1										
	1										
											_
	1										
	1										
	-										

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	()	(i) ction
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	512(cont	b)(13) rolled tity?
		country)		,				Yes	No
HEARTSHARE PRODUCTIONS, LTD 31-1584808									
12 METRO TECH CENTER, 29TH FLOOR	FILM PRODUCTION AND								
BROOKLYN, NY 11201	DISTRIBUTION	NY	N/A	C CORP	N/A	N/A	N/A		X
	1								
	1								
]								
	1								
	1								
	1								

Page 3

Х

Yes No

1a

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

b Gift, grant, or capital contribution to related organization(s)

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

С	Gift, grant, or capital contribution from related organization(s)				1c		X		
d	d Loans or loan guarantees to or for related organization(s)								
е	e Loans or loan guarantees by related organization(s)								
f	Dividends from related organization(s)				1f		X		
g Sale of assets to related organization(s)									
h	Purchase of assets from related organization(s)				1h		X		
i	Exchange of assets with related organization(s)				1i		X		
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X		
							X		
k Lease of facilities, equipment, or other assets from related organization(s)									
-1	Performance of services or membership or fundraising solicitations for related organization(s)				11		X		
m	n Performance of services or membership or fundraising solicitations by related organization(s)				1m	X			
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		X		
0	Sharing of paid employees with related organization(s)				10	X			
р	Reimbursement paid to related organization(s) for expenses				1p	X			
	Reimbursement paid by related organization(s) for expenses				1q		X		
r	Other transfer of cash or property to related organization(s)				1r		<u>X</u>		
	Other transfer of cash or property from related organization(s)				1s		X		
2	If the answer to any of the above is "Yes," see the instructions for information on who must cor	mplete t	his line, including covered	relationships and transaction thresholds.					
	(a) (b) Name of related organization Transact		(c)	(d)					
			Amount involved	Method of determining amount inv	olved				
	type (a	1-5)							
1)									
2)									
3)									
4)									
-\									
5)									
C)									
6)	63 08-14-14	7		Out a data.) /F	- 000'	0014		
3216	63 08-14-14	,		Schedule I	ı (Forn	1 990)	ZU 14		

Page 4

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(e) Are a partners 501(c) orgs.)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners	S Sec.	Share of	Share of	Disp	ropor- nate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera	or Percentage
of entity		(state or foreign	excluded from tax under	orgs.)(3) .?	total	end-of-year	alloca	tions?	of Schedule K-1	partne	ownership
		country)	sections 512-514)	Yes I		income	assets	Yes	No	(Form 1065)	Yes N	o
	1											
	1											
	1											
	1											
	-											
				\vdash				\vdash	\vdash	-	\vdash	+
	-											
	-											
	1											
				\sqcup							\sqcup	
	1											
	1											
				\vdash								
	1											
	-											
				\vdash				-	-		$\vdash \vdash$	_
				\sqcup								
	1											
	•		•	-				•	_	•		000\ 0044

Description	Date Acquired	y Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
ACHINERY & QUIPMENT											
	VARIE	SSL	.000	16	1,222,810.			1,222,810.	652,872.		167,561.
990 PAGE 10 TOTAL ACHINERY & EQUIPM					1,222,810.		0.	1,222,810.	652,872.	0.	167,561.
THER											
EASEHOLD MPROVEMENTS	VARIE	SSL	.000	16	1,161,220.			1,161,220.	620,698.		112,684.
990 PAGE 10 TOTAL THER							0.			0.	112,684.
GRAND TOTAL 990	П										280,245.
) () () () () ()	ACHINERY & QUIPMENT JRNITURE AND QUIPMENT 990 PAGE 10 TOTAL ACHINERY & EQUIPM THER EASEHOLD MPROVEMENTS 990 PAGE 10 TOTAL	Acquired ACHINERY & QUIPMENT JRNITURE AND QUIPMENT 990 PAGE 10 TOTAL ACHINERY & EQUIPM THER EASEHOLD MPROVEMENTS 990 PAGE 10 TOTAL THER GRAND TOTAL 990	ACHINERY & QUIPMENT JRNITURE AND QUIPMENT 990 PAGE 10 TOTAL ACHINERY & EQUIPM THER EASEHOLD MPROVEMENTS 990 PAGE 10 TOTAL THER GRAND TOTAL 990	ACHINERY & QUIPMENT JRNITURE AND QUIPMENT 990 PAGE 10 TOTAL ACHINERY & EQUIPM THER EASEHOLD MPROVEMENTS 990 PAGE 10 TOTAL THER GRAND TOTAL 990	ACHINERY & QUIPMENT JRNITURE AND QUIPMENT 990 PAGE 10 TOTAL ACHINERY & EQUIPM THER EASEHOLD MPROVEMENTS 990 PAGE 10 TOTAL THER GRAND TOTAL 990	ACHINERY & QUIPMENT JRNITURE AND QUIPMENT 990 PAGE 10 TOTAL ACHINERY & EQUIPM THER EASEHOLD MPROVEMENTS 990 PAGE 10 TOTAL PHER GRAND TOTAL 990 ACHINERY & 1,161,220.	ACHINERY & QUIPMENT JRNITURE AND QUIPMENT 990 PAGE 10 TOTAL ACHINERY & EQUIPM THER EASEHOLD MPROVEMENTS 990 PAGE 10 TOTAL THER GRAND TOTAL 990 ACHINERY & COURTERS OF THE STATE OF THE	ACHINERY & QUIPMENT JRNITURE AND QUIPMENT 990 PAGE 10 TOTAL ACHINERY & EQUIPM PHER EASEHOLD MPROVEMENTS 990 PAGE 10 TOTAL THER GRAND TOTAL 990 Acquired Method Life No. Cost Or Basis Excl Basis Excl Basis Excl Basis O. Cost Or Basis Excl Basis Excl Basis O. Cost Or Basis Excl Basis Excl Basis O. Cost Or Basis Excl Basis O. Cost Or Basis Excl Basis O. Cost Or Basis Excl Basis O. Cost Or Basis Excl Basis O. Cost Or Basis Excl Basis O. Cost Or Basis Excl Basis O. Cost Or Basis Excl Basis O. Cost Or Basis Excl Basis O. Cost Or Basis Excl Basis	ACHINERY & QUIPMENT JRNITURE AND QUIPMENT 990 PAGE 10 TOTAL ACHINERY & EQUIPM EASEHOLD MPROVEMENTS 990 PAGE 10 TOTAL PHER EASEHOLD MPROVEMENTS 990 PAGE 10 TOTAL CHINERY & EQUIPM VARIESSL .000 16 1,222,810. 1,161,220. 1,161,220. 1,161,220. 0 1,161,220. 1,161,220.	ACHINERY & QUIPMENT URNITURE AND QUIPMENT 990 PAGE 10 TOTAL ACHINERY & EQUIPM PHER EASEHOLD MPROVEMENTS 990 PAGE 10 TOTAL CHER EASE OF ACHINERY & COST OF Basis Excl Basis Depreciation Depreciation 1,222,810.	Description

** PUBLIC DISCLOSURE COPY **

Department of the Treasury

Internal Revenue Service

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

OMB No. 1545-0047

▶ 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

Α	For the	2014 calendar year, or tax year beginning JUL I, 2014 and	وا ending	UN 30, ∠015	1
В	Check if applicable	C Name of organization		D Employer identif	ication number
Г	Addres	HEARTSHARE EDUCATION CENTER			
	Name change			90-0	452757
	Initial return		Room/suite	E Telephone numbe	
	Final return/	1825 BATH AVENUE		718-	422-4200
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	4,101,092.
	Amend	BROOKHIN, NI 11214		H(a) Is this a group r	
	Applica tion pending	F Name and address of principal officer: CAROL ANN VERDI		for subordinates	
		SAME AS C ABOVE		H(b) Are all subordinates i	
		mpt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) (or 527	1	list. (see instructions)
		WWW.THEHEARTSHARESCHOOL.ORG	1	H(c) Group exemption	
		organization: X Corporation Trust Association Other ► Summary	L Year	of formation: 2006	M State of legal domicile: NY
		Briefly describe the organization's mission or most significant activities: SEE	CCHEDI	II.F O	
Se	1 E	Briefly describe the organization's mission or most significant activities:	BCIIEDO		
nar	2 -	Check this box if the organization discontinued its operations or dispose	sed of more	than 25% of its net a	esets
Activities & Governance		- · · · · · · · · · · · · · · · · · · ·		3	10
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)			10
Se Se		otal number of individuals employed in calendar year 2014 (Part V, line 2a)			88
Ϋ́È		otal number of volunteers (estimate if necessary)			10
Ç		otal unrelated business revenue from Part VIII, column (C), line 12			
_	l d	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
				Prior Year	Current Year
<u>e</u>		Contributions and grants (Part VIII, line 1h)		22,549.	
Revenue		Program service revenue (Part VIII, line 2g)		3,770,579.	
Вè		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,793,128.	
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,793,120.	4,101,092.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	
"	I	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,912,837.	_
Expenses	162 5	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
pen	h 7	otal fundraising expenses (Part IX, column (D), line 25)	0.		Į,
ŭ	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		979,964.	907,079.
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,892,801.	
	19 F	Revenue less expenses. Subtract line 18 from line 12		-99,673.	
t Assets or lad Balances		·	Ве	ginning of Current Year	End of Year
sets	20 7	otal assets (Part X, line 16)		1,762,687.	
t As	21 7	otal liabilities (Part X, line 26)		1,929,841.	
캺	22 1	Net assets or fund balances. Subtract line 21 from line 20		-167,154.	-100,068.
		Signature Block			
	•	ties of perjury, I declare that I have examined this return, including accompanying schedules		•	ny knowledge and belief, it is
true	e, correct	, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	nas any knowledge.	
0:-		Signature of officer		I Date	
Sig		CAROL ANN VERDI, EXECUTIVE DIRECTOR		Duto	
He	re	Type or print name and title			
_		Print/Type preparer's name Preparer's signature	1	Date Check	PTIN
Pai		ERIC GOLDFARB		if self-employ	
	-	Firm's name LOEB & TROPER LLP		Firm's EIN	13-1517563
		Firm's address 655 THIRD AVENUE, 12TH FLOOR		5	
		NEW YORK, NY 10017		Phone no.21	2-867-4000
Ma	v the IR	S discuss this return with the preparer shown above? (see instructions)		<u> </u>	X Ves No

	orm 990 (2014) HEARTSHARE EDUCATION (CENTER 90-0452757 Page 2
Par	Part III Statement of Program Service Accomplishment	
		this Part III
1		
	SEE SCHEDULE O	
	Did the organization undertake any significant program services durin the prior Form 990 or 990-EZ?	
	If "Yes," describe these new services on Schedule O.	
		n how it conducts, any program services?
ļ		
a	a (Code:) (Expenses \$ 3,609,006. including grant THE HEARTSHARE SCHOOL HAS AN ENROLI THROUGHOUT THIS YEAR, WE PROVIDED I AS SPEECH AND LANGUAGE THERAPY, PHY	LMENT CAPACITY OF 80 STUDENTS. EDUCATION AND RELATED SERVICES SUCH YSICAL AND OCCUPATIONAL THERAPIES, ED PHYSICAL EDUCATION. STUDENTS ALSO COMMUNITY, A THANKSGIVING PLAY
b	b (Code:) (Expenses \$ including grand	ts of \$) (Revenue \$)
	C (Code:) (Expenses \$ including grant) (Revenue \$)

Other program services (Describe in Schedule O.)

including grants of \$ 3,609,006. Total program service expenses

) (Revenue \$

432002 11-07-14

4e

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
_	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	—		<u> </u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	٠.٠		
	complete Schedule G, Part III	19		х
202	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		-
	to mile to mile to digarization attach a copy of ite addition interioris to this fotum:		000	(001.4)

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			
domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	nt		
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
Schedule J	23	Х	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of	the		
last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
Schedule K. If "No", go to line 25a	24a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	d		
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
Schedule L, Part I	25b		Х
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
complete Schedule L, Part II	26		Х
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? If "Yes," complete Schedule L, Part III	27		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
instructions for applicable filing thresholds, conditions, and exceptions):			
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part I	V 28b		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an off	ficer,		
director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
contributions? If "Yes," complete Schedule M	30		X
31 Did the organization liquidate, terminate, or dissolve and cease operations?			
If "Yes," complete Schedule N, Part I	31		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
Schedule N, Part II	32		Х
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
Part V, line 1	34	Х	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	<i>'</i>		
within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization			
If "Yes," complete Schedule R, Part V, line 2	36		Х
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form **990** (2014)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O Contains a response of note to any line in this Fart v					Ш
					Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable					
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r			4.		
0-	(gambling) winnings to prize winners?	 I	 I	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	000	88			
h	filed for the calendar year ending with or within the year covered by this return	2a		2b	Х	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returnation. Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction			20	71	
За				За		х
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other					
	financial account in a foreign country (such as a bank account, securities account, or other financial		•	4a		Х
b	If "Yes," enter the name of the foreign country:		,			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accour	nts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	action)	5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t	he org	anization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions c	r gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).				77	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices	provided to the payor?	7a	X	
				7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w			7.		x
لم	to file Form 8282?	7d]	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year		h-12	7e		Х
f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7 e 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file F			7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
		•		8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	1	I			
	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
100	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form	11b	2	100		
		1	Í	12a		
ъ 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	l			
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
u	Note. See the instructions for additional information the organization must report on Schedule O.			.Ju		
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
-	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
	Did the second in the second is a second of the description of the description of the second of the			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	le O		14b		
				Form	990	(2014)

432005 11-07-14

5

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
Sec	tion A. Governing Body and Management						
				—	\perp	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		10			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.						
b	Enter the number of voting members included in line 1a, above, who are independent	1b		10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi		any other				
	officer, director, trustee, or key employee?				2		Х
3	Did the organization delegate control over management duties customarily performed by or under the			··· ├⁻	7		
Ü	of officers, directors, or trustees, or key employees to a management company or other person?				3	Х	
4	Did the organization make any significant changes to a management company or other persons.				1		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as:				-		X
6					\rightarrow	Х	
_	Did the organization have members or stockholders?			├	' +	21	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a			_		Х	
	more members of the governing body?			<u>⊢′</u>	а	Λ	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s		•	1_	.	v	
	persons other than the governing body?			7	b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					77	
а	The governing body?				а	X	
b	Each committee with authority to act on behalf of the governing body?			8	b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real						
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			5	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenu	e Code.)				
				_		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10	Оа		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such c	hapte	rs, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10)b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	ly befo	ore filing the form	? 11	1a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12	2a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to cor	iflicts?	12	2b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es, " a	escribe				
	in Schedule O how this was done			12	2c	Х	
13	Did the organization have a written whistleblower policy?				3	Х	
14	Did the organization have a written document retention and destruction policy?				4	Х	
15	Did the process for determining compensation of the following persons include a review and approve						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-	-1				
а	The organization's CEO, Executive Director, or top management official			15	5a	Х	
	Other officers or key employees of the organization			_	5b	-	Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			··· ⊨	-		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment :	with a				
. - a	taxable entity during the year?			10	3a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua			10	Ja		
D			·				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga			40			
800	exempt status with respect to such arrangements? tion C. Disclosure			16	6b		
17	List the states with which a copy of this form cost is required to be most	F (C	H F04(\/2)	L A .	9.11	_	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-7	(Sec	tion 501(c)(3)s on	ıy) avai	ııabl	е	
	for public inspection. Indicate how you made these available. Check all that apply.						
	X Own website Another's website X Upon request Other (explain		,				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	nflict	of interest policy,	and fir	nanc	ial	
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks a	nd records:				
	ANTHONY BIANCA - 718-422-3301	000	1205				
	12 METRO TECH CENTER, 29TH FLOOR, BROOKLYN, NY 11	201	4326				

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.

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

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

(A)	(B)	Orga	111120		C)	прсі	iioai	(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos	ition	than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	is bot or/trus	h an	compensation	compensation	amount of
	week (list any						<u> </u>	from the	from related organizations	other compensation
	hours for	r direc				pa		organization	(W-2/1099-MISC)	from the
	related	stee o	rustee			oen sat		(W-2/1099-MISC)		organization
	organizations below	ual tru	onal t		ploye	t com				and related
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) LAURIE WINDSOR	0.50									
CHAIRPERSON		Х		Х				0.	0.	0.
(2) NICHOLAS DOMINGUES	0.50								_	_
SECRETARY		Х		Х				0.	0.	0.
(3) BARBARA SLATTERY	0.50	l								
TREASURER		Х		Х				0.	0.	0.
(4) HARRY G. DEMEO, MD	0.50								0	•
MEMBER	0 50	Х						0.	0.	0.
(5) VINCENT IANELLI	0.50	х							0	0
MEMBER	0.50	Λ						0.	0.	0.
(6) CRAIG RATIGAN	0.50	х						0.	0.	0.
(7) SHEILA HIGGINSON	0.50	Δ						0.	0.	0.
MEMBER	0.50	х						0.	0.	0.
(8) SYLVIA LACERRA	0.50							0.	0.	
MEMBER		х						0.	0.	0.
(9) DON HUML	0.50							0.0		
MEMBER		х						0.	0.	0.
(10) KATHY VERO	0.50									
MEMBER		Х						0.	0.	0.
(11) CAROL ANN VERDI	7.00									
EXECUTIVE DIRECTOR	28.00			Х				27,643.	105,796.	19,041.
		<u> </u>	_		<u> </u>	_	_			
			_		_					
										- 000

Form **990** (2014)

	Section A. Officers, Directors, Trus (A)	(B)			((9		(D)	(E)			(F)	
	Name and title	Average	(de		Pos	ition) than	nne	Reportable	Reportable			mated	1
		hours per	box	, unle	ss pe	rsoni	tnan is bot or/trus	n an	compensation	compensatio	n	amo	ount o	
		week (list any	\vdash	oer an	uad	1 6010	,, u us	.cc)	from	from related			ther	or
		hours for	Individual trustee or director				D.		the organization	organization: (W-2/1099-MIS		comp fro	ensat m the	ווט
		related	tee or	ıstee			ensate		(W-2/1099-MISC)	(,			nizatio	n
		organizations	al trus	onal tri		loyee	comp						relate	
		below line)	dividu	Institutional trustee	Officer	key employee	Highest compensated employee	Former				organ	nizatio	าร
		,	드	드	ō	λ	Ξъ	R						
			-											
			-											
1h	Cub total								27,643.	105,79	96	1 9	,04	1
	Sub-total Total from continuation sheets to Part V								0.	105,7.	0.		, 0 =	0.
	Total (add lines 1b and 1c)								27,643.	105,79	96.	19	,04	1.
2	Total number of individuals (including but r	not limited to th	nose	liste	ed al	bove	e) wł	o r	received more than \$100	,000 of reportable	e			C
	compensation from the organization											1	Yes	No
3	Did the organization list any former officer	, director, or tru	uste	e, ke	y er	nplo	yee	or	highest compensated e	mployee on	Г			
	line 1a? If "Yes," complete Schedule J for s	such individual										3		Х
4	For any individual listed on line 1a, is the s	um of reportab	le co	omp	ensa	ation	n and	ot	her compensation from					
_	and related organizations greater than \$15			•								4	Х	
5	Did any person listed on line 1a receive or rendered to the organization? If "Yes," con											5		х
Sec	tion B. Independent Contractors	ipiete Scriedui	e 	OI SI	JCIT	pers						3		
1	Complete this table for your five highest co	mpensated in	depe	ende	ent c	ontr	racto	rs t	that received more than	\$100,000 of com	pensa	ation fro	om	
	the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ithir		/ear.				
	(A) Name and business	address							(B) Description of s	ervices	Co	(C) ompens		
	RTSHARE HUMAN SERVICE		-				RO					405		_
TEC	H CENTER 29TH FL, BRO	OKLYN, I	NΥ	1.	L2(JΙ		4	MANAGEMENT S	ERVICES		425	, 00	0.
								\dashv						

432008 11-07-14

Form **990** (2014)

Pa	rt VI				5			
		Check if Schedule O conta	ins a response	or note to any lii	ne in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c c e f		1b 1c 1d 1d 1e 5, and 6 1f 1f 1d 1d 1f: \$	5,362. 8,861. 32,321.				
0 8	n	Total. Add lines 1a-1f		Business Code				
Program Service Revenue	2 a				4,054,548.	4,054,548.		
Pro	e							
		All other program service rever Total. Add lines 2a-2f		<u> </u>	4,054,548.			
	3 4 5	Investment income (including of other similar amounts) Income from investment of tax Royalties	dividends, intere	est, and oroceeds				
	Ü	rioyanies	(i) Real	(ii) Personal				
	b	Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss)						
		Gross amount from sales of	(i) Securities	(ii) Other				
	b	assets other than inventory Less: cost or other basis and sales expenses	(y cocurrinos	(ii) Strick				
		Gain or (loss)						
Other Revenue		I Net gain or (loss) Gross income from fundraising including \$ 5,3 contributions reported on line Part IV, line 18	events (not 62 of 1c). See	0.				
the	b	Less: direct expenses		0.				
0		Net income or (loss) from fund		>	0.			
		Gross income from gaming act Part IV, line 19 Less: direct expenses	а					
		: Net income or (loss) from gami						
	10 a	Gross sales of inventory, less rand allowances	eturns a					
		Less: cost of goods sold Net income or (loss) from sales Miscellaneous Revenue	of inventory					
	11 a							
	b							
	c							
	c	***************************************						
		Total. Add lines 11a-11d			4,101,092.	1 051 519	0.	0.
43200 11-07-	12 9 14	Total revenue. See instructions.)	<u> </u> =,101,032•	<u> </u> =,UJ=,J40•	0.	Form 990 (2014)

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 (D) (B) (C) Do not include amounts reported on lines 6b, Program service expenses Management and general expenses Total expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 33,721. 33,721. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 2,515,120. 2,515,120. Other salaries and wages 7 Pension plan accruals and contributions (include 41,323 41,323. section 401(k) and 403(b) employer contributions) 244,032. 244,032. Other employee benefits 9 292,731. 292,731. Payroll taxes 10 Fees for services (non-employees): 11 425,000. 425,000. a Management 1,550. 1,550. Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 16,407. 16,407 column (A) amount, list line 11g expenses on Sch O.) 1,576. 1,576. Advertising and promotion 12 49,948. 49,948. Office expenses 13 14 Information technology Royalties 15 252,480. 252,480. 16 Occupancy 1,108. 1,108. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 Interest 20 Payments to affiliates _____ 21 89,981. 89,981. Depreciation, depletion, and amortization 22 23,749. 23,749. 23 Other expenses. Itemize expenses not covered 24 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.) '..... 41,517. 41,517. FOOD 3,763. 3,763. All other expenses 4,034,006. 3,609,006. 425,000. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Form **990** (2014)

if following SOP 98-2 (ASC 958-720)

Form 990 (2014) Part X Balance Sheet

Pai	LA	Balance Sneet					
		Check if Schedule O contains a response or not	te to any	line in this Part X			
					(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			653,509.	1	708,315.
	2	Savings and temporary cash investments			36,656.	2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			728,493.	4	789,823.
	5	Loans and other receivables from current and for	ormer off	icers, directors,			
		trustees, key employees, and highest compensation	ated emp	oloyees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali	ified pers	ons (as defined under			
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sec		·			
)ts		employees' beneficiary organizations (see instr)				6	
Assets	7	Notes and loans receivable, net				7	
٩	8	Inventories for sale or use				8	24 224
	9	Prepaid expenses and deferred charges				9	31,334.
	10a	Land, buildings, and equipment: cost or other		005 500			
		basis. Complete Part VI of Schedule D		827,790.	244 222		252 525
	b	Less: accumulated depreciation		568,083.	344,029.	10c	259,707.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	6 106
	15	Other assets. See Part IV, line 11			1 560 605	15	6,196.
	16	Total assets. Add lines 1 through 15 (must equ			1,762,687.	16	1,795,375.
	17	Accounts payable and accrued expenses			172,848.	17	190,708.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
ies	22	Loans and other payables to current and former					
Ħ		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela		_		23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa	,				
		parties, and other liabilities not included on lines	•	•	1,756,993.		1,704,735.
		Schedule D			1,929,841.	25	1,895,443.
	26	Total liabilities. Add lines 17 through 25			1,929,041.	26	1,093,443.
		Organizations that follow SFAS 117 (ASC 958		nere 🚩 🔼 and			
Š	07	complete lines 27 through 29, and lines 33 ar			-167,154.	27	-100,068.
Fund Balances	27	Unrestricted net assets			107,134.	-	100,000.
Ba	28	Temporarily restricted net assets				28 29	
S I	29	Organizations that do not follow SFAS 117 (A		obook boro		29	
Ĕ		and complete lines 30 through 34.	13C 930)	, check liefe 🚩 📖			
S O	20					20	
se	30	Capital stock or trust principal, or current funds				30	
Net Assets or	31	Paid-in or capital surplus, or land, building, or ed				31 32	
Se	32 33	Retained earnings, endowment, accumulated in			-167,154.	33	-100,068.
		Total liabilities and not assets/fund balances			1,762,687.	34	1,795,375.
	34	Total liabilities and net assets/fund balances			1,702,007.	34	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

Form **990** (2014)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1 2	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25)	1 2	4,10		06.
3	Revenue less expenses. Subtract line 2 from line 1	3	-16		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-10	/, 1	<u>54.</u>
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	-10	0,0	68.
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
1	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.		Yes	No
2a					X
	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: Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b	Х	
С	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat consolidated basis, or both: Separate basis Consolidated basis X Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	Х	
За	If the organization changed either its oversight process or selection process during the tax year, explain in Sch As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2014)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

HEARTSHARE EDUCATION CENTER

Employer identification number 90-0452757

Pa	rt I	Reason for Public (Charity Status (All organizations must co	omplete th	is part.) Se	ee instructions.	
he d	organi	zation is not a private found	ation because it is: (For lines 1 through 11, o	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 secti	•					
3		A hospital or a cooperative			ection 170	(b)(1)(A)(ii	i).	
4		A medical research organiz					•	the hospital's name.
-		city, and state:	Į.	,			(,
5		An organization operated for	or the benefit of a co	llege or university owne	d or opera	ted by a go	overnmental unit describ	ped in
_		section 170(b)(1)(A)(iv). (C		,		, 5		
6		A federal, state, or local gov	•	nental unit described in	section 17	70(b)(1)(A)	(v).	
7		An organization that norma	_					public described in
		section 170(b)(1)(A)(vi). (Co	•				anni or morni and general	paisie accession in
8		A community trust describe		(1)(A)(vi). (Complete Par	t II.)			
9		An organization that norma				contributio	ons membership fees a	nd gross receipts from
•		activities related to its exem	•	•	-			-
		income and unrelated busin	-	•				-
		See section 509(a)(2). (Cor		(least coolier, or relainy in				a
10		An organization organized a		ively to test for public sa	afety. See :	section 50)9(a)(4).	
11		An organization organized a	•	•	•			e purposes of one or
		more publicly supported or	•	•	-		· · · · · · · · · · · · · · · · · · ·	
		lines 11a through 11d that	~					
а		Type I. A supporting orga				•		giving
		the supported organization	•	•	•			
		organization. You must c						•
b		Type II. A supporting orga			tion with it	s supporte	ed organization(s), by ha	ving
		control or management o	f the supporting org	anization vested in the s	ame perso	ons that co	ontrol or manage the sup	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.	•			
С		Type III functionally inte	grated. A supportin	g organization operated	in connec	tion with, a	and functionally integrate	ed with,
		its supported organization	n(s) (see instructions	s). You must complete	Part IV, Se	ctions A,	D, and E.	
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organi	zation(s)
		that is not functionally int	egrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement and an attent	iveness
		requirement (see instruct	ions). You must con	nplete Part IV, Sections	s A and D,	and Part	V.	
е		Check this box if the orga	anization received a	written determination fro	om the IRS	that it is a	Type I, Type II, Type III	
		functionally integrated, or	Type III non-functio	nally integrated support	ing organi:	zation.		
f	Ente	r the number of supported o	organizations					
g	Prov	ide the following information	about the supporte					
	(i) Name of supported	(ii) EIN		(iv) Is the o listed i		(v) Amount of monetary	(vi) Amount of
		organization		(described on lines 1-9 above or IRC section	governing of	document?	support (see Instructions)	other support (see Instructions)
				(see instructions))	Yes	No	motradition)	inotractions)
ota	I							

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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						
	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)						
6	Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support						_
Cale	ndar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	•	,			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)	
Sec	organization, check this box and stop ction C. Computation of Publ	here	rcentage				> L
	Public support percentage for 2014 (I			column (f))		14	%
	Public support percentage from 2013					15	
104	Sa 33 1/3% support test - 2014. 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						
h	33 1/3% support test - 2013. If the o						
~	and stop here. The organization qual						▶ □
17a	10% -facts-and-circumstances tes						or more
. <i>, a</i>	and if the organization meets the "fac						
	meets the "facts-and-circumstances"				· · · · · · · · · · · · · · · · · · ·	-	
h	10% -facts-and-circumstances tes						
	more, and if the organization meets the	-					
	organization meets the "facts-and-circ						
18	Private foundation. If the organization		-				
							or 990-EZ) 2014

432022

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.)

Sec	ction A. Public Support	low, please com	piete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and		` ,	<u> </u>	, ,	1 ,	\
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
Ū	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
7	ization's benefit and either paid to						
	or expended on its behalf						
_	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons Amounts included on lines 2 and 3 received						
L	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
	ction B. Total Support				1	1	
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	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						
	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 VI.)						
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, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organi:	zation,
	check this box and stop here						>
Sec	ction C. Computation of Public	Support Pe	ercentage				
15	Public support percentage for 2014 (lin	ne 8, column (f) c	divided by line 13,	column (f))		15	%
16	Public support percentage from 2013	Schedule A, Part	t III, line 15			16	%
Sec	ction D. Computation of Inves	tment Incom	e Percentage				
17	Investment income percentage for 201	4 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	%
18	Investment income percentage from 2	013 Schedule A,	Part III, line 17			18	%
	33 1/3% support tests - 2014. If the o					33 1/3%, and line	17 is not
	more than 33 1/3%, check this box an						
b	33 1/3% support tests - 2013. If the o						
	line 18 is not more than 33 1/3%, chec	· ·			•	•	
20	Private foundation. If the organization						

Part IV | Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in *part VI* how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
1		163	140
	1		
	2		
	3a		
	3b		
	3с		
	30		
	4a		
	4b		
	4c		
	5a		
	5b 5c		
	3C		
	6		
	7		
	8		
	9a		
	9b		
	9c		
	10a		
	10b	0 EZ\	2014

Pa	rt IV Supporting Organizations _(continued)			
	,		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
-	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. Type III Supporting Organizations	-		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	_		
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in $P_{art\ VI}$ the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instructions):			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b				
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	3a		
b				
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	anizations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All				
	other Type III non-functionally integrated supporting organizations must co	mplete :	Sections A through E.		
Cont	ion A - Adjusted Net Income		(A) Prior Voor	(B) Current Year	
Seci	ion A - Adjusted Net Income		(A) Prior Year	(optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3	4			
_5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
a	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
c	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other				
	factors (explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d	3			
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by .035	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 85% of line 1	2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4	Enter greater of line 2 or line 3	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions)	6			
7	Check here if the current year is the organization's first as a non-functionall	y-integra	ated Type III supporting org	ganization (see	
	instructions).				

Schedule A (Form 990 or 990-EZ) 2014

Par	TV │ Type III Non-Functionally Integrated 509	9(a)(3) Supporting Org	anizations _(continued)	
Secti	ion D - Distributions		<u> </u>	Current Year
1	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organization	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is responsive	Э	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
Sacti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
Jecu	on E - Distribution Anocations (see instructions)		Pre-2014	Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
С				
d				
	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
_	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
<u>а</u>				
b				
<u> </u>	5 (0010			
	Excess from 2013			
е	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

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
2014

Name of the organization

Employer identification number

HEARTSHARE EDUCATION CENTER

90-0452757

Organization type (check one):						
Filers of	:	Section:				
Form 990	0 or 990-EZ	X 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				
Note. Or	nly a section 501(c)(covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	Rule					
		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special l	Rules					
	For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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 totaling \$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) (2014)

Name of organization Employer identification number

HEARTSHARE EDUCATION CENTER 90-0452757

Part I	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		\$\$ <u>9,333.</u>	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2		\$ 20,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\ \\$	Person Payroll Noncash (Complete Part II for		

HEARTSHARE EDUCATION CENTER

90-0452757

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		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
		\$			

Name of organization Employer identification number HEARTSHARE EDUCATION CENTER 90-0452757 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations Part III completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (<u>a)</u> No. `fŕom 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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (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 Open to Public Inspection

Name of the organization

HEARTSHARE EDUCATION CENTER

Employer identification number 90-0452757

Pai	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts.Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o		
	• •		
Pai			
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e	`	orically important land area
	Protection of natural habitat	Preservation of a certi	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied 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
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic stru		·····
	Number of conservation easements included in (c) acquired a		
	listed in the National Register		
3	Number of conservation easements modified, transferred, rel		
	year >		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and e		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizat		
	conservation easements.		-
Pai	rt III Organizations Maintaining Collections of	f Art, Historical Treasures, or O	ther 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 (AS	C 958), not to report in its revenue staten	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	nibition, education, or research in furthera	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descril	bes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ec	ducation, or research in furtherance of pul	olic service, provide the following amounts
	relating to these items:		
	(i) Revenue included in Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical trea		
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenue included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		· · · · · · · · · · · · · · · · · · ·

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

Schedule D (Form 990) 2014

Pai	rt III ∣ Organizations Maintaining C	Collections of A	rt, Hist	torical Tre	easures, c	or Other	r Similar	Asse ⁻	ts (continu	red)		
3	Using the organization's acquisition, accessi	on, and other record	ds, checl	k any of the t	following tha	t are a sig	ınificant use	of its	collection	items		
	(check all that apply):											
а	Public exhibition	d	ı 🔲 1	Loan or exch	nange progra	ams						
b	Scholarly research	е	, 🔲 (Other								
С	Preservation for future generations											
4	Provide a description of the organization's co	ollections and explai	n how th	ney further th	e organizati	on's exem	npt purpose	in Part	XIII.			
5	During the year, did the organization solicit of	or receive donations	of art, hi	storical treas	sures, or oth	er similar a	assets		_			
	to be sold to raise funds rather than to be ma	aintained as part of	the orga	nization's co	llection?			<u>. L</u>	Yes	<u> No</u>		
Pai	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, Pa	rt X, line 21.										
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	s or other as	sets not i	ncluded		_			
	on Form 990, Part X?							L	Yes	└── No		
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	table:								
									Amount			
С	Beginning balance						1c					
d	Additions during the year						1d					
е	Distributions during the year											
f	Ending balance								1			
	Did the organization include an amount on F						y?	L	Yes	⊢ No		
	If "Yes," explain the arrangement in Part XIII.											
Pai	t V Endowment Funds. Complete i											
		(a) Current year	(b) P	rior year	(c) Two year	s back (d) Three year	s back	(e) Four y	ears back		
1a	Beginning of year balance											
b	Contributions											
	Net investment earnings, gains, and losses											
	Grants or scholarships											
е	Other expenditures for facilities											
	and programs											
	Administrative expenses											
g	End of year balance				\\							
2	Provide the estimated percentage of the cur Board designated or quasi-endowment	rent year end baland	•	g, column (a)) neid as:							
a	Permanent endowment	%	_%									
	Temporarily restricted endowment	⁷⁰										
C	The percentages in lines 2a, 2b, and 2c shou											
32	Are there endowment funds not in the posse	· ·	ation tha	at are held ar	nd administa	red for th	o organizati	on				
Ou	by:	333011 Of the organiz	ation the	at are ricid ar	ia administo	ica ioi iii	c organizati	OH	Γ _ν	es No		
	(i) unrelated organizations								3a(i)	03 110		
	(ii) related organizations								3a(ii)			
h	If "Yes" to 3a(ii), are the related organizations								3b			
4	Describe in Part XIII the intended uses of the								0.0	I		
Pai	t VI Land, Buildings, and Equipm											
	Complete if the organization answere), Part IV	, line 11a. Se	ee Form 990	, Part X, li	ne 10.					
	Description of property	(a) Cost or o		(b) Cost	1		cumulated		(d) Book	value		
	,	basis (investr		basis (1		reciation					
1a	Land											
	Buildings											
	Leasehold improvements			58	7,174.	3	98,253	1.	188	,921.		
	Equipment											
	Other			24	0,616.	1	69,830	•		,786.		
Tota	I. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colun	nn (B), line 1	Oc.))	•	259	,707.		
									D /F	000\ 0044		

Schedule D (Form 990) 2014

Part VII Investments - Other Securitie
--

Complete if the organization answered "Yes"	to Form 990 Part IV line	e 11b. See Form 990. I	Part X line 12	
(a) Description of security or category (including name of security)	(b) Book value			id-of-year market value
(1) Financial derivatives				·
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	to Form 990. Part IV. line	e 11c. See Form 990. F	Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of v	aluation: Cost or en	id-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes"	to Form 990. Part IV. line	e 11d. See Form 990. I	Part X. line 15.	
	Description	5 1 1d. 000 1 01111 000, 1	urt7, iii 0 10.	(b) Book value
(1)				,
(2)				
(3)				
(4)				
(5)				
(6) (7)				
(8)				
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin	15)			
Part X Other Liabilities.	e 13.)			1
Complete if the organization answered "Yes"	to Form 990 Part IV line	a 11e or 11f See Form	000 Part Y line 24	5
(-) Description of Balantin.	10 1 01111 990, Fait IV, IIII	(b) Book value	. 990, Fart A, III le 20	J.
"		(b) Book value		
(1) Federal income taxes (2) DUE TO NYC DEPT. OF EDUCA	.πτ∩N	1,141,545.		
(-7		±,±=±,J=J•		
	DEKATCED	563 100		
		563,190.		
(5)				
(6)				
(7)				
(8)				
(9)		1 504 505		
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 25.)	1,704,735.		

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

Schedule D (Form 990) 2014

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Schools

► Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

HEARTSHARE EDUCATION CENTER

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

▶ Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. **Employer identification number** 90-0452757

Schedule E (Form 990 or 990-EZ) (2014)

	HEARISHARE EDUCATION CENTER 90-	0432	131	
Pa	t I		1,450	
			YES	N
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,		٠,,	
	other governing instrument, or in a resolution of its governing body?	1	X	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,			
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	X	L
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the			
	period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes			
	the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain.			Ι.
	If you need more space, use Part II SEE PART II	3		2
Ļ	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	X	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Х	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
	admissions, programs, and scholarships?	4c	Х	
d	Copies of all material used by the organization or on its behalf to solicit contributions?		Х	
5	Does the organization discriminate by race in any way with respect to:			
	Students' rights or privileges?	5a		:
	Admissions policies?			
	Employment of faculty or administrative staff?			
	Scholarships or other financial assistance?			
	Educational policies?			
	Use of facilities?			
	Athletic programs?			
	Other extracurricular activities?			
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Х	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		
-				
_	If you answered "Yes" to either line 6a or line 6b, explain on Part II.			
7				

432061 10-02-14

Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information.
LINE 3 - EXPLANATION OF NONDISCRIMINATION POLICY:
HEARTSHARE EDUCATION CENTER INCLUDES A STATEMENT OF ITS
RACIALLY NONDISCRIMINATION POLICY ON ALL INFORMATION PROVIDED
TO PROSPECTIVE STUDENTS, INCLUDING ITS WEBSITE AND BROCHURES.
THE SCHOOL DOES NOT SOLICIT STUDENTS AND REGISTRATION OCCURS
AT ALL TIMES DURING THE YEAR. THE HEARTSHARE EDUCATION CENTER
ACCEPTS STUDENTS FROM ALL OF THE COMMUNITIES WE SERVE AND HAS A VERY
RACIALLY AND ETHNICALLY DIVERSE STUDENT BODY.
LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:
HEARTSHARE EDUCATION CENTER RECEIVES FUNDING FROM THE NEW YORK STATE
EDUCATION DEPARTMENT. THE PAYMENTS ARE MADE THROUGH THE NEW YORK CITY
DEPARTMENT OF EDUCATION WITH WHOM WE HAVE A CONTRACT TO PROVIDE THOSE
SERVICES.

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

HEARTSHARE EDUCATION CENTER

Employer identification number 90-0452757

Pa	art I Questions Regarding Compensation					
			Yes	No		
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,					
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or charter travel Housing allowance or residence for personal use					
	Travel for companions Payments for business use of personal residence					
	Tax indemnification and gross-up payments Health or social club dues or initiation fees					
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)					
b	, , , , , , , , , , , , , , , , , , , ,					
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b				
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2				
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's					
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to					
	establish compensation of the CEO/Executive Director, but explain in Part III.					
	Compensation committee Written employment contract					
	X Independent compensation consultant X Compensation survey or study					
	X Form 990 of other organizations X Approval by the board or compensation committee					
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing					
7	organization or a related organization:					
а		4a		х		
h	Receive a severance payment or change-of-control payment? Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X		
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X		
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation					
	contingent on the revenues of:					
а	The organization?	5a		X		
b	Any related organization?	5b		Х		
	If "Yes" to line 5a or 5b, describe in Part III.					
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation					
	contingent on the net earnings of:					
а	The organization?	6a		X		
b	Any related organization?	6b		Х		
	If "Yes" to line 6a or 6b, describe in Part III.					
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			77		
	not described in lines 5 and 6? If "Yes," describe in Part III	7		X		
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			v		
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in					
	Regulations section 53.4958-6(c)?	9				

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

Schedule J (Form 990) 2014

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	reported as deferred in prior Form 990
(1) CAROL ANN VERDI	(i)	27,643.	0.	0.	1,935.	0.		0.
EXECUTIVE DIRECTOR	(ii)	27,643. 105,796.	0.	0.	9,341.	7,765.	122,902.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii) (i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii) (i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE O

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

. 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.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

HEARTSHARE EDUCATION CENTER

Employer identification number 90-0452757

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THE MISSION OF HEARTSHARE EDUCATION CENTER IS TO EDUCATE AND SUPPORT, WITH DIGNITY AND RESPECT, CHILDREN, ADOLESCENTS AND YOUNG ADULTS ON THE AUTISM SPECTRUM IN ORDER TO EXPAND OPPORTUNITIES AND ENHANCE LIVES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: HEC IS APPROVED BY THE NEW YORK STATE EDUCATION DEPARTMENT AND THE NEW YORK CITY DEPARTMENT OF EDUCATION TO EDUCATE CHILDREN AGES 5 TO 21 DIAGNOSED WITH AUTISM AND THE SPECTRUM DISORDERS, AS WELL AS CHILDREN DIAGNOSED WITH MENTAL RETARDATION AND OTHER DEVELOPMENTAL DISABILITIES. HEC FOCUSES ON THE WHOLE CHILD AND USES A COMBINATION OF EDUCATIONAL, BEHAVIORAL AND THERAPEUTIC APPROACHES BASED ON EACH CHILD'S UNIQUE NEEDS.

FORM 990, PART VI, SECTION A, LINE 3:

HEARTSHARE EDUCATION CENTER PURCHASES CERTAIN ADMINISTRATIVE FUNCTIONS, INCLUDING FISCAL, PAYROLL AND HUMAN RESOURCE SERVICES, FROM HEARTSHARE HUMAN SERVICES OF NEW YORK.

FORM 990, PART VI, SECTION A, LINE 6:

HEARTSHARE EDUCATION CENTER IS A MEMBERSHIP ORGANIZATION WITH THREE MEMBERS: THE CHAIRPERSON OF THE BOARD OF HEARTSHARE HUMAN SERVICES OF NEW THE PRESIDENT AND CEO OF HEARTSHARE HUMAN SERVICES OF NEW YORK, AND ONE OTHER PERSON DESIGNATED BY THE CHAIRPERSON OF HEARTSHARE HUMAN SERVICES OF NEW YORK. THE MEMBERS APPROVE SIGNIFICANT DECISIONS OF THE HEARTSHARE EDUCATION CENTER BOARD INCLUDING, BUT NOT LIMITED TO, CHANGES IN PHILOSOPHY LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2014) 432211 08-27-14

Name of the organization
HEARTSHARE EDUCATION CENTER

Employer identification number 90-0452757

OR MISSION OF THE CORPORATION, CHANGES TO THE ORGANIZATION'S GOVERNING

DOCUMENTS, ELECTION OF THE BOARD OF DIRECTORS, DISSOLVING THE CORPORATION,

ETC.

FORM 990, PART VI, SECTION A, LINE 7A:

THE MEMBERS APPROVE SIGNIFICANT DECISIONS OF THE HEARTSHARE EDUCATION

CENTER BOARD INCLUDING, BUT NOT LIMITED TO, CHANGES IN PHILOSOPHY OR

MISSION OF THE CORPORATION, CHANGES TO THE ORGANIZATION'S GOVERNING

DOCUMENTS, ELECTION OF THE BOARD OF DIRECTORS, DISSOLVING THE CORPORATION,

ETC.

FORM 990, PART VI, SECTION A, LINE 7B:

THE MEMBERS APPROVE SIGNIFICANT DECISIONS OF THE HEARTSHARE EDUCATION

CENTER BOARD INCLUDING, BUT NOT LIMITED TO, CHANGES IN PHILOSOPHY OR

MISSION OF THE CORPORATION, CHANGES TO THE ORGANIZATION'S GOVERNING

DOCUMENTS, ELECTION OF THE BOARD OF DIRECTORS, DISSOLVING THE CORPORATION,

ETC.

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

THE HEARTSHARE EDUCATION CENTER BOARD REVIEWED AND APPROVED HEARTSHARE EDUCATION CENTER'S FORM 990 PRIOR TO FILING.

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

HEARTSHARE EDUCATION CENTER'S CONFLICT OF INTEREST POLICY REQUIRES BOARD

MEMBERS, KEY STAFF AND MAJOR INDEPENDENT CONTRACTORS TO COMPLETE AN ANNUAL

DISCLOSURE STATEMENT. THE BOARD REVIEWS EACH REPORTED POTENTIAL CONFLICT OF

INTEREST. IF A CONFLICT OF INTEREST ARISES, THE MATTER MAY BE REMEDIED VIA

RECUSAL OR DISQUALIFICATION OF THE BOARD MEMBER. THIS SIMPLY MEANS THAT THE

RECUSAL OR DISQUALIFICATION OF THE BOARD MEMBER. THIS SIMPLY MEANS THAT THE | Schedule O (Form 990 or 990-EZ) (2014)

Name of the organization HEARTSHARE EDUCATION CENTER	Employer identification number 90-0452757							
BOARD MEMBER DOES NOT PARTICIPATE IN THE MATTER THAT POSE	S THE CONFLICT OF							
INTEREST. IN THE EVENT OF A VIOLATION OF THE CONFLICT INT	EREST POLICY, THE							
AGENCY RESERVES THE RIGHT TO IMMEDIATELY DISMISS THE EMPLOYEE OR BOARD								
MEMBER OF INTEREST.								
FORM 990, PART VI, SECTION B, LINE 15A:								
THE BOARD ANNUALLY REVIEWS THE SALARY FOR EXECUTIVE DIREC	TOR OF HEARTSHARE							
EDUCATION CENTER USING INDEPENDENT COMPENSATION SOURCES I	NCLUDING							
INFORMATION FROM 990S OF COMPARABLE ORGANIZATIONS, SALARY	SURVEY, AND							
INDEPENDENT COMPENSATION CONSULTANT. THE PROCESS LAST OCC	URRED IN 2014.							
FORM 990, PART VI, SECTION C, LINE 19:								
THERE DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.								
FORM 990, PART XII, LINE 2C:								
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.								

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

➤ Attach to Form 990.

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

OMB No. 1545-0047

2014

Open to Public

Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

HEARTSHARE EDUCATION CENTER

Employer identification number 90-0452757

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr	g) 512(b)(13) rolled tity?
HEARTSHARE HUMAN SERVICES OF NEW YORK -				501(c)(3))		Yes	No
11-1633549, 12 METRO TECH CENTER, 29TH FLOOR, BROOKLYN, NY 11201	HUMAN SERVICES ORGANIZATION	NEW YORK	501(C)(3)	LINE 9	N/A		x
HEARTSHARE WELLNESS, LTD 11-3538646 177 LIVINGSTON STREET	AMBULATORY CARE MEDICAL	NEW TORK	501(0)(3)		HEARTSHARE HUMAN SERVICES OF NEW		<u> </u>
BROOKLYN, NY 11201	CLINIC	NEW YORK	501(C)(3)	LINE 9	YORK		х
ST. VINCENT'S SERVICES, INC. (D/B/A HEARTSHARE ST. VINCENT'S SERVICES) - 11-, 66	CHILD WELFARE SERVICES	NEW YORK	501(C)(3)	LINE 9	HEARTSHARE HUMAN SERVICES OF NEW YORK		x
BOERUM PLACE, BROOKLYN, NY 11201	CHILD WEDFARE SERVICES	NEW TORK	501(0)(3)	DINE 9	IOAA		

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

Schedule R (Form 990) 2014

Page 2

Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. Part III

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	n)	(i)	(j)	(k)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	alloca	ortionate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General managir partner	Percentage ownership	
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	o	

Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	r Percentage 51 ar ownership ^{co}		tion b)(13) rolled ity?
		country)		S. 1. 25.y		400010		Yes	No
HEARTSHARE PRODUCTIONS, LTD 31-1584808]								
12 METRO TECH CENTER, 29TH FLOOR	FILM PRODUCTION AND								
BROOKLYN, NY 11201	DISTRIBUTION	NY	N/A	C CORP	N/A	N/A	N/A		X
]								
	1								
	1								
	1								

Part V	Transactions With Related Organizations Com	plete if the organization answered	l "Yes" on Form 990, Part I	V, line 34, 35b, or 36.
--------	---	------------------------------------	-----------------------------	-------------------------

No	te. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1	During the tax year, did the organization engage in any of the following transaction	s with one or more r	elated organizations listed	in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	y			1a		X
	Gift, grant, or capital contribution to related organization(s)						Х
	Gift, grant, or capital contribution from related organization(s)						Х
	Loans or loan guarantees to or for related organization(s)						Х
	Loans or loan guarantees by related organization(s)						Х
f	Dividends from related organization(s)				1f		Х
	Sale of assets to related organization(s)						Х
	Purchase of assets from related organization(s)						Х
i	Exchange of assets with related organization(s)				1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	Х	
1	Performance of services or membership or fundraising solicitations for related organizations						Х
n	Performance of services or membership or fundraising solicitations by related orga					Х	
	Sharing of facilities, equipment, mailing lists, or other assets with related organizat						Х
						Х	
р	Reimbursement paid to related organization(s) for expenses				1p	Х	
	Reimbursement paid by related organization(s) for expenses						Х
r	Other transfer of cash or property to related organization(s)				1r		Х
	Other transfer of cash or property from related organization(s)						Х
2	If the answer to any of the above is "Yes," see the instructions for information on v	vho must complete t	his line, including covered	relationships and transaction thresholds.			
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount in	volved		
1)							
2)							
3)		1					

(5)

Page 4

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(e) Are a partners 501(c) orgs.)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners	S Sec.	Share of	Share of	Disp	ropor- nate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera	Percentag
of entity		(state or foreign	excluded from tax under	orgs.)(3) .?	total	end-of-year	alloca	itions?	of Schedule K-1	partne	ownership
		country)	sections 512-514)	Yes I		income	assets	Yes	No	(Form 1065)	Yes N	10
	1											
	1											
				\vdash							\vdash	
	1											
	-											
	_											
				\sqcup					<u> </u>		\sqcup	
	1											
	1											
	-											
				\vdash							\vdash	
	_											
	_											
	1											
	1											
	1											
				\vdash				\vdash	\vdash		\vdash	
	-											
	4											
	_											
				\sqcup							$\sqcup \!\!\! \perp$	
	1											
	1											
	1		1					_	_			000) 004

Asset No.	Description	Date Acquire	d Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	FURNITURE & FIXTURES											
1		VARI	ESSL	.000	16	240,616.			240,616.	135,175.		34,655.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTUR					240,616.		0.	240,616.	135,175.	0.	34,655.
	OTHER LEASEHOLD											
2		VARI	ESSL	.000	16	587,174.			587,174.	342,927.		55,326.
	OTHER * GRAND TOTAL 990					587,174.		0.	587,174.	342,927.	0.	55,326.
	PAGE 10 DEPR					827,790.		0.	827,790.	478,102.	0.	89,981.

** PUBLIC DISCLOSURE COPY **

Internal Revenue Service

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

OMB No. 1545-0047 Open to Public

▶ 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.

Inspection

ΑI	For the	2014 calendar year, or tax year beginning $$	ig Jl	UN 30, 2015					
В	Check if applicable	C Name of organization		D Employer identific	cation number				
Г	Addres	ST. VINCENT'S SERVICES INC.							
F	Name change		ICE	11-1	631823				
F	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room	-	E Telephone number					
	Final return/	66 BOERUM PLACE			522-3700				
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$ 52,743,609.						
	Amend return	DROOKDIN, NI 11201		H(a) Is this a group return					
	Applica tion pendin	Finame and address of principal officer: DAWN W. VALENTINE DAF		for subordinates	····· — —				
		SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No				
		empt status: X 501(c)(3) 501(c) ()	527		list. (see instructions)				
		e: WWW.SVS.ORG		H(c) Group exemption					
			. Year o	of formation: 1869 N	State of legal domicile; NY				
P		Summary	וזמים	T F O					
Se	1 1	Briefly describe the organization's mission or most significant activities: ${f SEE} {f SCH} {f SC$	EDU.	TE O					
Governance	2	Check this box if the organization discontinued its operations or disposed of	f moro	than 25% of its not as	reate				
Ver		Number of voting members of the governing body (Part VI, line 1a)		1 1	11				
ၓၟ		Number of independent voting members of the governing body (Part VI, line 1b)			11				
Š		Total number of individuals employed in calendar year 2014 (Part V, line 2a)			783				
/iţi		Total number of volunteers (estimate if necessary)			15				
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.				
_		Net unrelated business taxable income from Form 990-T, line 34			0.				
				Prior Year	Current Year				
ē	8	Contributions and grants (Part VIII, line 1h)		2,297,167.	9,102,621.				
ē		Program service revenue (Part VIII, line 2g)		41,271,675.	43,463,923.				
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,701.	2,264.				
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		68,031.	37,875.				
	_	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	_	43,638,574.	52,606,683.				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	8,437,365.				
	1	Benefits paid to or for members (Part IX, column (A), line 4)		22,539,491.	22,975,186.				
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u> </u>	0.	0.				
Expenses	h ioa	Total fundraising expenses (Part IX, column (D), line 25) 23,524.		•	<u> </u>				
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		22,541,810.	20,360,124.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		45,081,301.					
	19	Revenue less expenses. Subtract line 18 from line 12		-1,442,727.					
Net Assets or Fund Balances		1		inning of Current Year	End of Year				
sets	20	Total assets (Part X, line 16)		16,359,013.	25,015,002.				
t As	21	Total liabilities (Part X, line 26)		17,648,444.	25,438,084.				
	22	Net assets or fund balances. Subtract line 21 from line 20		-1,289,431.	-423,082.				
		Signature Block							
		lties of perjury, I declare that I have examined this return, including accompanying schedules and s			y knowledge and belief, it is				
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which pre	eparer l	has any knowledge.					
٥.		Signature of officer		I Date					
Sig		DAWN W. VALENTINE-SAFFAYEH, EXECUTIVE DI	ᄝᄧᄼ						
Hei	re	Type or print name and title	KEC.	IOR					
		Print/Type preparer's name Preparer's signature	Di	ate Check	PTIN				
Pai	d l	ERIC GOLDFARB		if self-employe	P01277125				
		Firm's name LOEB & TROPER LLP		Firm's EIN	13-1517563				
Use									
		Firm's address 55 THIRD AVENUE, 12TH FLOOR NEW YORK, NY 10017		Phone no.21	2-867-4000				
Ma	v the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No				

Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: SEE SCHEDULE O
	SEE SCHEDOLE O
2	Did the organization undertake any significant program services during the year which were not listed on
_	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? X Yes 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 \$ 25,563,933. including grants of \$ 8,437,365.) (Revenue \$ 26,498,963.)
	SEE SCHEDULE O
4b	(Code:) (Expenses \$ 8,070,817 • including grants of \$) (Revenue \$ 5,062,284 •)
	INTEGRATED HEALTH SERVICES PROVIDES SKILLS-BASED THERAPY AND HEALTHCARE
	MANAGEMENT TO EMPOWER INDIVIDUALS TO ACHIEVE WELLNESS. WE GUIDE
	CLIENTS AS THEY WORK TO STRENGTHEN THEIR FAMILY AND SOCIAL
	RELATIONSHIPS, ACHIEVE PERSONAL GOALS AND MORE MEANINGFULLY CONTRIBUTE
	TO THEIR COMMUNITIES.
4c	(Code:) (Expenses \$6, 399, 166. including grants of \$) (Revenue \$6, 287, 483.)
	PREVENTION INCLUDES PREVENTIVE SERVICES AND YOUTH COMMUNITY PROGRAMS
	PREVENTIVE SERVICES - HEARTSHARE ST. VINCENT'S SERVICES' FAMILY SERVICE
	CENTERS PROVIDE FREE COMMUNITY-BASED SERVICES TO HELP FAMILIES IN
	CRISIS AND TO ENSURE THEIR CHILDREN REMAIN SAFE IN THEIR HOMES. IN
	ADDITION TO INDIVIDUAL, FAMILY AND GROUP COUNSELING, STAFF MEMBERS
	PROVIDE GUIDANCE TO FAMILIES ON WHERE TO FIND ESSENTIAL HELP AND
	RESOURCES. HSVS PLACES A GREAT IMPORTANCE ON HELPING FAMILIES STAY
	TOGETHER AND WORK THROUGH THE ISSUES CONFRONTING THEM. HSVS OFFERS A
	HELPING HAND TO RESOLVE CONFLICT OR CRISIS BY SUPPORTING AND
	STRENGTHENING THE FAMILY
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 6,502,224 • including grants of \$ 5,615,193 •)
4e	Total program service expenses ► 46,536,140.
40.50	Form 990 (2014)
432002 11-07-	

Part IV Checklist of Required Schedules

1 Is the organization described in section S01(c)(S) or 4947(a(1) (other than a private foundation)? 1 Yes, "complete Schedule B, Schedule of Contributors? 2 Is the organization requel in direct or indertor private incident or index of private properties and the private of the public of the public of the public of the public of the public of the public of the public of the public of the Pil Yes," complete Schedule C, Part II 3 X X X 4 Section 501(6)(3) organizations, Dit the organization engage in lobbying activities, or have a section 501(f) election in effect during the tax year? If Yes," complete Schedule C, Part II 5 Is the organization associan 501(c)(4), 501(c)(5), or 501(c)(6), organization that receives membership dues, assessments, or similar amounts as defined in Perevine Procedure 98-197 If Yes," complete Schedule C, Part II 6 Did the organization martian any donor advised funds or any similar funds or accounts? If Yes," complete Schedule D, Part II 7 Did the organization receive or hold a conservation essenent, including assements to preserve open space, the environment, historic land reases, or historic structures of Yes," complete Schedule D, Part II 8 Did the organization martian collections of works of art, historical treasures, or other similar assets? If Yes," complete Schedule D, Part II 9 Did the organization report an amount in Part X, line 21, for escrov or custodial account liability, serve as a custodian for amounts in State I Part X, yer provide credit counseling, debt management, credit report and recommendation or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If Yes," complete Schedule D, Part X VII 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10 Pil Yes, complete Schedule D, Part X VII 11 If the organization is proport an amount for land, buildings, and equipment in Part X, line 10 Pil Yes, complete Schedule D, Part X VIII X 11 Did the organizati				Yes	No
2 Is the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I as extens 501(n) election in effect during the superior by part of the organization engage in lobbying activities, or have a section 501(n) election in effect during the superior year? If "Yes," complete Schedule C, Part II as the organization as defined in Revenue Procedure 98.79 If "Yes," complete Schedule C, Part II as the organization as defined in Revenue Procedure 98.79 If "Yes," complete Schedule C, Part II as the organization and the provide advice on the distribution or investment 98.79 If "Yes," complete Schedule C, Part II as the organization markatin any done advised funds or any similar funds or accounts? If "Yes," complete Schedule P, Part II as the organization markatin any done advised funds or any similar funds or accounts? If "Yes," complete Schedule P, Part II as the organization markatin and decay, or historical funds or accounts? If "Yes," comprete Schedule P, Part II as the organization markatin and ureas, or historical structures? If "Yes," complete Schedule D, Part II as the organization markatin and ureas, or historical structures? If "Yes," complete Schedule D, Part II as organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasiendowments? If "Ires," complete Schedule D, Part IV In the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part V In Ves," complete Schedule D, Part V In Ves," complete Schedule D, Part V In Ves, "complete Schedule D, Part V In Ves," complete Schedule D, Part V In Ves," complete Schedule D, Part V In Ves," complete Schedule D, Part V In Ves, "complete Schedule D, Part X In Ves," complete Schedule D, Part X In Ves, "complete Schedule D, Part X In Ves," complete Schedule D, Part X In Ves, "complete Schedule D, Part X In Ves," complete Schedule D, Part X In Ves,	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
2 is the organization required to complete Schedule 0, Schedule of Contributions 3 Did the organization required in direct or indirect political campaing activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 4 Section 50(R)(3) organizations in direct or indirect political campaing activities, or have a section 50 (h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 5 Is the organization a section 501(R)(5) 50(R)(5) or 501(R)(5) or 501(R)(5) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 89 191 If "Yes," complete Schedule C, Part II 6 Did the organization meninal any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II 7 Did the organization meninal areas, or historic structures? If "Yes," complete Schedule D, Part II 8 Did the organization meninal areas, or historic structures? If "Yes," complete Schedule D, Part II 9 Did the organization meninal areas, or historic structures? If "Yes," complete Schedule D, Part II 9 Did the organization report an amount in Part X, line 21, for escrow or outsfold account liability; serve as a custodian for amounts not listed in Part X, or provide credit counseling, ebbt management, redit repair, or debt negotation services? If "Yes," complete Schedule D, Part II 9 Did the organization is server to through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasilendowments? If "Yes," complete Schedule D, Part VI 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10 If "Yes," complete Schedule D, Part VI 11 If the organization is report an amount for investments: orther securities in Part X, line 10 If "Yes," complete Schedule D, Part VI 11 If D D D D D D D D D D D D D D D D D D		If "Yes," complete Schedule A	1		
A Section 501(h) electrion in effect A Section 501(h) electrion A Section 501(h) electrion in effect A Section 501(h) electrion	2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 5 list he organization as section 501(h)(4), 501(h)(5), or 501(h)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98 197 If "Yes," complete Schedule C, Part II 7 bid the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule C, Part II 7 bid the organization receive or hold a conservation assement, including assements to preserve open apace, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 8 bid the organization maintain collections of voics of art, historical treasures, or their similar assets? If "Yes," complete Schedule D, Part II 8 bid the organization maintain collections of voics of art, historical treasures, or debt negotiation services? If "Yes," complete Schedule D, Part II 8 bid the organization in clied or through a related organization, hold assets in temporarily restricted endowments, permanent andowments, or quasi endowments? If "Yes," complete Schedule D, Part V 9 bid the organization report an amount for investments of the securities in Part X, line 10? If "Yes," complete Schedule D, Part V 11 If the organization report an amount for investments of the securities in Part X, line 12 If "Yes," complete Schedule D, Part V 11 If the organization report an amount for investments or organization assets in part X, line 12 If "Yes," complete Schedule D, Part X 11 In 2	3		3		х
5 Is the organization as section 501(c)(4), 501(c)(6), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 7 Did the organization report or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 8 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 connelling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part IV 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IV 10 Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IV 11 Did the organization report an amount for other liabilities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11 Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11 Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of its total assets reported in P	4				
similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III by 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 III "Yes," complete Schedule D, Part II 7. Will the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures III "Yes," complete Schedule D, Part III 7. Will 10 by the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 8. Will 10 by 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 courseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 by the organization, directly or through a nelated organization, hold assets in temporally restricted endowments, permanent endowments, or quasi-indomments? If "Yes," complete Schedule D, Part V 11 by complete Schedule D, Part V 11 by complete Schedule D, Part V 11 by complete Schedule D, Part V 11 by by the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V II by by the organization report an amount for investments - program related in Part X, line 10? If "Yes," complete Schedule D, Part V II by by the organization report an amount for other assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X II by by the organization report an amount for other assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X II by by the organization report an amount for other assets in Part X, line 15 that is 5% or more		during the tax year? If "Yes," complete Schedule C, Part II	4		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide ackieve on the distribution or investment of amounts in such funds or accounts if I I Yes, "complete Schedule D, Part II" 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III II	5		5		х
17 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment listoric land areas, or historic structures? If "Yes," complete Schedule D, Part III. 18 Did the organization maintain collections of works of art, historical treasures, or other similar assess? If "Yes," complete Schedule D, Part III. 19 Did the organization peport an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV. 10 Did the organization or sanswer to any of the following questions is "Yes," then complete Schedule D, Part V yiii If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V yiii If the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part V yiii In It is the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part V yiii In It It It It It It It It It It It It It	6				
bit he environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
B Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III S S S Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V 9	7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
Schedule D, Part III 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did 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? If "Yes," complete Schedule D, Part VI 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11 Did the organization report an amount for investments other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII 11 Did the organization report an amount for investments other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11 Did the organization's isability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X III Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X III Did the organization and XIII 12 Did the organization maintain an office, employees, or agents outside of the United States? 13 Is the organization export an expose of Wo" to line 12a, then completing Schedule D, Parts X II and XIII 14 Did the organization maintain an office, employees, or agents outside of the United States? 15 Did the org		the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
9 Dit the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Dit the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments if "Yes," complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V 1, III, IV, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 1 1, Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part V 1 1, Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V 1 1, Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V 1 1, Did the organization is separate or consolidated financial statements for the tax year include a footnote that addresses the organization site is part of uncertain tax positions under FIN 48 (MSC 740) If "Yes," complete Schedule D, Part X 1 11	8		8		х
16 17 17 18 17 19 19 10 10 10 10 10 10	9				
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 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? If "Yes," complete Schedule D, Part VI b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 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? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11 Did the organization report an amount for other isabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 12 Did the organization's separate or consolidated financial statements for the tax year include a tootnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12 Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 12 Did the organization as school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule D, Part X and XII b Was the organization nawwered "No" to line 12a, then completing Schedule D, Part X and XII 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 va			9		x
If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, VII, VII, VIII, VII, V	10				
as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 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? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX f Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X in Did the organization report an amount for other isabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X in Did the organization separate and mount for other liabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16 that is 5% or more of its total assets reported in Part X, line 16 that is 5% or more of its total assets reported in Part X, line 16 that is 5% or more of its total assets reported in Part X, line 16 that is 5% or more of its total assets reported in Part X, line 16 that is 5% or more of its total assets reported in Part X, line 16 that is 5% or more of its total assets reported in Part X, line 16 that assets reported in Part X, line 16 that assets reported in Part X, line 16 that assets reported in Part X, line 16 that assets reported in Part X, line 16 that assets reported in Part X, line 16 that assets reported in Part X, line 16 that assets reported in Part X, line 16 that assets reported in Part X, line 16 that assets reported in Part X, line 16 that assets reported in Part X, line 1	11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or 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? If "Yes," complete Schedule D, Part VII 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? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's liability for uncertain tax positions under IFIN 48 /ASC 740/I "Yes," complete Schedule D, Part X 110		as applicable.			
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other isabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11d	а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 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? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d X e Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d X 11d X 11d X 12 Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X 11t X 12a Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 11t X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII is optional 12a Is the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 13 Is the organization as chool described in section 170(b)(1)(A)(ii); If "Yes," complete Schedule E 13 Is the organization as chool described in section 170(b)(1)(A)(ii); If "Yes," complete Schedule E 13 Is X 14b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more th			11a	Х	
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? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX e Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11d X e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 11f X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 13 Is the organization aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts II and IV 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 report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggreg	b		l		v
assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part 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)? If "Yes," complete Schedule D, Part X 111 X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts II and IV 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 report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 6 and 11e? If "Yes," complete Schedule F, Parts III and IV 15 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 12 and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, line 9a?			11b		
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's ilability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11ft X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," and if the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 13 Is the organization a school described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$1,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Sched	С		44.		y
Part X, line 16? If "Yes," complete Schedule D, Part IX e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part 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)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X I and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization asswered "No" to line 12a, then completing Schedule D, Parts XI and XII is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13	a		TIC		
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part 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)? If "Yes," complete Schedule D, Part X 116 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X I and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 13 Is the organization a school described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E 13 X 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for or foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report nore than \$15,000 of total of fundraising event gross income and contributions on Part VIII, lines 1 to and 8a? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20 Did the organization operate one or more hospital facilities? If "Yes," com	u		114		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)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 13 Is the organization a school described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E 13	۵			Х	
the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	f				
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report a Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	•		11f	Х	
Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 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 report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 Is Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	12a				
If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 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 report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part II 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 12 and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 18 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?			12a	Х	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14 Did the organization maintain an office, employees, or agents outside of the United States? 14 X 15 Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 17 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 18 Did the organization report atotal of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20 X 20 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20 X	b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20 X 20 Did the organization attach a copy of its audited financial statements to this return?	13		13		
investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 to and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20a IX 15 I4b X 20b IIII I4b I7b IIIIIIIIIIIIIIIIIIIIIIIII	14a		14a		X
or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20 X 20 X 20 If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	b				
Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15					. v
foreign organization? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20 Did the organization attach a copy of its audited financial statements to this return?	4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20 Did the organization attach a copy of its audited financial statements to this return?	15		4.5		v
or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20 If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20 In the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20 In "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	16		15		
Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17	10		16		x
column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17	17				
Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 to and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," operation operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," operation operate one or more hospital facilities? If "Yes," complete Schedule H	-		17		х
1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b	18				
Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or		1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
20aDid the organization operate one or more hospital facilities? If "Yes," complete Schedule H20aXbIf "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?20b	19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?			-		
, , , , , , , , , , , , , , , , , , ,					X
	<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		000	(001.1)

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			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			37
	Schedule K. If "No", go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	١.,		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	OEh		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	25b		- 25
26	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
		26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
ZI	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form **990** (2014)

Form 990 (2014) ST. VINCENT'S SERVICES INC. Part V Statements Regarding Other IRS Filings and Tax Compliance

Page No Page No Page No Page No Page No Page No Page No Page No Page No Page No Page		Check if Schedule O contains a response or note to any line in this Part V					
b Enter the number of Forms W26 included in line 1a. Enter of 1 not applicable 1			Ι.	1 126		Yes	No
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming gaming winnings to prize winners? 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 3b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3c If the organization have unrealed business greater than 250, you may be required to e-file (see instructions) 3c If the veginization have unrealed business greater than 250, you may be required to e-file (see instructions) 3c If the veginization have unrealed business greater than 250, you may be required to e-file (see instructions) 3d If the veginization have unrealed business greater than 250, you may be required to e-file (see instructions) 3d If the veginization have unrealed business greater than 250, you may be required to e-file (see instructions) 3d If the veginization have unrealed business greater than 250, you may be required to e-file (see instructions) 3d If the veginization are developed to the sea of the veginization that an interest in, or a signature or other authority over, a transaction of the report of the veginization that invest in a property of the developed than 250 to 11 the veginization that organization than the veginization that it was or is a party to a prohibited tax shelter transaction? 5d If Ves, 'to line Sa or Sb, did the organization file Form 888817 5e If Ves, 'to line Sa or Sb, did the organization that it was or is a party to a prohibited tax shelter transaction solicit any contributions that may receive deductible as charitable contributions? 5d If Ves, 'to line sa or Sb, did the organization the organization than the veginization that organization that were not tax deductible as charitable contributions and services services provided to the payor? 5d If Ves, 'to the organization sell, exchange, or otherwise dispose of tangib							
a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return **Transmittal of Wage and Tax Statements** **Filed for the calendar year ending with or within the year covered by this return **Provided on the provided of the calendar year, did the organization file all required federal employment tax returns?** **Transmittal control of the search of the se							
2a Enter the number of employees reported on Form W.3. Transmittal of Wage and Tax Statements. Table Tab	С				4-		
tiled for the calendary year ending with or within the year covered by this return. 1	00		 I	I	10		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3a Did the organization have unrelated business gross income of 750,000 m more during the year? 3a Ibid the organization and a foreign country (such as a bank account, so file (see instructions) 3b If "Yes," has it filed a Form 990 T for this year? If "No," to fine 3b, provide an explanation in Schedule O 3a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a At any time there the name of the foreign country ▶ 5b ein structions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b If "Yes," to line 5a or 5b, did the organization file Form 8886-17 6c If "Yes," to line 5a or 5b, did the organization file Form 8886-17 6d Does the organization shall are annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6c If "Yes," to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 organizations that many receive deductible contributions under section 170(c). 8c If "Yes," did the organization necleve apprential moves sol \$75 made party is a contribution and party for goods and services provided to the payor? 7 organization receive apprential moves of \$75 made party is a contribution of party for which it was required to life Form 8282? 8c If If Yes," find the organization necelve apprential moves of \$75 made party is a contribution \$75 made party is a contribution \$75 made party is a contribution \$75 made party is a contribution \$75 made party is a co	Za		20	783			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Dit the organization have unrelated business gross income of \$1,1000 or more during the year? 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. ► 5b If Yes,* relate the name of the foreign country. ► 5c If Yes,* relate the name of the foreign country. ► 5a Was the organization party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5b If Yes,* on the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as chariatate contributions? 6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that the was or its a party to a prohibited tax shelter transaction? 5c Did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that the varies of the organization transaction of the development of the organization solicit any contributions that the vary receive deductible contributions under section 170(c). 6c Did the organization receive apayment in excess of \$75 made party as a contribution of organization for the organization or the value of the goods or services provided? 7c Did the organization that may receive deductible contributions under section 170(c). 8 If Yes, "indicate the number of Forms 8282 filed during the year 9 Did the segnalization received an orbit that do nor of the value of the goods or services provided? 9 Did the organization received an contribution of ordinetty, to pay premiums on a personal benefit contract? 9 Did the organization received an contribution of crais, b	h				2h	x	
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 4b If Yes,* has if filed a Form 900-17 for this year, "I "\0," to live a By, provide an explanation in Schedule 0 4c At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial all account)? 4c If Yes, "to live the foreign country Provided in the financial Accounts (FBAR). 5c If Yes, "to line 5a or 5b, did the organization file Form 8886-17? 6c If Yes, "to line 5a or 5b, did the organization file Form 8886-17? 6d Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6d If Yes, "to line 5a or 5b, did the organization file Form 8886-17? 6d Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6d If Yes, "did the organization include with every solicitation and partly for goods and services provided to the payor? 7d If Yes, "did the organization neceive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7b If Yes, "did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c X 7d If Yes, "did the organization received a contribution of qualified intellectual property, did the organization file Form 899 as required? 7f Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 899 as required? 7f This organization file for the year, ap yearnism, directly or indirectly, on a personal benefit contract? 7r Sponsoring organization have excess business holdings at any time during the year? 9g Sponsoring organization in aminitaning donor advised fun	b				20		
b If "Yes," has it flied a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. 4a X b If "Yes," enter the name of the foreign country. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Ust any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? 5b Ust any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? 5c If "Yes," to line 5a or 5b, did the organization the Form 888617? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax eductibles? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles? 7 Organizations that may receive deductible contributions under section 170(c). a bill the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 8882? 7 Organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 8882? 8 Of If "Yes," indicate the number of Forms 8282 filed during the year 9 If the organization received an contribution of caris, boats, parisonal benefit contract? 7 Organization received an contribution of caris, boats any premiums on a personal benefit contract? 7 Organization received an contribution of caris, boats any premiums on a personal benefit contract? 7 Organization received an contribution of caris, boats any time during the year 9 Sponsoring organization have excess business holdings at any time during the year 10 Did the organization have ac	За				3a		х
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, erother financial account)? See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). So Was the organization party to a prohibited tax shelter transaction at any time during the tax year? 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X C If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5b LYS, and the organization include with every solicitation and party to a prohibited tax shelter transaction? 6c Des the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive apayment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7 Tyes," did the organization notity the donor of the value of the goods or services provided? 7 Did the organization receive apayment in excess of \$75 made party as a contribution of poperty for which it was required to like Form 8282? 8 If "Yes," indicate the number of Forms 8282 filed during the year 9 Did the organization, during the year, pay premiums, directly or indirectly, or a personal benefit contract? 7 Tyes, and if the organization during the year, pay premiums, directly or indirectly, or a personal benefit contract? 7 Tyes, and if the organization received a contribution of qualified intellectual property, did the organization file organization make a property or qualified intellectual property, did the organization file organization services							
financial account in a foreign country (such as a bank account, securities account, or other financial account)? b (if "Yes," enter the name of the foreign country: "See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization file Form 8886-17? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that twer not tax deductible as charitable contributions? 6a Z X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions? 6b Tyes, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization stat may receive deductible contributions under section 170(c). b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7 If X X If the organization make any the year, any permiums, directly or indirectly, on a personal benefit contract? 7 Y X X If the organization have excess business holdings at any time during the year? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Section 501(c)(7) organizations. Enter: a initiation fees and capital contributi							
b If "Yes," enter the name of the foreign country: ► See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b MX b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c 15				•	4a		Х
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b TYes, 1 to line 5a or 5b, did the organization file Form 8886-17 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a X 5b If Yes, 1 did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible? 7b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly to goods and services provided to the payor? 7b If Yes, 1 did the organization notify the donor of the value of the goods or services provided? 7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 6c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c X 6d If "Yes," indicate the number of Forms 8282 filed during the year 6e Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7c If Did the organization may the year, pay premiums, directly or indirectly, on a personal benefit contract? 7d X 6f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7d If the organization make any taxable distribution sunder section 4966? 5g Sponsoring organizations main	b						
Sa X D Did any taxable party not a prohibited tax shelter transaction at any time during the tax year? 5a X D Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X C If Yes,* 10 line 5a or 5b, did the organization file Form 888617? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6b If Yes,* did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization receive any payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 Organizations that may receive deductible contributions under section 170(c). 8 Uniform 8282? 7 Organization receive any funds, directly, to pay premiums on a personal benefit contract? 8 Obtine Form 8282? 9 Did the organization receive any funds, directly, to pay premiums on a personal benefit contract? 9 Did the organization received a contribution of qualified intellectual property, did the organization file Form 1098-C? 7 Note organization may be excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization in excess possible shall plans a fundable organization from 101? 10 D does neceived from them) 11 D d organization received normal plansacti		· · · · · · · · · · · · · · · · · · ·	Accour	nts (FBAR).			
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization review a payment in excess of \$55 made partly as a contribution and partly for goods and services provided to the payor? 7 If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 To X 10 If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 To X 11 If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 12 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 12 Sponsoring organization make any taxable distributions under section 4966? 13 Sponsoring organization make any taxable distributions under section 4966? 14 Section 501(c)(7) organizations. Enter: a Gross income from members or shareholders 15 Possoring organization make any taxable distributions under section 4966? 16 Gross received from them) 17 Section 501(c)(12) organizations. Enter: a Gross income from other so	5a				5a		Х
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6 b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of 575 made partly as a contribution and partly for goods and services provided to the payor? 5 b If "Yes," did the organization notify the donor of the value of the goods or services provided? C Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 6 b If "Yes," did the unmber of Forms 8282 filed during the year 7 b Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 t If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 8 Sponsoring organization maximalining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 10 Did the sponsoring organization make a distribution to a donor, donor advised, or related person? 9 b Did the sponsoring organization make any taxable distributions under section 4966? 9 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12 Section 501(c)(7) organizations. Enter: a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12 Section 504(c)(2) organizations. Enter: a Gross income from other sources (Do not net amounts due or paid to other sources a	b				5b		X
6a Des the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? filed during the year	С				5c		
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year F Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Te X 7 Tif X Tif bid the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organizations maintaining donor advised funds. 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part Vill, line 12 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12b If "Yes," enter the amount of tax exempt interest received or accrued during the year 12b If yes, enter the amount of reserves on hand 13b If yes," has it filled a Form 720 to report these payments? If							
were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization scelve a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 88282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Te X g If the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7 Te X g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? S Sponsoring organizations maintaining donor advised funds. Job If the sponsoring organization make any taxable distributions under section 4966? Job If the sponsoring organization make any taxable distribution sunder section 4966? Job If the sponsoring organization make any taxable distribution sunder section 4966? Job If the sponsoring organization make any taxable distribution sunder section 4966? Job Gross receipts, included on Form 990, Part VIII, line 12 Job Gross income from members or shareholders Job Gross income from members or shareholders Job Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) Job Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) Job Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) Job Gross income from other sou		any contributions that were not tax deductible as charitable contributions?			6a		X
7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7	b	If "Yes," did the organization include with every solicitation an express statement that such contribute	tions o	or gifts			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b if "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d if "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c		were not tax deductible?			6b		
b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-07 8 Sponsoring organization meceived a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-07 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11a b Gross income from members or shareholders b If "Yes," in air the amount of tax exempt interest received or accrued during the year 12a Section 501(c)(2) organizations. Enter: a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans in more than one state? Note. See the instructions for ad	7	Organizations that may receive deductible contributions under section 170(c).					
to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year If the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c	а				7a		
to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7th X g If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7th X g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7th If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any time during the year? 10 Section 501(c)(7) organizations. Enter: 11 Initiation fees and capital contributions included on Part VIII, line 12 12 Initiation fees and capital contributions included on Part VIII, line 12 13 Gross income from members or shareholders 11 Initiation fees and capital contributions included on Part VIII, line 12 14 Section 501(c)(12) organizations. Enter: 15 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 16 Gross income from members or shareholders 17 Initiation fees and capital contributions of the organization filing form 990 in lieu of Form 1041? 18 Section 501(c)(29) qualified nonprofit health plans in more than one state? 19 If "Yes," enter the amount of teavenery the fo	b				7b	X	
d if "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f Did the organization function of qualified intellectual property, did the organization file Form 8899 as required? f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. D Did the sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross income from members or shareholders b Gross income from members or shareholders a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans in more than one state? Note. See the instructions for additional informati	С						77
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C7 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make excess business holdings at any time during the year? 8 Sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12				 I	7с		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 Gross income from members or shareholders b Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13a	d			_	_		37
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organization make excess business holdings at any time during the year? 8 Sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 10b 11c 10c 10c 11d 12c 10d 11d 11d 11d 12a 12b 17e 12a 18 Section 501(c)(12) organizations. Enter: a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a 12b 17b 17c 12a 12b 17c 12a 12b 17c 12a 12b 17d 12a 12b 17d 12a 12b 13a 13b 13b 13c 14a 14a 14b 14b 14b 14b 14b							
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 Gross income from members or shareholders 11 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 15c 17h 18 Certification is file a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14a Did the organization receive any payments for indoor tanning services during the xyear? 14a X							
Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Did Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Did Gross income from members or shareholders Did Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? Dif "Yes," enter the amount of tax-exempt interest received or accrued during the year Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. De Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans C Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 14a X It is "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.							
sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	_				/n		
9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b 10b 10b 10b 10b 10b 10b 10b 10b 10b	8		,				
a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	۵				•		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b c Enter the amount of reserves on hand 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	9				92		
10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	h						
a Initiation fees and capital contributions included on Part VIII, line 12	10						
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b			10a				
11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	_						
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b				•			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 15d	а		11a				
amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	b						
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			11b				
Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Tac In the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	12a		1041	?	12a		
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
organization is licensed to issue qualified health plans 13b 13c 13c 13c 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15b 1f "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b		Note. See the instructions for additional information the organization must report on Schedule O.					
c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	b						
14aDid the organization receive any payments for indoor tanning services during the tax year?14aXbIf "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O14b			13b				
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b			13c				77
							X
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O			000	(00:4:4

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
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 1			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3	Х	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
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) a	vailab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	cial	
_	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	ANTHONY BIANCA - 718-422-3301			
	12 METRO TECH CENTER, 29TH FLOOR, BROOKLYN, NY 11201-4326			

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.

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

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

(A) Name and Title	(B) Average hours per	box	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation	(E) Reportable compensation from related	(F) Estimated amount of other			
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JOHN MCDONOUGH	0.50	ļ.,		,,					0	0
CHAIR LEFT 6/25/15	0 50	Х		Х				0.	0.	0.
(2) KENNETH NOLAN	0.50	٠,,		,,					0	0
VICE CHAIR & CHAIR STARTING 6/25/15	0 50	Х		Х				0.	0.	0.
(3) MICHAEL ABATEMARCO TREASURER	0.50	x		x				0.	0.	0.
(4) ROBERT CORWEN	0.50									
SECRETARY		Х		х				0.	0.	0.
(5) RENEE ANDERSON	0.50									
BOARD MEMBER STARTING 6/18/15		Х						0.	0.	0.
(6) JOSEPH BENFRANTE	0.50									
BOARD MEMBER		Х						0.	0.	0.
(7) MICHAEL CALBRESE	0.50									
BOARD MEMBER STARTING 6/18/15		Х						0.	0.	0.
(8) CARL CAMPAGNA	0.50									
BOARD MEMBER STARTING 6/18/15		Х						0.	0.	0.
(9) RICH DINAPOLI	0.50									
BOARD MEMBER STARTING 6/18/15		Х						0.	0.	0.
(10) CRAIG EATON	0.50								_	
BOARD MEMBER		Х						0.	0.	0.
(11) ROBERT HARRIS	0.50									
BOARD MEMBER		Х						0.	0.	0.
(12) CHRISTOPHER JONES	0.50	l								•
BOARD MEMBER	0.50	Х						0.	0.	0.
(13) EDWARD MCDONALD	0.50									0
BOARD MEMBER UNTIL 6/22/15	0.50	Х						0.	0.	0.
(14) WILLIAM MOTHERWAY	0.50	,,							0	0
BOARD MEMBER UNTIL 6/18/15	0 50	Х						0.	0.	0.
(15) BRUCE MAFFEO	0.50	Ψ.							0	0
BOARD MEMBER UNTIL 6/18/15	31 00	Х	_		_		-	0.	0.	0.
(16) DAWN W VALENTINE-SAFFAYEH	1.00	-		x				15/ 10/	26,296.	20 057
EXECUTIVE DIRECTOR	20.00		\vdash	^	_			154,184.	40,490.	28,057.
(17) CAROL SMITH-NJIIRI	15.00	\mathbf{I}			х			123,265.	96,148.	8,629.
EXECUTIVE DIRECTOR UNTIL 12/31/2014	1 13.00		<u> </u>		Δ.			143,403.	JU,140.	Form 990 (2014)

432007 11-07-14

Page 8

Section A. Officers, Directors, Trus		ploy	ees/			ighe	st C	Compensated Employe	es (continued)			
(A)	(B)			_	C)	_		(D)	(E)		(F)	
Name and title	Average	Position (do not check more than one				one	Reportable	Reportable	Es	stimate	∍d	
	hours per					is bot		compensation	compensation		nount	
	week (list any		1	T	1	1	100,	from	from related		other	
	hours for	lirect				L		the organization	organizations (W-2/1099-MISC)		pensa om th	
	related	e or c	tee			satec		(W-2/1099-MISC)	(***2/1099***********************************		anizat	
	organizations	truste	al trus		99/	mper		(11 2) 1000 111100)		· ·	d relat	
	below	ndividual trustee or director	Institutional trustee	_	Key employee	est co	ь				anizati	
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former					
(18) PIERRE ARTY	35.00											
PSYCHIATRIST		1				X		214,208.	0.	1	0,7	22.
(19) PINAKINI SHAH	35.00											
PSYCHIATRIST		1				X		197,381.	0.	1	1,6	53.
(20) WILLIAM SABADO	35.00											
DEPUTY EXECUTIVE DIRECTOR UNTIL 11/2		1				X		176,549.	0.	3	0,4	20.
(21) KAREN KANE	35.00											
DIRECTOR - FOSTER CARE		1				X		152,060.	0.	1	1,2	98.
(22) MATHEW SMITH	35.00											
DIRECTOR - HOUSING		1				X		125,867.	0.	1	1,1	34.
		1										
		1										
		1										
1b Sub-total							▶	1,143,514.	122,444.	11	1,9	13.
c Total from continuation sheets to Part VI								0.	0.			0.
d Total (add lines 1b and 1c)								1,143,514.	122,444.	11	1,9	13.
2 Total number of individuals (including but n	ot limited to th	nose	liste	ed a	bov	e) wl	no re	eceived more than \$100	,000 of reportable			
compensation from the organization												11
											Yes	No
3 Did the organization list any former officer,												
line 1a? If "Yes," complete Schedule J for s	uch individual									3		Х
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150	0,000? If "Yes,	" co	mpl	ete :	Sch	edul	e J f	for such individual		4	Х	
5 Did any person listed on line 1a receive or a	accrue compe	nsat	ion 1	from	any	/ uni	elat	ted organization or indivi	dual for services			
rendered to the organization? If "Yes," com	plete Schedul	e J t	or s	uch	pers	son .				5		X
Section B. Independent Contractors												
4 Complete this table for your five highest as	mnoncotod in	ممه		+ .		t	+	that raccived mare than	¢100 000 of company	ation (irom	

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
FREDRICK J. MAGOVERN, 1539 FRANKLIN		
AVENUE, SUITE 200, MINEOLA, NY 11501	LEGAL	265,465.
GRASSI & CO		
50 JERICHO QUADRANGLE, JERICHO, NY 11753	ACCOUNTING	242,342.
KPMG LLP		
P.O. BOX 120511, DALLAS, TX 75312	ACCOUNTING	225,033.
WINGATE, KEARNEY & CULLEN, 45 MAIN STREET,		
SUITE 1020, BROOKLYN, NY 11201	LEGAL	164,424.
NY PSYCHOTHERAPY & COUNSELING		
176-20 148TH AVENUE, JAMAICA, NY 11434	MEDICAL	148,366.
2 Total number of independent contractors (including but not limited to those liste	ed above) who received more than	
\$100,000 of compensation from the organization > 6		

		Check if Schedule O cont	aine a reenonee	or note to any lir	ne in this Part VIII			
		Check if Schedule O cont	airis a response	or note to any iii	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
ts, (С	Fundraising events	1c	194,010.				
Giff	d	Related organizations	1d					
imi	е	Government grants (contribut	ions) 1e					
tion 's	f	All other contributions, gifts, gran	ts, and					
ig i		similar amounts not included above	ve 1f	8,908,611.				
dC	g	Noncash contributions included in lines	1a-1f: \$					
a C	h	Total. Add lines 1a-1f			9,102,621.			
				Business Code				
<u>ic</u>	2 a	FEES AND GRANTS FROM GO	OVERNMENT A	624100	43,463,923.	43,463,923.		
er re	b							
n S	С							
Jrar Rev	d							
Program Service Revenue	е							
ъ		All other program service reve						
_		Total. Add lines 2a-2f			43,463,923.			
	3	Investment income (including			2 264			2 264
		other similar amounts)			2,264.			2,264.
	4	Income from investment of tax						
	5	Royalties						
	٠.	Cuasa vanta	(i) Real	(ii) Personal				
		Gross rents						
		Less: rental expenses Rental income or (loss)						
		Net rental income or (loss)		<u> </u>				
		Gross amount from sales of	(i) Securities	(ii) Other				
	<i>i</i> a	assets other than inventory	(i) Securities	(ii) Other				
	h	Less: cost or other basis						
	b	and sales expenses						
	•	Gain or (loss)						
		Net gain or (loss)						
ø		Gross income from fundraising						
	0 4	including \$ 194						
eve		contributions reported on line						
Ä		Part IV, line 18	-	83,025.				
Other Revenu	b	Less: direct expenses		100.00				
0		Net income or (loss) from fund		>	-53,901.			-53,901.
		Gross income from gaming ac	-					
		Part IV, line 19						
	b	Less: direct expenses						
	С	Net income or (loss) from gam	ing activities					
	10 a	Gross sales of inventory, less	returns					
		and allowances						
	b	Less: cost of goods sold	b					
	С	Net income or (loss) from sale						
		Miscellaneous Revenu	e	Business Code				
		MISCELLANEOUS REVENUE		900099	91,776.			91,776.
	b							
	C							
		All other revenue			91,776.			
	e 12	Total. Add lines 11a-11d Total revenue. See instructions.			52,606,683.	43,463,923.	0.	40,139.
43200 11-07		Total Totoliuo. Ood ilisti uotiolis.		·····	22,300,003.	10,100,520.		Form 990 (2014)

Form 990 (2014) ST. VINCENT'S SERVICES INC. 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 respon		/= \	(C)	(D)
	not include amounts reported on lines 6b, 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 domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	8,437,365.	8,437,365.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	120 252	107 751	251 601	
_	trustees, and key employees	439,352.	187,751.	251,601.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	17,807,269.	17,807,269.		
7	Other salaries and wages	11,001,203.	11,001,209		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	575,037.	575,037.		
9	Other employee benefits	2,763,848.			
10	Payroll taxes	1,389,680.	1,374,682.	14,998.	
11	Fees for services (non-employees):	2/303/0000	1/3/1/0020	11/3300	
	Management	4,870,000.		4,870,000.	
b	Legal	526,111.	526,111.	270707000	
	Accounting	31,256.	31,256.		
	Lobbying	01,1000	32,2301		
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch 0.)	1,848,232.	1,847,342.		890
12	Advertising and promotion				
13	Office expenses	1,899,483.	1,881,887.		17,596
14	Information technology	557,693.	557,693.		
15	Royalties				
16	Occupancy	4,968,242.	4,968,242.		
17	Travel	631,392.	631,392.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	13,871.	13,871.		
20	Interest	76,412.		76,412.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,298,138.	1,298,138.		
23	Insurance	579,675.	579,675.		
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 0.)				
а	BAD DEBT	2,478,873.	2,478,873.		
a h	CAMP FEES AND CHILDREN	170,139.	170,139.		
C		=: • , = • •	_ :		
d					
e	All other expenses	410,607.	405,569.		5,038
25	Total functional expenses. Add lines 1 through 24e	51,772,675.	46,536,140.	5,213,011.	23,524
	Joint costs. Complete this line only if the organization	, , , , , , , ,	,,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- /
	built custs. Complete this line unit in the didamanium				
26					
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1,307,595. 1,773,826. Cash - non-interest-bearing 1 167,425. 2 Savings and temporary cash investments 5,979,247. 169,758. Pledges and grants receivable, net 3 12,692,573. 10,816,408. 4 4 Accounts receivable, net **5** Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L 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 Assets 6 Notes and loans receivable, net 7 8 Inventories for sale or use 689,237. 1,485,394. Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 12,097,592. basis. Complete Part VI of Schedule D _____ 10a 9,469,306. 3,164,937. b Less: accumulated depreciation 10b 2,628,286. 10c Investments - publicly traded securities 11 11 12 Investments - other securities. See Part IV, line 11 13 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 14 211,078. 288,251. 15 Other assets. See Part IV, line 11 15 16,359,013. 25,015,002. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 5,800,419. 17 3,678,841. 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 177,508. Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 21,759,243. 11,670,517. 25 Schedule D 17,648,444. 25,438,084. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here

X
and complete lines 27 through 29, and lines 33 and 34. **Net Assets or Fund Balances** -6,104,259. -1,662,230. 27 Unrestricted net assets 27 242,977. 5,519,014. 28 Temporarily restricted net assets 129,822. 162,163. 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 -423,082. -1,289,431. Total net assets or fund balances 33 33

25,015,002. Form **990** (2014)

Total liabilities and net assets/fund balances

16,359,013.

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1				
2	Total expenses (must equal Part IX, column (A), line 25)	2	51	,77	2,6	75.
3	Revenue less expenses. Subtract line 2 from line 1	3				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-1	, 28	9,4	31.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	n Schedule O) 9 32,341. nes 3 through 9 (must equal Part X, line 33,				
9						41.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10		-42	3,0	82.
Pa	check if Schedule O contains a response or note to any line in this Part XI					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	,			
	consolidated basis, or both:					
	Separate basis Consolidated basis X Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O).			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	dit			
	Act and OMB Circular A-133?			За	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired aud	dit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b	X	

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

ST. VINCENT'S SERVICES INC.

Employer identification number 11-1631823

Pa	rt I	Reason for Public	Charity Status (All organizations must co	omplete th	is part.) Se	ee instructions.			
The (organi	zation is not a private found	lation because it is: ((For lines 1 through 11, o	check only	one box.)				
1		A church, convention of ch	urches, or association	on of churches describe	d in sectio	n 170(b)(1)(A)(i).			
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E.)						
3		A hospital or a cooperative		•	ection 170	(b)(1)(A)(ii	i).			
4		A medical research organiz					-	the hospital's name,		
		city, and state:	'	, ,			(,		
5		An organization operated for	or the benefit of a co	llege or university owne	d or opera	ted by a go	overnmental unit describ	ped in		
_		section 170(b)(1)(A)(iv). (C				, 9				
6		A federal, state, or local go	· · · · ·	mental unit described in	section 17	70(b)(1)(A)	(v)			
7	一		-					nublic described in		
•		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 describe		(1)(A)(vi) (Complete Par	+ 11 \					
	X	An organization that norma				contribution	one momborehin fooe a	and gross receipts from		
J		activities related to its exen								
		income and unrelated busin	•	•			· · · · · · · · · · · · · · · · · · ·	•		
		See section 509(a)(2). (Con		(less section of reak) if	OIII DUSIIIE	sses acqu	ired by the organization	arter June 30, 1973.		
10		An organization organized		ively to test for public so	ofaty Saa	saction 50	10(2)(4)			
11	H	An organization organized a	·		•			nurnoses of one or		
••		-	·	•	-		· · · · · · · · · · · · · · · · · · ·			
		more publicly supported or	~					DIRECK THE DOX III		
_		lines 11a through 11d that	* *			•		, giving		
а		Type I. A supporting orga	· · · · · · · · · · · · · · · · · · ·	· ·	•					
		the supported organization		• • • •	a majomy	or the direc	ctors or trustees or the s	supporting		
		organization. You must o	- ·				- d			
b		Type II. A supporting org	-					-		
		control or management o			same perso	ons that co	ontroi or manage the sup	pported		
_		organization(s). You mus			:			ملاند، الم		
С		Type III functionally inte	- :				· ·	ea with,		
		its supported organizatio		•				!+!(-)		
d		Type III non-functionally						• •		
		that is not functionally int	-		•			iveness		
		requirement (see instruct	•	-						
е		Check this box if the orga					Type i, Type ii, Type iii			
		functionally integrated, or	* *							
T		r the number of supported of								
g		ide the following information Name of supported	ii) EIN		(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of		
	,	organization	(,	(described on lines 1-9	listed i	n your	support (see	other support (see		
		-		above or IRC section	governing of Yes	No No	Instructions)	Instructions)		
				(see instructions))	163	NO				
Гotа										

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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						
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)						
	Public support. Subtract line 5 from line 4.						
	ction B. Total Support	·	T			1	τ
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10		`			10	
	Gross receipts from related activities,	•	,			12	
13	First five years. If the Form 990 is for	-			•		. □
Sec	organization, check this box and storection C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2014 (column (f))		14	%
	Public support percentage from 2013					15	
	33 1/3% support test - 2014. If the o						
	stop here. The organization qualifies	-					
b	33 1/3% support test - 2013. If the o						
	and stop here. The organization qual	~					
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"				· · · · · · · · · · · · · · · · · · ·	~	
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the	_					
	organization meets the "facts-and-circ				-		
18	Private foundation. If the organization	n did not check a	box on line 13, 16	Sa, 16b, 17a, or 17	b, check this box	and see instructior	ıs 🕨 🔲
						edule A (Form 990	

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.)

Se	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	827,053.	1,624,123.	3,197,368.	2,297,167.	9,102,621.	17,048,332.	
2	Gross receipts from admissions,							
	merchandise sold or services per-							
	formed, or facilities furnished in							
	any activity that is related to the organization's tax-exempt purpose	44,069,390.	43,784,562.	43,229,769.	41,271,675.	43,463,923.	215,819,319.	
3	Gross receipts from activities that	, ,			, ,	. ,	, ,	
•	are not an unrelated trade or bus-							
	iness under section 513							
4	Tax revenues levied for the organ-							
•	ization's benefit and either paid to							
	or expended on its behalf							
5	The value of services or facilities							
J	furnished by a governmental unit to							
	the organization without charge							
6	Total. Add lines 1 through 5	44,896,443.	45,408,685.	46,427,137.	43,568,842.	52,566,544.	232,867,651.	
	Amounts included on lines 1, 2, and	11,050,115.	43,400,003.	40,427,137.	43,300,042.	32,300,344.	232,007,031.	
16	, ,						0.	
,	3 received from disqualified persons Amounts included on lines 2 and 3 received						•	
	from other than disqualified persons that							
	exceed the greater of \$5,000 or 1% of the						0.	
	amount on line 13 for the year						0.	
	Add lines 7a and 7b						_	
	Public support (Subtract line 7c from line 6.)						232,867,651.	
		(-) 0040	(L) 0044	(-) 0040	(-1) 0040	/-\ 004.4	(6) T-+-1	
	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total	
	Amounts from line 6	44,896,443.	45,408,685.	46,427,137.	43,568,842.	52,566,544.	232,867,651.	
102	Gross income from interest, dividends, payments received on							
	securities loans, rents, royalties	1 120 015	2 172	E 071	1,701.	2 264	1 144 006	
	and income from similar sources	1,132,015.	2,172.	5,874.	1,/01.	2,264.	1,144,026.	
t	Unrelated business taxable income							
	(less section 511 taxes) from businesses							
	acquired after June 30, 1975		2 172	F 074	1 701	2 264		
	Add lines 10a and 10b	1,132,015.	2,172.	5,874.	1,701.	2,264.	1,144,026.	
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			00 005	000 061	01 886	240 450	
	assets (Explain in Part VI.)			20,835.		91,776.	342,472.	
	Total support. (Add lines 9, 10c, 11, and 12.)	46,028,458.	45,410,857.	46,453,846.	43,800,404.	52,660,584.	234,354,149.	
14	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,	
_							>	
	ction C. Computation of Publ							
15	Public support percentage for 2014 (ine 8, column (f) di	vided by line 13, c	olumn (f))		15	99.37 %	
	Public support percentage from 2013					16	99.31 %	
Se	ction D. Computation of Inves	stment Incom	e Percentage					
17	17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))							
18	, , , , , , , , , , , , , , , , , , , ,							
19a	19a 33 1/3% support tests - 2014. 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 a	nd stop here. The	organization quali	fies as a publicly s	supported organiza	ation	►X	
k	b 33 1/3% support tests - 2013. 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%, che							
20	Private foundation. If the organization							

Part IV | Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <code>part VI</code>, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
		. 50	
ł	1		
	2		
	3a		
	Ja		
ŀ	3b		
	3с		
	4a		
ļ	4b		
	4c		
	5a		
	5b		
İ	5c		
ļ	6		
	7		
ł	8		
	9a		
	9b		
ļ	3.0		
ļ	9с		
	10a		
j			
. 00	10b	0 EZ\	2014

Par	↑ IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
	<u> </u>		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <i>Part VI</i> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
	71 11 3 3		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	tion D. Type III Supporting Organizations	-		
	71 11 5 5		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instructions):			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru	uctions).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in part VI the role played by the organization in this regard.	3b		

Pa	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations				
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All				
	other Type III non-functionally integrated supporting organizations must co	mplete S	ections A through E.		
Cook	(B) Current Year				
Seci	ion A - Adjusted Net Income		(A) Prior Year	(optional)	
1	Net short-term capital gain	1			
_2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year	
	on b Millimum Asset Amount		(A) I HOI TOU	(optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
a	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
c	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other				
	factors (explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d	3			
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
_6	Multiply line 5 by .035	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 85% of line 1	2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4	Enter greater of line 2 or line 3	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions)	6			
7	Check here if the current year is the organization's first as a non-functional	ly-integrat	ed Type III supporting org	anization (see	
	instructions).				

Schedule A (Form 990 or 990-EZ) 2014

Pai	TEV Type III Non-Function	ally integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	tion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes				
2	2 Amounts paid to perform activity that directly furthers exempt purposes of supported				
	organizations, in excess of income from activity				
3	Administrative expenses paid to acc	complish exempt purpose	es of supported organization	ns	
4	Amounts paid to acquire exempt-us	e assets			
5	Qualified set-aside amounts (prior IF	RS approval required)			
6	Other distributions (describe in Part	VI). See instructions.			
7	Total annual distributions. Add line	es 1 through 6.			
8	Distributions to attentive supported	organizations to which the	ne organization is responsive	Э	
	(provide details in Part VI). See instr	ructions.			
9	Distributable amount for 2014 from	Section C, line 6			
10	Line 8 amount divided by Line 9 am	ount			
			(i)	(ii)	(iii)
Cooti	tion E - Distribution Allocations (see	instructions)	Excess Distributions	Underdistributions	Distributable
Secu	tion E - Distribution Allocations (see	e instructions)		Pre-2014	Amount for 2014
1	Distributable amount for 2014 from	Section C, line 6			
2	Underdistributions, if any, for years	prior to 2014			
	(reasonable cause required-see inst	ructions)			
3	Excess distributions carryover, if an	y, to 2014:			
а					
b					
С					
d					
е	From 2013				
f	Total of lines 3a through e				
g	Applied to underdistributions of price	r years			
h	Applied to 2014 distributable amount	nt			
i	Carryover from 2009 not applied (se	e instructions)			
j	Remainder. Subtract lines 3g, 3h, a	nd 3i from 3f.			
4	Distributions for 2014 from Section	D,			
	line 7:				
а	Applied to underdistributions of price	r years			
b	Applied to 2014 distributable amount	nt			
С	Remainder. Subtract lines 4a and 4	o from 4.			
5	Remaining underdistributions for ye	ars prior to 2014, if			
	any. Subtract lines 3g and 4a from I	ine 2 (if amount			
	greater than zero, see instructions).				
6	Remaining underdistributions for 20				
	and 4b from line 1 (if amount greate	r than zero, see			
	instructions).				
7	Excess distributions carryover to	2015. Add lines 3j			
	and 4c.				
8	Breakdown of line 7:				
а					
b					
С					
d	Excess from 2013				
е	Excess from 2014				

Schedule A (Form 990 or 990-EZ) 2014

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

Name of the organization

Employer identification number

ST. VINCENT'S SERVICES INC. 11-1631823

Organization type (check one):					
Filers of:		Section:			
Form 990 o	r 990-EZ	$oxed{X}$ 501(c)($oxed{3}$) (enter number) organization			
		4947(a)(1) nonexempt charitable trust not treated as a private foundation			
		527 political organization			
Form 990-P	F	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 you	ur organization is	s covered by the General Rule or a Special Rule .			
,	J	7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.			
General Ru	ile				
		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.			
Special Ru	les				
se an	ctions 509(a)(1) a y one contributo	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, line 1. Complete Parts I and II.			
ye	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.				
ye is pu	ar, contributions checked, enter h rpose. Do not co	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., emplete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year \ \bigsim \text{\$\			
but it must	answer "No" on	nat is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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			

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) (2014)

Name of organization Employer identification number

ST. VINCENT'S SERVICES INC.

11-1631823

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>7,913,705</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$16,300.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$5,000.	Person X Payroll

Name of organization Employer identification number

ST. VINCENT'S SERVICES INC.

11-1631823

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$12,352.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

ST. VINCENT'S SERVICES INC. 11-1631823

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$11,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$ 7,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$6,000.	Person X Payroll

ST. VINCENT'S SERVICES INC.

11-1631823

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)
21	Hame, address, and Zir + +	\$ 35,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 22	Name, address, and ZIP + 4	\$ 12,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$ 25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

ST. VINCENT'S SERVICES INC.

11-1631823

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28		\$7,415.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$5,000.	Person X Payroll

Name of organization Employer identification number

ST. VINCENT'S SERVICES INC. 11-1631823

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

ST. VINCENT'S SERVICES INC.

11-1631823

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Employer identification number

Name of organization

T. VI	NCENT'S SERVICES INC.		11-1631823
Part III	completing Part III, enter the total of exclusively religiou	s, charitable, etc., contributions of \$1,000 or	in section 501(c)(7), (8), or (10) that total more than \$1,000 for wing line entry. For organizations less for the year. (Enter this info. once.) \$
 	Use duplicate copies of Part III if addition	al 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 gif	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I -			
-		(e) Transfer of gif	t
_	Transferee's name, address, a	nd 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
<u>-</u> -		(a) Tunnafau af sif	
	(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 gif	t
	Transferee's name, address, a	nd 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 Open to Public

Inspection

Name of the organization

ST. VINCENT'S SERVICES INC.

Employer identification number 11-1631823

Pa	organizations Maintaining Donor Advised organization answered "Yes" to Form 990, Part IV, line		IS Or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w		rised funds
	are the organization's property, subject to the organization's e	_	
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or		
		······································	
Pa			
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or ed		storically important land area
	Protection of natural habitat		ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the forn	n of a conservation easement on the last
	day of the tax year.		
	au, o. a.o a, oa		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		
-	listed in the National Register	*	
3	Number of conservation easements modified, transferred, rele		
	year >	, 3 ,	3
4	Number of states where property subject to conservation eas	ement is located	
5	Does the organization have a written policy regarding the peri		- f
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and e		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizati	·	
	conservation easements.		
Pa	rt III Organizations Maintaining Collections of	Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "Yes" to Form 9	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue state	ement and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	ibition, education, or research in further	rance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ		, , , , , ,
b	If the organization elected, as permitted under SFAS 116 (AS		nt and balance sheet works of art. historical
	treasures, or other similar assets held for public exhibition, ed		
	relating to these items:	,	,, 3
	(i) Revenue included in Form 990, Part VIII, line 1		> \$
			· · · · · · · · · · · · · · · · · · ·
2	If the organization received or held works of art, historical trea		
_	the following amounts required to be reported under SFAS 11		♥ *** F* - * ·
а	Revenue included in Form 990, Part VIII, line 1		> \$
	Assets included in Form 990, Part X		
-			

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

Pai	t III Organizations Maintaining Co	llections of Ar	t, Historical Tr	easures,	or Othe	r Similar	Asse	ts (continue	ed)
3	Using the organization's acquisition, accession	, and other records	s, check any of the	following that	at are a si	gnificant us	e of its	collection i	tems
	(check all that apply):								
а	Public exhibition	d	Loan or exc	hange progr	ams				
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's colle	ections and explain	how they further t	he organizat	ion's exen	npt purpose	in Part	t XIII.	
5	During the year, did the organization solicit or re								
	to be sold to raise funds rather than to be main	tained as part of th	ne organization's c	ollection?			\square	Yes	☐ No
Pai	t IV Escrow and Custodial Arrange							ine 9, or	
	reported an amount on Form 990, Part)	ζ, line 21.							
1a	Is the organization an agent, trustee, custodian	or other intermed	iary for contribution	ns or other a	ssets not i	included			
	on Form 990, Part X?						\square	Yes	O No
b	If "Yes," explain the arrangement in Part XIII an								
								Amount	
С	Beginning balance					1c			
	Additions during the year								
	Distributions during the year								
f	Ending balance								
2a	Did the organization include an amount on Form							Yes	No No
b	If "Yes," explain the arrangement in Part XIII. C	heck here if the ex	planation has beer	provided in	Part XIII				
Pai	T V Endowment Funds. Complete if the	ne organization ans	swered "Yes" to Fo	rm 990, Parl	t IV, line 10) .			
		a) Current year	(b) Prior year	(c) Two year	ırs back (d) Three year	rs back	(e) Four ye	ears back
1a	Beginning of year balance	129,822.	170,880.	17	0,880.	2,100	,000.	2,2	57,181.
b	Contributions								
С	Net investment earnings, gains, and losses	32,341.	-41,058.			-1,929	,120.	-1	57,181.
d	Grants or scholarships								
	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
	End of year balance	162,163.	129,822.	17	0,880.	170	,880.	2,1	00,000.
2	Provide the estimated percentage of the currer	nt year end balance	e (line 1g, column (a)) held as:	•				
а	Board designated or quasi-endowment	•	%						
	Permanent endowment > 100.00	%	_						
	Temporarily restricted endowment ▶								
	The percentages in lines 2a, 2b, and 2c should	equal 100%.							
За	Are there endowment funds not in the possess	ion of the organiza	tion that are held a	and administ	ered for th	e organizat	ion		
	by:							Y	es No
	(i) unrelated organizations							3a(i)	X
	(ii) related organizations							3a(ii)	X
b	If "Yes" to 3a(ii), are the related organizations li							3b	
4	Describe in Part XIII the intended uses of the o	rganization's endo	wment funds.						
Pai	t VI Land, Buildings, and Equipme								
	Complete if the organization answered "	Yes" to Form 990,	Part IV, line 11a. S	See Form 990), Part X, li	ine 10.			
	Description of property	(a) Cost or ot	her (b) Cost	or other	(c) Ac	cumulated		(d) Book v	alue
		basis (investm	ent) basis	(other)	dep	reciation			
1a	Land								
	Buildings								
	Leasehold improvements		9,00	5,800.	7,2	00,526	5.	1,805	,274.
d	Equipment								
е	Other		3,09	1,792.	2,2	68,780			,012.
	. Add lines 1a through 1e. (Column (d) must equ	al Form 990, Part	X, column (B), line	10c.)			▶	2,628	,286 .

Part VII	Investments -	Other	Securities.

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.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.		
Part VIII Investments - Program Related. Complete if the organization answered "Yes"	to Form 990, Part IV, line	
	to Form 990, Part IV, line (b) Book value	11c. See Form 990, Part X, line 13. (c) Method of valuation: Cost or end-of-year market value
Complete if the organization answered "Yes"		
Complete if the organization answered "Yes" (a) Description of investment		
Complete if the organization answered "Yes" (a) Description of investment (1)		
Complete if the organization answered "Yes" (a) Description of investment (1) (2)		
Complete if the organization answered "Yes" (a) Description of investment (1) (2) (3)		
Complete if the organization answered "Yes" (a) Description of investment (1) (2) (3) (4)		
Complete if the organization answered "Yes" (a) Description of investment (1) (2) (3) (4) (5)		
Complete if the organization answered "Yes" (a) Description of investment (1) (2) (3) (4) (5) (6) (7)		
Complete if the organization answered "Yes" (a) Description of investment (1) (2) (3) (4) (5) (6)		
Complete if the organization answered "Yes" (a) Description of investment (1) (2) (3) (4) (5) (6) (7) (8)		
Complete if the organization answered "Yes" (a) Description of investment (1) (2) (3) (4) (5) (6) (7) (8) (9)		

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

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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO GOVERMENT AGENCIES	2,477,267.
(3) DUE TO HEARTSHARE HUMAN SERVICES	
(4) OF NEW YORK	19,032,925.
(5) DUE TO WILLIAM M. CASEY FOUNDATION	249,051.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	21,759,243.

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	f Reve	nue per Audite	d Financial Sta	atement	s With Revenue per Return.	
	Complete if the organi	zation a	nswered "Yes" to Fo	orm 990, Part IV, lir	ne 12a.		

	complete if the organization answered Tee to Ferri 600, Far IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements		 1	52,606,683.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		 2e	0.
3	Subtract line 2e from line 1		 3	52,606,683.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		 4c	0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part 1 line 12)		5	52,606,683.

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	51,772,675.	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
		2b		
С		2c		
		2d		
е	Add lines 2a through 2d		2e	0.
	Subtract line 2e from line 1		3	51,772,675.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
	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	51,772,675.

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 V, LINE 4:

ST. VINCENT'S SERVICES ENDOWMENT CONSISTS OF DONOR-RESTRICTED ENDOWMENT FUNDS TO SUPPORT THE AMERICAN DREAM PROGRAM, AN EDUCATIONAL PROGRAM FOR CLIENTS OF THE AGENCY WHO ARE CURRENTLY IN CARE OR CLIENTS WHO HAVE AGED OUT OF CARE.

PART X, LINE 2:

HSVS HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. PERIODS ENDING JUNE 30, 2012 AND SUBSEQUENT REMAIN SUBJECT TO EXAMINATION BY APPLICABLE TAXING AUTHORITIES.

432054 10-01-14

Schedule Difform 9909 2014 ST. VINCENT'S SERVICES INC. 11-1631823 Page 5 Part XIII Supplemental Information (continued)	Schedule D	(Form 990) 2014	ST.	VINCENT'S	SERVICES	INC.	11-1631823 Page 5
	Part XIII	Supplemental Info	rmation	(continued)			
				,			
					· · · · · · · · · · · · · · · · · · ·		

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/form 990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

ST. VINCENT'S SERVICES INC.

Employer identification number 11-1631823

	021(1 2 221(12022 11)				111 1001			
Fundraising Activities required to complete this par	 Complete if the organization answer t. 	ered "Y	es" to	Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not		
1 Indicate whether the organization rais	sed funds through any of the following	na acti	vities.	Check all that apply				
a Mail solicitations	· · · ·	-		overnment grants				
b Internet and email solicitations				nment grants				
c Phone solicitations	g Special	tundra	aising	events				
d In-person solicitations								
2 a Did the organization have a written of	or oral agreement with any individual	(inclu	ding o	fficers, directors, tru	stees or			
key employees listed in Form 990, P	art VII) or entity in connection with p	rofess	ional f	fundraising services?	Yes Yes	☐ No		
b If "Yes," list the ten highest paid ind	ividuals or entities (fundraisers) purs	uant to	o agre	ements under which	the fundraiser is to	be		
compensated at least \$5,000 by the			Ū					
		(iii)	Did		(v) Amount paid	(vi) Amount noid		
(i) Name and address of individual	(ii) Activity	fundi have c	Did raiser ustody	(iv) Gross receipts	to (or retained by)	(vi) Amount paid to (or retained by)		
or entity (fundraiser)	(,,)	or cor	ntrol of utions?	from activity	fundraiser listed in col. (i)	organization		
		COITEID	utions:		listed in col. (i)			
		Yes	No					
		<u> </u>						
Total			. ▶					
3 List all states in which the organization	on is registered or licensed to solicit	contrib	outions	s or has been notified	d it is exempt from re	egistration		
or licensing.								
					•	<u> </u>		
LHA For Paperwork Reduction Act Not	ice, see the Instructions for Form	990 or	990-1	EZ. S	Schedule G (Form 9	90 or 990-EZ) 2014		

432081 08-28-14

		le G (Form 990 or 990-EZ) 2014 ST. VIN				-1631823 Page 2
Pa	irt I		-			
		of fundraising event contributions and g	(a) Event #1 ANNUAL DINNER	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
a)			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	277,035.			277,035.
	2	Less: Contributions	194,010.			194,010.
	3	Gross income (line 1 minus line 2)	83,025.			83,025.
	4	Cash prizes				
Ω	5	Noncash prizes				ļ
Direct Expenses	6	Rent/facility costs	17,500.			17,500.
irect E	7	Food and beverages	114,551.			114,551.
	8	Entertainment	3,000.			3,000.
	9	Other direct expenses				3,000. 1,875.
	10	Direct expense summary. Add lines 4 throug			>	136,926.
_		Net income summary. Subtract line 10 from				-53,901.
Pa	ırt I		answered "Yes" to Form	990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Be Be	1	Gross revenue				
es	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		>	
	8	Net gaming income summary. Subtract line	7 from line 1, column (d)		>	
9	En	ter the state(s) in which the organization cond	ucts gaming activities:			
		the organization licensed to conduct gaming a	_	states?		Yes No
b	lf "	No," explain:				
		ere any of the organization's gaming licenses r			•	Yes No

Schedule G (Form 990 or 990-EZ) 2014

b If "Yes," explain:

Sch	edule G (Form 990 or 990-EZ) 2014 ST. VINCENT'S SERVICES INC. 11-	1631823	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
		اءما	0/
	The organization's facility		<u>%</u>
	An outside facility	13b	<u>%</u>
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 > \$		
_	If "Yes," enter name and address of the third party:		
·	in 165, enter hame and address of the tillid party.		
	Name		
	Address ▶		
16	Coming manager information		
16	Gaming manager information:		
	Name		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
47			
	Mandatory distributions:		
а	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 🕨 \$		
Pa	TTIV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III	, lines 9, 9b, 10	b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).		

Schedule G	(Form 990 or 990-EZ)	ST.	VINCENT'S	SERVICES	INC.	11-1631823	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Information	rmation	(continued)				-
	••		,				
•							
_							
_							

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

➤ Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of	$\begin{array}{c} \textbf{Employer identification number} \\ 11-1631823 \end{array}$							
Part I	General Information on Grants a	nd Assistance						
crit	es the organization maintain records eria used to award the grants or assisting scribe in Part IV the organization's pro	stance?						
2 Des	Grants and Other Assistance to					anization answored "\	/os" to Form 000 Part	IV line 21 for any
	recipient that received more than	-				anization answered	res to roilli 990, Fait	TV, IIIIe 21, IOI arry
1 (a)	Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
	er total number of section 501(c)(3) a er total number of other organization							>

Schedule	I (Form 990) (2014) ST • VINCENT S S	FKATCED	INC.			11-1031023	Page		
Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.									
	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of non-	, (-)	(f) Description of non-cash	assistance		

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
FOOD, CLOTHING, FOSTER BOARDING HOME PAYMENTS,					
FOSTER PARENT EXPENSES, CAMP FEES AND ACTIVITIES	713	8,437,365.	0.	COST	
	+				
Part IV Sunnlemental Information Provide the information re					

Part IV | Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2:

IN ACCORDANCE WITH ST. VINCENT'S SERVICES, INC. CONTRACT OBLIGATIONS WITH THE NEW YORK CITY ADMINISTRATION FOR CHILDREN'S SERVICES (ACS), ST. VINCENT'S SERVICES, INC. PROVIDES CASH GRANTS TO PROVIDE FOOD, CLOTHING, SHELTER AND OTHER CHILD-RELATED EXPENSES FOR FOSTER CHILDREN IN OUR FOSTER BOARDING HOME PROGRAM. THESE GRANTS ARE GIVEN BASED ON A FORMULA PROVIDED BY ACS AND ST. VINCENT'S SERVICES, INC. MONITORS THE FOSTER HOMES REGULARLY TO ENSURE THAT THE CHILDREN'S NEEDS ARE BEING MET.

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

ST. VINCENT'S SERVICES INC.

Employer identification number 11-1631823

Pa	art I Questions Regarding Compensation							
			Yes	No				
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,							
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.							
	First-class or charter travel Housing allowance or residence for personal use							
	Travel for companions Payments for business use of personal residence							
	Tax indemnification and gross-up payments Health or social club dues or initiation fees							
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)							
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or							
_	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b						
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	_						
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2						
•								
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's							
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.							
	Compensation committee Written employment contract							
	Independent compensation consultant Compensation survey or study							
	Form 990 of other organizations X Approval by the board or compensation committee							
	Tom occor of other organizations							
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing							
	organization or a related organization:							
а	Receive a severance payment or change-of-control payment?	4a		Х				
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X				
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X				
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.							
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.							
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation							
	contingent on the revenues of:			37				
а	The organization?	5a 5b		X				
b	b Any related organization?							
_	If "Yes" to line 5a or 5b, describe in Part III.							
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation							
_	contingent on the net earnings of:	6-		Х				
	The organization? Any related organization?	6a		X				
b	If "Yes" to line 6a or 6b, describe in Part III.	6b						
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments							
•	not described in lines 5 and 6? If "Yes," describe in Part III	7	Х					
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the							
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х				
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	_						
	Regulations section 53.4958-6(c)?	9						

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation
(A) Negre and Title	Ī	(i) Base	(ii) Bonus &	(iii) Other	compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred
(A) Name and Title		compensation	incentive	reportable	Compondation			in prior Form 990
			compensation	compensation				
(1) DAWN W VALENTINE-SAFFAYEH	(i)	154,184.	0.	0.	10,500.	17,557.		0.
EXECUTIVE DIRECTOR	(ii)	26,296.	0.	0.	0.	0.	26,296.	0.
(2) CAROL SMITH-NJIIRI	(i)	101,298.	0.	21,967.	8,629.	0.	131,894.	
EXECUTIVE DIRECTOR UNTIL 12/31/2014	(ii)	96,148.	0.	0.	0.	0.	96,148.	0.
(3) PIERRE ARTY	(i)	214,128.	0.	80.	10,500.	222.	224,930.	0.
PSYCHIATRIST	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) PINAKINI SHAH	(i)	197,153.	0.	228.	10,500.	1,153.		0.
PSYCHIATRIST	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) WILLIAM SABADO	(i)	172,764.	3,750.	35.	10,500.	19,920.	206,969.	0.
DEPUTY EXECUTIVE DIRECTOR UNTIL 11/2	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) KAREN KANE	(i)	151,832.	0.	228.	10,500.	798.	163,358.	0.
DIRECTOR - FOSTER CARE	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 7:
THE BOARD, THROUGH A COMPENSATION COMMITTEE, ON AN ANNUAL BASIS REVIEWS AND
DOCUMENTS THE COMPENSATION AND PERFORMANCE OF INDIVIDUALS. BONUSES ARE
BASED ON HOW THE INDIVIDUAL HAS MET THE PREVIOUS YEAR'S GOALS AND
OBJECTIVES AND THE OVERALL PERFORMANCE OF THE AGENCY.

SCHEDULE O

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

2014
Open to Public Inspection

Employer identification number

OMB No. 1545-0047

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

11-1631823

Name of the organization

ST. VINCENT'S SERVICES INC.

FORM 990, PART I, DOING BUSINESS AS:

HEARTSHARE ST. VINCENT'S SERVICES

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

ST. VINCENT'S SERVICES, INC. (D/B/A HEARTSHARE ST. VINCENT'S SERVICES)

(HSVS) SERVES THE COMMUNITY THROUGH THE PROVISION OF FOSTER BOARDING

HOME SERVICES, EDUCATIONAL SERVICES, MEDICAL AND MENTAL HEALTH CARE,

GROUP HOMES, AND INTERMEDIATE CARE SERVICES.

FORM 990, PART III, LINE 1

TO NURTURE AND SUPPORT, WITH DIGNITY AND RESPECT, CHILDREN, ADULTS AND FAMILIES IN ORDER TO EXPAND OPPORTUNITIES AND ENHANCE LIVES. OUR COMMITMENT TO EXCELLENT SERVICES AND SUPPORTS WILL ENABLE CHILDREN, ADULTS AND FAMILIES TO REACH THEIR FULLEST POTENTIAL AND LEAD MEANINGFUL LIVES AS ACTIVE PARTICIPANTS IN SOCIETY. AT HSVS, WE ARE COMMITTED TO: MAKING SURE THAT EVERY CHILD WE SERVE IS IN A SAFE ENVIRONMENT, WHERE THEY HAVE A LOVING CONNECTION WITH A CARETAKER, AND ACCESS TO THE SOCIAL, EMOTIONAL, AND EDUCATIONAL SUPPORT THEY NEED TO MEET THEIR DEVELOPMENTAL MILESTONES. EMPOWERING AND ENGAGING PARENTS THROUGH THE DELIVERY OF A COMPREHENSIVE SET OF SERVICES AND SUPPORTS THAT HELP THEM GET THEIR CHILDREN HOME AS SAFELY AND QUICKLY AS POSSIBLE, OR KEEP THEIR CHILDREN HOME SAFELY. DELIVERING SERVICES TO INDIVIDUALS, CHILDREN, AND FAMILIES THAT HAVE BEEN PROVEN TO CHANGE LIVES FOR THE BETTER, AND ARE FLEXIBLE ENOUGH TO MEET THE NEEDS OF EACH INDIVIDUAL AND HIS OR HER UNIQUE CIRCUMSTANCES. HELPING YOUTH FIND AND

FOLLOW THEIR OWN PATH TO TRANSITION INTO ADULTHOOD, BECOME LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedul

Schedule O (Form 990 or 990-EZ) (2014)

432211 08-27-14 Name of the organization **Employer identification number** ST. VINCENT'S SERVICES INC. 11-1631823 SELF-SUFFICIENT, AND ACHIEVE THEIR DREAMS. ENSURING STAFF HAVE THE TOOLS AND SUPPORT THEY NEED TO ACHIEVE THE VISION OF THE AGENCY AND THRIVE, BOTH PERSONALLY AND PROFESSIONALLY, IN AN ENVIRONMENT THAT IS RESPECTFUL, INCLUSIVE, AND ENRICHING. CELEBRATING SUCCESS IN ALL FORMS AND ACROSS ALL ASPECTS OF OUR AGENCY, AND ENCOURAGING OUR STAFF AND THE INDIVIDUALS WE SERVE TO DO SO IN CONCERT WITH US. FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES: AS OF JULY 1, 2014, HEARTSHARE HUMAN SERVICES OF NEW YORK TRANSFERRED THE FOLLOWING PROGRAMS TO ST. VINCENT'S SERVICES, INC.: BOARDING HOME; MEDICAL SERVICES, THE AIDS RESIDENTIAL HOUSING PROGRAM, AND THE PREVENTION PROGRAM. FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES: AS OF JULY 1, 2014, THE FOLLOWING PROGRAMS WERE TRANSFERRED TO HEARTSHARE HUMAN SERVICES OF NEW YORK: RESIDENCE PROGRAMS WHICH INCLUDE INTERMEDIATE CARE FACILITIES OPERATED BY CERTIFICATION FROM THE OFFICE FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES WITH A CAPACITY OF UP TO 30 BEDS TO PROVIDE ACTIVE PROGRAMMING, ROOM AND BOARD, AND CONTINUOUS 24-HOUR PER DAY SUPERVISION. THE SUPERVISED INDIVIDUAL RESIDENTIAL ALTERNATIVE (IRA), WHICH PROVIDES 24-HOUR SUPERVISED CARE, AND THE SUPPORTIVE IRA WHERE THE CONSUMER RECEIVES SERVICES IN A MORE INDEPENDENT SETTING IS A COMMUNITY-BASED GROUP LIVING ARRANGEMENT THAT PROVIDES ROOM, BOARD AND INDIVIDUALIZED PROTECTIVE OVERSIGHT. THEY ARE DESIGNED TO PROVIDE A HOME ENVIRONMENT AND A SETTING WHERE PERSONS CAN ACQUIRE THE SKILLS

NECESSARY TO LIVE AS INDEPENDENTLY AS POSSIBLE. THE COMMUNITY

Schedule O (Form 990 or 990-EZ) (2014)

Name of the organization **Employer identification number** ST. VINCENT'S SERVICES INC. 11-1631823 HABILITATION SERVICES ARE RESIDENTIAL HABILITATION SERVICES THAT ARE PROVIDED TO INDIVIDUALS WHO DO NOT RESIDE IN A RESIDENCE WHICH IS CERTIFIED OR OPERATED BY OPWDD. RESIDENTIAL HABILITATION ALSO MAY INCLUDE PROGRAM-RELATED PERSONAL CARE, HEALTH CARE, PROTECTIVE OVERSIGHT AND SUPERVISION. MEDICAID SERVICE COORDINATION IS A CASE MANAGEMENT PROGRAM EMPHASIZING AN INDIVIDUAL'S CHOICE. IT REQUIRES PROVIDERS TO ASSIST THE INDIVIDUAL IN ACQUIRING SERVICES THAT BEST SERVE THE INDIVIDUAL. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: BOARDING HOME INCLUDES THE FOLLOWING PROGRAMS: 1) FOSTER BOARDING HOME & ADOPTION SERVICES: HEARTSHARE ST. VINCENT'S SERVICES' (HSVS) FOSTER CARE AND ADOPTION SERVICES ENSURES THAT CHILDREN IN FOSTER CARE EXPERIENCE A SEAMLESS TRANSITION TO A SAFE, STABLE AND LOVING HOME, WHETHER THAT MEANS THEIR REUNIFICATION WITH BIOLOGICAL PARENTS OR AN ADOPTION. AS A PART OF THE HSVS TEAM, FOSTER PARENTS WORK TO ENSURE THE WELL-BEING OF THE CHILD. MANY TIMES, THE FOSTER PARENTS DEVELOP SUCH A BOND WITH THE CHILD THAT THEY BECOME ADOPTIVE PARENTS. 2) PREPARE YOUTH FOR ADULTHOOD: HEARTSHARE ST. VINCENT'S SERVICES' (HSVS) OFFICE OF YOUTH DEVELOPMENT IS RESPONSIBLE FOR THE DEVELOPMENT, COORDINATION AND DELIVERY OF INNOVATIVE STRATEGIES TO PROVIDE YOUTH IN FOSTER CARE WITH THE SKILLS THEY NEED TO BECOME SUCCESSFUL ADULTS. HSVS SERVES APPROXIMATELY 243 YOUTH AGES 14-21 WHO ARE PLACED IN FAMILY OR RESIDENTIAL FOSTER CARE SETTINGS. ADDITIONALLY, HSVS PROVIDES

SERVICES TO YOUTH WHO HAVE PREVIOUSLY AGED OUT OF FOSTER CARE AND

Name of the organization **Employer identification number** ST. VINCENT'S SERVICES INC. 11-1631823 CONTINUE TO NEED SUPPORT. 3) GROUP HOME: HSVS HAS FOUR YOUTH RESIDENCES THAT SERVE FOSTER CARE YOUTH IN QUEENS AND STATEN ISLAND. EACH HOME PROVIDES SUPPORT FOR GAINING INDEPENDENT LIVING SKILLS, WHICH INCLUDE LEARNING FINANCIAL LITERACY, PURSUING AN EDUCATION, OBTAINING GAINFUL EMPLOYMENT, UTILIZING HEALTH RESOURCES AND SECURING HOUSING. THE YOUNG MEN AND WOMEN IN OUR RESIDENCES BENEFIT GREATLY FROM LIVING IN SAFE, STABLE HOMES, WHERE THEY RECEIVE CARING ATTENTION AND WORK TO OVERCOME THEIR CHALLENGES. IN THIS ENVIRONMENT, OUR YOUNG PEOPLE ATTEND SCHOOL, PARTICIPATE IN COMMUNITY ACTIVITIES, AND ARE PART OF A FAMILY, INCLUDING SEVERAL HOUSEMATES WHO HAVE ALSO EXPERIENCED FOSTER CARE AND DEDICATED STAFF THAT OFFER PERSONAL, ACADEMIC AND CAREER COUNSELING. FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: YOUTH COMMUNITY PROGRAMS - HEARTSHARE ST. VINCENT'S SERVICES' AFTER-SCHOOL, EVENING AND SUMMER CAMP PROGRAMS OFFER CHILDREN, YOUTH AND ADULTS ENGAGING LEARNING OPPORTUNITIES, ENRICHING INTERGENERATIONAL RELATIONSHIPS AND CONNECTEDNESS TO THE LARGER NEW YORK COMMUNITY. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: HEARTSHARE ST. VINCENT'S SERVICES' CHILDREN'S COMMUNITY RESIDENCES (CCR) IN LAURELTON, SPRINGFIELD AND ST. ALBAN'S, QUEENS, PROVIDE SHORT-TERM RESIDENTIAL CARE AND TARGETED INTERVENTION FOR YOUTH AGES 13-18 WHOSE BEHAVIORAL AND/OR EMOTIONAL NEEDS PREVENT THEM FROM SAFELY AND PRODUCTIVELY RESIDING AT HOME. OUR CLINICIANS AND TRAINED RESIDENTIAL STAFF WORK WITH OUR YOUTH AND FAMILIES TO IDENTIFY ATTAINABLE GOALS, FOCUSING ON AREAS OF HIGHEST NEED, SUCH AS BEHAVIORAL Schedule O (Form 990 or 990-EZ) (2014) Name of the organization **Employer identification number** ST. VINCENT'S SERVICES INC. 11-1631823 MANAGEMENT OR SKILL BUILDING FOCUSED ON COPING. STAFF THEN WORK WITH THE YOUTH TO ACHIEVE THESE GOALS AND TO BUILD THE SKILLS NECESSARY TO SUPPORT A SAFE AND STABLE TRANSITION HOME, OR TO A HOME-LIKE SETTING. THE PROGRAM IS LICENSED BY THE NYS OFFICE OF MENTAL HEALTH AND ALL APPLICATIONS MUST FIRST BE SCREENED BY CHILDREN'S SINGLE POINT OF ACCESS (CSPOA). EXPENSES \$ 3,064,092. INCLUDING GRANTS OF \$ 0. REVENUE \$ 3,010,747. THE SUPPORTED HOUSING PROGRAM, FIRST LAUNCHED IN 2007, SERVES ADULT CLIENTS REFERRED FROM LOCAL HOSPITALS WHO STRUGGLE WITH SUBSTANCE ABUSE, AND MENTAL HEALTH ISSUES. RESIDENTS ARE CONNECTED TO SUPPORT SERVICES, SUCH AS MENTAL HEALTH AND DRUG TREATMENT PROGRAMS, TO HELP THEM BECOME SELF-SUFFICIENT. SUPPORTED HOUSING, COUPLED WITH SUCH SERVICES, PROVIDES AN AFFORDABLE, SAFE AND PERMANENT PLACE TO LIVE FOR PEOPLE FACING HOMELESSNESS. IN ADDITION TO ALLOWING TENANTS TO BUILD THEIR INDEPENDENCE AND BECOME A PART OF A COMMUNITY, THIS TYPE OF PROGRAM REDUCES LONG-TERM COSTS TO THE CITY AND STATE, SUCH AS FOR PSYCHIATRIC INPATIENT CARE AND EMERGENCY ROOMS. EXPENSES \$ 2,158,186. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,323,030. HEARTSHARE ST. VINCENT'S SERVICES' HASA PROGRAM PROVIDES SUPPORTIVE HOUSING SERVICES FOR INDIVIDUALS AND FAMILIES LIVING WITH HIV/AIDS. HSVS' SUPPORTIVE AND DEDICATED STAFF PROVIDES INDIVIDUAL AND FAMILY-CENTERED CASE MANAGEMENT SERVICES. BY INCREASING ACCESS TO HIV-RELATED SERVICES, HSVS HELPS TO PREVENT OR DELAY UNNECESSARY CRISIS IN THE LIVES OF INDIVIDUALS AND FAMILIES AFFECTED BY HIV/AIDS. THE AGENCY USES A TEAM APPROACH WITH A SPECIALLY-TRAINED CASE MANAGEMENT STAFF TO DEVELOP A COMPREHENSIVE PLAN, ADVOCATE FOR NEEDED SERVICES Schedule O (Form 990 or 990-EZ) (2014)

Schedule O (Form 990 or 990-EZ) (2014) Page 2 Name of the organization **Employer identification number** ST. VINCENT'S SERVICES INC. 11-1631823 OFFERED BY OTHER PROVIDERS, AND OBTAIN CONSISTENT AND ONGOING ACCESS TO MEDICAL CARE. EXPENSES \$ 1,129,761. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,114,441. OUR AMERICAN DREAM PROGRAM (ADP), UNIQUE TO HSVS, DEMONSTRATES OUR COMMITMENT TO ENSURING THAT OLDER YOUTH LEAVING FOSTER CARE GET THE SUPPORT THEY NEED TO ACHIEVE THEIR DREAMS. ADP IS A SCHOLARSHIP AND COACHING PROGRAM FOR YOUTH WHO ARE CURRENTLY OR WERE FORMERLY IN FOSTER CARE WITH HSVS AND WHO ARE ALSO ATTENDING COLLEGE. ADP SCHOLARS RECEIVE FINANCIAL ASSISTANCE, COLLEGE COUNSELING, ACADEMIC TUTORING, CAREER PREPARATION, AND EMOTIONAL SUPPORT TO ENSURE THAT THEY GRADUATE FROM COLLEGE. ADP IS DESIGNED TO ACHIEVE THE FOLLOWING OUTCOMES FOR OUR YOUTH: (1) IMPROVE RATES OF EMPLOYMENT; (2) INCREASE SOCIAL AND EMOTIONAL CONNECTIONS, AND (3) INCREASE EDUCATIONAL ACHIEVEMENT. IN 2015, 34 COLLEGE SCHOLARS WERE SUPPORTED THROUGH ADP. EXPENSES \$ 150,185. INCLUDING GRANTS OF \$ 0. REVENUE \$ 166,975. FORM 990, PART VI, SECTION A, LINE 3: ST. VINCENT'S SERVICES PURCHASES CERTAIN ADMINISTRATIVE FUNCTIONS, INCLUDING FISCAL, PAYROLL AND HUMAN RESOURCE SERVICES, FROM HEARTSHARE HUMAN SERVICES OF NEW YORK.

FORM 990, PART VI, SECTION A, LINE 6:

ST. VINCENT'S SERVICES IS A MEMBERSHIP ORGANIZATION WITH FIVE MEMBERS: THE
BISHOP OF BROOKLYN, A DESIGNEE OF THE BOARD OF DIRECTORS OF WILLIAM M.

CASEY FOUNDATION, INC., THE CHAIRPERSON OF THE BOARD OF HEARTSHARE HUMAN

SERVICES, THE PRESIDENT AND CEO OF HEARTSHARE HUMAN SERVICES, AND ONE OTHER

PERSON DESIGNATED BY THE CHAIRPERSON OF HEARTSHARE HUMAN SERVICES. THE

432212

Schedule O (Form 990 or 990-EZ) (2014)

Name of the organization ST. VINCENT'S SERVICES INC. **Employer identification number** 11-1631823

MEMBERS APPROVE SIGNIFICANT DECISIONS OF THE ST. VINCENT'S SERVICES BOARD INCLUDING, BUT NOT LIMITED TO, CHANGES IN PHILOSOPHY OR MISSION OF THE CORPORATION, CHANGES TO THE ORGANIZATION'S GOVERNING DOCUMENTS, ELECTION OF THE BOARD OF DIRECTORS, DISSOLVING THE CORPORATION, ETC.

FORM 990, PART VI, SECTION A, LINE 7A:

THE MEMBERS APPROVE SIGNIFICANT DECISIONS OF THE ST. VINCENT'S SERVICES BOARD INCLUDING, BUT NOT LIMITED TO, CHANGES IN PHILOSOPHY OR MISSION OF THE CORPORATION, CHANGES TO THE ORGANIZATION'S GOVERNING DOCUMENTS, ELECTION OF THE BOARD OF DIRECTORS, DISSOLVING THE CORPORATION, ETC.

FORM 990, PART VI, SECTION A, LINE 7B:

THE MEMBERS APPROVE SIGNIFICANT DECISIONS OF THE ST VINCENT'S SERVICES BOARD INCLUDING, BUT NOT LIMITED TO, CHANGES IN PHILOSOPHY OR MISSION OF THE CORPORATION, CHANGES TO THE ORGANIZATION'S GOVERNING DOCUMENTS, ELECTION OF THE BOARD OF DIRECTORS, DISSOLVING THE CORPORATION, ETC.

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

THE BOARD'S AUDIT AND FINANCE COMMITTEE REVIEWED ST. VINCENT'S SERVICES' FORM 990 PRIOR TO FILING. AFTER THE COMMITTEE'S REVIEW, THE FORM 990 WAS PRESENTED TO THE FULL BOARD FOR REVIEW AND APPROVAL.

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

ST. VINCENT'S SERVICES' CONFLICT OF INTEREST POLICY REQUIRES BOARD MEMBERS, KEY STAFF AND MAJOR INDEPENDENT CONTRACTORS TO COMPLETE AN ANNUAL DISCLOSURE STATEMENT. THE AUDIT & FINANCE COMMITTEE OF THE BOARD REVIEWS EACH REPORTED POTENTIAL CONFLICT OF INTEREST AND REPORTS ITS

RECOMMENDATIONS TO THE FULL BOARD FOR APPROVAL. IF A CONFLICT OF INTEREST 432212 08-27-14

Name of the organization **Employer identification number** ST. VINCENT'S SERVICES INC. 11-1631823 ARISES, THE MATTER MAY BE REMEDIED VIA RECUSAL OR DISQUALIFICATION OF THE BOARD MEMBER. THIS SIMPLY MEANS THAT THE BOARD MEMBER DOES NOT PARTICIPATE IN THE MATTER THAT POSES THE CONFLICT OF INTEREST. IN THE EVENT OF A VIOLATION OF THE CONFLICT OF INTEREST POLICY, THE AGENCY RESERVES THE RIGHT TO IMMEDIATELY DISMISS THE EMPLOYEE OR BOARD MEMBER OF INTEREST. FORM 990, PART VI, SECTION B, LINE 15: THE ORGANIZATION HAS A COMPENSATION COMMITTEE TO DETERMINE COMPENSATION OF THE EXECUTIVE DIRECTOR . THE EXECUTIVE DIRECTOR SETS THE SALARY FOR KEY STAFF ALSO USING INDEPENDENT COMPENSATION SOURCES WITH OVERSIGHT BY THE THIS PROCESS TOOK PLACE IN 2014. BOARD. FORM 990, PART VI, SECTION C, LINE 19: ST. VINCENT'S SERVICES CONFLICT OF INTEREST POLICY, GOVERNING DOCUMENTS, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: GAIN ON BENEFICAL INTEREST IN PERPETUAL TRUST 32,341. FORM 990, PART XII, LINE 2C: THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

➤ Attach to Form 990.

►Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2014

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

ST. VINCENT'S SERVICES INC.

 $\begin{array}{c} \text{Employer identification number} \\ 11-1631823 \end{array}$

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	conti	g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
HEARTSHARE HUMAN SERVICES OF NEW YORK -							
11-1633549, 12 METRO TECH CENTER, 29TH	HUMAN SERVICES						
FLOOR, BROOKLYN, NY 11201	ORGANIZATION	NEW YORK	501(C)(3)	LINE 9	N/A		X
HEARTSHARE WELLNESS, LTD 11-3538646					HEARTSHARE HUMAN		
177 LIVINGSTON ST, LOWER LEVEL	AMBULATORY CARE MEDICAL				SERVICES OF NEW		
BROOKLYN, NY 11201	CLINIC	NEW YORK	501(C)(3)	LINE 9	YORK		X
HEARTSHARE EDUCATION CENTER - 90-0452757					HEARTSHARE HUMAN		
1825 BATH AVENUE	SCHOOL FOR AUTISTIC				SERVICES OF NEW		
BROOKLYN, NY 11214	CHILDREN	NEW YORK	501(C)(3)	LINE 2	YORK		Х
							1
							<u> </u>

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

Schedule R (Form 990) 2014

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag partne	or Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes I	lo
										Ш	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	tion b)(13) rolled city?
		F.3						

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b	Gift, grant, or capital contribution to related organization(s)				1b		<u> </u>
	Gift, grant, or capital contribution from related organization(s)				1c		X
	Loans or loan guarantees to or for related organization(s)				1d	Х	
	Loans or loan guarantees by related organization(s)				1e	Х	
	Dividends from related organization(s)				1f		X
g	Sale of assets to related organization(s)				1g		X
h	Purchase of assets from related organization(s)				1h		X
i	Exchange of assets with related organization(s)				1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X
	Lease of facilities, equipment, or other assets from related organization(s)				1k		X
	Performance of services or membership or fundraising solicitations for related organ				11		X
	Performance of services or membership or fundraising solicitations by related organ				1m	Х	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization				1n		X
0	Sharing of paid employees with related organization(s)				10	Х	
						37	
	Reimbursement paid to related organization(s) for expenses				1p	Х	
q	Reimbursement paid by related organization(s) for expenses				1q		X
							37
	Other transfer of cash or property to related organization(s)				1r		$\frac{x}{x}$
	Other transfer of cash or property from related organization(s)				1 s		
2	If the answer to any of the above is "Yes," see the instructions for information on wh	no must complete t	nis line, including covered i	relationships and transaction thresholds.			
	(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount inv	(alvad		
	Name of related organization	type (a-s)	Amount involved	Method of determining amount in	olveu		
		,, , ,					
(1)							
(- /							
(2)							
.,							
(3)							
(4)							
(5)							
(6)							
432163	08-14-14	54		Schedule I	R (Forn	n 990)	2014

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(e) Are a partners 501(c) orgs.)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners	S Sec.	Share of	Share of	Disp	ropor- nate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera	Percentag
of entity		(state or foreign	excluded from tax under	orgs.)(3) .?	total	end-of-year	alloca	itions?	of Schedule K-1	partne	ownership
		country)	sections 512-514)	Yes I		income	assets	Yes	No	(Form 1065)	Yes N	10
	1											
	1											
				\vdash							\vdash	
	1											
	-											
	_											
				\sqcup					<u> </u>		$\sqcup \!\!\!\! \perp$	
	1											
	1											
	-											
				\vdash							\vdash	
	_											
	_											
	1											
	1											
	1											
				\vdash				\vdash	\vdash		\vdash	
	-											
	4											
	_											
				\sqcup							$\sqcup \!\!\! \perp$	
	1											
	1											
	1		1					_	_			000) 004

Asset No.	Description	Da Acqı	ite uired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	FURNITURE & FIXTURES												
2		VAR	IES	SL	.000	16	3,091,792.			3,091,792.	1,835,877.		432,903.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTUR						3,091,792.		0.	3,091,792.	1,835,877.	0.	432,903.
	OTHER												
3		VAR	IES	SL	.000	16	9,005,800.			9,005,800.	6,335,291.		865,235.
	* 990 PAGE 10 TOTAL OTHER						9,005,800.		0.	9,005,800.	6,335,291.	0.	865,235.
	* GRAND TOTAL 990 PAGE 10 DEPR						12,097,592.		0.	12,097,592.	8,171,168.	0.	1,298,138.