# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2018

OMB No. 1545-0047

Form 990 (2018)

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	Name	change				`						Jules	5)		ROOM	n/sun	le			-				
	Initial	return						ITER,										_	(718	) 42	2-3	235		
	Termi							e, country,	and ZIP	or forei	gn postal	code	)											
	Amen returr	n l			LYN,														G Gross receipts \$ 102,780,707					
	Applio pendi	cation ng	F Nam	e an	d addres	s of pri	ncipa	l officer:	W	ILLIA	AM R.	GU	JARI	NELL	0					his a gro ordinate:		rn for	Yes	X No
			12				CEN	ITER,	29TH	FLO	OR, E	BRO	OKLY	ZN, 1	IY I	112	01		H(b) Are	all subor	dinates ir	ncluded?	Yes	No
	Tax-ex	empt st	atus:	Χ	501(c)(	3)		501(c) (	) ┥	(ins	ert no.)		4947	'(a)(1) c	or		527		lf "	No," atta	ich a list	t. (see instru	ctions)	
J	Websi	te: 🕨	WWW.	HEZ	ARTSHA	ARE.	ORC	3											H(c) Gro	oup exem	nption n	umber 🕨		
<	Form	of organ	ization:	Х	Corpora	ation	1	rust	Associ	iation	Othe	er 🕨	•		1	L Yea	ar of for	matio	on: 193	14 <b>M</b>	State	of legal d	omicile:	NY
Pa	art I		nmary																					
	1	Briefly	/ descri	be t	he orgar	nizatio	on's i	mission (	or most	signific	cant acti	vities	: SE	E SC	HEL	DULI	ΕO							
e																								
Activities & Governance																								
/eri	2	Check	this bo	x 🕨	▶ 🗌 i	f the d	orgar	nization										5%	of its ne	et asse	ts.			
ĝ	3	Numb	er of vo	oting	membe	ers of	the g	governing	g body (	Part VI	I, line 1a	)									3			25.
øð								nbers of													4			25.
ties	5							ed in cal													5		2	,336.
ť	6							e if neces													6			134.
Act	-					`		om Part V	,,												7a			0
								ome from													7b			0
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	•	Contri	hutiona	and	aronto	(Dort )	/111 1	ing (h)							_⊢		819,053.				),017			
iue	8													COP	r Foi	R				-				1,193
Revenue	9							ine 2g)					PUE		SPE	стю	м —		92,263,560.		9.	,014	227	
Re								nn (A), lin									┛┝─		E / E	55,24			601	2,826
	11							), lines 5																
	12							11 (mus					,	,					98,53			102	.,42/	7,263
		Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4)										501,000.					0							
	14																	0.			0 70,529,519.			
es								oyee ber										66,610,936.			70	1,529		
ens	16a	Profes	rofessional fundraising fees (Part IX, column (A), line 11e)										0.					0						
Expenses								column						,095	·									
								), lines 1											32,22	'		32,286,383.		
	18							iust equa											99,34			102		5,902
	19	Rever	nue less	s exp	penses.	Subtra	act lir	ne 18 fro	m line 1	12										)2,1				3,639
Net Assets or Fund Balances																		-	ning of C				d of Yea	
set	20	Total a	assets (	Part	X, line 1	16)													51,69					3,363
dBS	21	Total	liabilitie	s (P	art X, lin	e 26)													39,29					3,556
Fun	22							act line 2											12,40	)4,6	50.	11	.,074	1,807
Pa	ırt II	Sig	gnatur	e Bl	ock																			
Und	der per	nalties c	of perjur	/, I d	leclare th	at I ha	ve ex	amined th	his retur	n, inclu	ding acc	ompa	anying	schedu	les ar	nd sta	atement	is, ar	nd to the	e best o	of my l	knowledge	and b	elief, it is
true	e, corre	ct, and	complet	e. De	eclaration	or pre	parer	(other tha	in onicer	r) is basi	ed on all	inion	mation	or whic	in pre	eparei	r nas an	iy kni	owiedge.	•				
Sig			Signatu	re of	officer														D	ate				
le	re																							
			Type or	print	t name an	nd title																		
		Print/	Type pre	epare	er's name				Prepa	arer's sig	gnature				D	ate			Che	eck	if F	PTIN		
Paic		AARON SHAPIRO							self-employed P01333816															
	parer	Firm's	name		BKD,	LLF	>												Firm's E			01602		
Jse	Only			-				THE AME	RICAS	#1200 T	NEW YOR	K. N	TY 100	)36					Phone n			.867.		
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For Paperwork Reduction Act Notice, see the separate instructions.

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For	m 990 (2018)					Page <b>2</b>
P			vice Accomplishments			
_			ns a response or note to a	ny line in this Part III	<u></u>	X
1	Briefly describe the org ATTACHMENT 1		ssion:			
2	Did the organization u	indertake anv	significant program service	es during the vear w	which were not listed or	n the
						Yes X No
	If "Yes," describe these	e new services	on Schedule O.			
3			cting, or make significan			
						Yes X No
	If "Yes," describe these	•		a fam and a film of		and the second
4			n service accomplishment 1(c)(4) organizations are			
			y, for each program service		the allount of grants a	
			y,			
4a	(Code: ) (	Expenses \$	48,756,399. including gra	nts of \$	) (Revenue \$	52,056,656
	ATTACHMENT 2				) (1.0101.00 \$\$	
			in almalia a suc	rete of t	) (Deversue 🏟	
40			22,505,199. including gra	nts of \$	) (Revenue \$	26,986,410.)
	ATTACHMENT 3					
4c	(Code:) (	Expenses \$	14,027,219. including gra	nts of \$	) (Revenue \$	15,523,052.)
	ATTACHMENT 4					
_						
4d	Other program service	es (Describe in	Schedule O.)			
		3,172. includir		) (Revenue \$	1,048,075. <b>)</b>	
	Total program service	expenses 🕨	86,516,989.			
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Form 9	990 (2018)		F	Page 3	
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,"	4	Х		
2	complete Schedule A	1	X		
2	Did the organization required to complete <i>Schedule D</i> , <i>Schedule O Communications</i> (see instructions)?	2			
Ŭ	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		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		X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		Х	
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II				
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			Х	
9	<i>complete Schedule D, Part III</i> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	8			
9	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,				
	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			Х	
ام	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c			
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	Х		
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X		
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete				
	Schedule D, Parts XI and XII	12a	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	X		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		X	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,				
	fundraising, business, investment, and program service activities outside the United States, or aggregate	4.4%		Х	
15	foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> . Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b			
15	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 (see instructions)	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? <i>If "Yes," complete Schedule H</i>	20a		X	
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		Х	
		<u> </u>			

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Part	IV Checklist of Required Schedules (continued)			
			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	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	
24 a	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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	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?			37
	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			Х
07	disqualified persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	21		
20	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	200		
	Schedule L, Part IV	28b	Х	
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	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	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			v
20	controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	20		Х
37	related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		<u></u>
51	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	51		
55	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V.			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0.			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
JSA		Form	990	(2018)

Form	n 990 (2018) Page <b>5</b>											
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)											
			Yes	No								
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax											
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 2,336											
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х									
	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 unrelated business gross income of \$1,000 or more during the year?	3a		Х								
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b										
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, securities account, or other financial account)?	4a		X								
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?	5a		Х								
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х								
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c										
6a	a 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		Х								
b	b If "Yes," did the organization include with every solicitation an express statement that such contributions or											
	gifts were not tax deductible?	6b										
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 payor?	7a	X									
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х									
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was											
	required to file Form 8282?	7c		X								
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e		Х								
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?											
f	<ul> <li>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</li> <li>g If the organization received a contribution of gualified intellectual property, did the organization file Form 8899 as required?</li> </ul>											
g												
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.											
8												
_	sponsoring organization have excess business holdings at any time during the year?											
9	Sponsoring organizations maintaining donor advised funds.	0										
	Did the sponsoring organization make any taxable distributions under section 4966?	9a										
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b										
10	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 10b											
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders											
U	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)											
120	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a										
	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.											
	Is the organization licensed to issue qualified health plans in more than one state?	13a										
a	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.											
h	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											
с	Enter the amount of reserves on hand											
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X								
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b										
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or											
-	excess parachute payment(s) during the year?	15		Х								
	If "Yes," see instructions and file Form 4720, Schedule N.											
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х								
	If "Yes," complete Form 4720, Schedule O.											

Form **990** (2018)

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#### HEARTSHARE HUMAN SERVICES OF NEW YORK

Part VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "I	√o″
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruction	
	Check if Schedule O contains a response or note to any line in this Part VI	Х

Sect	ion 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	1							
	if the governing body delegated broad authority to an executive committee or similar								
b	committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent <b>1b</b> 25								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1							
-	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									
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			v					
Conti	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9 Codo		X					
Sect	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.) Yes	No					
		10a	100	X					
	Did the organization have local chapters, branches, or affiliates?	TUa							
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b							
44.0	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	X						
-	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	114							
b 120	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	Х						
12a	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give								
b	rise to conflicts?	12b	Х						
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"								
Ū	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		Х					
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							
Secti	ion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ▶								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	(Sec	tion 5	01(c)					

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 financial 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 BLANCA 12 METROTECH CENTER, 29TH FLOOR BROOKLYN, NY 11201 718-422-3301

JSA

Page 7

Part VII	Compensation	of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Co	ontra	actors								
	Check if Schedule	e O d	contains a r	esponse or n	ote to any line	e in this	s Part VII				X
Section A.	Officers. Director	s. T	rustees. Ke	ev Emplovee	s. and Highe	st Con	pensated Emp	lovees			

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

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

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

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

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

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

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

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

					C)					
(A)	(B) Position Average (do not check more than one					. then a		(D)	(E)	(F)
Name and Title	Average					is both		Reportable compensation	Reportable compensation from	Estimated amount of
	hours per week (list any							from	related	other
	hours for related organizations below dotted line)	Indivi or dir	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)PAUL J. TORRE	1.00									
CHAIRPERSON	0.	x		Х				0.	0.	0.
(2)ROBERT CHARLES GOLDEN	.50									
FIRST VICE CHAIRPERSON	0.	X		Х				0.	0.	0.
(3)ARLEEN BAEZ	.50									
VICE CHAIRPERSON	0.	x		Х				0.	0.	0.
(4)MICHAEL J. ABATEMARCO	2.00									
TREASURER	.50	X		Х				0.	0.	0.
(5) SALVATORE B. CALABRESE	.50									
SECRETARY	0.	Х		Х				0.	0.	0.
(6) JOSEPH R. BENFANTE, ESQ.	.50									
BOARD MEMBER	0.	Х						0.	0.	0.
(7) JOSEPH A. CARUANA, DO	.50									
BOARD MEMBER	3.00	X						0.	0.	0.
(8)ANGELO J. DEL GIUDICE	.50									
BOARD MEMBER	0.	X						0.	0.	0.
(9)CRAIG A. EATON, ESQ.	.50									
BOARD MEMBER	.50	X						0.	0.	0.
(10)REV. PATRICK S. FLANAGAN, CM	.50									
BOARD MEMBER	0.	X						0.	0.	0.
(11) <sup>MARK</sup> C. HEALY	.50									
BOARD MEMBER	0.	X						0.	0.	0.
(12)CHRISTOPHER G. JONES	.50	-						_	_	_
BOARD MEMBER	.50	X						0.	0.	0.
(13)JIM KERR	.50							_	_	
BOARD MEMBER	0.	X						0.	0.	0.
(14) FRANK J. MARESCA	.50							2		_
BOARD MEMBER	0.	X						0.	0.	0.

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Form 990 (2018)

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week (list any hours for	box, office	unles	Pos heck ss pe	ition more rson	e than o is both or/trust	an	Reportable compensation from the	Reportable compensation fror related organizations	Estimated
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC	
) RAYMOND J. MOLLICA, DPM BOARD MEMBER	.50	x						0.	0	
5) TERRENCE K. MULLIN	.50	21						0.	0	•
BOARD MEMBER	0.	x						0.	0	
) KENNETH P. NOLAN, ESQ.	.50	21						0.	0	•
BOARD MEMBER	.50	x						0.	0	
B) REV. THOMAS G. PETTEI	.50	- 22							0	-
BOARD MEMBER	0.	x						0.	0	
) ANDREW T. PIEKARSKI	.50									-
BOARD MEMBER	0.	x						0.	0	
)) PETER E. PISAPIA, ESQ.	.50									-
BOARD MEMBER	0.	x						0.	0	
) DENNIS W. QUIRK	.50									
BOARD MEMBER	0.	x						0.	0	
2) ROSANNA SCOTTO	.50									
BOARD MEMBER	0.	X						0.	0	
B) CHRISTINE E. STREHLE	.50									
BOARD MEMBER	0.	x						0.	0	
) JOHNNY JOHNSON	.50									
BOARD MEMBER (THRU 11/2018)	0.	X						0.	0	
) MATTHEW LIPSKY	.50									
BOARD MEMBER	0.	Х						0.	0	
b Sub-total	-							0.	0	
c Total from continuation sheets to Part VII, S						• • •		2,181,378.	0	. 108,42
d Total (add lines 1b and 1c)								2,181,378.	0	. 108,42
Total number of individuals (including but not reportable compensation from the organization	limited to t		liste		bove	e) who	o re	ceived more than	\$100,000 of	
										Yes
Did the organization list any former offi	cer directo	or or	tru	ista	ے ا	kov o	mn	lovee or highest	compensated	
employee on line 1a? If "Yes," complete Sched										3
For any individual listed on line 1a, is the	sum of rep	ortab	ole c	com	pen	satior	n ar	nd other compens	sation from the	
organization and related organizations of										<b>4</b> X
organization and related organizations g		mpen	satio	on f	from	n anv	uni	related organizatio	on or individual	
individual	accrue co									5
individual			ieau	100						
<i>individual</i>			leau							
individual Did any person listed on line 1a receive of for services rendered to the organization? If "	<i>(es," comple</i>	te Sch	ende	ent o	cont	tracto				
<i>individual</i> . Did any person listed on line 1a receive of for services rendered to the organization? <i>If</i> " <b>action B. Independent Contractors</b> Complete this table for your five highest cor compensation from the organization. Report	<i>res," comple</i> npensated in compensati	te Sch	ende	ent o	cont	tracto			in the organizat	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 12

	000	(2040)	
FORM	990	(2018)	

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos heck ss pe	erson	e than of is both a or/truste Highest compensated	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation fro related organizations (W-2/1099-MISC	m ; co ;) o a	(F) Estimated amount of other mpensation from the rganization and related ganizations
		tee	ustee			ensated					
) PAUL CANTELLO	.50										
BOARD MEMBER	0.	X						0.	0	).	
) WILLIAM R. GUARINELLO	35.00	-		3.7				F00 000			00 50
PRESIDENT AND CEO	0.			Χ				592,283.	( C	).	28,58
ANTHONY BIANCA	35.00	-		37				252 410			
CHIEF FINANCIAL OFFICER	0.			Χ				353,410.		).	28,58
D) LINDA M. TEMPEL	35.00	-		v				260 504	-		2 00
EXECUTIVE DIRECTOR	0.			Χ				269,594.		).	3,00
) LYNETTE FERNANDEZ SENIOR VICE PRESIDENT	35.00	-				v		207 102			11 60
) GEORGE CINCOTTA	35.00		$\left  - \right $			X		207,193.		).	11,63
EXECUTIVE VP	35.00	-				x		203,761.		).	11 60
2) THERESA MALOT	35.00					A		203,701.			11,63
VICE PRESIDENT - FINANCE	0.	-				x		187,051.	r	).	3,00
) JOYCE LEVIN	35.00					17		107,051.			5,00
VICE PRESIDENT	0.	-				x		184,316.	r	).	3,00
) EVELYN ALVAREZ-RICHARDS	35.00							101,510.		•	5,00
EXECUTIVE VICE PRESIDENT	0.					x		183,770.	с	).	18,98
b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c) Total number of individuals (including but not	ection A	hose	liste				re	ceived more than	\$100,000 of		
Did the organization list any <b>former</b> offic employee on line 1a? <i>If "Yes," complete Schede</i>	er, directo		tru							3	Yes N
For any individual listed on line 1a, is the sorganization and related organizations grain individual.	eater than	\$15 • • •	50,0	00?	lf	"Yes	," ( •	complete Schedu	le J for such	4	X
for services rendered to the organization? If "Ye ection B. Independent Contractors										5	
Complete this table for your five highest com compensation from the organization. Report c year.											x
(A) Name and business add	lress							(B) Description of se	ervices	(Compe	

Par	t VII	Statement of Revenue					
		Check if Schedule O contains a respor	nse or note to ar	ny line in this Part V (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d f g	Federated campaigns       1a         Membership dues       1b         Fundraising events       1c         Related organizations       1d         Government grants (contributions)       1e         All other contributions, gifts, grants, and similar amounts not included above       1f         Noncash contributions included in lines 1a-1f: \$	705,670. 414,347. 38,568.				
	h	Total. Add lines 1a-1f	Business Code	1,120,017.			
Program Service Revenue	2a b c d e f	OPWDD NYC DEPT OF EDUCATION CLIENT FEES PRIVATE PAY CACFP All other program service revenue	621610 611710 624100 624100 624100	71,315,084. 15,120,938. 4,908,115. 3,867,941. 273,332. 128,783.	71,315,084. 15,120,938. 4,908,115. 3,867,941. 273,332. 128,783.		
	g 2	Total. Add lines 2a-2f		95,614,193.			
ā	3 4 5	Investment income (including divider and other similar amounts)	proceeds	227. 0. 0.			227.
	6a b c d	Gross rents		0.			
	7a b c	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss)	(ii) Other				
е	d 8a	Net gain or (loss)	· · · · · · · •	0.			
Other Revenue		events (not including \$705,670.         of contributions reported on line 1c).         See Part IV, line 18	353,444.				005.004
	с 9а	Net income or (loss) from fundraising events Gross income from gaming activities. See Part IV, line 19a		-206,924.			-206,924.
	b c	Less: direct expenses <b>b</b> Net income or (loss) from gaming activities	0.	0.			
	10a b	Gross sales of inventory, less returns and allowances a Less: cost of goods sold b					
		Net income or (loss) from sales of inventory Miscellaneous Revenue		0.			
		MANAGEMENT FEE	541610	5,490,358.			5,490,358.
	11a b	HEATING FUND	900099	201,750.			201,750.
	а 2	MISCELLANEOUS	900099	207,642.			207,642.
	d	All other revenue					
	e	Total. Add lines 11a-11d		5,899,750.			
	12	Total revenue. See instructions.		102,427,263.	95,614,193.		5,693,053.
JSA							Form <b>990</b> (2018)

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#### 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 (C) Management and (A) Total expenses (B) Program service (D) Fundraising Do not include amounts reported on lines 6b. 7b. 8b. 9b. and 10b of Part VIII. expenses general expenses expenses 1 Grants and other assistance to domestic organizations 0 and domestic governments. See Part IV, line 21 . . . 2 Grants and other assistance to domestic 0 individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign 0 individuals. See Part IV, lines 15 and 16 Ω 4 Benefits paid to or for members 5 Compensation of current officers, directors, 1,408,163. 307,567. 1,100,596 trustees, and key employees 6 Compensation not included above, to disgualified persons (as defined under section 4958(f)(1)) and 465,916 465,916 persons described in section 4958(c)(3)(B) 54,911,061. 47,331,458. 7,385,327. 194,276. 7 Other salaries and wages 8 Pension plan accruals and contributions (include 1,985,367. 1,664,912. 313,516 6,939. section 401(k) and 403(b) employer contributions) 1,027,321 26,951. 7,498,611. 6,444,339. 9 Other employee benefits 4,260,401. 3,567,869. 677,676. 14,856. Payroll taxes 10 11 Fees for services (non-employees): 442,460. 442,460 a Management 553,422 553,422 b Legal 636,059. 636,059 c Accounting 49,750. 49,750. d Lobbying 0 e Professional fundraising services. See Part IV, line 17. 0 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column 2,301,538. 1,824,010. 35,245. 442,283 (A) amount, list line 11g expenses on Schedule O.) 0 12 Advertising and promotion 4,980,321. 4,422,903. 548,919 8,499. 13 Office expenses 133,009. 133,009. 14 Information technology 0 Royalties 15 9,077,427. 8,047,960. 1,018,128 11,339. Occupancy 16 5,960,763. 5,911,411. 44,375 4,977. 17 Travel Payments of travel or entertainment expenses 18 0 for any federal, state, or local public officials 0 19 Conferences, conventions, and meetings 581,622. 559,356. 21,709. 557. Interest ..... 20 Payments to affiliates 0 21 2,639,684. 2,419,465. 218,355 1,864. 22 Depreciation, depletion, and amortization 1,592,141. 1,348,002. 241,137. 3,002. Insurance 23 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) aFOOD & CLOTHING 1,666,659. 1,627,156. 39,503. **h**MEDICAL SUPPLIES 491,202. 491,202. 226,756. cNYS FACILITY ASSESSMENT 226,756. dMISCELLANEOUS 953,570. 322,623. 492,357. 138,590. e All other expenses 102,815,902 86,516,989. 15,851,818 447,095. 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if

0

following SOP 98-2 (ASC 958-720)

Form 990 (2018)

Form	990	(201	8)
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For		HEARTSHARE HUMAN SERVICES OF NEW YC		<b>T T</b>	L033549
	n 990 ( I <b>rt X</b>	Balance Sheet			Page <b>11</b>
[ra		Check if Schedule O contains a response or note to any line in this P	Port X		
				•••	
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-hearing	3,262,864.	1	1,106,662.
	2	Cash - non-interest-bearing Savings and temporary cash investments	42,203.	2	72,321.
	3	Pledges and grants receivable, net	0.	3	0.
	4	Accounts receivable, net	14,510,880.	4	15,679,688.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
			0.	5	0.
	6	Complete 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	0.	6	0.
ets	-	organizations (see instructions). Complete Part II of Schedule L Notes and loans receivable, net	0.	7	0.
Assets	7		0.	8	0.
۷	8 9	Inventories for sale or use Prepaid expenses and deferred charges	1,062,967.	0 9	1,922,876.
	-	Land, buildings, and equipment: cost or	_,,.	3	_,,
	loa	other basis. Complete Part VI of Schedule D <b>10a</b> 58, 193, 922.			
	b	Less: accumulated depreciation	23,598,837.	10c	26,026,457.
	11	Investments - publicly traded securities		11	0.
	12	Investments - other securities. See Part IV, line 11	0.	12	0.
	13	Investments - program-related. See Part IV, line 11	0.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	9,219,129.	15	11,410,359.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	51,696,880.	16	56,218,363.
	17	Accounts payable and accrued expenses	6,837,955.	17	8,410,466.
	18	Grants payable	0.	18	0.
	19	Deferred revenue	0.	19	0.
	20	Tax-exempt bond liabilities	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
es	22	Loans and other payables to current and former officers, directors,			
iliti		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons. Complete Part II of Schedule L	0.	22	0.
_	23	Secured mortgages and notes payable to unrelated third parties	17,112,361.		19,521,870.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	15,341,914.		17 211 220
	20	of Schedule D	39,292,230.	25	17,211,220. 45,143,556.
s	26	Total liabilities. Add lines 17 through 25.Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34.	57,272,230.	26	43,143,330.
nce	27		11,866,691.	27	10,536,848.
ala	28	Unrestricted net assets Temporarily restricted net assets	537,959.	28	537,959.
ЧB	29	Permanently restricted net assets	0.	29	0.
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
ts c	30	Capital stock or trust principal, or current funds		30	
sse	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	12,404,650.	33	11,074,807.
_	34	Total liabilities and net assets/fund balances	51,696,880.	34	56,218,363.
					Form <b>990</b> (2018

Form 990 (2018)

]	HEARTSHARE	HUMAN	SERVICES	OF	NEW	YORK

Form 99	90 (2018)			Pa	ge <b>12</b>
Part					
	Check if Schedule O contains a response or note to any line in this Part XI.	<u></u>			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	102,4		
2	Total expenses (must equal Part IX, column (A), line 25)	2	102,8		
3	Revenue less expenses. Subtract line 2 from line 1	3		88,6	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	12,4	04,6	
5	Net unrealized gains (losses) on investments	5			0.
6	Donated services and use of facilities	6			0.
7	Investment expenses	7			0.
8	Prior period adjustments	8	-1,0		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		84,8	368.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	<u>33,</u> column (B))	10	11,0	74,8	307.
Part					
	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," e	xplain in			
	Schedule O.				
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 con	npiled 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	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted on a			
	separate 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 audit, review, or compilation of its financial statements and selection of an independent acc	ountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, e	xplain in			
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t 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 und				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.	3b		
			Form	990	(2018)

SCHE	EDU	LE A	
/=	~~~		

SCHEDULE A (Form 990 or 990-EZ) 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.

OMB No. 1545-0047 20 8

Intern	rtment of the Treasury nal Revenue Service		-	v/Form990 for instruction			information.	Open to Public Inspection	
Name	e of the organization						Employer identif	ication number	
HEA	ARTSHARE HUMAN	N SERVICE	S OF NEW YORF	ζ			11-16335	49	
Par	rt I Reason for	Public Cha	arity Status (All o	organizations must o	complet	e this pa	art.) See instructions	).	
The	organization is not	a private fou	indation because it	t is: (For lines 1 throug	gh 12, ch	neck only	one box.)		
1				tion of churches desc					
2				. (Attach Schedule E	-				
3				rganization described					
4		-	-	conjunction with a hose	spital de	scribed ir	n section 170(b)(1)(A)	(iii). Enter the	
_	hospital's nam								
5		-	for the benefit of Complete Part II.)	a college or universit	y owned	d or ope	erated by a governme	ental unit described in	
6	A federal, stat	e, or local go	overnment or gove	rnmental unit describe	d in <b>sect</b>	ion 170(	b)(1)(A)(v).		
7	•				pport fr	om a go	vernmental unit or fro	om the general public	
			<b>)(1)(A)(vi).</b> (Compl						
8			-	o)(1)(A)(vi). (Complete					
9			-	ed in section 170(b)(1		-			
		r a non-land-	grant college of ag	griculture (see instruct	ions). E	nter the	name, city, and state o	f the college or	
	university:								
10	receipts from support from g acquired by th	An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See <b>section 509(a)(2)</b> . (Complete Part III.) An organization organized and operated exclusively to test for public safety. See <b>section 509(a)(4)</b> .							
11	·	•		•					
12		-		-	-			carry out the purposes	
								See section 509(a)(3).	
	Check the box	in lines 12a t	through 12d that d	escribes the type of s	upporting	g organiz	zation and complete li	nes 12e, 12f, and 12g.	
а	<b>Type I.</b> A su	pporting org	anization operated	l, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving	
		•	., .	regularly appoint or e		ajority of	the directors or truste	es of the	
		-	-	te Part IV, Sections A					
b			-	ed or controlled in co					
		-		organization vested in	the sam	e persor	ns that control or mar	age the supported	
			-	, Sections A and C.					
С				ng organization opera				lly integrated with,	
		-		ns). You must comple					
d		-		porting organization c	-				
			• •	nization generally mus			•	d an attentiveness	
-		(		omplete Part IV, Sect		,		U. T	
е		-		a written determinatio				п, туре п	
f				tionally integrated sup		organizai	lion.		
g				orted organization(s).				•••••	
	(i) Name of supported of	-	(ii) EIN	(iii) Type of organization	(iv) is the	organization	(v) Amount of monetary	(vi) Amount of	
	() Nume er supported e	gamzation		(described on lines 1-10	listed in yo	ur governing	support (see	other support (see	
				above (see instructions))	docu Yes	ment? No	instructions)	instructions)	
					103				
(A)									
(B)									
(C)									
(D)									
(E)									
Tota	al								

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) 🕨	<b>(a)</b> 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
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).						
6	Public support. Subtract line 5 from line 4						
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 8	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						
12	Gross receipts from related activities, etc. (s	see instructions) .				12	
13	First five years. If the Form 990 is f organization, check this box and stop here	<u></u>					
Sec	tion C. Computation of Public Sup	port Percenta	ge			1 1	
14	Public support percentage for 2018 (li		, ,			14	%
15	Public support percentage from 2017						%
16a	331/3% support test - 2018. If the or	-					
	box and <b>stop here.</b> The organization q			-			
b	331/3% support test - 2017. If the org						
	this box and stop here. The organization	-		-			
17a	10%-facts-and-circumstances test - 2		-				
	10% or more, and if the organization					-	
	Part VI how the organization meets t			•	•		
-	organization						
b	10%-facts-and-circumstances test - 2						
	15 is 10% or more, and if the orga						-
	Explain in Part VI how the organizati				-		
4.0	supported organization						
18	Private foundation. If the organization						
	instructions						<u> 🟲 📖</u>

Schedule A (Form 990 or 990-EZ) 2018

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#### Schedule A (Form 990 or 990-EZ) 2018

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

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

Calen	ion A. Public Support dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and membership fees						()
	received. (Do not include any "unusual grants.")	721,858.	791,219.	807,573.	819,053.	1,120,017.	4,259,720
	Gross receipts from admissions, merchandise	,		,		_,,	-,,
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose	85,290,586.	88,101,368.	93,893,933.	92,263,560.	95,614,193.	455,163,640
	Gross receipts from activities that are not an	,	,	,	,,,	,	
	unrelated trade or business under section 513						(
	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						(
	The value of services or facilities						
	furnished by a governmental unit to the						,
	organization without charge						(
	Total. Add lines 1 through 5	86,012,444.	88,892,587.	94,701,506.	93,082,613.	96,734,210.	459,423,360
	Amounts included on lines 1, 2, and 3						
	Amounts included on lines 2 and 3					158,410.	158,410
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						C
С	Add lines 7a and 7b.					158,410.	158,410
8	Public support. (Subtract line 7c from						
	line 6.)						459,264,950
	ion B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6	86,012,444.	88,892,587.	94,701,506.	93,082,613.	96,734,210.	459,423,360
	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties, and income from similar						
	sources	38,639.	2,534.	957.	1,266.	227.	43,623
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						C
с	Add lines 10a and 10b	38,639.	2,534.	957.	1,266.	227.	43,623
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						C
	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.) ATCH 1	6,104,670.	7,789,874.	5,585,346.	5,662,700.	5,899,750.	31,042,340
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	92,155,753.	96,684,995.	100,287,809.	98,746,579.	102,634,187.	490,509,323
		or the organizat	ion's first, secon	d, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
14	First five years. If the Form 990 is for						
	-	0					
	organization, check this box and stop here	· · · · · · · · · ·					
Sect	organization, check this box and stop here . ion C. Computation of Public Supp	port Percentaç	ge			1	93.63%
Sect	organization, check this box and stop here . ion C. Computation of Public Supp Public support percentage for 2018 (line 8,	column (f), divide	<b>je</b> ed by line 13, colun	nn (f))		. 15	,
Sect 15 16	organization, check this box and stop here . ion C. Computation of Public Supp Public support percentage for 2018 (line 8, Public support percentage from 2017 Sche	column (f), divide dule A, Part III, lin	<b>je</b> ed by line 13, colun e 15	nn (f))		1	14
Sect 15 16 Sect	organization, check this box and stop here . ion C. Computation of Public Supp Public support percentage for 2018 (line 8, Public support percentage from 2017 Sche ion D. Computation of Investment	column (f), divide dule A, Part III, line t <b>Income Perc</b>	<b>je</b> ed by line 13, colun e 15 entage	nn (f))		. 15 16	94.13%
Sect 15 16 Sect 17	organization, check this box and stop here . ion C. Computation of Public Supp Public support percentage for 2018 (line 8, Public support percentage from 2017 Sche ion D. Computation of Investment Investment income percentage for 2018 (line	column (f), divide dule A, Part III, lin <b>Income Perc</b> ne 10c, column (f	<b>je</b> d by line 13, colun e 15 <b>entage</b> ), divided by line 1	nn (f))		. 15 16 17	.01%
Sect 15 16 Sect 17 18	organization, check this box and stop here . ion C. Computation of Public Supp Public support percentage for 2018 (line 8, Public support percentage from 2017 Sche ion D. Computation of Investment Investment income percentage for 2018 (line Investment income percentage from 2017 Sche	column (f), divide dule A, Part III, line t <b>Income Perc</b> ne 10c, column (f Schedule A, Part I	<b>je</b> ed by line 13, colun e 15 entage ), divided by line 1 II, line 17	nn (f)) 3, column (f))		15 16 17 18	94.13% .01% .02%
Sect 15 16 Sect 17 18 19 a	organization, check this box and stop here . ion C. Computation of Public Supp Public support percentage for 2018 (line 8, Public support percentage from 2017 Sche ion D. Computation of Investment Investment income percentage for 2018 (lin Investment income percentage from 2017 S 331/3% support tests - 2018. If the org	column (f), divide dule A, Part III, lind t <b>Income Perc</b> the 10c, column (f Schedule A, Part I ganization did no	<b>ge</b> ed by line 13, colun e 15 <b>entage</b> ), divided by line 1 II, line 17 t check the box	nn (f)) 3, column (f)) on line 14, and	line 15 is more	15 16 17 18 2 than 331/3%, a	94.13%
Sect 15 16 Sect 17 18 19 a	organization, check this box and stop here. ion C. Computation of Public Supp Public support percentage for 2018 (line 8, Public support percentage from 2017 Sche ion D. Computation of Investment Investment income percentage for 2018 (lin Investment income percentage from 2017 S 331/3% support tests - 2018. If the org 17 is not more than 331/3%, check thi	column (f), divide dule A, Part III, lind t <b>Income Perc</b> the 10c, column (f Schedule A, Part I ganization did no s box and <b>stop</b>	ge ed by line 13, colun e 15 entage ), divided by line 1 II, line 17 t check the box here. The orga	3, column (f)) on line 14, and nization qualifies	line 15 is more as a publicly s	15           16           17           18           e than 331/3%, a           supported organization	94.13% .01% .02% and line zation.► X
Sect 15 16 Sect 17 18 19 a b	organization, check this box and stop here. ion C. Computation of Public Supp Public support percentage for 2018 (line 8, Public support percentage from 2017 Sche ion D. Computation of Investment Investment income percentage for 2018 (lin Investment income percentage for 2018 (lin 331/3% support tests - 2018. If the org 31/3% support tests - 2017. If the org	column (f), divide dule A, Part III, line t Income Perc ne 10c, column (f Schedule A, Part I ganization did no s box and stop nization did not o	ge d by line 13, colun e 15 entage ), divided by line 1 II, line 17 t check the box here. The orga check a box on li	an (f)) 3, column (f)) on line 14, and nization qualifies ne 14 or line 19:	line 15 is more as a publicly a, and line 16 is	15       16       17       18       2 than 331/3 %, a       supported organiz       more than 331/3	94.13% .01% .02% and line zation . ► X %, and
Sect 15 16 Sect 17 18 19 a b	organization, check this box and stop here. ion C. Computation of Public Supp Public support percentage for 2018 (line 8, Public support percentage from 2017 Sche ion D. Computation of Investment Investment income percentage for 2018 (lin Investment income percentage from 2017 S 331/3% support tests - 2018. If the org 17 is not more than 331/3%, check thi	column (f), divide dule A, Part III, line tincome Perc ne 10c, column (f Schedule A, Part I ganization did no s box and stop nization did not this box and stop	ge d by line 13, colun e 15 entage ), divided by line 1 II, line 17 t check the box here. The orga check a box on li pp here. The org	on line 14, and nization qualifies ne 14 or line 19 anization qualifie	line 15 is more as a publicly a, and line 16 is s as a publicly	15 16 17 18 2 than 331/3%, a supported organizmore than 331/3 supported organizmore than 331/3	zation . ► X 3 %, and zation ►

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### Part IV Supporting Organizations

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

## Section A. All Supporting Organizations

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

9c

10a

Schedul	e A (Form 990 or 990-EZ) 2018		F	Page <b>5</b>
Part I	V Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44.0		
h	below, the governing body of a supported organization? A family member of a person described in (a) above?	11a 11b		
	A 35% controlled entity of a person described in (a) above? If "Yes" to a, b, or c, provide detail in <b>Part VI.</b>	11c		
	on B. Type I Supporting Organizations	110		
			Yes	No
	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 <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Sectio	on C. Type II Supporting Organizations	_	I	
			Yes	No
	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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sectio	on D. All Type III Supporting Organizations			
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	Yes	No
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3		
Sectio	on E. Type III Functionally Integrated Supporting Organizations	-		
1 a b c	<ul> <li>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins</li> <li>The organization satisfied the Activities Test. Complete line 2 below.</li> <li>The organization is the parent of each of its supported organizations. Complete line 3 below.</li> <li>The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see</li> </ul>			
			Yes	
	Activities Test. <i>Answer (a) and (b) below.</i> 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? <i>If</i> "Yes," <i>then in Part VI identify</i> <i>those supported organizations and explain</i> 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		
	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? <i>If</i> "Yes," <i>explain in</i> <b>Part VI</b> 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		
а	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> 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? <i>Provide details in Part VI.</i>	3a		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b	000 E7	7) 2019
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Schedule A (Form 990 or 990-EZ) 2018		_	Page
Part V         Type III Non-Functionally Integrated 509(a)(3) Supporting Organ           1         Check here if the organization satisfied the Integral Part Test as a qualifying			in in Part VI) See
instructions. All other Type III non-functionally integrated supporting organized			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
<b>6</b> Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			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-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2018

Part Sect	V Type III Non-Functionally Integrated 509(a)(3) ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex			Guirent real
2	Amounts paid to perform activity that directly furthers exer		ed	
-	organizations, in excess of income from activity		cu	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	
4	Amounts paid to acquire exempt-use assets	ses of supported organi	Lations	
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	<b>Total annual distributions.</b> Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
•	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in <b>Part VI</b> . See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			

Page 8

#### Schedule A (Form 990 or 990-EZ) 2018

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

#### ATTACHMENT 1 SCHEDULE A, PART III - OTHER INCOME DESCRIPTION TOTAL 2014 2015 2016 2017 2018 MANAGEMENT FEES 5,812,000. 5,366,494. 5,215,742. 5,254,830. 5,490,358. 27,139,424. 191,700. 197,200. 210,000. 201,750. HEATING FUND 184,000. 984,650. MISCELLANEOUS 108,670. 2,231,680. 172,404. 197,870. 207,642. 2,918,266. TOTALS 6,104,670. 7,789,874. 5,899,750. 5,585,346. 5,662,700. 31,042,340.

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

OMB No. 1545-0047

2018

Name of the organization

HEARTSHARE HUMAN SERVICES OF NEW YORK

Employer identification number

11-1633549

Organization	type	(check	one):
--------------	------	--------	-------

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

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

#### General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, 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 (entering "N/A" in column (b) instead of the contributor name and address), 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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1 -		\$100,000.	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
2 -		\$51,250.	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 -		\$50,000.	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 -		\$40,000.	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
5		\$25,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6 _		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I Contr	ibutors (see instructions). Use duplicate copi	es of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$20,000.	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
8		\$18,029.	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		\$17,500.	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		\$17,000.	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
<u>    11                               </u>		\$16,385.	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
<u>   12                                 </u>		\$15,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	<b>Contributors</b> (see instructions). Use duplicate copie	s of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$15,000.	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
		\$15,000.	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
		\$14,000.	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		\$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
17		\$11,000.	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
18		\$10,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
10			
19			Person
		10.000	Payroll
		\$10,000.	Noncash
			(Complete Part II for
			noncash contributions.)
a)	(b)	(c)	(d)
0.	Name, address, and ZIP + 4	Total contributions	Type of contribution
20			Person
			Payroll
		\$10,000.	Noncash
		V	
			(Complete Part II for noncash contributions.)
a)	(b)	(c)	(d)
lo.	Name, address, and ZIP + 4	Total contributions	Type of contribution
21			Borcon X
			Ferson
		<b>\$</b> 9,700.	Payroll
		Ψ	Noncash
			(Complete Part II for noncash contributions.)
a)	(b)	(c)	(d)
0.	Name, address, and ZIP + 4	Total contributions	Type of contribution
22			Person
			Payroll
		\$9,700.	Noncash
		V	
			(Complete Part II for noncash contributions.)
a)	(b)	(c)	(d)
0.	Name, address, and ZIP + 4	Total contributions	Type of contribution
23			Person
			Payroll
		<b>\$</b> 9,500.	Noncash
		ψ	
			(Complete Part II for noncash contributions.)
a)	(b)	(c)	(d)
lo.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			Porson X
24			Ferson
24			Devrell
24		<b>¢</b> 9,025.	Payroll
24		\$9,025.	Noncash
24		\$9,025.	

(h)	(c)	(d)
Name, address, and ZIP + 4	Total contributions	Type of contribution
		v
		Person
		Payroll
	\$8,100.	Noncash
		(Complete Part II for
		noncash contributions.)
(b)	(c)	(d)
Name, address, and ZIP + 4	Total contributions	Type of contribution
		Person
		Payroll
	\$ 8,000.	Noncash
	/ *	(Complete Part II for
		noncash contributions.)
(b)	(c)	(d)
Name, address, and ZIP + 4	Total contributions	Type of contribution
		Person
		Payroll
	\$7,850.	Noncash
		(Complete Part II for
		noncash contributions.)
(b)	(c)	(d)
Name, address, and ZIP + 4	I otal contributions	Type of contribution
		Person
		Payroll
	\$ 7,750.	Noncash
	V	(Complete Part II for
		noncash contributions.)
	(C) Total contributions	(d) Type of contribution
	1	
		Person
		Person X Payroll
	\$7,500.	Feison
	\$7,500.	Payroll Noncash (Complete Part II for
	\$7,500.	Payroll Noncash
(b)	(c)	Payroll Noncash (Complete Part II for noncash contributions.) (d)
(b) Name, address, and ZIP + 4		Payroll Noncash (Complete Part II for noncash contributions.) (d)
	(c)	Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution
	(c)	Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person X
	(c) Total contributions	Payroll         Noncash         (Complete Part II for noncash contributions.)         (d)         Type of contribution         Person       X         Payroll       X
	(c) Total contributions	Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person
	(b) Name, address, and ZIP + 4 (b) Name, address, and ZIP + 4	Name, address, and ZIP + 4     Total contributions       (b)     \$

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(a)	(b)	(c)	(d)
No.	(D) Name, address, and ZIP + 4	(C) Total contributions	(a) Type of contribution
21			
31			Person
			Payroll
		<b>\$</b> 7,500.	Noncash
			(Complete Part II for
			noncash contributions.)
a)	(b)	(c)	(d)
0.	Name, address, and ZIP + 4	Total contributions	Type of contribution
32			Person
			Payroll
		<b>\$</b> 7,500.	Noncash
		\ *	(Complete Part II for
			noncash contributions.)
a)	(b)	(c)	(d)
lo.	Name, address, and ZIP + 4	Total contributions	Type of contribution
33			Person
			Payroll
		<b>\$</b> 7,500.	Noncash
			(Complete Part II for
			noncash contributions.)
a)	(b)	(c)	(d)
0.	Name, address, and ZIP + 4	Total contributions	Type of contribution
34			Person X
			Payroll
		<b>\$</b> 7,500.	Noncash
		♥	
			(Complete Part II for noncash contributions.)
a) Io.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35			Person X
			Payroll
		\$7,500.	Noncash
			(Complete Part II for
			noncash contributions.)
a)	(b)	(c)	(d)
0.	Name, address, and ZIP + 4	Total contributions	Type of contribution
36			Person
			Person Payroll
		<b>\$</b> 7,500.	Noncash
		Ψ	
			(Complete Devit II (
			(Complete Part II for noncash contributions.)

Part I Co	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
37		\$7,500.	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		
38		\$7,500.	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		
39		\$6,850.	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		\$6,750.	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		\$ 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		
<u>42</u>		\$5,600.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

art I Contri	butors (see instructions). Use duplicate cop	les of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$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
44		\$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
45		\$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
46		\$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
47		\$ 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
48		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	<b>Contributors</b> (see instructions). Use duplicate copie	es of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$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
		\$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
51		\$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
52		\$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
53		\$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
54		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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a)	(b)	(c)	(d)
lo.	Name, address, and ZIP + 4	Total contributions	Type of contribution
55			Person
			Payroll
		\$5,000.	Noncash
			(Complete Part II for
			noncash contributions.)
a)	(b)	(c)	(d)
0.	Name, address, and ZIP + 4	Total contributions	Type of contribution
56			Person
_			
		<b>\$</b> 5,000.	Payroll Noncash
		♥	(Complete Part II for
			noncash contributions.)
a)	(b)	(c)	(d)
0.	Name, address, and ZIP + 4	Total contributions	Type of contribution
57			Person
			Payroll
		<b>\$</b> 5,000.	Noncash
		¥	(Complete Part II for
			noncash contributions.)
a) 0.	(b)	(c) Total contributions	(d) Type of contribution
0.	Name, address, and ZIP + 4		
58			Person
			Payroll
		\$5,000.	Noncash
		\	(Complete Part II for
			noncash contributions.)
	(1-)	(0)	(4)
a) 0.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	. ,		
			Person
1			Payroll
		\$	Noncash
		T	
			(Complete Part II for
			(Complete Part II for noncash contributions.)
	(b)	(c)	noncash contributions.)
a)	(b) Name, address, and ZIP + 4		noncash contributions.)
		(c)	noncash contributions.) (d) Type of contribution
		(c)	noncash contributions.) (d) Type of contribution Person
		(c)	(d) Type of contribution Person Payroll
		(c) Total contributions	noncash contributions.) (d) Type of contribution Person

Name of organization HEARTSHARE HUMAN SERVICES OF NEW YORK

Employer identification number 11-1633549

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			
		\$				

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

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Schedule B (Form 990, 9	990-EZ, or 990-PF) (20	018)					Page	4
Name of organization	HEARTSHARE	HUMAN	SERVICES	OF	NEW	YORK	Employer identification number	_
							11-1633549	

Part III	<b>Exclusively</b> religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizati contributions of \$1,000 or less for the Use duplicate copies of Part III if addit	the year from any ions completing Pari e year. (Enter this in	one contributor. ( Ill, enter the total formation once. S	Complete columns (a) through (e) and of <i>exclusively</i> religious, charitable, etc.					
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held					
	(e) Transfer of gift								
	Transferee's name, address, ar	nd ZIP + 4	Relatio	nship 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) Transf	er of gift						
	Transferee's name, address, ar	nd ZIP + 4	Relatio	nship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held					
	(e) Transfer of gift								
	Transferee's name, address, ar	nd ZIP + 4	Relatio	nship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held					
	(e) Transfer of gift								
	Transferee's name, address, ar			nship of transferor to transferee					
JSA				Schedule B (Form 990, 990-EZ, or 990-PF) (2018)					

(Form 990 or 990-EZ)					ରଲ <b>1</b> 0
	For Organiz	ations Exempt From Income	e Tax Under section	501(c) and section 527	
Department of the Treasury Internal Revenue Service		he organization is described be o to www.irs.gov/Form990 for		o Form 990 or Form 990-E atest information.	Z. Open to Public Inspection
•	•	m 990, Part IV, line 3, or Form		6 (Political Campaign Activit	ies), then
	0 1	te Parts I-A and B. Do not complete (20)			
	·	c)(3)) organizations: Complete F	Parts I-A and C below. L	o not complete Part I-B.	
<ul> <li>Section 527 organiz</li> <li>If the organization answ</li> </ul>	•	nt I-A only. m 990, Part IV, line 4, or Form	990-E7 Part VI line /7	(Lobhying Activitios) than	
•		ve filed Form 5768 (election un			
	0	ve NOT filed Form 5768 (election		•	•
()()	•	m 990, Part IV, line 5 (Proxy	( )	<i>,</i> ,	•
Tax) (see separate instru	•				
• Section 501(c)(4), (	b), or (6) organization	is: Complete Part III.		<b>E</b> mployer ider	diffection number
Name of organization					ntification number
HEARTSHARE HUMA			anotion E01(a) ar i	11-1633	
	-	zation is exempt under			
	0	zation's direct and indirect p	political campaign ac	ctivities in Part IV. (see in	structions for
	ical campaign act				
		ures (see instructions)			
		ign activities (see instruction zation is exempt under s			
1 Enter the amount	of any excise tax	incurred by the organizatio	n under section 495:	D ► ⊅	
		incurred by organization m on 4955 tax, did it file Form			
<b>b</b> If "Yes," describe					
		zation is exempt under	section 501(c), ex	cept section 501(c)(3)	).
	-	ed by the filing organization	· /·		-
activities				▶\$	
527 exempt fund	tion activities	nization's funds contributed		▶\$	
		es. Add lines 1 and 2. En			
4 Did the filing orga	nization file Form	1120-POL for this year?			Yes No
<ol><li>Enter the names,</li></ol>	addresses and er	mployer identification numb	er (EIN) of all section	on 527 political organiza	ations to which the filing
		each organization listed, en			
		ns received that were prom political action committee (I			
		·	, , , , , , , , , , , , , , , , , , , ,		
<b>(a)</b> Name		(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)			-		
(2)			_		
(3)			-		
(4)					
(5)					
(6)					
E D	n Act Nation and I	ha Instructions for Form 000 or	000 E7		C (Form 000 or 000 E7) 2019

# Political Campaign and Lobbying Activities

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

Schedule C (Form 990 or 990-EZ) 2018



SCHEDULE C

_	art II-A Complete if the organizati section 501(h)).	on is exempt under section 501(c)(3) and	filed Form 5768 (elec	tion under
Α		longs to an affiliated group (and list in Part IV e and share of excess lobbying expenditures).	ach affiliated group mem	per's name,
В	Check ► if the filing organization ch	ecked box A and "limited control" provisions app	oly.	
		oying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
	<ul> <li>Total lobbying expenditures to influence</li> <li>Total lobbying expenditures (add lines 1</li> <li>Other exempt purpose expenditures .</li> <li>Total exempt purpose expenditures (add lines 1)</li> </ul>	public opinion (grass roots lobbying) a legislative body (direct lobbying) a and 1b) d lines 1c and 1d) e amount from the following table in both		
	If the amount on line 1e, column (a) or (b) is	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e.		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$17,000,000	\$1,000,000.		
ç	Grassroots nontaxable amount (enter 2	5% of line 1f)		
ł	Subtract line 1g from line 1a. If zero or l	ess, enter -0-		
i	Subtract line 1f from line 1c. If zero or le	ess, enter -0-		
j	If there is an amount other than zero	on either line 1h or line 1i, did the organiza	tion file Form 4720	
	reporting section 4911 tax for this year?			Yes No
		4-Year Averaging Period Under Section 501(h)		

## (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period							
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	<b>(d)</b> 2018	<b>(e)</b> Total		
2a Lobbying nontaxable amount							
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))							
c Total lobbying expenditures							
d Grassroots nontaxable amount							
e Grassroots ceiling amount (150% of line 2d, column (e))							
f Grassroots lobbying expenditures							

Schedule C (Form 990 or 990-EZ) 2018

Page	3
i ago	•

Schedule C (Form 990 or 990-EZ) 2018								
Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768							
	(election under section 501(h)).							

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed				(b)	
	cription of the lobbying activity.	Yes	No	Amount	
1	During the year, did the filing organization attempt to influence foreign, national, state, or local				
	legislation, including any attempt to influence public opinion on a legislative matter or				
	referendum, through the use of:		37		
а	Volunteers?		X		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.		X		
с	Media advertisements?		Х		
d	Mailings to members, legislators, or the public?		Х		
е	Publications, or published or broadcast statements?		Х		
f	Grants to other organizations for lobbying purposes?		Х		
q	Direct contact with legislators, their staffs, government officials, or a legislative body?	v		49,750	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х		
i	Other activities?		Х		
i	Total. Add lines 1c through 1i			49,750	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
b	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
De	t III A Complete if the experimetion is even at under costion 504(c)(4) costion 504	()(=)			

Part III-A	501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?			

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of		
	political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
b	Carryover from last year.	2b	
	Total	-	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues.	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying		
	and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	
_			

# Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1

ON BEHALF OF HEARTSHARE HUMAN SERVICES, CAPALINO+COMPANY ENGAGED IN DIRECT

LOBBYING OF GOVERNMENT OFFICIALS RELATED TO REIMBURSEMENT FOR CITY

CONTRACTS. ADDITIONALLY, CAPALINO+COMPANY HAS ADVOCATED TO NEW YORK CITY

ELECTED OFFICIALS FOR PUBLIC SECTOR FUNDING FOR HEARTSHARE HUMAN SERVICES.

Schedule C (Form 990 or 990-EZ) 2018

Part IV Supplemental Information (continued)

1181360

Page 4

SCHEDULE D	
(Form 990)	

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

► Attach to Form 990.

Open to Public

2

OMB No. 1545-0047

Depa	artment of the Treasury		Attach to Form 990.	Open to Public
	nal Revenue Service	Go to www.irs.gov	/Form990 for instructions and the latest infor	mation. Inspection
Nam	e of the organization			Employer identification number
HE/	ARTSHARE HUMAN	I SERVICES OF NEW YORK		11-1633549
Pa	rt I Organiza	tions Maintaining Donor Adv	ised Funds or Other Similar Funds o	or Accounts.
-			"Yes" on Form 990, Part IV, line 6.	
		5	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at e	nd of year		
2		of contributions to (during year)		
3		of grants from (during year)		
3 4		it end of year		
<del>4</del> 5		-	advisors in writing that the assets held	t in donor advised
5	-		e organization's exclusive legal control?	
6	-		and donor advisors in writing that grant	
•			fit of the donor or donor advisor, or for	
Pa		tion Easements.		
10			"Yes" on Form 990, Part IV, line 7.	
1			e organization (check all that apply).	
		n of land for public use (e.g., rec		n of a historically important land area
		of natural habitat		n of a certified historic structure
		n of open space		
2			eld a qualified conservation contribution i	in the form of a conservation
-		ast day of the tax year.		Held at the End of the Tax Year
а				2a
b			s	2b
c	-		historic structure included in (a)	2c
d			c) acquired after 7/25/06, and not on a	
				2d
3			nsferred, released, extinguished, or termi	inated by the organization during the
	tax year 🕨			, , , , , , , , , , , , , , , , , , , ,
4	Number of states	where property subject to conse	ervation easement is located 🕨	
5	Does the organiz	ation have a written policy re	garding the periodic monitoring, inspec	ction, handling of
	violations, and enf	orcement of the conservation ea	sements it holds?	Yes 🛄 No
6	Staff and volunteer	hours devoted to monitoring, inspec	ting, handling of violations, and enforcing co	onservation easements during the year
	▶			
7	Amount of expens	es incurred in monitoring, inspec	ting, handling of violations, and enforcing	conservation easements during the year
	▶\$			
8			2(d) above satisfy the requirements of sec	
	and section 170(h)	)(4)(B)(ii)?		Yes 📖 No
9			conservation easements in its revenue ar	•
			of the footnote to the organization's finan	cial statements that describes the
_		ounting for conservation easeme		
Pa			of Art, Historical Treasures, or Othe	er Similar Assets.
		, and the second	"Yes" on Form 990, Part IV, line 8.	
1a	If the organization works of art, hist public service, pro	n elected, as permitted under S orical treasures, or other simil- vide, in Part XIII, the text of the f	FAS 116 (ASC 958), not to report in its ar assets held for public exhibition, ed potnote to its financial statements that de	revenue statement and balance sheet ucation, or research in furtherance of escribes these items.
b	works of art, hist		SFAS 116 (ASC 958), to report in its ar assets held for public exhibition, ed ing to these items:	
				▶\$
2			rt, historical treasures, or other similar	
	-		FAS 116 (ASC 958) relating to these iten	

	а	Revenue included or	n Form 990	), Part VIII, line	1	`	 	 			\$	
		Assets included in F										
For Paperwork Reduction Act Notice, see the Instructions for Form 990.							Sc	hedule D (Form 990) 201	8			
	~ ^											

Schee	dule D (Form 990) 2018											Р	age <b>2</b>
Ра	rt III Organizations Maintaini	ng Collection	ons of	Art, Histo	rical Tre	asures	s, or	Other	Similar A	ssets (a	continue		<u> </u>
3	Using the organization's acquisitio												of its
	collection items (check all that appl	y):											
а	Public exhibition			d	Loan	or excha	ange	progra	ms				
b	Scholarly research			е 🗌	Other								
с	Preservation for future gener	rations											
4	Provide a description of the organ XIII.	nization's col	lections	s and expla	ain how t	they fur	rther	the or	ganization's	s exemp	t purpos	e in	Part
5	During the year, did the organizatio	n solicit or re	eceive	donations c	of art. hist	orical tr	easu	res. or	other simila	ar			
	assets to be sold to raise funds rath									_	Yes		No
Ра	rt IV Escrow and Custodial A					0				L			
	Complete if the organiza			es" on For	m 990, F	Part IV,	line	9, or r	eported ar	n amour	nt on Fo	rm	
	990, Part X, line 21.												
1a	Is the organization an agent, truste	e, custodian	or oth	er intermed	liary for c	ontribut	tions	or othe	r assets not				
	included on Form 990, Part X?				-					_	X Yes		No
b	If "Yes," explain the arrangement in												
										Amount			
с	Beginning balance						1c				48	32,6	589.
d	Additions during the year						1d				1,27	7,7	43.
е	Distributions during the year						1e				1,15	9,7	97.
f	Ending balance						1f				60	0,6	535.
2a	Did the organization include an am						or cu	stodial	account liat	oility?	Yes	X	No
	If "Yes," explain the arrangement ir												1
	rt V Endowment Funds.												<u> </u>
	Complete if the organiza	tion answe	red "Ye	es" on For	m 990, F	Part IV,	line	10.					
		(a) Current	year	<b>(b)</b> Pric	or year	(c) Tw	o year	s back	(d) Three ye	ars back	(e) Four	years l	back
1a	Beginning of year balance												
b	Contributions												
c	Net investment earnings, gains,												
Ŭ	and losses												
d	Grants or scholarships												
	Other expenditures for facilities												
C	and programs												
f	Administrative expenses												
g	End of year balance												
2	Provide the estimated percentage	of the currer	t voar	and balanc	o (lino 1a	column	) (a))	hold as					
a	Board designated or quasi-endowm		it your	%	e (inte rg,	column	i (u))		-				
b	Permanent endowment	%		_									
с	Temporarily restricted endowment		%										
	The percentages on lines 2a, 2b, a		lequal	100%.									
3a	Are there endowment funds not in t				ation that	are hel	d and	d admir	nistered for t	the			
	organization by:											Yes	No
	(i) unrelated organizations										3a(i)		
	(ii) related organizations										3a(ii)		
b	If "Yes" on line 3a(ii), are the relate										3b		
4	Describe in Part XIII the intended u	0											
Pa	rt VI Land, Buildings, and Equ	lipment.											
	Complete if the organiza				1								
	Description of property	(a		r other basis stment)	(b) Cost	or other ba other)	asis		cumulated reciation	(c	<ol> <li>Book val</li> </ol>	ue	
1a	Land		,	7	``	L51,95	58.		-		6,15	51,9	58.
b	Buildings					303,25		14,8	32,248.		7,47		
c	Leasehold improvements					116,30			47,721.		6,96		
d	Equipment.					380,24			87,496.		1,99		
e	Other					142,15					3,44		
	I. Add lines 1a through 1e. (Column	(d) must ea	ual Fori	n 990. Part				c.)_			26,02		
		,		,	,	, , , .		/			-		

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 Page 3 Part VII **Investments - Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (c) Method of valuation: (b) Book value Cost or end-of-year market value (including name of security) (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Investments - Program Related. Part VIII Complete if the organization answered "Yes" on 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) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) DEBT SERVICE FUND 230,898. (2) SECURITY DEPOSITS 196,476. (3) DUE FROM ST VINCENTS SERVICES 9,779,895. (4) DUE FROM HEARTSHARE EDUCATION 1,053,090. (5) OTHER RECEIVABLES 150,000. (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) 11,410,359. Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25 1. (a) Description of liability (b) Book value (1) Federal income taxes 7,452,882. (2) DUE TO NEW YORK STATE (3) ALLOWANCE FOR POTENTIAL RATE ADJUST 3,698,375 (4) DUE TO DORMITORY OF THE STATE OF NY 108,663. (5) POSTRETIREMENT BENEFIT OBLIGATION 518,610 (6) OTHER CURRENT LIABILITIES 1,023,490 (7) DUE TO HEARTSHARE WELLNESS 3,317,230 (8) DEFERRED RENT 1,091,970 (9)17,211,220. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

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

Schedu	le D (Form 990) 2018		Page <b>4</b>
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	102,427,263.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1.	3	102,427,263.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
a h	Other (Describe in Part XIII.)	1	
b	Add lines 4a and 4b	4c	
с 5	Total revenue. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 12.</i> )	5	102,427,263.
Part		-	102/12/2031
Fart	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ur 11.	
1	Total expenses and losses per audited financial statements	1	102,815,902.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)	1	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	102,815,902.
-	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
4			
a			
b		4c	
с 5	Add lines <b>4a</b> and <b>4b</b>	5	102,815,902.
Provid	<b>XIII</b> Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa	art V, I	ne 4; Part X, line
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inforr IV, LINE 1B	nation	
MANY	OF THE INDIVIDUALS IN OUR RESIDENTIAL PROGRAMS HAVE BANK ACCOUNTS.		
HEAR	TSHARE SERVES AS THE CUSTODIAN OF THESE ACCOUNTS. THESE FUNDS ARE		
USED	FOR THEIR PERSONAL NEEDS NOT COVERED BY THE PROGRAM.		

SCHEDULE G	Supplemental	Information Re	garding	Fundra	ising or Gamir	ng Activities	OMB No. 1545-0047		
(Form 990 or 990-EZ)	Complete if t	2018							
Department of the Treasury	Attach to Form 990 or Form 990-EZ.								
Internal Revenue Service									
Name of the organization						Employer identificati	on number		
HEARTSHARE HUMAN	N SERVICES OF 1	NEW YORK				11-1633549			
	ing Activities. Com				I "Yes" on Form	990, Part IV, line	17.		
	0-EZ filers are not	· · ·							
1 Indicate whether	the organization rais	sed funds through a	any of the	following	activities. Check a	all that apply.			
a Mail solicita	tions	е	Solic	itation of	non-government g	grants			
b Internet and	email solicitations	f	Solic	itation of	government grant	S			
c Phone solici	tations	g	Spec	cial fundra	ising events				
d 🔄 In-person so	olicitations								
2a Did the organiza									
	s listed in Form 990	· · ·				•	Yes No		
	10 highest paid indi		(fundraise	rs) pursua	ant to agreements	under which the	fundraiser is to be		
compensated at	least \$5,000 by the	organization.							
			1						
	and a finally false of		(iii) Did fun	draiser have		(v) Amount paid to (or retained by)	(vi) Amount paid to		
<b>(i)</b> Name and addr or entity (fu		(ii) Activity		or control of	(iv) Gross receipts from activity	fundraiser listed in	(or retained by)		
	,		contrib	outions?		col. (i)	organization		
			Yes	No					
1									
2									
3									
. <u> </u>									
4									
5									
6									
7									
1									
Q									
0									
9									
5									
10									
			1						
Total									
3 List all states in	which the organiza	tion is registered o	r licensec	to solicit	contributions or	has been notified	l it is exempt from		
registration or lic		uon is registered o				nas been nouned			
registration of he	5								

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. JSA 8E1281 1.000 0803NT V01B 4/27/2020 2:32:49 PM V 18-8.3F 1181360 Schedule G (Form 990 or 990-EZ) 2018

# Schedule G (Form 990 or 990-EZ) 2018

Page **2** Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List Part II events with gross receipts greater than \$5,000.

		events with gross receipts gre	eater than \$5,000.			
			<b>(a)</b> Event #1 SPRING GALA	(b) Event #2 GOLF CLASSIC	(c) Other events 2.	(d) Total events (add col. (a) through
Ø			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	619,080.	81,505.	151,605.	852,190.
R	2	Less: Contributions Gross income (line 1 minus	504,020.	54,005.	147,645.	705,670.
	5	line 2)	115,060.	27,500.	3,960.	146,520.
	4	Cash prizes				
(0	5	Noncash prizes				
<b>Direct Expenses</b>	6	Rent/facility costs	16,311.	33,284.	3,444.	53,039.
ct Exp	7	Food and beverages	146,799.	1,520.	169.	148,488.
Dired	8	Entertainment			5,845.	5,845.
	9	Other direct expenses	56,074.	8,628.	81,370.	146,072.
	10 11	Direct expense summary. Add lin Net income summary. Subtract li	es 4 through 9 in colu ne 10 from line 3. colu	mn (d) umn (d)		353,444.
Pa	irt I		anization answered "			reported more than
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
lirect [	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes%  No	Yes%	
	7	Direct expense summary. Add lin	es 2 through 5 in colu	mn (d)		
	8	Net gaming income summary. Su	ubtract line 7 from line	1, column (d)		
9 a	a	Enter the state(s) in which the organization licensed to con If "No," explain:	duct gaming activities	in each of these state		. Yes No
10a I		Were any of the organization's gaming If "Yes," explain:	g licenses revoked, sus		• • • •	Yes No
					Schedule G	G (Form 990 or 990-EZ) 2018

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JSA

HEARTSHARE	HUMAN	SERVICES	OF	NEW	YORK

Sched	lule G (Form 990 or 990-EZ) 2018	Page <b>3</b>
11	Does the organization conduct gaming activities with nonmembers?	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?	No
13	Indicate the percentage of gaming activity conducted in:	
а	The organization's facility 13a	%
b	An outside facility	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and	
	records:	
	Name	
	Address ►	
15 a	Does the organization have a contract with a third party from whom the organization receives gaming	
	revenue?	No
b	If "Yes," enter the amount of gaming revenue received by the organization $\blacktriangleright$	
	amount of gaming revenue retained by the third party $\blacktriangleright$ \$	
С	If "Yes," enter name and address of the third party:	
	Name	
	Address	
16	Gaming manager information:	
10		
	Name	
	Gaming manager compensation ▶ \$	
	Description of services provided	
	Director/officer Employee Independent contractor	
17	Mandatory distributions:	
а		
	retain the state gaming license?	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 <b>&gt;</b> \$	
Part		
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information	
	(see instructions).	

Schedule G (Form 990 or 990-EZ) 2018

(Forr	(Form 990) 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.						MB No. 1545-0047 <b>2018</b> Open to Public Inspection		
_	of the organization		0010		Employer identificat				
	0	MAN SERVICES OF NEW YORK			11-163354				
Part		is Regarding Compensation			11 10000				
T art	Quoonon						Yes	No	
	990, Part VII, First-cla Travel fo Tax inde Discretion	propriate box(es) if the organization pro Section A, line 1a. Complete Part III to ss or charter travel or companions emnification and gross-up payments onary spending account boxes on line 1a are checked, did th ment or provision of all of the ex anization require substantiation prior		ide any relevant information regarding Housing allowance or residence for Payments for business use of perso Health or social club dues or initiati Personal services (such as maid, ch rganization follow a written policy ro ses described above? If "No," con	g these items. personal use inal residence on fees auffeur, chef) egarding payme inplete Part III t	nt o 1b			
2	-								
		stees, and officers, including the CEC			s checked on in	2			
3	Indicate which organization's related organ X Comper X Indepen X Form 99	n, if any, of the following the filing organ c CEO/Executive Director. Check all the ization to establish compensation of th isation committee dent compensation consultant 00 of other organizations	nizati at ap e CE X X X X	ion used to establish the compensati oply. Do not check any boxes for metho EO/Executive Director, but explain in P Written employment contract Compensation survey or study Approval by the board or compensation	ods used by a art III. ation committee				
4		ar, did any person listed on Form 990,	Part	t VII, Section A, line 1a, with respect t	o the filing				
a b c	Receive a sev Participate in Participate in	or a related organization: verance payment or change-of-control p , or receive payment from, a suppleme , or receive payment from, an equity-ba y of lines 4a-c, list the persons and p	ental ased	nonqualified retirement plan?		4b		X X X	
5	For persons I	<b>501(c)(3), 501(c)(4), and 501(c)(29)</b> or isted on Form 990, Part VII, Section A, n contingent on the revenues of:	-		any				
		ion?						X	
b	•	rganization?				5b		X	
6	For persons li compensatior	e 5a or 5b, describe in Part III. isted on Form 990, Part VII, Section A, n contingent on the net earnings of:			-				
а		ion?						X	
b	•	rganization?	•••			6b		X	
7	For persons	e 6a or 6b, describe in Part III. listed on Form 990, Part VII, Sectio					v		
8	Were any am	described on lines 5 and 6? If "Yes," d ounts reported on Form 990, Part VII, contract exception described in 1	paid	or accrued pursuant to a contract th	at was subject		X		
			-					X	
9	If "Yes" on I	ine 8, did the organization also fol ection 53.4958-6(c)?	low	the rebuttable presumption proceed	lure described	n			

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

Schedule J (Form 990) 2018

11-1633549

Page 2

#### Schedule J (Form 990) 2018

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 on 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 aren't 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 Thee (i) base (ii) bonus & incentive (iii) Other (iiii) Other (iii) Other (iii) Other (ii			(B) Breakdown o	f W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
PPERIODET AND CAO         0	(A) Name and Title				reportable		benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
1         ANTHONY BLANCA         (0)         328,410.         25,000.         0.         3,000.         25,587.         381,997.           2         Construction         (0)         0.		(i)	458,295.	125,000.	8,988.	3,000.	25,587.	620,870.	
2 CHEF FINANCIAL OFFICER         0 <td>1 PRESIDENT AND CEO</td> <td>(ii)</td> <td>0.</td> <td>0.</td> <td>0.</td> <td>0.</td> <td>0.</td> <td>0.</td> <td></td>	1 PRESIDENT AND CEO	(ii)	0.	0.	0.	0.	0.	0.	
LINDA M. TEMPEL         0         244,594.         25,000.         0.         3,000.         0.         272,594.           3'XECUTUR DIRECTOR         0         0.		(i)	328,410.	25,000.		3,000.	25,587.	381,997.	
3EXECUTIVE DIRECTOR         00         0.         0.         0.         0.         0.         0.         0.           LINETTE FERNANDEZ         00         207,193.         0.         0.         3,000.         8,634.         218,827.           desting (UC) FRESIDENT         00         0.         0.         0.         0.         0.         0.         0.           GEORGE CINCOTTA         0         203,761.         0.         0.         0.         0.         0.         0.           5/EXECUTIVE VP         00         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.           5/EXECUTIVE VP         00         187,051.         0.         0.         3,000.         0.         190,051.           VICE PRESIDENT - PINANCE         00         0.         0.         0.         0.         0.         0.         0.           VICE PRESIDENT - PINANCE         00         0.         0.         0.         0.         0.         0.         0.           VICE PRESIDENT         00         0.         0.         0.         0.         0.         0.         0.         0.           60 <td>2<sup>CHIEF FINANCIAL OFFICER</sup></td> <td>(ii)</td> <td></td> <td></td> <td>0.</td> <td></td> <td>0.</td> <td></td> <td></td>	2 <sup>CHIEF FINANCIAL OFFICER</sup>	(ii)			0.		0.		
LYNETTE FERNANDEZ         0         207,193.         0.         0.         3,000.         8,634.         218,827.           #SKNOR VICE PRESIDENT         00         0.	LINDA M. TEMPEL	(i)							
d <sup>RENIOR VICE PRESIDENT</sup> 0         0 <td></td> <td>(ii)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		(ii)							
GEORGE CINCOTTA         0         203,761.         0.         3,000.         8,634.         215,395.           SEXECUTIVE VP         00         0.         0		(i)	207,193.				8,634.	218,827.	
SERECUTIVE VP         0         <		(ii)							
THERESA MALOT         0         187,051.         0.         0.         3,000.         0.         190,051.           6'/CC PRESIDENT         0         154,316.         30,000.         0.         0.         0.         0.           JOYCE LEVIN         0         154,316.         30,000.         0.         3,000.         0.         187,316.           JOYCE RESIDENT         0         154,316.         30,000.         0.         3,000.         0.         187,316.           VICE PRESIDENT         0         173,520.         0.         10,250.         3,000.         15,983.         202,753.           8 <sup>EXECUTIVE VICE PRESIDENT</sup> 0         0.         0.         0.         0.         0.           9         00         0.         0.         0.         0.         0.         0.           10         0         0         0         0.         0.         0.         0.         0.           11         00         0         0         0.         0.         0.         0.         0.           12         00         0         0         0.         0.         0.         0.         0.         0.           13	GEORGE CINCOTTA	1 1	-			,	,		
eVICE PRESIDENT - FINANCE         0 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>									
JOYCE LEVIN         0         154,316.         30,000.         0.         3,000.         0.         187,316.           TUCE PRESIDENT         0         0. </td <td>THERESA MALOT</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	THERESA MALOT								
yUGE PRESIDENT         00         0.		-							
EVELYN ALVAREZ-RICHARDS         (i)         173,520.         0.         10,250.         3,000.         15,983.         202,753.           BEXECUTIVE VICE PRESIDENT         (i)         0.         0.         0.         0.         0.           9         (ii)         0.         0.         0.         0.         0.         0.           9         (ii)         0.         0.         0.         0.         0.         0.           10         (i)         0.         0.         0.         0.         0.         0.           11         (ii)         0.         0.         0.         0.         0.         0.           12         (i)         0.         0.         0.         0.         0.         0.           13         (i)         0.         0.         0.         0.         0.         0.           14         (i)         0.         0.         0.         0.         0.         0.           15.         (i)         0.         0.         0.         0.         0.         0.		1 1	-						
BEXECUTIVE VICE PRESIDENT         (i)         0. <th< td=""><td></td><td>1.7</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></th<>		1.7							
$\begin{array}{c c c c c c c c c c c c c c c c c c c $	EVELYN ALVAREZ-RICHARDS					3,000.	15,983.	202,753.	
9         (i) $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$	8		0.	0.	0.				
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(i)         Image: second		1 1							
14         (i)	13								
(i)									
15         (ii)									
	45	1 1							 
	_13	1.7							
	16								
	10	(II)						0.1	edule J (Form 990) 2018

JSA

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Page 3

# Schedule J (Form 990) 2018 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 J, PART I, LINE  $7\,$ 

THE BOARD, THROUGH A COMPENSATION COMMITTEE, ON AN ANNUAL BASIS

REVIEWS AND DOCUMENTS THE COMPENSATION AND PERFORMANCE OF THE

MANAGEMENT. THE BONUS IS BASED ON HOW MANAGEMENT HAS MET THE PREVIOUS

YEAR'S GOALS AND OBJECTIVES AND THE OVERALL PERFORMANCE OF THE

AGENCY.

JSA

Schedule J (Form 990) 2018

SCHE	DULE L		Tra	ansactio	ns	With	n Interes	sted	Persons		L	OME	3 No. 1	545-00	47
	990 or 990-EZ) ent of the Treasury	Con	nplete if the o	28b, or 28c,	, or Fe	orm 990	s" on Form 9 0-EZ, Part V, 990 or Form	line 38		26, 27, 2	28a,		20 pen To	18 Public	;
	Revenue Service		►Go to						a latest information.				specti		
Name of	the organization								E	Employer	identif	ication	numbe	er	
HEAR	ISHARE HUMA	N SEI	RVICES OF	NEW YORK	K					11-	1633	549			
Part I	Excess Be	nefit 1	Fransactions	(section 501	(c)(3	), secti	ion 501(c)(4	), and	501(c)(29) organ	izations	only).				
									25a or 25b, or Fo				line 4	0b.	
				(b) Relatio	nship	between	disqualified pers	on and						(d)	Corrected
1	(a) Name of disq	ualified p	person	(1)		organiz			(c) De	scription	of trans	action		Y	es No
(1)															
(2)															
(3)															
(4)															
(5)															
(6)															
2	Enter the amour	nt of ta	ax incurred b	y the organiz	zatior	n mana	igers or disq	ualifie	d persons during	the yea	ar				
												► \$ _			
<b>3</b> I	Enter the amoun	nt of ta	x, if any, on li	ne 2, above,	reim	bursed	by the orga	nizatio	on		🕨	►\$_			
Part I	Complete i	if the c	From Interest organization a orted an amo	answered "Ye	es" oi				ine 38a or Form 9	90, Parl	: IV, lir	ne 26;	or if t	he	
(-) ))				() 5 (			(-) Orisia	-1	(D.D.J. and J.J.	(-)  -				(3) 14/	
		(b) Relationship with organization	(c) Purpose of Ioan	1	oan to or m the	(e) Origin principal am		(f) Balance due	(g) in (	default?		proved	agree	ritten ment?	
			_		organ	nization?						comn	nittee?		
					То	From				Yes	No	Yes	No	Yes	No
(1)															
(2)															
(3)															
(4)															
(5)															
(6)															
(7)															
(8)															
(9)															
(10)															
Total									\$						
Part I			ance Benefit												
	Complete i	if the c	organization a	answered "Ye	es" oi	n Form	990, Part IV	, line 2	27.						
	ame of interested pe	erson		p between intere the organization		<b>c)</b> Amou	nt of assistance		(d) Type of assistance		(e)	) Purpo	se of as	sistance	е
(1)															
(2)															
(3)															
(4)															
(5)															
(6)															
(7)															
(8)															
(9)															
(10)															
For Pap	erwork Reductio	n Act I	Notice, see the	e Instructions	for Fo	orm 990	or 990-EZ.			Sche	dule L	. (Form	990 or	990-E2	Z) 2018

Page 2

# Schedule L (Form 990 or 990-EZ) 2018

# Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	naring of ization's nues?
				Yes	No
(1) JOSEPH B GUARINELLO	FAMILY MEMBER OF CEO	168,411.	EMPLOYMENT		x
(2) VINCENT PAGNOTTA	FAMILY MEMBER OF CEO	167,893.	EMPLOYMENT		X
(3) ALISON J MARINO	FAMILY MEMBER OF CEO	34,846.	EMPLOYMENT		X
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
0)					

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

# SCHEDULE M (Form 990)

# **Noncash Contributions**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No. 1545-0047

2018

Department of the Treasury Internal Revenue Service

Attach to Form 990.

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

Open to Public Inspection

Name of the organization

# HEARTSHARE HUMAN SERVICES OF NEW YORK

Employer identification number 11-1633549

Par	t I Types of Property							
		<b>(a)</b> Check if applicable	<b>(b)</b> Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash cont	<b>(d)</b> deterr ributior	mining n amo	g ounts
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts		126.	20 560				
25	Other (ATCH 1)		120.	38,568.				
26	Other ▶()							
27	Other ►()							
28	Other ►()							
29	Number of Forms 8283 received				29			
	which the organization completed I	-0111 8283,	Part IV, Donee Acknowledg	ement	23		Yes	No
302	During the year, did the organizat	ion receive	hy contribution any prope	rty reported in Part I line	s 1 through		100	110
504	28, that it must hold for at least t							
	to be used for exempt purposes for					30a		Х
b	If "Yes," describe the arrangement i							
31	Does the organization have a		ance policy that require	es the review of any i	nonstandard			
•••	contributions?			-		31	Х	
32a	Does the organization hire or use							
	contributions?	-	-			32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an	amount in c	olumn (c) for a type of pro	perty for which column (a)	is checked,			
	describe in Part II.							
For P	aperwork Reduction Act Notice, see the Inst	ructions for For	rm 990.		Schedule	M (For	rm 990	)) 2018

Page 2

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

PART I, COLUMN (B)

THIS NUMBER REPRESENTS THE TOTAL NUMBER OF CONTRIBUTIONS.

Page 2

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

ATTACHMENT 1

# SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
AUCTION/RAFFLE ITEMS	Х	126.	38,568.	FAIR MARKET VALUE
TOTALS	=	126.	38,568.	

# SCHEDULE O (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. ► Attach to Form 990 or 990-EZ.



Internal Revenue Service	s.gov/form990.	Inspection	
Name of the organization		Employer identif	ication number
HEARTSHARE HUMAN S	SERVICES OF NEW YORK	11-1633	549

FORM 990, PART I, LINE 1

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 4D

FAMILY SUPPORT SERVICES HELPED OVER 700 INDIVIDUALS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES (I/DD) AND THEIR FAMILIES. THE SERVICES INCLUDE RESPITE/RECREATION FOR FAMILIES CARING FOR CHILDREN AND ADULTS WITH I/DD, PSYCHOSOCIAL AND PSYCHOLOGICAL EVALUATIONS FOR CHILDREN WITH I/DD AND FINANCIAL GRANTS IMPROVING QUALITY OF LIFE FOR CHILDREN AND ADULTS WITH I/DD. ENERGY ASSISTANCE & COMMUNITY DEVELOPMENT PROGRAMS OFFERED UTILITY ASSISTANCE GRANTS TO OVER 19,000 LOW INCOME NEW YORKERS IN PARTNERSHIP WITH CON EDISON, NATIONAL GRID, NYSEG AND RG&E.

EXPENSES \$1,228,172

-0-

GRANTS

REVENUE \$1,048,075

FORM 990, PART VI, SECTION B, LINE 11B THE BOARD'S AUDIT AND FINANCE COMMITTEE REVIEWED HEARTSHARE'S FORM 990 PRIOR TO FILING. ANY COMMENTS ARISING FROM THE REVIEW WERE DISCUSSED AND IF REQUIRED, CHANGES WERE MADE. AFTER THE COMMITTEE'S REVIEW, THE FORM 990 WAS PRESENTED TO THE FULL BOARD FOR REVIEW AND APPROVAL.

Schedule O (Form 990 or 990-EZ) 2018					
Name of the organization	Employer identification number				
HEARTSHARE HUMAN SERVICES OF NEW YORK	11-1633549				

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 AND 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 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, COMPRISED OF INDEPENDENT MEMBERS, THROUGH A COMPENSATION COMMITTEE, ON AN ANNUAL BASIS REVIEWS AND DOCUMENTS THE PRESIDENT AND CEO'S PERFORMANCE AND COMPENSATION USING INDEPENDENT COMPENSATION SOURCES, INCLUDING SALARY SURVEYS, FORM 990'S OF COMPARABLE ORGANIZATIONS, AND INFORMATION PROVIDED BY AN INDEPENDENT COMPENSATION CONSULTANT. THE PRESIDENT AND CEO SET THE SALARY FOR KEY STAFF ALSO USING INDEPENDENT COMPENSATION SOURCES WITH OVERSIGHT BY THE BOARD. THIS PROCESS LAST OCCURRED IN 2019.

FORM 990, PART VI, SECTION C, LINE 19 HEARTSHARE'S CONFLICT OF INTEREST POLICY, GOVERNING DOCUMENTS, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

JSA

Schedule O	(Form	990 or	990-F7	) 2018

Name of the organization HEARTSHARE HUMAN SERVICES OF NEW YORK

FORM 990, PART XI, LINE 8

PRIOR PERIOD ADJUSTMENT:

AUDIT RESTATEMENT -1,026,072

FORM 990, PART XI, LINE 9

OTHER CHANGES IN NET ASSETS:

CHANGE IN UNFUNDED POST-RETIREMENT BENEFITS 84,868

FORM 990, PART XII, LINE 2C

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

FOUNDED IN 1914, HEARTSHARE HUMAN SERVICES NURTURES, SUPPORTS, EDUCATES AND EMPOWERS VULNERABLE NEW YORKERS THROUGH MORE THAN 100 PROGRAMS. THE VAST MAJORITY OF HEARTSHARE'S SERVICES SUPPORT OVER 4,000 INDIVIDUALS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES (1/DD) IN NEW YORK CITY TO LEAD MORE INDEPENDENT, MEANINGFUL AND FULFILLING LIVES. THIS IS ACCOMPLISHED THROUGH PRESCHOOL SPECIAL EDUCATION AND UPK FOR ALL PROGRAMS, ADULT DAY, PREVOCATIONAL AND EMPLOYMENT PROGRAMS, COMMUNITY HABILITATION, MEDICAID SERVICE COORDINATION, OVERNIGHT RESPITE, RESPITE RECREATION SERVICES, FAMILY SUPPORT SERVICES (CHILDREN'S EVALUATIONS, FAMILY REIMBURSEMENT AND FRAGILE X INFORMATION AND REFERRAL), AND SELF-DIRECTION BROKERAGE SERVICES. HEARTSHARE ALSO PROVIDES ENERGY ASSISTANCE GRANTS THAT ASSIST OVER 19,000 LOW-INCOME NEW YORKERS IN

Employer identification number

11-1633549

ATTACHMENT 1

1181360

JSA 8E1228 1.000

Schedule O (Form 990 or 990-EZ) 2018					
Name of the organization	Employer identification number				
HEARTSHARE HUMAN SERVICES OF NEW YORK	11-1633549				
<u>A:</u>	FTACHMENT 1 (CONT'D)				

# FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

61 OF NEW YORK STATE'S 62 COUNTIES. HEARTSHARE IS ACCREDITED BY THE COUNCIL ON ACCREDITATION OF SERVICES FOR CHILDREN AND FAMILIES AND IS A BETTER BUSINESS BUREAU ACCREDITED CHARITY. HEARTSHARE IS PROUD THAT 90% OF ALL REVENUE GOES DIRECTLY TO ITS PROGRAMS AND SERVICES.

ATTACHMENT 2

# FORM 990, PART III - PROGRAM SERVICE, LINE 4A

RESIDENTIAL SERVICES: HEARTSHARE PROVIDED RESIDENTIAL SERVICES TO 390 CHILDREN AND ADULTS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES (I/DD) THROUGH ITS 44 24-HOUR RESIDENCES AND 50 SUPPORTIVE AND ISS APARTMENTS IN BROOKLYN, QUEENS AND STATEN ISLAND. RESIDENTS ARE PROVIDED SUPPORT IN THE AREAS OF ACTIVITIES OF DAILY LIVING AS APPROPRIATE TO EACH PERSON, INCLUDING BATHING, SELF-CARE, COOKING, CLEANING, BUDGETING, ETC. THEY ATTEND SCHOOL (CHILDREN) OR ADULT DAY AND EMPLOYMENT PROGRAMS (ADULTS), OR ARE COMPETITIVELY EMPLOYED. RESIDENTS PARTICIPATE IN RECREATIONAL AND CULTURAL ACTIVITIES AND ENJOY BEING PART OF THEIR COMMUNITIES. HEARTSHARE PROVIDES LOVING CARE, ASSISTANCE, SUPPORT AND GUIDANCE AS NEEDED SO THAT INDIVIDUALS CAN LIVE AS INDEPENDENTLY AS POSSIBLE.

MEDICAID SERVICE COORDINATION (MSC) GUIDED 424 CHILDREN AND ADULTS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES TO REACH THEIR PERSONAL GOALS AND BRING THEM CLOSER TO A MORE INDEPENDENT LIFE. SELF-DIRECTION OR SUPPORT BROKER SERVICES HELPED 32 ADULTS WITH

1181360

JSA

Employer identification number 11-1633549

ATTACHMENT 2 (CONT'D)

INTELLECTUAL AND DEVELOPMENTAL DISABILITIES DESIGNATE CAREGIVERS AND SELECTED ADVISORS IN ORDER TO HAVE MORE CONTROL OVERTHEIR INDIVIDUALIZED MEDICAID FUNDED BUDGET AND IN TURN, ACHIEVE PERSON-CENTERED GOALS.

ATTACHMENT 3

### FORM 990, PART III - PROGRAM SERVICE, LINE 4B

ADULT DAY AND EMPLOYMENT PROGRAMS: HEARTSHARE'S DAY AND EMPLOYMENT PROGRAMS FOR ADULTS WITH I/DD ARE TAILORED TO MEET THE NEEDS, GOALSAND DESIRES OF INDIVIDUAL PROGRAM PARTICIPANTS. MORE THAN 680 INDIVIDUALS RECEIVED DAY HABILITATION SERVICES AND 118 INDIVIDUALS RECEIVED PREVOCATIONAL, PATHWAY TO EMPLOYMENT, ACCESS-VR, AND SUPPORTED EMPLOYMENT SERVICES THROUGH HEARTSHARE'S 17 SEPARATE PROGRAMS IN BROOKLYN, QUEENS AND STATEN ISLAND. DAY HABILITATION PROGRAMS FOCUS ON OFFERING COMMUNITY VOLUNTEER EXPERIENCES AND RECREATIONAL AND CULTURAL ACTIVITIES, ALONG WITH SITE-BASED TRAINING AND SUPPORTS. PREVOCATIONAL, PATHWAY, SEMP AND ACCESS-VR SERVICES PREPARE INDIVIDUALS FOR THE WORLD OF WORK AND ASSIST THEM IN OBTAINING AND MAINTAINING EMPLOYMENT.

ATTACHMENT 4

#### FORM 990, PART III - PROGRAM SERVICE, LINE 4C

EARLY CHILDHOOD SERVICES: HEARTSHARE'S EARLY CHILDHOOD SERVICES HELP CHILDREN WITH DEVELOPMENTAL DELAYS AND DISABILITIES BUILD A STRONG FOUNDATION FOR THEIR FUTURES. IN ADDITION TO EVALUATION

Schedule O (Form 990 or 990-EZ) 2018

Schedule O (Form 990 or 990-EZ) 2018	Pag
Name of the organization	Employer identification number
HEARTSHARE HUMAN SERVICES OF NEW YORK	11-1633549

ATTACHMENT 4 (CONT'D)

SERVICES AND PRE-SCHOOL PROGRAMS FOR CHILDREN WITH DEVELOPMENTAL DELAYS OR DISABILITIES, HEARTSHARE ALSO OFFERS PRE-K FOR ALL 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 AND ART THERAPY, RECREATIONAL ACTIVITIES, COMPUTERS IN THE CLASSROOMS, AND PARENT EDUCATION AND SUPPORT. MORE THAN 927 CHILDREN BENEFITTED FROM THESE SERVICES OFFERED AT FIVE LOCATIONS IN BROOKLYN AND QUEENS.

ATTACHMENT 5

# 990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
INTERAGENCY TRANSPORTATION SOLUTION 150 WEST 30TH STREET NEW YORK, NY 10001	TRANSPORTATION SVCS	4,779,060.
G-NET CONSTRUCTION 360 TARGEE STREET STATEN ISLAND, NY 10304	CONSTRUCTION	645,710.
TEMPOSITIONS HEALTHCARE, INC. 622 THIRD AVENUE 39TH FLOOR NEW YORK, NY 10017	STAFFING	469,592.
LOEB AND TROPER 655 THIRD AVENUE SUITE 1200 NEW YORK, NY 10017	ACCOUNTING/AUDITING	372,866.
BEACON THERAPY 1441 OLD NORTHERN BLVD ROSLYN, NY 11576	MEDICAL	358,157.

		HEARTSHARE HUMAN SERVICE	S OF NEW YORK			11-16	533549		
Name of the organization HEARTSHARE HUMAN SERVICES OF NEW YORK       Employer identification number 11-1633549         Part1       Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.         (a)       (b)       (c)	(Form 990) Department of the	► Complete if the organiz	-	20 Open to I	18 Public				
Part I       Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.         (a)       (b)       (c)       (							Employer ide		
(a)       (b)       (c)       (	HEARTSHAL	RE HUMAN SERVICES OF NEW YORK					11-16	33549	
Name, address, and EIN (if applicable) of disregarded entity         Primary activity         Legal domicile (state or foreign country)         Total income         End-dyear assets         Direct controlling entity           (1)	Part I	dentification of Disregarded Entities. Complete if th	e organization ans	wered "Yes" on I	- orm 990, Part l	V, line 33.			
(2)       Image: Constraint of the constrain					Legal domicile (state			Direct cor	ntrolling
(3)       (4)       (5)       (5)       (6)       (7)       (7)         (6)       (7)       (7)       (7)       (7)       (7)       (7)         (1)       ST VINCENT'S SERVICES, INC.       11-1631823       (6)       (6)       (7)       (7)       (7)         (1)       ST VINCENT'S SERVICES, INC.       11-1631823       (7)	(1)								
(4)       Image: second s	(2)								
(5)       (5)       (6)       (7)       (7)         (6)       (9)       (7)       (7)       (7)         (9)       (9)       (9)       (1)       Section 501(c)(3)       Direct controlling entity       Section 512(b)(13) controlled entity?         (1)       ST VINCENT'S SERVICES, INC.       11-1631823       (1)       Section 501(c)(3)       Direct controlling entity?       Section 512(b)(13) controlled entity?         (2)       HEARTSHARE WELLINESS, LTD.       11-3538646       CHILD SVCS       NY       501(C)(3)       LINE 10       HRTSHARE HS       X	(3)								
(6)       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)       (b)       (c)       (d)       (e)       (f)       Direct controlling entity       Section 512(b)(13) controlled entity?         (a)       (b)       (c)       Legal domicile (state or foreign country)       (f)       Direct controlling entity?       Section 512(b)(13) controlled entity?         (1)       ST VINCENT'S SERVICES, INC.       11-1631823       CHILD SVCS       NY       Sol1(C)(3)       LINE 10       HRTSHARE MELLNESS, LTD.       X         (2)       HEARTSHARE WELLNESS, LTD.       11-3538646       Sol1(C)(3)       LINE 10       HRTSHARE MS       X	(4)								
Constraint       Constraint <td>(5)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(5)								
Constraint       Constraint <td>(6)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(6)								
(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 501(c)(3))       (f) Direct controlling entity       Section 512(b)(13) controlled entity         (1) ST VINCENT'S SERVICES, INC.       11-1631823       CHILD SVCS       NY       501(C)(3)       LINE 10       HRTSHARE HS       X         (2) HEARTSHARE WELLNESS, LTD.       11-3538646       11-3538646       0       0       0       0	Part II	dentification of Related Tax-Exempt Organizations.	Complete if the or he tax year.	rganization answ	ered "Yes" on Fo	orm 990, Part IV,	line 34, because	it had	
(1)         ST VINCENT'S SERVICES, INC.         11-1631823           66         BOORLUM PLACE         BROOKLYN, NY 11201         CHILD SVCS         NY         501(C)(3)         LINE 10         HRTSHARE HS         X           (2)         HEARTSHARE WELLNESS, LTD.         11-3538646         Image: Child Structure         Imag				Legal domicile (stat	e Exempt Code section	Public charity status	Direct controlling	contr	olled
Image: Child Store     Image: Child Store       66 BOERUM PLACE     BROOKLYN, NY 11201       CHILD SVCS     NY       501(C)(3)     LINE 10       HRTSHARE WELLNESS, LTD.     11-3538646								Yes	No
	(1)	11 1051025	CHILD SVCS	NY	501(C)(3)	LINE 10	HRTSHARE HS	x	
	(2)	11 3330040							
	UESDEGUS		CLINIC	NY	501(C)(3)	LINE 10	HRTSHARE HS	X	
(3)     90-0432737       1825 BATH AVENUE     BROOKLYN, NY 11214       AUTISM SCHOOL     NY       501(C)(3)     LINE 2	(3) 1825 BAT	H AVENUE BROOKLYN, NY 11214	AUTISM SCHOOI	l NY	501(C)(3)	LINE 2	HRTSHARE HS	х	
(4)     NY     INTEGRATED     NETWORK FOR PEOPLE W/ DD     45-5528092       12     METROTECH CENTER     BROOKLYN, NY     11201     HEALTHCARE     NY     501(C)(3)     LINE 7     N/A     X	(4)	10 0010071	HEALTHCARE	NY	501(C)(3)	LINE 7	N/A		X
(5) MEANINGFUL NY INITIATIVES FOR PEOPLE 47-1554380 1 POERREPOINT PLAZA 12TH FLOOR BROOKLYN, NY 11201 HUMAN SVCS NY 501(C)(3) LINE 10 N/A X	(5)	-1-101-200	HUMAN SVCS	NY	501(C)(3)	LINE 10	N/A		X
(6)	(6)		-						

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

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Schedule R (Form 990) 2018

# 11-1633549

Schedule R (Form 990) 2018												Page <b>2</b>		
Part III Identification of Rela because it had one of	ated Organization r more related org	s Taxable anizatior	e as a Partners is treated as a p	hip. Complete if the artnership during th	e organization a le tax year.	answered "Yes'	' on	Form	n 990, Part IV,	line	34,			
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	<b>(g)</b> Share of end-of- year assets	Dispro	h) portionate ations?			Code V - UBI amount in box 20 of Schedule K-1	(j) General or managing partner?		<b>(k)</b> Percentage ownership
							Yes	No		Yes	No			
(1)	_													
(2)	_													
(3)	_													
(4)														
(5)	_													
(6)	_													
(7)	_													
Identification of Rela	ted Organization	s Taxabl	e as a Corporat	ion or Trust, Comp	lete if the orga	l nization answe	red "	Yes'	on Form 990	Pa	rt IV			

ered "Yes" on Form 990, Part IV, Part IV Identification of Related organizations faxable as a corporation of frust. Complete if the organization answ 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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)		(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		)(13) olled
								Yes	
(1) HEARTSHARE PRODUCTIONS, LTD. 31-1584808									
12 METRO TECH CENTER, 29TH FLOOR BROOKLYN, NY 11201	FILM PROD/DISTRIB	NY	HEARTSHARE HS	C CORPORATION	0.	0.	100.0000	x	
(2)									
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			•			Schedule	R (Form 9	90) 20	)18

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	Jule R (Form 990) 2018					
Par	t V Transactions With Related Organizations. Complete if the organization answered	"Yes" on Form 990, Pa	art IV, line 34, 35b, or 36.			
Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes
1	During the tax year, did the organization engage in any of the following transactions with one or mo	re related organizations li	isted in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	
b					1b	X
с	Gift, grant, or capital contribution from related organization(s)				1c	
	Loans or loan guarantees to or for related organization(s)				1d	X
е	Loans or loan guarantees by related organization(s)				1e	X
f	Dividends from related organization(s)				1f	
g	Sale of assets to related organization(s)				1g	
h	Purchase of assets from related organization(s).				1h	
i	Exchange of assets with related organization(s)				1i	
j	Lease of facilities, equipment, or other assets to related organization(s)				1j	X
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	
I	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)				1 m	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	
o	Sharing of paid employees with related organization(s)				10	
р	Reimbursement paid to related organization(s) for expenses				1р	
p q					1p 1q	X
p q						X
r.	Reimbursement paid by related organization(s) for expenses					X
r s	Reimbursement paid by related organization(s) for expenses	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		1q 1r 1s	
r.	Reimbursement paid by related organization(s) for expenses	te this line, including cov	ered relationships and trans		1q 1r 1s eshold	
r s	Reimbursement paid by related organization(s) for expenses	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	action thre	1q 1r 1s eshold	S.
r s	Reimbursement paid by related organization(s) for expenses	te this line, including cov (b) Transaction	ered relationships and trans	action thre	1q 1r 1s shold (d) of dete	S.
r s 2	Reimbursement paid by related organization(s) for expenses	te this line, including cov (b) Transaction type (a-s)	ered relationships and trans (c) Amount involved	action thre	1q 1r 1s shold (d) of dete	S.
r s 2	Reimbursement paid by related organization(s) for expenses	te this line, including cov (b) Transaction type (a-s) L E	ered relationships and trans (c) Amount involved 417,363. 3,317,230.	action thre Method amou COST COST	1q 1r 1s shold (d) of dete	S.
r <u>s</u> ?	Reimbursement paid by related organization(s) for expenses	te this line, including cov (b) Transaction type (a-s) L	ered relationships and trans	COST	1q 1r 1s shold (d) of dete	S.
· r s 2	Reimbursement paid by related organization(s) for expenses	te this line, including cov (b) Transaction type (a-s) L E	ered relationships and trans (c) Amount involved 417,363. 3,317,230.	action thre Method amou COST COST	1q 1r 1s shold (d) of dete	S.
r <u>s</u> 2	Reimbursement paid by related organization(s) for expenses	L L L L L L L L L L L L L L	ered relationships and trans (c) Amount involved 417,363. 3,317,230. 9,779,895.	action thre Method amou COST COST COST	1q 1r 1s shold (d) of dete	S.
) )) ))	Reimbursement paid by related organization(s) for expenses	L L L L L L L L L L L L L L	ered relationships and trans (c) Amount involved 417,363. 3,317,230. 9,779,895. 4,514,389.	action three Method amou COST COST COST COST	1q 1r 1s shold (d) of dete	S.

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Schedule R (Form 990) 2018

# 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	(state or foreign country) u	(state or foreign ir country) uni	income (related, unrelated, excluded from tax under	section tot 501(c)(3) organizations?		section total income 501(c)(3)		section total income 501(c)(3)		section total income 501(c)(3)		section total income 501(c)(3)		section total income 501(c)(3)		section total income 501(c)(3)		section total income 501(c)(3)		section total income 501(c)(3)		ncome (related, section related, excluded 501(c)(3)	section total income 501(c)(3)		section total income 501(c)(3)		(g) Share of end-of-year assets	Disprop	h) oortionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	(j) eral or aging mer?	(k) Percentag ownership
			sections 512-514)	Yes	No			Yes	No		Yes	No																						
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Schedule R (Form 990) 2018

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Schedule R (Form 990) 2018           Part VII         Supplemental Information	Page <b>5</b>
Provide additional information for responses to questions on Schedule R. See instructions.	
PART II IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS	
ST. VINCENT'S SERVICES, INC.	
(D/B/A HEARTSHARE ST. VINCENT'S SERVICES) - 11-1631823	
66 BOERUM PLACE, BROOKLYN, NY 11201	
PRIMARY ACTIVITY: CHILD WELFARE SERVICES	
DIRECT CONTROLLING ENTITY: HEARTSHARE HUMAN SERVICES OF NEW YORK	
HEARTSHARE WELLNESS, LTD 11-3538646	
177 LIVINGSTON STREET, BROOKLYN, NY 11201	
PRIMARY ACTIVITY: AMBULATORY CARE MEDICAL CLINIC	
DIRECT CONTROLLING ENTITY: HEARTSHARE HUMAN SERVICES OF NEW YORK	
HEARTSHARE EDUCATION CENTER - 90-0452757	
1825 BATH AVENUE, BROOKLYN, NY 11214	
PRIMARY ACTIVITY: SCHOOL FOR AUTISTIC CHILDREN	
DIRECT CONTROLLING ENTITY: HEARTSHARE HUMAN SERVICES OF NEW YORK	
NEW YORK INTEGRATED NETWORK FOR PEOPLE WITH	
DEVELOPMENTAL DISABILITIES - 45-5528092	
12 METROTECH CENTER, BROOKLYN, NY 11201	
PRIMARY ACTIVITY: HEALTHCARE	

MEANINGFUL NY INITIATIVES FOR PEOPLE WITH DISABILITIES INC - 47-1554380 1 PIERREPONT PLAZA 12TH FLOOR, BROOKLYN, NY 11201 PRIMARY ACTIVITY: HUMAN SERVICES