Return of Organization Exempt From Income Tax

Department of the Treasury Internal Revenue Service

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

2M12

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

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Open to	Ρ	ublic	
Inspec	tic	on	

OMB No. 1545-0047

A F	or th	e 201	8 calendar year, or tax year begin	nning 077	U⊥ , 2018,	and ending	9		06/	30 , 20 19	
B Ch	eck if ap	plicable:	C Name of organization HEARTSHARE EDUCATION (CENTER				D Employer ide	ntifica	tion number	
	Addre		Doing Business As THE HEARTSH	ARE SCHOOL				90-0452	757		
	1	change	Number and street (or P.O. box if mail is	not delivered to street address	s) F	Room/suite		E Telephone nu	ımber		
	Initial	-	12 METROTECH CENTER, 2	29TH FLOOR				(718) 423	2-42	200	
	Termi		City or town, state or province, country, a	and ZIP or foreign postal code							—
	Amen	ded	BROOKLYN, NY 11201					G Gross receipt	s \$	3,910,7	00.
	return Applic	ation	F Name and address of principal officer:	CAROL ANN VER	DI			H(a) Is this a grou	p return		No
	pendir	ng	1825 BATH AVENUE, BROO					subordinates? H(b) Are all subordi			No
1 1	Гах-ехе	empt st	<u> </u>) 	4947(a)(1) o	r 527				(see instructions)	
			WWW.THEHEARTSHARESCHOOL		+3+1 (a)(1) 0	1 327		H(c) Group exemp			
				Association Other		I Vear of	formati	ion: 2006 M			NY
Pa			mmary	7.030ciation Other		L Todi of	TOTTTIAL	IOII. 2000 III	otate o	ir iegai dominine.	
1 6			y describe the organization's mission of	r most significant activities	SEE SC	HEDIILE ()				
0	٠	bileit	/ describe the organization's mission of	i most signincant activities							
ü											
i.i.	2	Chool	k this box if the organization d	incontinued its energian				of its not spects			
Governance				·				1	3		9.
			per of voting members of the governing						4		9.
Activities &			per of independent voting members of t						5		91.
<u>×</u>			number of individuals employed in cale						_		9.
Acti			number of volunteers (estimate if necess	**					6		0
			unrelated business revenue from Part V						7a		0
-	D	Net u	nrelated business taxable income from	Form 990-1, line 34				Prior Year	7b	Current Year	
	•							16,68	Q	24,2	
ne			ibutions and grants (Part VIII, line 1h)		COPY	FOR		3,930,90		3,886,4	
Revenue			am service revenue (Part VIII, line 2g)		PUBLIC INS	SPECTION		3,930,90	0.	3,000,5	<u> </u>
Re			tment income (Part VIII, column (A), line					1	5.		
			revenue (Part VIII, column (A), lines 5,					3,947,604.		3,910,70	700
_			revenue - add lines 8 through 11 (must					3,947,60	_	3,910,	
			s and similar amounts paid (Part IX, colu						0.		
			fits paid to or for members (Part IX, colu					2 012 20		2 000 0	0
ses			es, other compensation, employee bene					3,013,39	_	3,082,9	
Expenses	16a	Profe	ssional fundraising fees (Part IX, column	n (A), line 11e)					0.		0
Ä			fundraising expenses (Part IX, column (I					1 000 20		1 166 6	
_			expenses (Part IX, column (A), lines 11					1,000,39		1,166,2	
			expenses. Add lines 13-17 (must equal					4,013,78	$\overline{}$	4,249,2	
	19	Rever	nue less expenses. Subtract line 18 from	n line 12				-66,18		-338,5) <u>19</u>
SO							Begin	ning of Current Y		End of Year	
sset			assets (Part X, line 16)					1,202,09	_	1,481,8	
Net Assets or Fund Balances			liabilities (Part X, line 26)					1,351,59		1,969,8	
			ssets or fund balances. Subtract line 21	from line 20	<u></u>			-149,50	4.	-488,0	123
Pa			gnature Block								
Und true	er per corre	nalties o	of perjury, I declare that I have examined this complete. Declaration of preparer (other than	is return, including accompa officer) is based on all inform	nying schedulen nation of which	es and statem h preparer has	ents, a	and to the best of nowledge.	my kn	nowledge and belief	, it is
						1 1 1 1 1 1 1					
Sigi	1		0:								
Her			Signature of officer					Date			
1101	C										
			Type or print name and title	T =		1-					
Paid		Print/Type preparer's name Preparer's signature Date						Check	"	ΓIN	
Prep		AAR	ON SHAPIRO					self-employe		201333816	
Use		Firm's	sname ▶ BKD, LLP							160260	
	Jy	Firm's	s address > 1155 AVENUE OF THE AMER	ICAS #1200 NEW YORK, N	Y 10036			Phone no.	212.	867.4000	
May	the II	RS dis	cuss this return with the preparer show	n above? (see instructions)					X Yes	No
For	Paper	work	Reduction Act Notice, see the separat	e instructions.						Form 990 (2	018)

Form 990 (2018) Page 2

Pa		ement of Program Service and the contains and the contain	Accomplishments response or note to any line in this Part	III	X
1		e the organization's mission			
2			icant program services during the yea		Yes X No
•	If "Yes," descr	ibe these new services on S	chedule O.		
3	services?		or make significant changes in h		Yes X No
4	expenses. Se	ction 501(c)(3) and 501(c)(rvice accomplishments for each of it (4) organizations are required to reported.		
4a	(Code:		including grants of \$) (Revenue \$	3,886,479.
			ENROLLMENT CAPACITY OF 80 // IDED EDUCATION AND RELATE:		
			THERAPY, PHYSICAL AND OCCU		
			RAPIES, AND ADAPTED PHYSIC.		
			FICIPATED IN FIELD TRIPS I		
			AY INVOLVING ALL THE STUDE	NTS, AND A	
	SCIENCE FA	AIR.			
41	(0 - 1 -	\	:) (D A	
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	-				
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d		n services (Describe in Sche			
	(Expenses \$	including gra		\$)	
4e	Total program	n service expenses >	3,781,427.		

Form **990** (2018)

Part IV Checklist of Required Schedules Page 3

	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	-
	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2		
	candidates for public office? If "Yes," complete Schedule C, Part I	3		
	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		
	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		
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		1
	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		+
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		+
	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		
	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		
	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.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			Τ
	complete Schedule D, Part VI	11a	X	
	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	37	+
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	+
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	445		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		+
za	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	120	X	
h	Schedule D, Parts XI and XII	12a	21	$^{+}$
D	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b	X	
3	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		t
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			t
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			I
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		1
	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		1
	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		+
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		
	If "Yes," complete Schedule G, Part III	19		+
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		+
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		+
1	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			
	domactic dovarnment on Part IX column (//) line 17 it "Vee " complete Cahedule I Parte I and II	21		

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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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
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		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
-	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
2	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	20a		
D	Schedule L, Part IV	206		Х
_		28b		
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		Х
20	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			Х
0.4	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			37
	complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
	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,		3.7	
	or IV, and Part V, line 1	34	X	37
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		₹.	
	19? Note. All Form 990 filers are required to complete Schedule O.	38	X	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	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			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
			222	

Page 5 Form 990 (2018)

Par	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 91			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a 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		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization			
	solicit any contributions that were not tax deductible as charitable contributions?	6a		X
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		
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			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
•	sponsoring organization have excess business holdings at any time during the year?	0		
	Sponsoring organizations maintaining donor advised funds.	9a		
	Did the sponsoring organization make any taxable distributions under section 4966?	9b		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	36		
	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			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			7.7
	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	4.5		X
	excess parachute payment(s) during the year?	15		Λ
4.0	If "Yes," see instructions and file Form 4720, Schedule N.	16		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	10		
	ii 100, complete i emi 4120, conedulo e.			

HEARTSHARE EDUCATION CENTER 90-0452757 Page 6 Form 990 (2018) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Χ 2 3 Did the organization delegate control over management duties customarily performed by or under the direct Х 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? . . 4 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Χ 6 6

Did the organization have members, stockholders, or other persons who had the power to elect or appoint

	one or more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If</i> "Yes," <i>provide the names and addresses in Schedule O</i>	9		х
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b		
44-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	114		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	124		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X	
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?	15a	Х	
a	The organization's CEO, Executive Director, or top management official	15b		X
b	Other officers or key employees of the organization	100		
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		

Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and

X Upon request

State the name, address, and telephone number of the person who possesses the organization's books and records ANTHONY BIANCA 12 METROTECH CENTER, 29TH FLOOR BROOKLYN, NY 11201-4326 718-422-3301

Form **990** (2018)

X

17

18

19

20

X Own website

financial statements available to the public during the tax year.

List the states with which a copy of this Form 990 is required to be filed

Another's website

(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Other (explain in Schedule O)

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

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

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

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

	-	<u> </u>	•		
		(C)			
(A)	(B)	Position	(D)	(E)	(F)
Name and Title	Average	(do not check more than one	Reportable	Reportable	Estimated
	hours per	box, unless person is both an	compensation	compensation from	amount of
	week (list any	officer and a director/trustee)	from	related	other

Name and Thie	hours per week (list any			-		is both tor/trus		compensation	compensation from related	amount of other
	hours for related organizations below dotted line)	1 24 55	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)LAURIE WINDSOR	.50									
CHAIRPERSON	0.	Х		Х				0.	0.	0.
(2)NICHOLAS T. DOMINGUES	.50									
VICE CHAIRPERSON	0.	Х		Х				0.	0.	0.
(3)CRAIG A. RATIGAN	.50									
TREASURER	0.	Х		Х				0.	0.	0.
(4)BARBARA A. SLATTERY	.50									
SECRETARY	0.	Х		Х				0.	0.	0.
(5)SHEILA HIGGINSON	.50									
BOARD MEMBER	0.	Х						0.	0.	0.
(6)DONALD E. HUML, DC	.50									
BOARD MEMBER	0.	X						0.	0.	0.
(7)VINCENT IANNELLI	.50									
BOARD MEMBER	0.	Х						0.	0.	0.
(8)KATHERINE VERO	.50									
BOARD MEMBER	0.	Х						0.	0.	0.
(9)SYLVIA LACERRA	.50									
BOARD MEMBER	0.	Х						0.	0.	0.
(10)CAROL ANN VERDI	7.00									
EXECUTIVE DIRECTOR	28.00			Х				32,752.	119,462.	37,310.
(11)										
(12)										
(13)										
(14)										

Form **990** (2018)

JSA

	n 990 (2018)	. 17		_							Page 8
Pa	rt VII Section A. Officers, Directors, Tru		y Em	plo			and F	Higl			•
	(A) Name and title	Average hours per week (list any hours for	(do not check more than one box, unless person is both an officer and a director/trustee) the compensation compensation from related organizations								(F) Estimated amount of other compensation
		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)	from the organization and related organizations
			-								
			-								
			-								
1b	Sub-total								32,752.	119,462.	37,310.
С	Total from continuation sheets to Part VII, S	ection A							0.	0.	0.
	Total (add lines 1b and 1c)							<u> </u>	32,752.	119,462.	37,310.
2	Total number of individuals (including but not reportable compensation from the organization		nose 0.		d ai	DOV	e) wno	o re	ceived more than	\$100,000 of	
			<u> </u>	•							Yes No
3	Did the organization list any former office employee on line 1a? If "Yes," complete Schedu										3 X
4	For any individual listed on line 1a, is the organization and related organizations gro	sum of repeater than	ortab \$15	le c	om 00?	pen	satior "Yes	n aı s,"	nd other compens complete Schedu	sation from the le J for such	
	individual										4 X
5	Did any person listed on line 1a receive or for services rendered to the organization? If "You										5 X
	ction B. Independent Contractors		al -					·	hat was the t	then 0400 000	
1	Complete this table for your five highest comcompensation from the organization. Report of year.										

(B) Description of services	(C) Compensation
	Description of services

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 ▶ 1

Form **990** (2018)

Part VIII Statement of Revenue

		Check if Schedule O contains a respor	nse or note to any	y line in this Part VII			
				(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 e f	Federated campaigns	16,610. 7,611.	24,221.			
<u>e</u>	h h	Total. Add lines 1a-1f	Business Code	21,221.			
Program Service Revenue	2a b	EDUCATION OF SPECIAL NEEDS CHILDREN	611600	3,886,479.	3,886,479.		
yram Serv	d e						
Prog	f a	All other program service revenue Total Add lines 2a-2f		3,886,479.			
	3	Total. Add lines 2a-2f	nds, interest,	3,886,479.			
	4	Income from investment of tax-exempt bond		0.			
	5	Royalties		0.			
	6a b c	Gross rents	(ii) Personal	0.			
	7a b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(ii) Other				
	d	Net gain or (loss)		0.			
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c).					
Other F	b	See Part IV, line 18 a Less: direct expenses b					
-	С	Net income or (loss) from fundraising events	▶	0.			
		Gross income from gaming activities. See Part IV, line 19 a					
	b c	Less: direct expenses b Net income or (loss) from gaming activities		0.			
	10a	Gross sales of inventory, less returns and allowances					
	b c	Less: cost of goods sold		0.			
			Dualitess Code				
	11a						
	b						
	C	All other revenue					
	d e	Total. Add lines 11a-11d		0.			
	12	Total revenue. See instructions.		3,910,700.	3,886,479.		
							Form QQ0 (2018)

90-0452757

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					
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	0.			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	0.			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors,				
	trustees, and key employees	39,677.	39,677.		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.	0 400 007		
7	Other salaries and wages	2,492,897.	2,492,897.		
8	Pension plan accruals and contributions (include	12 750	12 750		
	section 401(k) and 403(b) employer contributions)	13,752.	13,752.		
9	Other employee benefits	349,025.	349,025.		
10	Payroll taxes	187,641.	187,641.		
	Fees for services (non-employees):	167 700		467,792.	
	Management	467,792.		407,792.	
	Legal	0.			
	Accounting	0.			
	Lobbying	0.			
	Professional fundraising services. See Part IV, line 17.	0.			
	Investment management fees	0.			
g	Other. (If line 11g amount exceeds 10% of line 25, column	595.	595.		
12	(A) amount, list line 11g expenses on Schedule O.)	0.	373.		
13	Advertising and promotion	73,942.	73,942.		
14	Office expenses	0.	, , ,		
15	Royalties	0.			
16	_	512,685.	512,685.		
	Travel	107.	107.		
	Payments of travel or entertainment expenses				
. •	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	0.			
	Interest	0.			
21	Payments to affiliates	0.			
22	Depreciation, depletion, and amortization	28,165.	28,165.		
23	Insurance	37,613.	37,613.		
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.)				
-	FOOD	41,700.	41,700.		
	MISCELLANEOUS	3,293.	3,293.		
C	MEDICAL SUPPLIES	335.	335.		
d					
	All other expenses	4 0 4 0 0 1 0	2 701 407	460 000	
	Total functional expenses. Add lines 1 through 24e	4,249,219.	3,781,427.	467,792.	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	0.			

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Part X Balance Sheet

		Check if Schedule O contains a response o	r not	e to any line in this Pa	art X		
		·			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	265,157.	1	246,781.		
	2	Savings and temporary cash investments	0.	2	0.		
	3	Pledges and grants receivable, net			0.	3	0.
	4	Accounts receivable, net			748,990.	4	1,101,573.
	5	Loans and other receivables from current and t	orme	r 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.		0.
ts	_	organizations (see instructions). Complete Part II of Sche			0.	6	0.
Assets	7	Notes and loans receivable, net			0.	7	0.
Ä	8	Inventories for sale or use				8	1,315.
	9	Prepaid expenses and deferred charges			30,050.	9	1,315.
	10 a	Land, buildings, and equipment: cost or		000 025			
	١.		10a		140 570		104 140
		Less: accumulated depreciation			149,570.		
	11				0.		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.	17	0.	
	15	Other assets. See Part IV, line 11	8,324.		7,995.		
	16	Total assets. Add lines 1 through 15 (must equal			1,202,091.	16	1,481,806.
	17	Accounts payable and accrued expenses	163,246.		243,624.		
	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 Pa			0.	21	0.
es	22	Loans and other payables to current and for					
Liabilities		trustees, key employees, highest compen-					
jab		disqualified persons. Complete Part II of Schedule			0.		0.
_	23	Secured mortgages and notes payable to unrelate			0.	23	0.
	24	Unsecured notes and loans payable to unrelated to			0.	24	0.
	25	Other liabilities (including federal income tax, I	•				
		parties, and other liabilities not included on lines			1 100 01		1 500 005
		of Schedule D			1,188,349.	25	1,726,205.
	26	Total liabilities. Add lines 17 through 25			1,351,595.	26	1,969,829.
ces		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and	34.				
<u>la</u> n	27	Unrestricted net assets			-159,504.	27	-498,023.
Ba	28	Temporarily restricted net assets			10,000.	28	10,000.
pu	29	Permanently restricted net assets		<u></u>	0.	29	0.
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
Net Assets	31	Paid-in or capital surplus, or land, building, or equ	ipmer	nt fund		31	
t A	32	Retained earnings, endowment, accumulated inco	ome,	or other funds		32	
Ne	33	Total net assets or fund balances			-149,504.	33	-488,023.
	34	Total liabilities and net assets/fund balances	<u> </u>		1,202,091.	34	1,481,806.
_							Form 990 (2018)

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Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			10,7	
2	Total expenses (must equal Part IX, column (A), line 25)	2			49,2	
3	Revenue less expenses. Subtract line 2 from line 1	3			38,5	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		-1	49,5	04.
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				0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		-4	88,0	23.
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplair	n 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 com-	piled	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 audit	ed o	n 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 or	oversi	ight			
	of the audit, review, or compilation of its financial statements and selection of an independent acc	ounta	ant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, e	xplair	n in			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as see	forth	n in			3.5
	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		the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.		3b		

Form **990** (2018)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number

HEARTSHARE EDUCATION CENTER 90-0452757 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(y). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 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 section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV. Sections A. D. and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (v) Amount of monetary (iv) Is the organization (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see instructions) above (see instructions)) document? instructions) Yes No (A) (B) (C) (D) (E) Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2014 **(b)** 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total Gifts, contributions, grants. membership fees received. (Do not include any "unusual grants.") Tax revenues levied for 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 3..... The portion of total contributions by each person (other publicly governmental unit or supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total Amounts from line 4 Gross income from interest, dividends, payments received on securities loans. royalties, and income from similar sources 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 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage % Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)). % 16a 331/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this b 331/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Schedule A (Form 990 or 990-EZ) 2018

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

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

Sec	tion A. Public Support			, 1	<u>'</u>	,	
Cale	ndar year (or fiscal year beginning in)	(a) 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	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
Ū	unrelated trade or business under section 513						
4	Tax revenues levied for the						
-	organization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
h	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						<u> </u>
Sec	tion B. Total Support		1	T	T		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly						
12	Other income. Do not include gain or						
14	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	or the organiza	tion's first seco	nd third fourth	or fifth tay w	ear as a section	501(c)(3)
1-7	organization, check this box and stop here .	· ·			•		` ' ' '
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2018 (line 8,			mn (f))		. 15	%
16	Public support percentage from 2017 Sche					16	
_	tion D. Computation of Investment					10	/0
17	Investment income percentage for 2018 (lin			13 column (f\)		17	%
	Investment income percentage from 2017 S						
18						18	
туа	331/3% support tests - 2018. If the org						
	17 is not more than 331/3%, check thi		_				
b	331/3% support tests - 2017. If the orga						
	line 18 is not more than 331/3%, check		-	•			
20	Private foundation. If the organization of	ala not check	a box on line	14, 19a, or 19b	, cneck this b	ox and see instr	uctions -

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

- 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.)

ted 2			Yes	No
tus ted 2 ver 3a a a a a a a a a b a a a a a a a a a				
ted 2		1		
3a				
nd the 3b	ver			
3b 3c 3c 3c 3c 3c 3c 3c		- Gu		
3c 4a 4a 4a 4b 4c 4c 4c 4c 4c 4c 4c	(B)	3b		
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tor ity 7 7? 8 9a ch 9b efit 9c on ed 10a to	ed			
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8 9a 9b 9c on ed 10a to		7		
9a ch 9b 9c on ed 10a to	7?	8		
ch 9b 9c on ed 10a to				
9b 9c on ed 10a to		9a		
9c	ch	9b		
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to 10a				
		10a		
10b	to	10b		

				- 3
Part	Supporting Organizations (continued)		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44-		
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. on B. Type I Supporting Organizations	11c		
Secur	organizations		Yes	No
			162	NO
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		•		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
	71 11 0 0		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	ons).	
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru		
2	Activities Test. Answer (a) and (b) below.		Yes	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	20		
		_2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
_		ZU		
3	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			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
IJ	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Page 6 Schedule A (Form 990 or 990-EZ) 2018

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

Schedule A (Form 990 or 990-EZ) 2018

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	on D - Distributions			Current Year		
1	Amounts paid to supported organizations to accomplish ex					
2	Amounts paid to perform activity that directly furthers exer	ed				
	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purpo	zations				
4	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required)					
6	Other distributions (describe in Part VI). See instructions.					
7	Total annual distributions. Add lines 1 through 6.					
8	Distributions to attentive supported organizations to which	the organization is resp	onsive			
	(provide details in Part VI). 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 Part VI. 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					

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.)

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

HEARTSHARE EDUCATION CENTER 90-0452757 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule $oxed{X}$ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (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 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).

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

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

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

Name of organization HEARTSHARE EDUCATION CENTER

Employer identification number 90-0452757

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization HEARTSHARE EDUCATION CENTER

Employer identification number 90-0452757

Part II	Noncash Property (see instructions). Use duplicate copies	of Part II if additional space is needed.
---------	-----------------------------------------------------------	-------------------------------------------

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

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

SCHEDULE D (Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number

HEA	ARTSHARE EDUCATION CENTER	90-0452757
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in	
	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fun	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for an	
	conferring impermissible private benefit?	Yes No
Pa	Irt II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	for bistorically increased and area
		f a historically important land area
	Protection of natural habitat Preservation of preservation of open space	f a certified historic structure
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in t	he form of a conservation
_	easement on the last day of the tax year.	Held at the End of the Tax Year
а	•	2a
b		2b
C		2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
-		2d
3	Number of conservation easements modified, transferred, released, extinguished, or termina	ted by the organization during the
	tax year >	, , ,
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspectio	n, handling of
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conse	ervation easements during the year
	>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing cor	nservation easements during the year
	> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	
_	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and or help are about and include if applicable the text of the fractions to the arganization of financial	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financia organization's accounting for conservation easements.	i statements that describes the
Pa	irt III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	· · · · · · · · · · · · · · · · · · ·	evenue statement and halance sheet
	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its reworks of art, historical treasures, or other similar assets held for public exhibition, education and the similar assets held for public exhibition, education and the similar assets held for public exhibition, education and the similar assets held for public exhibition, education and the similar assets held for public exhibition, education and the similar assets held for public exhibition assets as the similar as the similar as the similar as the similar as the s	ation, or research in furtherance of
	public service, provide, in Part XIII, the text of the footnote to its financial statements that desc	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenues of art, historical treasures, or other similar assets held for public exhibition, educations of art, historical treasures, or other similar assets held for public exhibition, educations of art, historical treasures, or other similar assets held for public exhibition, educations of the public exhibition of the public exhibitio	
	public service, provide the following amounts relating to these items:	and, or recogniting further under the
	(i) Revenue included on Form 990, Part VIII, line 1	> \$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar as	ssets for financial gain, provide the
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	
h	Assets included in Form 990 Part X	P C

Page 2 Schedule D (Form 990) 2018

Pa	rt III Organizations Maintaini	ing Collections of	Art, Histo	rical Tre	asures	, or Othe	er Similar As	ssets (d	continued)	
3	Using the organization's acquisition	on, accession, and	other recor	ds, check	c any of	the follo	wing that are	e a sigr	nificant use	of its
	collection items (check all that app	ly):		_						
а	Public exhibition		d	Loan		nge progi				
b	Scholarly research		е	Other						
С	Preservation for future gene									
4	Provide a description of the organ	nization's collections	s and expla	ain how t	hey furt	ther the d	organization's	exemp	t purpose ir	n Part
	XIII.									
5	During the year, did the organization							_		_
	assets to be sold to raise funds rath		ained as pa	irt of the o	organiza	tion's coll	ection?		Yes	No
Pa	rt IV Escrow and Custodial A Complete if the organiza 990, Part X, line 21.	•	es" on For	m 990, F	Part IV,	line 9, or	reported an	amoui	nt on Form	
1a	Is the organization an agent, truste	ee, custodian or oth	er intermed	liary for c	ontributi	ons or oth	ner assets not			
	included on Form 990, Part X?							[Yes	No
b	If "Yes," explain the arrangement i	n Part XIII and com	plete the fo	llowing tab	ole:					
							,	Amount		
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f		*** 0	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	Did the organization include an am								Yes	_ No
	If "Yes," explain the arrangement in the transfer of the trans	II Part Alli. Check ii	ere ii trie e	хріапаціоп	nas bee	en provide	u on Part Alli			
Га	Complete if the organiza	ation answered "Yo	es" on For	m 990 F	Part IV	line 10				
	Complete ii tiio organize	(a) Current year	(b) Pric			years back	(d) Three year	ars back	(e) Four year	s back
4	Decimina of year helenes			. ,	()		(4)		(-)	
1a	Beginning of year balance Contributions									
b	Net investment earnings, gains,									
C	and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage	of the current year	end balanc	e (line 1g,	column	(a)) held a	as:			
а	Board designated or quasi-endown	nent ►	_%							
	Permanent endowment	%								
С	Temporarily restricted endowment									
	The percentages on lines 2a, 2b, a									
3a	Are there endowment funds not in	the possession of t	he organiza	ation that	are held	l and adn	ninistered for t	he	Yes	No
	organization by: (i) unrelated organizations								3a(i)	NO
	(ii) related organizations								3a(ii)	+
h	If "Yes" on line 3a(ii), are the relate								3b	+-
4	Describe in Part XIII the intended of	•							0.0	
_	rt VI Land, Buildings, and Equal Complete if the organiz	uipment.				line 11a	. See Form 9	990, Pa	art X, line 1	0.
	Description of property		r other basis stment)	(b) Cost (or other bas ther)		Accumulated preciation	(0	d) Book value	
1a	Land	,	,	,,	/		,			
b	Buildings									
С	Leasehold improvements			6	517,42	3.	520,610.		96,	813.
d	Equipment			2	275,41	2.	248,083.		27,	329.
e	Other									
Tota	I. Add lines 1a through 1e. (Columr	n (d) must equal For	m 990, Part	X, columi	n (B), line	e 10c.)	▶		124,	142.

Schedule D (Form 990) 2018 Page 3

Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		
	"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	1 "Ves" on Form 990	, Part IV, line 11d. See Form 990, Part X, line 15.
	scription	(b) Book value
	SCHPUOH	(b) Book value
<u>(1)</u>		
(2) (3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) I	line 15.).	
Part X Other Liabilities.		
Complete if the organization answered line 25.	d "Yes" on Form 990	, Part IV, line 11e or 11f. See Form 990, Part X,
1. (a) Description of liability	(b) Book valu	e
(1) Federal income taxes		
(2) DUE TO NYC DEPT OF EDUCATION	673,3	115.
(3) DUE TO HEARTSHARE HUMAN SERVICES	1,053,0	090.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	▶ 1,726,2	205.
2. Liability for uncertain tax positions. In Part XIII, provide the	text of the footnote to the	e 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

Schedule D (Form 990) 2018 Page **4**

Part	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	3,910,700.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments		
a b	Donated services and use of facilities	1	
	Recoveries of prior year grants	1	
C C	Other (Describe in Part XIII.)	1	
d e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	3,910,700.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)	1	
	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,910,700.
Part		ırn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	4,249,219.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	4,249,219.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)	1	
	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	4,249,219.
	XIII 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; Patt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		

JSA 8E1271 1.000 Part XIII Supplemental Information (continued)

SCHEDULE E (Form 990 or 990-EZ)

Schools

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

► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Part I

Name of the organization HEARTSHARE EDUCATION CENTER

Employer identification number

90-0452757

ı a			VE0	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,		YES	NO
•	bylaws, other governing instrument, or in a resolution of its governing body?	1	Х	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its			
	brochures, catalogues, and other written communications with the public dealing with student admissions,			
	programs, and scholarships?	2	X	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media			
	during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please			
	describe. If "No," please explain. If you need more space, use Part II	3		Х
	SEE SUPPLEMENTAL PAGE			
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Х	
b	Records documenting that scholarships and other financial assistance are awarded on a racially			
	nondiscriminatory basis?	4b	Х	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing	_	,,	
	with student admissions, programs, and scholarships?	4c	X	
a	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Λ	
	if you ariswered two to any of the above, please explain. If you need more space, use Fart II.			
5	Does the organization discriminate by race in any way with respect to:	_		7.5
а	Students' rights or privileges?	5a		X
b	Admissions policies?	5b		Х
	Admissions policies.	0.5		
С	Employment of faculty or administrative staff?	5c		X
d	Scholarships or other financial assistance?	5d		X
	Educational reliaise?			Х
е	Educational policies?	5e		
f	Use of facilities?	5f		Х
g	Athletic programs?	5g		X
h		5h		X
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Х	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		X
7	If you answered "Yes" on either line 6a or line 6b, explain on Part II. Does the organization certify that it has complied with the applicable requirements of sections 4.01 through			
'	4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	7	Х	
				i

Page 2

Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information (see instructions).

SCHEDULE E, PART I, LINE 3

HEARTSHARE EDUCATION CENTER INCLUDES A STATEMENT OF ITS RACIAL NONDISCRIMINATION POLICY ON ALL INFORMATION PROVIDED TO PROSPECTIVE STUDENTS, INCLUDING ITS BROCHURES. THE SCHOOL DOES NOT SOLICIT STUDENTS AND REGISTRATION OCCURS AT ALL TIMES DURING THE YEAR. THE HEARTSHARE EDUCATION CENTER ACCEPTS STUDENTS FROM ALL THE COMMUNITIES IT SERVES AND HAS A VERY RACIALLY AND ETHNICALLY DIVERSE STUDENT BODY.

SCHEDULE E, PART I, LINE 6A

HEARTSHARE EDUCATION CENTER RECEIVES FUNDING FROM THE NEW YORK STATE EDUCATION DEPARTMENT. THE PAYMENTS ARE MADE THROUGH THE NEW YORK CITY DEPARTMENT OF EDUCATION WITH WHOM WE HAVE A CONTRACT TO PROVIDE THOSE SERVICES.

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation InformationFor 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. ► Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Open to Public Inspection

Name of the organization

HEARTSHARE EDUCATION CENTER

Employer identification number 90-0452757

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
h	If any of the boyes on line 15 are checked did the organization follow a written policy regarding nayment			
D	or reimbursement or provision of all of the expenses described above? If "No." complete Part III to			
	explain	1b		
2				
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
	Tritton employment contract			
	independent compensation concernant			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
		4-		Х
_				X
				X
C		40		21
	if tes to any of lifes 44-c, list the persons and provide the applicable amounts for each item in Fait III.			
	Only section $501(c)(3)$ $501(c)(4)$ and $501(c)(29)$ organizations must complete lines 5-9			
5				
Ü				
а	· · · · · · · · · · · · · · · · · · ·	5a		Х
				Х
-				
6				
а		6a		Х
b		6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
	payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		X
9				
	All Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Travel for companions First-class or charter travel Travel for companions Tax indemnification and gross-up payments Discretionary spending account Payments for business use of personal residence Health or social club dues or initiation fees Personal services (such as maid, chauffeur, chef) If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain If the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director, because the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Compensation survey or study Form 990 of other organizations Receive a severance payment or change-of-control payment? Paymorts of the paymont from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: The organization? Any related organization or lines 5 and 6? If "yes," d			

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

Schedule J (Form 990) 2018

HEARTSHARE EDUCATION CENTER 90-0452757

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.

		(B) Breakdown of	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
CAROL ANN VERDI	(i)	32,752.	0.	0.	983.	4,381.	38,116.	
1EXECUTIVE DIRECTOR	(ii)	119,462.	0.	0.	3,672.	28,274.	151,408.	
	(i)							
2	(ii)							
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
_ 5	(ii)							
	(i)							
6	(ii)							
	(i)							
	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2018

HEARTSHARE EDUCATION CENTER 90-0452757

Schedule J (Form 990) 2018

Part III Supplemental Information Page 3

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 (Form 990) 2018

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number 90-0452757

HEARTSHARE EDUCATION CENTER

FORM 990, PART I, LINE 1

THE MISSION OF HEARTSHARE EDUCATION CENTER IS TO EDUCATE AND SUPPORT,
WITH DIGNITY AND RESPECT, CHILDREN, ADOLESCENTS AND YOUNG ADULTS ON THE
AUTISM SPECTRUM IN ORDER TO EXPAND OPPORTUNITIES AND ENHANCE LIVES.

FORM 990, PART VI, SECTION A, LINE 3

HEARTSHARE EDUCATION CENTER PURCHASES CERTAIN ADMINISTRATIVE FUNCTIONS,

INCLUDING FISCAL, PAYROLL AND HUMAN RESOURCE SERVICES, FROM HEARTSHARE

HUMAN SERVICES OF NEW YORK.

FORM 990, PART VI, SECTION A, LINE 6

HEARTSHARE EDUCATION CENTER IS A MEMBERSHIP ORGANIZATION WITH THREE

MEMBERS: THE CHAIRPERSON OF THE BOARD OF HEARTSHARE HUMAN SERVICES OF NEW

YORK, THE PRESIDENT AND CEO OF HEARTSHARE HUMAN SERVICES OF NEW YORK, AND

ONE OTHER PERSON DESIGNATED BY THE CHAIRPERSON OF HEARTSHARE HUMAN

SERVICES OF NEW YORK.

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

THE MEMBERS MAY ELECT THE BOARD OF DIRECTORS.

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

THE MEMBERS APPROVE SIGNIFICANT DECISIONS OF THE HEARTSHARE EDUCATION

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

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

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

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

THE BOARD'S AUDIT AND FINANCE COMMITTEE REVIEWED HEARTSHARE EDUCATION

CENTER'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.

FORM 990, PART VI, SECTION B, LINE 12C
HEARTSHARE EDUCATION CENTER'S CONFLICT OF INTEREST POLICY REQUIRES BOARD
MEMBERS, KEY STAFF AND MAJOR INDEPENDENT CONTRACTORS TO COMPLETE AN
ANNUAL DISCLOSURE STATEMENT. THE BOARD REVIEWS EACH REPORTED POTENTIAL
CONFLICT OF INTEREST. IF A CONFLICT OF INTEREST ARISES, THE MATTER MAY BE
REMEDIED VIA RECUSAL OR DISQUALIFICATION OF THE BOARD MEMBER. THIS SIMPLY
MEANS THAT THE 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 15A

THE BOARD ANNUALLY REVIEWS THE SALARY FOR EXECUTIVE DIRECTOR OF

HEARTSHARE EDUCATION CENTER USING INDEPENDENT COMPENSATION SOURCES

INCLUDING INFORMATION FROM 990'S OF COMPARABLE ORGANIZATIONS, SALARY

SURVEYS, AND AN INDEPENDENT COMPENSATION CONSULTANT. THE PROCESS LAST

Name of the organization
HEARTSHARE EDUCATION CENTER
90-0452757

OCCURRED IN 2019.

FORM 990, PART VI, SECTION C, LINE 19
THESE DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

ATTACHMENT 1

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

HEARTSHARE EDUCATION CENTER (HEC) IS APPROVED BY THE NEW YORK STATE EDUCATION DEPARTMENT AND THE NEW YORK CITY DEPARTMENT OF EDUCATION TO EDUCATE CHILDREN AGES 5 TO 21 DIAGNOSED WITH AUTISM AND THE SPECTRUM DISORDERS, AS WELL AS CHILDREN DIAGNOSED WITH MENTAL RETARDATION AND OTHER DEVELOPMENTAL DISABILITIES. HEC FOCUSES ON THE WHOLE CHILD AND USES A COMBINATION OF EDUCATIONAL, BEHAVIORAL AND THERAPEUTIC APPROACHES BASED ON EACH CHILD'S UNIQUE NEEDS.

ATTACHMENT 2

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

NAME AND ADDRESS DESCRIPTION OF SERVICES COMPENSATION

HEARTSHARE HUMAN SERVICES OF NEW YORK 12 METROTECH CENTER 29TH FL BROOKLYN, NY 11201

MANAGEMENT SERVICES

441,798.

90-0452757

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Name of the organization HEARTSHARE EDUCATION CENTER 90-0452757

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (a)
Name, address, and EIN (if applicable) of disregarded entity (b) Primary activity (c) Legal domicile (state or foreign country) (e) End-of-year assets (f) Direct controlling entity (1) (2) (3) (4) (5) (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. Part II

(a)	(b)	(c)	(d)	(e)	(f)	Section 5	g)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section 501(c)(3))	Direct controlling entity	Section 5 contr ent	rolled
						Yes	No
(1) HEARTSHARE HUMAN SERVICES OF NEW YORK 11-1633549							
12 METROTECH CENTER 29TH FLOOR BROOKLYN, NY 11201	HUMAN SVCS	NY	501(C)(3)	LINE 10	N/A		X
(2) HEARTSHARE WELLNESS LTD 11-3538646							
177 LIVINGSTON STREET BROOKLYN, NY 11201	CLINIC	NY	501(C)(3)	LINE 10	HRTSHARE HS		X
(3) ST VINCENT'S SERVICES INC 11-1631823							
66 BOERUM PLACE BROOKLYN, NY 11201	CHILD SVCS	NY	501(C)(3)	LINE 10	HRTSHARE HS		X
(4)							
(5)							
(6)							
(7)							
• •							

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

Schedule R (Form 990) 2018

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90-0452757

HEARTSHARE EDUCATION CENTER

Schedule R (Form 990) 2018 Page 2 Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34,

because it had one or more related organizations treated as a partnership during the tax year.												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)		i) eral or aging ner?	(k) Percentage ownership
		, , , , , , , , , , , , , , , , , , , ,		,			Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

into 01, because it had one of more related organizations are designed as a corporation of a detailing the tax year.												
(a) Name, address, and EIN of related organization	(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		o)(13) rolled			
								Yes	No			
(1) HEARTSHARE PRODUCTIONS, LTD. 31-1584808												
12 METRO TECH CENTER, 29TH FLOOR BROOKLYN, NY 11201	FILM PRODUCTION	NY	HEARTSHARE	C CORP	0.	0.			Х			
(2)												
(3)												
(4)									_			
(5)												
7-7												
(6)									_			
A-1	1											
(7)												
1.1	1											

Schedule R (Form 990) 2018

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HEARTSHARE EDUCATION CENTER

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

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

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

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

c Gift, grant, or capital contribution from related organization(s).....

d	Loans or loan guarantees to or for related organization(s)				1d		_X			
е	Loans or loan guarantees by related organization(s)				1e	Х				
f	Dividends from related organization(s)				1f		X			
q	Sale of assets to related organization(s)				1g		X			
h	Purchase of assets from related organization(s)				1h		X			
i	Exchange of assets with related organization(s)				1i		X			
i	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	X				
- 1	Performance of services or membership or fundraising solicitations for related organization(s)				11		X			
m	m Performance of services or membership or fundraising solicitations by related organization(s)									
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		X			
	Sharing of paid employees with related organization(s)				10	X				
р	Reimbursement paid to related organization(s) for expenses				1p	X				
q	Reimbursement paid by related organization(s) for expenses				1q		X			
r	Other transfer of cash or property to related organization(s)				1r		X			
S	Other transfer of cash or property from related organization(s)				1s		X			
_2	If the answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including cove	ered relationships and trans	action thres	sholds	S				
	(a) Name of related organization	(b) Transaction	(c) Amount involved	Method ((d)	rminin	a			
	Hame of related organization	type (a-s)	7 mount involved		nt invo		9			
(1)										
(0)										
(2)										
(2)										
(3)										
(4)										
(-)										
(5)										
(-)										
(6)										

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HEARTSHARE EDUCATION CENTER

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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	redominant ome (related, lated, excluded Solicol(3) S		(g) Share of end-of-year assets	Disprop	h) ortionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene	ij) eral or aging ener?	(k) Percentage ownership	
			sections 512-514)	Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(8)													
(9)													
(10)													
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(15)													
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Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART II IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS

HEARTSHARE HUMAN SERVICES OF NEW YORK - 11-1633549

12 METROTECH CENTER, 29TH FLOOR, BROOKLYN, NY 11201

PRIMARY ACTIVITY: HUMAN SERVICES ORGANIZATION

HEARTSHARE WELLNESS, LTD. - 11-3538646

177 LIVINGSTON STREET, BROOKLYN, NY 11201

PRIMARY ACTIVITY: CLINIC & TARGETED CASE MANAGEMENT (TCM)

DIRECT CONTROLLING ENTITY: HEARTSHARE HUMAN SERVICES OF NEW YORK

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

PART IV IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS A CORPORATION

HEARTSHARE PRODUCTIONS, LTD. - 31-1584808

12 METROTECH CENTER, 29TH FLOOR, BROOKLYN, NY 11201

PRIMARY ACTIVITY: FILM PRODUCTION AND DISTRIBUTION