Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

A F	or th	e 2021	calendar year, or tax year beginning	07/0	01/2021 a	nd ending			06/	/30/2022
ь .			C Name of organization				D Er	nployer ide	ntificat	tion number
—	_	applicable:	HEARTSHARE HUMAN SERVI	ICES OF NEW YORK						
Х	Addr chan		Doing business as					L1-1633	3549	
	Name	e change	Number and street (or P.O. box if mail is	not delivered to street address)	Ro	oom/suite	E Te	elephone nu	mber	
	Initia	ıl return	330 JAY STREET, 29TH F	FLOOR				(718)4	22-4	4200
		return/ inated	City or town, state or province, country, a	and ZIP or foreign postal code						
	Amei retur	nded	BROOKLYN, NY 11201				G G	oss receipts	\$	118,817,219.
		ication	F Name and address of principal officer:	DAWN W. VALEN	TINE-SAF	FAYEH	H(a)	Is this a grou	up returi	n for Yes X No
		9	330 JAY STREET, 29TH FI	LOOR, BROOKLYN,	NY 11201	_	H(b)	Are all subord		cluded? Yes No
ı	Tax-ex	xempt sta	atus: X 501(c)(3) 501(c) () (insert no.)	4947(a)(1) or	527		If "No," at	tach a l	list. See instructions
J	Webs	ite: 🕨	WWW.HEARTSHARE.ORG				H(c)	Group exem	ption nu	umber -
				Association Other		L Year of for				of legal domicile: NY
	art I		mmary							
	1		describe the organization's mission or	r most significant activities:	TO NIIR'	TURE AND	SIIPP	ORT. W	ТТН	DIGNITY AND
ø	•	•	PECT, CHILDREN, ADULTS A	· ·			BULL	OICI / W.		DIGIVITI THE
Governance			ORTUNITIES AND ENHANCE L		ORDER TO	EXLAND				
ern	2		this box if the organization di		or disposed	of more than 3	25% of its	not accet		
Š	3		er of voting members of the governing	•	•				3.	22
	4		er of independent voting members of t						4	22
Activities &	_		number of individuals employed in cale						5	1,469
Ξ	5									
٩cti	6		number of volunteers (estimate if necess						6	73
`			unrelated business revenue from Part V	, ,					7a	NONE
_	D	Net ur	nrelated business taxable income from I	Form 990-1, Part I, line 11					7b	NONE
								or Year		Current Year
ne	8		ibutions and grants (Part VIII, line 1h)					,064,12	_	19,471,111.
Revenue	9		am service revenue (Part VIII, line 2g)				93	893,88		92,602,279.
Re	10		ment income (Part VIII, column (A), line					4,82	_	1,584.
	11		revenue (Part VIII, column (A), lines 5,					,603,51		6,364,478.
	12		revenue - add lines 8 through 11 (must				103	566,34		118,439,452.
	13		s and similar amounts paid (Part IX, colu					N	ONE	NONE
	14		its paid to or for members (Part IX, colu						ONE	NONE
es	15		es, other compensation, employee bene				70	471,12	20.	85,914,753.
Expenses			ssional fundraising fees (Part IX, column					N	ONE	NONE
άx	b		fundraising expenses (Part IX, column (I							
	17		expenses (Part IX, column (A), lines 11				30	765,47	76.	35,465,338.
	18	Total 6	expenses. Add lines 13-17 (must equal	Part IX, column (A), line 25	5)		101	236,59	6.	121,380,091.
	19	Reven	nue less expenses. Subtract line 18 from	n line 12			2	,329,74	18.	-2,940,639.
Net Assets or Fund Balances						Ве	eginning	of Current \	ear/	End of Year
seta	20	Total a	assets (Part X, line 16)				135	027,35	59.	129,192,834.
t As	21	Total I	liabilities (Part X, line 26)				121	457,15	6.	118,563,270.
SE.	22	Net as	ssets or fund balances. Subtract line 21	from line 20			13	570,20	3.	10,629,564.
Pa	rt II	Sig	gnature Block							
Und	der pe	nalties o	of perjury, I declare that I have examined thi complete. Declaration of preparer (other than	is return, including accompar	nying schedules	s and statemen	ts, and to	the best of	my k	nowledge and belief, it is
liue	, com	eci, and	complete. Declaration of preparer (other than	onicer) is based on all inform	lation of which	preparei nas ai	iy Kilowie	lige.		
٠.		L _								
Sig		S	Signature of officer					Date		
Hei	re	1	DAWN W. VALENTINE-SAFFAY	/EH	PRES	IDENT AN	D CEO			
		T	ype or print name and title							
		Print/	Type preparer's name	Preparer's signature		Date		Check	if P	PTIN
Paid		TARA	A COOKE	05/04/2				P01281186		
-	oarer	Firm's	sname ▶ BDO USA, LLP	TARA COOKE				's EIN ▶		3-5381590
use	Only		address ► 100 PARK AVENUE I	NEW YORK, NY 100	17-5001			ne no.		12-885-8000
Mav	/ the		iscuss this return with the preparer	-						. X Yes No
			Reduction Act Notice, see the separat					•		Form 990 (2021)

Page 2 Form 990 (2021)

Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	SEE SCHEDULE O	
2	Did the organization undertake any significant program services during the year which were not listed on the	1
		No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	1
		No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other total expenses, and reverse and reverse are for each program control.	ners,
	the total expenses, and revenue, if any, for each program service reported.	
_		
4a	(Code:) (Expenses \$65,318,812. including grants of \$NONE_) (Revenue \$61,667,930.)	
	SEE SCHEDULE O	
<u> 1</u> h	(Code:) (Expenses \$ 23,243,125. including grants of \$ NONE) (Revenue \$ 17,691,853.)	
76		
	SEE SCHEDULE O	
4c	(Code:) (Expenses \$ 13,605,627. including grants of \$ NONE) (Revenue \$ 12,762,248.)	
. •	EARLY CHILDHOOD SERVICES: HEARTSHARE'S EARLY CHILDHOOD SERVICES	
	HELP CHILDREN WITH DEVELOPMENTAL DELAYS AND DISABILITIES BUILD A	
	STRONG FOUNDATION FOR THEIR FUTURES. WE PROVIDE EVALUATION	
	SERVICES AND PRE-SCHOOL PROGRAMS FOR CHILDREN WITH DEVELOPMENTAL	
	DELAYS OR DISABILITIES. HEARTSHARE'S PROGRAMS OFFER A FULL RANGE	
	OF SERVICES WHICH INCLUDE SPECIAL EDUCATION SERVICES IN A	
	CLASSROOM SETTING, PHYSICAL AND OCCUPATIONAL THERAPY, SPEECH AND	
	LANGUAGE THERAPY, MUSIC AND ART THERAPY, RECREATIONAL ACTIVITIES,	
	COMPUTERS IN THE CLASSROOMS, AND PARENT EDUCATION AND SUPPORT.	
	MORE THAN 641 CHILDREN BENEFITTED FROM THESE SERVICES OFFERED AT	
	FOUR LOCATIONS IN BROOKLYN AND QUEENS.	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ 813,815. including grants of \$ NONE) (Revenue \$ 695,831.)	
4e	Total program service expenses ► 102,981,379.	

JSA 1E1020 1.000 4353QQ 702V 5 Form 990 (2021) Page **3**

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		
_	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	6		v
7	"Yes," complete Schedule D, Part I. Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		X
′	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"			
Ü	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			21
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9	Х	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
t	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
40.	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	3,7	
	Schedule D, Parts XI and XII.	12a	X	
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If	12h	77	
13	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13	X	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	u		-22
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		7	
	If "Yes," complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	o If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 12 If "Yes," complete Schedule I, Parts I and II	21		X

JSA 1E1021 1.000 Form 990 (2021)
Part IV Chocklist of Poquired Schodules (continued)

Par	t IV Checklist of Required Schedules (continued)		V	N.
	Dild		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
00	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	<u> </u>
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		X	<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?			X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	X	
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	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	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
•	19? Note : All Form 990 filers are required to complete Schedule O	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
Ü	reportable gaming (gambling) winnings to prize winners?	1c	Х	
		•		

JSA 1E1030 1.000

Page 5 Form 990 (2021)

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
	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 1,469			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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		Х
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
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		Х
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	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		
	required to file Form 8282?	7c		X
	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 7h		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?. •	/ 11		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
9	sponsoring organization have excess business holdings at any time during the year?			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	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			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	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	1.4-		37
	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? <i>If "No," provide an explanation on Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		v
	If "Yes," see the instructions and file Form 4720, Schedule N.	13		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
10	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes." complete Form 6069.			

Form **990** (2021)

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Part VI	Governance, Ma	anagement,	and Disclos	u re. For each	"Yes	" respons	e to lines 2	through 7b	below,	and for	a "No"
	response to line 8a	a, 8b, or 10b i	below, describ	e the circumst	ances	s, process	es, or chang	ges on Sched	ule O. S	See instr	uctions.
	Check if Schedule	O contains a	response or n	ote to any line i	n this	Part VI .					. X

Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 22			
	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 on Schedule O.			
b	Effect the number of voting members included on line 12, above, who are independent.			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
5	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	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," provide the names and addresses on Schedule O	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue		.)	- 21
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b		401		
	rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c	Х	
40	describe on Schedule O how this was done	13	X	
13 14	Did the organization have a written whistleblower policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	465		
Socti	organization's exempt status with respect to such arrangements?	16b		
17 18	List the states with which a copy of this Form 990 is required to be filed ►	(800	tion 5	01(c)
10	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	(360	1011 3	01(0)
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict o	f inter	est p	olicv.
	and financial statements available to the public during the tax year.			- ,,
20	State the name, address, and telephone number of the person who possesses the organization's books and record	s >		
	JUSTIN NARDILLA, 330 JAY STREET, 29TH FLOOR BROOKLYN, NY 11201			

(718)422-3301

Form **990** (2021)

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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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.s
- 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. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	Position (do not check more than one box, unless person is both an officer and a director/trustee)			(do not check more than one box, unless person is both an officer and a director/trustee)		an compensation compensatio ee) from the from related		(F) Estimated amount of other compensation from the organization and related organizations	
	dotted iiie)	Ф	tee			sated				
(1) WILLIAM R. GUARINELLO	34.00									
PRES. AND CEO, THRU DEC. 2022	1.00			Χ				614,884.	NONE	32,205.
(2) ANTHONY BIANCA	35.00									
CFO, THRU DEC. 2021	NONE			Χ				441,383.	NONE	32,205.
(3) LINDA M. TEMPEL	35.00									
EXECUTIVE DIRECTOR	NONE			Χ				278,913.	NONE	NONE
(4) LYNETTE FERNANDEZ	35.00									
SENIOR VP, THRU JUNE 2022	NONE					X		245,066.	NONE	9,515.
(5) THERESA MALOT	35.00									
VICE PRESIDENT - FINANCE	NONE					X		220,519.	NONE	17,506.
(6) EVELYN ALVAEREZ - RICHARDS	35.00									
EXECUTIVE VICE PRESIDENT	NONE					X		199,632.	NONE	17,506.
(7) GEORGE CINCOTTA	35.00									
EXECUTIVE VP	NONE					X		197,921.	NONE	9,515.
(8) ALEXANDER BETHEA	35.00									
DIRECTOR OF PAYROLL	NONE					X		191,723.	NONE	9,515.
(9) PAUL J. TORRE	0.50									
CHAIR	1.00	X		Χ				NONE	NONE	NONE
(10) ARLEEN BAEZ	0.50									
FIRST VICE CHAIR	NONE	X		Χ				NONE	NONE	NONE
(11) ANGELO DEL GIUDICE	0.50									
SECOND VICE CHAIR	NONE	X		Χ				NONE	NONE	NONE
(12) JOSEPH MALONE	0.50									
TREASURER	NONE	X		Χ				NONE	NONE	NONE
(13) CHRISTINE E. STREHLE	0.50									
SECRETARY	NONE	X		Χ				NONE	NONE	NONE
(14) JOSEPH R. BENFANTE, ESQ.	0.50									
MEMBER	NONE	X						NONE	NONE	
										Form 990 (2021)

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Page 8

Form 990 (2021)

Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	plo	ye	es,	and I	ligl	hest Compensat	ed Employees (continued)
(A)	(B)			((C)			(D)	(E)	(F)
Name and title	Average				sition			Reportable	Reportable	Estimated
	hours per	,				e than o is both		compensation	compensation from	amount of other
	week (list any hours for					or/trust		from the	related organizations	compensation
	related	or a	Ins	Officer	₹ 6	Highest cc employee	For	organization	(W-2/1099-MISC)	from the
	organizations	vid	titut	icer	/ em	hes	Former	(W-2/1099-MISC)	,	organization
	below dotted line)	ual t	ione		Key employee	t co	,			and related organizations
		Individual trustee or director	1 2		/ee	mpe				o gamzanono
		ee	Institutional trustee			compensated ee				
						ted				
15) JOSEPH A. CARUANA	0.50									
MEMBER	0.15	X						NONE	NONE	NONE
(16) MICHAEL CASTELLANO	0.50	-								
MEMBER, AS OF NOV. 2021	NONE	X						NONE	NONE	NONE
(17) CRAIG A. EATON, ESQ.	0.50									
MEMBER	0.50	X						NONE	NONE	NONE
18) REV. PATRICK S. FLANAGAN, CM	0.50									
MEMBER	NONE	X						NONE	NONE	NONE
(19) CHRISTOPHER G. JONES	0.50									
MEMBER	0.50	X						NONE	NONE	NONE
20) JIM KERR	0.50									
MEMBER	NONE	Х						NONE	NONE	NONE
21) MATTHEW LIPSKY	0.50									
MEMBER	NONE	X						NONE	NONE	NONE
22) FRANK J. MARESCA	0.50									
MEMBER	NONE	X						NONE	NONE	NONE
23) RENEE V. MCCLURE	0.50									
MEMBER	NONE	X						NONE	NONE	NONE
24) RAYMOND J. MOLLICA	0.50									
MEMBER	NONE	X						NONE	NONE	NONE
25) KENNETH P. NOLAN, ESQ.	0.50									
MEMBER	1.50	X						NONE	NONE	NONE
1b Sub-total							\blacktriangleright	2,390,041.	NONE	127,967.
c Total from continuation sheets to Part VII, S	ection A						\blacktriangleright	NONE	NONE	NONE
d Total (add lines 1b and 1c)							>	2,390,041.	NONE	127,967.
2 Total number of individuals (including but not	limited to t	hose	liste	d al	bov	e) who	o re	ceived more than	\$100,000 of	
reportable compensation from the organization	n ▶					40				
										Yes No
3 Did the organization list any former office										
employee on line 1a? If "Yes," complete Sched	ule J for su	ch ina	livid	ual						3
4 For any individual listed on line 1a, is the	sum of rer	oortab	ole d	com	per	satio	n ai	nd other compens	sation from the	
organization and related organizations gro										
individual										4
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual										
for services rendered to the organization? If "Yo	for services rendered to the organization? If "Yes," complete Schedule J for such person									
Section B. Independent Contractors										
 Complete this table for your five highest com- compensation from the organization. Report of 										
year.										
								(B)		(C)

ivairie and business address	Description of services	Compensation

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 ▶

Form **990** (2021)

Form 990 (2021)													Page 8
Part VII Section A. Officers, Directors, Tru		y En	nplo			and I	lig	1	ed Employ	yees (c	ontinue		
(A) Name and title	(B) Average hours per week (list any	verage Position Reportable Repo- urs per (do not check more than one compensation compensa-		Reporta compensation relate	on from	an	(F) stimated nount of other						
	hours for related organizations below dotted line)					Highest compensated employee		the organization (W-2/1099-MISC)	organiza (W-2/1099	tions	com fr org and	pensation the anization related	n d
26) REV. THOMAS G. PETTEI MEMBER	0.50 NONE	Х						NONE		NONE		1	NONE
27) PETER E. PISAPIA, ESQ. MEMBER	0.50 NONE	Х						NONE		NONE		Ī	NONE
28) DENNIS W. QUIRK MEMBER	0.50 NONE	Х						NONE		NONE		Ī	NONE
29) MITCHELL SCOTT, JR. MEMBER	0.50 NONE	X						NONE		NONE]	NONE
30) ROSANNA SCOTTO MEMBER	0.50 NONE	Х						NONE		NONE]	NONE
31) JUSTIN NARDILLA CFO, AS OF MAY 2022	35.00 NONE			Х				NONE		NONE		Ī	NONE
		-											
to Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	_						> >						
Total number of individuals (including but not reportable compensation from the organization)	limited to t	hose	liste	ed a	bove	e) who	o re	eceived more than	\$100,000	of			
3 Did the organization list any former office	er. directo	or. or	· tru	uste	e.	kev e	ame	olovee, or highes	t compens	ated		Yes	No
employee on line 1a? <i>If</i> "Yes," complete Schede 4 For any individual listed on line 1a, is the	ule J for su	ch ind	livid	lual			• •				3		Х
organization and related organizations graindividual	eater than	\$15	50,0	000?) If	"Yes	5,"	complete Schedu	le J for	such	4	X	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "You	accrue co	mpen	sati	ion	fron	n any	un	related organization			5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest com- compensation from the organization. Report of year.													
SEE SCHEDULE O Name and business add	lress							(B) Description of se	ervices	С	(C) ompens	sation	

8

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 ► 8 JSA 1E1055 2.000

Form **990** (2021)

Part VIII Statement of Revenue

(B) (C) Total revenue Related or exempt Unrelated Revenue excluded function revenue business revenue from tax under sections 512-514 Contributions, Gifts, Grants and Other Similar Amounts Membership dues 629,274. c Fundraising events 1c Related organizations 17,965,509. Government grants (contributions) . . 1e All other contributions, gifts, grants, 876,328 and similar amounts not included above ... 1f g Noncash contributions included in 20,629. lines 1a-1f 1g \$ Total. Add lines 1a-1f 19,471,111 **Business Code** Program Service Revenue FEES FROM GOVT AGENCIES 624100 87,581,848. 87,581,848 624100 4,696,035 4,696,035 CLIENT FEES 624100 PRIVATE FEES 324,396. 324,396 d е All other program service revenue 92,602,279. Investment income (including dividends, interest, and 1,584. 1,584 NONE 4 Income from investment of tax-exempt bond proceeds . 5 NONE (i) Real (ii) Personal 6a Gross rents 6a **b** Less: rental expenses 6b c Rental income or (loss) 6c NONE NONE d Net rental income or (loss) . . NONE (ii) Other Gross amount from (i) Securities sales of assets other than inventory 7a b Less: cost or other basis Other Revenue 7b and sales expenses . . c Gain or (loss) 7c NONE d Net gain or (loss) 8a Gross income from fundraising 629,274. events (not including \$ __ of contributions reported on line 139,264 1c). See Part IV, line 18 8a 377,767 8b **b** Less: direct expenses -238,503. -238,503. c Net income or (loss) from fundraising events 9a Gross income from gaming NONE activities. See Part IV, line 19 9a NONE 9b **b** Less: direct expenses c Net income or (loss) from gaming activities. NONE 10a Gross sales of inventory, less returns and allowances NONE NONE c Net income or (loss) from sales of inventory NONE **Business Code** Miscellaneous Revenue 11a MANAGEMENT FEE 900099 6,254,480 6,254,480. HEATING FUND 624100 215,583 215,583. c OTHER INCOME 900099 132,918. 132,918. d All other revenue 6,602,981 Total, Add lines 11a-11d 92,817,862. 6,150,479. 118,439,452. 12

1E1051 1.000

Form **990** (2021)

11-1633549

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	onse or note to any line	e 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	NONE			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	NONE			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	NONE			
4	Benefits paid to or for members	NONE			
5	Compensation of current officers, directors,				
	trustees, and key employees	1,630,444.	252,969.	1,377,475.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	454,819.		454,819.	
	Other salaries and wages	67,096,188.	58,759,304.	8,183,503.	153,381.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,420,584.	1,159,899.	256,811.	3,874
9		7,344,983.	6,242,651.	1,087,490.	14,842
10	Payroll taxes	7,967,735.	6,762,445.	1,187,181.	18,109
11	Fees for services (nonemployees):				
	Management	311,601.	63.	311,538.	
	Legal	404,749.	63,707.	341,042.	
	Accounting	292,903.		292,903.	
	Lobbying	70,337.			70,337
	Professional fundraising services. See Part IV, line 17	NONE			
	Investment management fees	NONE			
	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.)	5,796,300.	4,436,636.	1,359,664.	
12	Advertising and promotion	NONE			
13	Office expenses	1,961,296.	1,693,092.	258,896.	9,308
14	Information technology	209,254.		209,254.	
15	Royalties	NONE			
16	Occupancy	10,449,189.	9,102,717.	1,331,930.	14,542
17	Travel	3,490,766.	3,450,114.	40,518.	134
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	NONE			
	Conferences, conventions, and meetings	NONE			
	Interest	885,886.	858,610.	26,707.	569
	Payments to affiliates	NONE			
	Depreciation, depletion, and amortization	2,797,552.	2,599,705.	195,817.	2,030
	Insurance	2,585,993.	2,262,539.	320,724.	2,730.
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
		1 040 540	1 662 410	074 015	4 217
	REPAIRS AND MAINTENANCE	1,942,542.	1,663,410.	274,815.	4,317.
	FOOD & CLOTHING	1,675,030.	1,675,030.	EC 702	(50
	EQUIPMENT RENTAL	766,252.	708,817.	56,783.	652
	MEDICAL SUPPLIES	671,886.	671,886.	4E0 02E	0F 000
	All other expenses Add lines 1 through 24s	1,153,802. 121,380,091.	617,785.	450,935. 18,018,805.	85,082 379,907.
	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	121,300,031.	104,301,3/3.	10,010,000.	3/3,30/.
•	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				

Form **990** (2021)

Form 990 (2021) Page **11**

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this P	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	2,827,835.	1	6,223,374.
	2	Savings and temporary cash investments	NONE	2	NONE
	3	Pledges and grants receivable, net	NONE	3	NONE
	4	Accounts receivable, net	23,245,851.	4	19,320,866.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	NONE	5	NONE
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NONE	6	NONE
ţ	7	Notes and loans receivable, net	NONE	7	NONE
Assets	8	Inventories for sale or use	NONE		NONE
As	9	Prepaid expenses and deferred charges	727,041.	9	945,187.
	_	Land, buildings, and equipment: cost or other	, , ,		
		basis. Complete Part VI of Schedule D 10a 65,024,112.			
	h	Less: accumulated depreciation	26,776,810.	10c	26,494,506.
	11	Investments - publicly traded securities	NONE		NONE
	12	Investments - other securities. See Part IV, line 11	NONE		NONE
	13	Investments - program-related. See Part IV, line 11.	NONE		NONE
	14		NONE		NONE
	15	Intangible assets	81,449,822.	15	76,208,901.
	16	Other assets. See Part IV, line 11	135,027,359.		
		Total assets. Add lines 1 through 15 (must equal line 33)		16	129,192,834.
	17	Accounts payable and accrued expenses	11,194,326.	17	16,711,641.
	18	Grants payable	NONE		NONE
	19	Deferred revenue	NONE		NONE
	20	Tax-exempt bond liabilities	3,952,825.	20	5,807,024.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
Liabilities	22	Loans and other payables to any current or former officer, director,			
ij		trustee, key employee, creator or founder, substantial contributor, or 35%			
įģ.		controlled entity or family member of any of these persons	NONE		NONE
_	23	Secured mortgages and notes payable to unrelated third parties	18,490,357.	23	10,625,747.
	24	Unsecured notes and loans payable to unrelated third parties	1,900,000.	24	NONE
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D			85,418,858.
	26	Total liabilities. Add lines 17 through 25	121,457,156.	26	118,563,270.
seo		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
ılan	27	Net assets without donor restrictions	12,976,252.	27	10,035,981.
B	28	Net assets with donor restrictions.	593,951.	28	593,583.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.	,		,
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
ĭ.	32	Total net assets or fund balances	13,570,203.	32	10,629,564.
Ž	33	Total liabilities and net assets/fund balances	135,027,359.	33	129,192,834.
	100	. sta. nashintoo aha not assistoffana salahooo [] [] [] [] [] [] [] [] []	133,041,339.	<u> </u>	Form 990 (2021)

Form **990** (2021)

Form 990 (2021) Page **12**

	· /					
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	118	<u>, 4</u>	39,	<u>452</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2				<u>091</u>
3	Revenue less expenses. Subtract line 2 from line 1	3				<u>639</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	13	3,5	70,	<u> 203</u>
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	10	,6	29,	<u> 564</u>
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," ex	plain o	on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.		L	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?		L	2b	Χ	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi					
	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 over	rsiaht	of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	_	I	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, ex					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in th	ne [
Ju	Single Audit Act and OMB Circular A-133?	U		3a	Х	
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	erao ti	• • ⊢			
D	required audit or audits, explain why on Schedule Q and describe any steps taken to undergo such au	•		3b	x	

Form **990** (2021)

SCHEDULE A (Form 990)

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.

► Attach to Form 990 or Form 990-E2.

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

st. OMB No. 1545-0047
2021
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

HEA	ART	SHARE HUMAN SERVICES	S OF NEW YORK	[11-1	633549
Pa	rt I	Reason for Public Cha	rity Status. (All o	organizations must	complet	e this p	art.) See instructions	S.
The	orga	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church, convention of chu					70(b)(1)(A)(i).	
2	Щ	A school described in section	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	0).)		
3		A hospital or a cooperative	•	•				
4		A medical research organiz	•	conjunction with a hos	spital de	scribed in	n section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st						
5		An organization operated f		a college or universit	y owner	d or ope	erated by a governme	ental unit described in
_		section 170(b)(1)(A)(iv). (C						
6	\vdash	A federal, state, or local go	•					(b b.P.
7		An organization that norma	•	•	рроп п	om a go	vernmental unit of in	om the general public
8		described in section 170(b) A community trust describe			Dort II \			
9	\vdash	An agricultural research org				nerated	t in conjunction with a	land-grant college
3		or university or a non-land-				-		= =
		university:	grant conege or ag	grioditaro (oco mondo	10110). LI	itor trio	name, ony, and state o	Title college of
10	Х	An organization that norma	Ilv receives (1) mo	ore than 331/3 % of its	support	from coi	ntributions, membersh	ip fees, and gross
		receipts from activities rela	ted to its exempt f	unctions, subject to c	ertain ex	ceptions	s; and (2) no more thar	n 331/3 % of its
		support from gross investmacquired by the organizatio	n after June 30. 19	975. See section 509	able incc (a)(2). (0	ome (les: Complete	s section 5 i i tax) from e Part III.)	businesses
11		An organization organized a				•	*	
12		An organization organized a	and operated exclu	sively for the benefit o	f, to per	form the	functions of, or to car	ry out the purposes of
		one or more publicly suppor	rted organizations	described in section 5	09(a)(1)	or secti	ion 509(a)(2). See sec	tion 509(a)(3). Check
		the box on lines 12a throug	h 12d that describ	es the type of suppor	ting orga	anization	and complete lines 1	2e, 12f, and 12g.
а		Type I. A supporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
		the supported organization	on(s) the power to	regularly appoint or e	lect a m	ajority of	f the directors or truste	es of the
	_	_ supporting organization. \	•	•				
b		Type II. A supporting org	=					· · · · · -
		control or management of	•	•	the sam	e persor	ns that control or man	age the supported
		organization(s). You must	•	•				
С	L	_ Type III functionally integ						lly integrated with,
اہ	Г	its supported organization		· ·				tod organization(s)
d					•		• • • • • • • • • • • • • • • • • • • •	• , ,
		that is not functionally into requirement (see instruction	-		-		•	a an attentiveness
е	Г	Check this box if the orga		-				I Type III
·		functionally integrated, or					•••	ii, Typo iii
f	En	ter the number of supported						
g	Pro	ovide the following information	on about the suppo	orted organization(s).				
	(i) N	ame of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
/E\								
(E)								
Tota	 al							
ı Ota	a I							

Sche	edule A (Form 990) 2021						Page 2
Pa	rt II Support Schedule for Orga (Complete only if you checke Part III. If the organization fail	d the box on	line 5, 7, or 8	of Part I or if t	he organizatio	n failed to qua	
Sec	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	ction B. Total Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4						

3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions) .				12	
13	First 5 years. If the Form 990 is fo organization, check this box and stop here						
Sec	tion C. Computation of Public Sup	•	•				
14	Public support percentage for 2021 (I						%
15	Public support percentage from 2020						%
16a	331/3% support test - 2021. If the or						
_	box and stop here. The organization q						
b	331/3% support test - 2020. If the or						
47-	this box and stop here. The organizati						
ı / a	10%-facts-and-circumstances test - 10% or more, and if the organizatio						
	Part VI how the organization meets					•	•
	organization						
b	10%-facts-and-circumstances test						
	15 is 10% or more, and if the organi		-				
	in Part VI how the organization meet					-	•
	organization			=	•		
18	Private foundation. If the organization	on did not ched	k a box on line	e 13, 16a, 16b	, 17a, or 17b,	check this box	and see
	instructions						▶

Schedule A (Form 990) 2021

18

Schedule A (Form 990) 2021 Page **3**

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.)

	in the organization rails to qua					,	
	tion A. Public Support	(-) 0047	(h) 2242	(-) 0040	(4) 0000	(-) 000 :	(n T : :
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	819,053.	1,120,017.	1,693,389.	3,064,120.	19,471,111.	26,167,690.
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	92,473,560.	95,815,943.	99,438,874.	94,108,306.	92,817,862.	474,654,545.
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .						NONE
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						NONE
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						NONE
6	Total. Add lines 1 through 5	93,292,613.	96,935,960.	101,132,263.	97,172,426.	112,288,973.	500,822,235.
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons	331,812.	155,940.	117,561.	179,876.	142,049.	927,238.
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year.						NONE
С	Add lines 7a and 7b	331,812.	155,940.	117,561.	179,876.	142,049.	927,238.
8	Public support. (Subtract line 7c from						
	line 6.)						499,894,997.
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	93,292,613.	96,935,960.	101,132,263.	97,172,426.	112,288,973.	500,822,235.
10 a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from similar						
	rents, royalties, and income from similar sources	1,266.	227.	390.	4,822.	1,584.	8,289.
b	rents, royalties, and income from similar sources	1,266.	227.	390.	4,822.	1,584.	8,289.
b	rents, royalties, and income from similar sources	1,266.	227.	390.	4,822.	1,584.	8,289.
	rents, royalties, and income from similar sources						NONE
	rents, royalties, and income from similar sources	1,266.	227.	390. 390.	4,822.	1,584.	
	rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						NONE
С	rents, royalties, and income from similar sources						NONE
С	rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						NONE
С	rents, royalties, and income from similar sources				4,822.		NONE 8,289.
c 11	rents, royalties, and income from similar sources				4,822.		NONE 8,289.
c 11	rents, royalties, and income from similar sources	1,266.	5,698,000.	390.	4,822. 317,652.	1,584.	NONE 8,289. 317,652.
c 11	rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE SUPP PAGE Total support. (Add lines 9, 10c, 11, and 12.)	1,266. 5,452,700. 98,746,579.	5,698,000. 102,634,187.	390. 5,824,529. 106,957,182.	4,822. 317,652. 6,071,444. 103,566,344.	1,584. 6,387,398. 118,677,955.	NONE 8,289. 317,652. 29,434,071. 530,582,247.
c 11	rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE SUPP PAGE Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for	1,266. 5,452,700. 98,746,579. the organization	5,698,000. 102,634,187. on's first, second	390. 5,824,529. 106,957,182. , third, fourth,	4,822. 317,652. 6,071,444. 103,566,344. or fifth tax yea	1,584. 6,387,398. 118,677,955. ar as a section	NONE 8,289. 317,652. 29,434,071. 530,582,247. 501(c)(3)
11 12 13 14	rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE SUPP PAGE Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for organization, check this box and stop here	1,266. 5,452,700. 98,746,579. the organization	5,698,000. 102,634,187. on's first, second	390. 5,824,529. 106,957,182. , third, fourth,	4,822. 317,652. 6,071,444. 103,566,344. or fifth tax yea	1,584. 6,387,398. 118,677,955. ar as a section	NONE 8,289. 317,652. 29,434,071. 530,582,247. 501(c)(3)
11 12 13 14 Sec	rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE SUPP PAGE. Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Sup	1,266. 5,452,700. 98,746,579. the organization	5,698,000. 102,634,187. on's first, second	390. 5,824,529. 106,957,182. third, fourth,	4,822. 317,652. 6,071,444. 103,566,344. or fifth tax yea	1,584. 6,387,398. 118,677,955. ar as a section	NONE 8,289. 317,652. 29,434,071. 530,582,247. 501(c)(3)
11 12 13 14	rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE SUPP PAGE. Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Sup	1,266. 5,452,700. 98,746,579. the organization	5,698,000. 102,634,187. on's first, second	5,824,529. 106,957,182. third, fourth,	4,822. 317,652. 6,071,444. 103,566,344. or fifth tax yea	1,584. 6,387,398. 118,677,955. ar as a section	NONE 8,289. 317,652. 29,434,071. 530,582,247. 501(c)(3)▶ 94.22%
11 12 13 14 Sec 15 16	rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE SUPP PAGE Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2021 (line 8, Public support percentage from 2020 Sche	5,452,700. 98,746,579. the organization	5,698,000. 102,634,187. on's first, second ge ed by line 13, columne 15	5,824,529. 106,957,182. third, fourth,	4,822. 317,652. 6,071,444. 103,566,344. or fifth tax yea	1,584. 6,387,398. 118,677,955. ar as a section	NONE 8,289. 317,652. 29,434,071. 530,582,247. 501(c)(3)▶
11 12 13 14 Sec 15 16	rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE SUPP PAGE. Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Sup	5,452,700. 98,746,579. the organization	5,698,000. 102,634,187. on's first, second ge ed by line 13, columne 15	5,824,529. 106,957,182. third, fourth,	4,822. 317,652. 6,071,444. 103,566,344. or fifth tax yea	1,584. 6,387,398. 118,677,955. ar as a section	NONE 8,289. 317,652. 29,434,071. 530,582,247. 501(c)(3) 94.22%
11 12 13 14 Sec 15 16	rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE SUPP PAGE Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2021 (line 8, Public support percentage from 2020 Schettion D. Computation of Investment Investment income percentage for 2021 (lines)	5,452,700. 98,746,579. the organization port Percenta , column (f), dividedule A, Part III, lirt t Income Percente 10c, column (5,698,000. 102,634,187. on's first, second ed by line 13, columne 15 eentage f), divided by line 1:	5,824,529. 106,957,182. , third, fourth,	4,822. 317,652. 6,071,444. 103,566,344. or fifth tax yea	1,584. 6,387,398. 118,677,955. ar as a section	NONE 8,289. 317,652. 29,434,071. 530,582,247. 501(c)(3) 94.22%
11 12 13 14 Sec 15 16 Sec 17 18	rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE SUPP PAGE Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2021 (line 8) Public support percentage from 2020 Schetion D. Computation of Investment Investment income percentage from 2020 (line)	5,452,700. 98,746,579. the organization port Percenta , column (f), dividedule A, Part III, lire t Income Percenta ne 10c, column (Schedule A, Part	5,698,000. 102,634,187. on's first, second ge ed by line 13, columne 15. centage f), divided by line 1: III, line 17	5,824,529. 106,957,182. third, fourth,	4,822. 317,652. 6,071,444. 103,566,344. or fifth tax yea	1,584. 6,387,398. 118,677,955. ar as a section 15 16	NONE 8,289. 317,652. 29,434,071. 530,582,247. 501(c)(3)▶ 94.22% 94.19% 0.00% 0.00%
11 12 13 14 Sec 15 16 Sec 17 18	rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE SUPP PAGE Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2021 (line 8, Public support percentage from 2020 Schettion D. Computation of Investment Investment income percentage for 2021 (lines)	5,452,700. 98,746,579. the organization port Percenta , column (f), dividedule A, Part III, lire t Income Percenta ne 10c, column (Schedule A, Part	5,698,000. 102,634,187. on's first, second ge ed by line 13, columne 15. centage f), divided by line 1: III, line 17	5,824,529. 106,957,182. third, fourth,	4,822. 317,652. 6,071,444. 103,566,344. or fifth tax yea	1,584. 6,387,398. 118,677,955. ar as a section 15 16	NONE 8,289. 317,652. 29,434,071. 530,582,247. 501(c)(3) >
11 12 13 14 Sec 15 16 Sec 17 18	rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE SUPP PAGE Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2021 (line 8) Public support percentage from 2020 Schetion D. Computation of Investment Investment income percentage from 2020 (line)	5,452,700. 98,746,579. the organization port Percenta , column (f), divide adule A, Part III, lirt Income Percente 10c, column (Schedule A, Part ganization did n	5,698,000. 102,634,187. on's first, second ed by line 13, columne 15 centage f), divided by line 15 tentage f), divided by line 17 ot check the box	5,824,529. 106,957,182. third, fourth, an (f)) 3, column (f)) on line 14, ar	4,822. 317,652. 6,071,444. 103,566,344. or fifth tax yea	1,584. 6,387,398. 118,677,955. ar as a section 15 16 17 18 are than 331/3%,	NONE 8,289. 317,652. 29,434,071. 530,582,247. 501(c)(3)▶ 94.22% 94.19% 0.00% 0.00% and line
11 12 13 14 Sec 15 16 Sec 17 18 19 a	rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE SUPP PAGE. Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Supper Public support percentage from 2020 Schettion D. Computation of Investment Investment income percentage from 2020. 331/3% support tests - 2021. If the organization is support tests - 2021.	5,452,700. 98,746,579. the organization port Percenta , column (f), dividedule A, Part III, lirt t Income Percenta ne 10c, column (Schedule A, Part ganization did ness box and stop	5,698,000. 102,634,187. on's first, second ed by line 13, columne 15. entage f), divided by line 1: itentage f), divided by line 1: ot check the box here. The organi	390. 5,824,529. 106,957,182. third, fourth, an (f)) 3, column (f)) on line 14, ar zation qualifies	4,822. 317,652. 6,071,444. 103,566,344. or fifth tax yea	1,584. 6,387,398. 118,677,955. ar as a section 15 16 17 18 re than 331/3%, pported organiza	NONE 8,289. 317,652. 29,434,071. 530,582,247. 501(c)(3)▶ 94.22% 94.19% 0.00% 0.00% and line tion▶ X
11 12 13 14 Sec 15 16 Sec 17 18 19 a	rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE SUPP PAGE. Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for organization, check this box and stop here. tion C. Computation of Public Supper Public support percentage for 2021 (line 8). Public support percentage from 2020 Schettion D. Computation of Investment Investment income percentage from 2021. If the or 17 is not more than 331/3%, check this	5,452,700. 98,746,579. the organization port Percenta column (f), dividedule A, Part III, lingt Income Percenta ne 10c, column (Schedule A, Part reganization did not sook and stop anization did not	5,698,000. 102,634,187. on's first, second ge ed by line 13, columne 15. centage f), divided by line 1: lill, line 17 ot check the box here. The organi check a box on line	390. 5,824,529. 106,957,182. third, fourth, an (f)) 3, column (f)) on line 14, ar zation qualifies ine 14 or line 1	4,822. 317,652. 6,071,444. 103,566,344. or fifth tax yea	1,584. 6,387,398. 118,677,955. ar as a section 15 16 17 18 re than 331/3%, pported organiza is more than 331	NONE 8,289. 317,652. 29,434,071. 530,582,247. 501(c)(3)▶ 94.22% 94.19% 0.00% 0.00% and line tion ▶ X /3 %, and
11 12 13 14 Sec 15 16 Sec 17 18 19 a	rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE SUPP PAGE Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Supper Public support percentage for 2021 (line 8, Public support percentage from 2020 Schetton D. Computation of Investment Investment income percentage from 2020. 331/3% support tests - 2021. If the organization, support tests - 2020. If the organization support tests - 2020.	5,452,700. 98,746,579. the organization port Percenta column (f), divided and A, Part III, ling tension and the second and the second and this box and second this box and second and the second a	5,698,000. 102,634,187. on's first, second ge ed by line 13, colume 15 centage f), divided by line 1: III, line 17 ot check the box here. The organicheck a box on loop here. The org	5,824,529. 106,957,182. third, fourth, an (f)) con line 14, an zation qualifies ine 14 or line 1 anization qualifies	4,822. 317,652. 6,071,444. 103,566,344. or fifth tax yea diline 15 is mo as a publicly su 9a, and line 16 es as a publicly	1,584. 6,387,398. 118,677,955. ar as a section 15 16 17 18 re than 331/3%, pported organiza is more than 331 supported organiza supported organiza.	NONE 8,289. 317,652. 29,434,071. 530,582,247. 501(c)(3) 94.22% 94.19% 0.00% 0.00% and line tion . ▶ X /3 %, and zation ▶ □

JSA 1E1221 1.000 Schedule A (Form 990) 2021 Page **4**

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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.
 Did the organization have any supported organization that does not have an IRS determination of status
- 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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).
- **8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
 - **b** Did one or more disqualified persons (as defined on 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 on 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 line 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.)

Yes No 1 2 3a 3b 3с 4a 4b 4c 5a 5b 6 7 8 9a 9b 9c 10a 10b

Page 5 Schedule A (Form 990) 2021

Part	Supporting Organizations (continued)			- 0 -
			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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	44.		
Secti	provide detail in Part VI. on B. Type I Supporting Organizations	11c		
30011	on billypo i cupporting organizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	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 officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
Sacti	on C. Type II Supporting Organizations	2		
) C C (1	on o. Type ii oupporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
_	Did the consideration of the transfer of the constant of the c		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		
2	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
3	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		
Secti	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 in	structi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se	e instr		r –
2	Activities Test. Answer lines 2a and 2b below.		Yes	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
h	·			
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3h	I	ı

Schedule A (Form 990) 2021 Page **6**

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nization	s	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	ng trust on	Nov. 20, 1970 (explain	in in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organ	izations r	nust complete Sectio	ns A through E.
Se	ction 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		
Se	ction B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
_	Acquisition indebtedness applicable to non-exempt-use assets	2		
	Subtract line 2 from line 1d.	3		
_		- 3		
4	Cash deemed held for exempt use. Enter 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Se	ction C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2		2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4		4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	lly integra	ited Type III supporting	g organization

Schedule A (Form 990) 2021

22

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(see instructions).

Schedule A (Form 990) 2021 Page **7**

Part	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Sect	ion D - Distributions		Current Year				
1	Amounts paid to supported organizations to accomplish exempt purposes						
2	Amounts paid to perform activity that directly furthers exempt purposes of supported						
	organizations, in excess of income from activity	2					
3	3 Administrative expenses paid to accomplish exempt purposes of supported organizations 3						
4	4 Amounts paid to acquire exempt-use assets 4						
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)						
6	Other distributions (describe in Part VI). See instructions.						
7	Total annual distributions. Add lines 1 through 6.	7					
8	Distributions to attentive supported organizations to which the organization is responsive						
	(provide details in Part VI). See instructions.	8					
9	Distributable amount for 2021 from Section C, line 6	9					
10	Line 8 amount divided by line 9 amount	10					

Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
C	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from			
	Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2017			
b	Excess from 2018			
С	Excess from 2019			
d	Excess from 2020			
е	Excess from 2021			

Schedule A (Form 990) 2021

Part VI Suppleme

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.)

TOTALS	5,452,700.	5,698,000.	5,824,529.	6,071,444.	6,387,398.	29,434,071.
MISCELLANEOUS	197,870.	207,642.	233,058.	121,777.	132,918.	893,265.
MANAGEMENT FEES	5,254,830.	5,490,358.	5,591,471.	5,949,667.	6,254,480.	28,540,806.
220000111100	2017	2010	2013	2020	2021	101111
DESCRIPTION	2017	2018	2019	2020	2021	TOTAL
SCHEDULE A, PART III - OTHER IN	COME					

Schedule B (Form 990)

Schedule of Contributors

Attach to Form 990 or Form 990-PF

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information.

Employer identification number Name of the organization HEARTSHARE HUMAN SERVICES OF NEW YORK 11-1633549 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** 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), 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), 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).

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

Schedule B (Form 990) (2021)

Part I	Contributors (se	ee instructions).	Use duplicate copies of	of Part I if additional	space is needed.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	OFFICE FOR PEOPLE WITH DEV. DISABILITIES 44 HOLLAND AVE. ALBANY, NY 12229	\$14,148,531.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	U.S. SMALL BUSINESS ADMINISTRATION 409 3RD STREET, SW WASHINGTON, DC 20416	\$1,900,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	U.S. DEPT OF HEALTH & HUMAN SERVICES 200 INDEPENDENCE AVENUE, S.W. WASHINGTON, DC 20201	\$1,843,778.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(-)	/h)		4.0
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	MOTHER CABRINI HEATH FOUNDATION 777 3RD AVENUE, 23RD FLOOR	Total contributions	Person X Payroll Noncash (Complete Part II for
No. 4 (a)	MOTHER CABRINI HEATH FOUNDATION 777 3RD AVENUE, 23RD FLOOR NEW YORK, NY 10017 (b)	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	MOTHER CABRINI HEATH FOUNDATION 777 3RD AVENUE, 23RD FLOOR NEW YORK, NY 10017 (b) Name, address, and ZIP + 4 THE TAFT FOUNDATION 1177 AVENUE OF THE AMERICAS, 24TH FLOOR	\$ 212,684.	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for

Employer identification number 11-1633549

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is neede

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7	THE EDITH GLICK SCHOOLMAN CHILDREN'S FDN P.O. BOX 201763 NEW YORK, NY 10021		Person X Payroll Noncash Complete Part II for oncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8	KENNETH GOLDMAN DONOR FUND P.O. BOX 1808 TELLURIDE, CO 81435		Person X Payroll Noncash Complete Part II for oncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
9_	MAUREEN MOORE 33 COLUMBIA AVENUE STATEN ISLAND, NY 10305		Person X Payroll Noncash Complete Part II for concash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
10	THE WASILY FAMILY FOUNDATION 2711 CENTERVILLE ROAD, PMB 1041 WILMINGTON, DE 19808		Person X Payroll Noncash Complete Part II for oncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
11	ARLEEN BAEZ 1095 GAMBELLI DRIVE YORKTOWN HEIGHTS, NY 10598		Person X Payroll Noncash Complete Part II for concash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
12	ANDREW TYTEL 800 SOUTH POINTE DRIVE, APT. 1202 MIAMI BEACFH, FL 33139	1	Person X Payroll Noncash Complete Part II for oncash contributions.)

27

Employer identification number 11-1633549

Part I Contributors (see instructions). Use duplicate copies of Part I if add	dditional space is needed.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	DOUGLAS AND JUDITH CATALANO 400 EAST 51ST STREET, APT. 18A NEW YORK, NY 10022	\$24,900.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	JOSEPH R. BENFANTE, ESQ. 88 LAKEWOOD ROAD STATEN ISLAND, NY 10301	\$22,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	CLIFTON BUDD & DEMARIA, LLP. 350 FITH AVENUE, STE 6110 NEW YORK, NY 10118	\$22,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	GEORGE A. CINCOTTA, JR. 204 HUNTINGTON STREET, APT 3D BROOKLYN, NY 11231	\$18,874.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b)	(c)	(d)
	Name, address, and ZIP + 4	Total contributions	Type of contribution
17	PAUL J. TORRE 50 MOWBRAY AVENUE BAY SHORE, NY 11706	\$18,475.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	PAUL J. TORRE 50 MOWBRAY AVENUE		Person X Payroll Noncash (Complete Part II for

28

Part I Contributors (see instructions). Use duplicate copies of Part I if add	dditional space is needed.
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(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
19	ROPES & GRAY, LLP. 1211 AVENUE OF THE AMERICAS NEW YORK, NY 10036	\$15,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
20	NATIONAL GRID - COMMUNITY INVESTMENT 2 HANSON PLACE BROOKLYN, NY 11217	\$14,300.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
21	CELTIC GENERAL CONTRACTORS, INC. 228 EAST 122ND STREET, 2ND FLOOR NEW YORK, NY 10035	\$12,772.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
22	GARGIULO'S RESTAURANT 2911 WEST 15TH STREET BROOKLYN, NY 11224	\$12,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
23	BEACON THERAPY SERVICES, PLLC. 1441 OLD NORTHERN BOULEVARD ROSLYN, NY 11576	\$11,750.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
24	CONNER STRONG & BUCKELEW		Person X

Part I	Contributors (see instructions).	Use duplicate copies of Part I if	additional space is needed.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	JAMES J. BUCKLEY RESTAURANT CORP. 2926 AVENUE S BROOKLYN, NY 11229	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26	FIRST EAGLE INVESTMENT MANAGEMENT 1345 AVENUE OF THE AMERICAS NEW YORK, NY 10105	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27	LINDA M. TEMPEL 531 EAST 4TH STREET BROOKLYN, NY 11218	\$8,725.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28	FRANK J. MARESCA 5 GREENVIEW CIRCLE HUNTINGTON, NY 11743	\$8,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
	5 GREENVIEW CIRCLE	\$8,500. (c) Total contributions	Person X Payroll Noncash (Complete Part II for
(a)	5 GREENVIEW CIRCLE HUNTINGTON, NY 11743 (b)	(c)	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	5 GREENVIEW CIRCLE HUNTINGTON, NY 11743 (b) Name, address, and ZIP + 4 CHRISTINE AND JOHN T. STREHLE 236 BEACH 138TH STREET	(c) Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for

Employer identification number 11-1633549

Part I	Contributors ((see instructions).	Use duplicate co	pies of Part I if additional	space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
31	CRAIG A. EATON, ESQ 8019 HARBOR VIEW TERRACE BROOKLYN, NY 11209	\$7,850.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
32	BROADRIDGE FINANCIAL SOLUTIONS, INC. 1155 LONG ISLAND AVENUE EDGEWOOD, NY 11717	\$7,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
33	ANGELO J. DEL GIUDICE 2 OLD SCOTS ROAD MARLBORO, NJ 07746	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
34	INVESTORS BANK 101 JFK PARKWAY SHORT HILLS, NJ 07078	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
35	LONG & DELOSA CONSTRUCTION GROUP, LTD. 800 FIFTH AVENUE BROOKLYN, NY 11232	\$7,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
36	MORRIS LEVIN KEY FOOD STORES FOUNDATION 100 MATAWAN ROAD MATAWAN, NJ 07747	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions).	Use duplicate copies of Part I if	additional space is needed.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
37	PROSPECT DRUGS COMPANY, INC. 94 GREENE AVENUE BROOKLYN, NY 11238	\$7,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
38	FRIENDS OF MARTY GOLDEN 8411 13TH AVENUE BROOKLYN, NY 11228	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
39	HSBC BANK USA NA 534 BROAD HOLLOW ROAD, ROOM 130 MELVILLE, NY 11747	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
No.	Name, address, and ZIP + 4 JOSEPH MALONE 24 OVERHILL ROAD	Total contributions	Person X Payroll Noncash (Complete Part II for		
40 (a)	Name, address, and ZIP + 4 JOSEPH MALONE 24 OVERHILL ROAD SUMMIT, NJ 07901 (b)	\$6,453.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
No. 40 (a) No.	Name, address, and ZIP + 4 JOSEPH MALONE 24 OVERHILL ROAD SUMMIT, NJ 07901 (b) Name, address, and ZIP + 4 WILLIAM R. GUARINELLO 1416 80TH STREET	\$6,453. (c) Total contributions	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for		

Part I	Contributors (see instructions).	Use duplicate copies of	Part I if additional space is needed.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
43	HAYMAKER GROUP, LLC. 222 BROADWAY, 19TH FLOOR NEW YORK, NY 10038	\$5,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
44	JOHN J. DIGREGORIO, DDS 574 BAY RIDGE PARKWAY BROOKLYN, NY 11209	\$5,491.	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
45	JOSHUA LAMBERG 201 50TH AVENUE, APT. 3S LONG ISLAND CITY, NY 11101	\$5,216.	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
46	GALWAY PROPERTIES, LLC. 25 WEST 45TH STREET, SUITE 502 NEW YORK, NY 10036	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
	· · · ·	Total Continuations	Type of contribution	
47	ANTHONY LOMANGINO 1620 S. OCEAN BOULEVARD PALM BEACH, FL 33840	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a)	ANTHONY LOMANGINO 1620 S. OCEAN BOULEVARD		Person X Payroll Noncash (Complete Part II for	

Part I	Contributors (see instructions).	Use duplicate copies of Part I if additional space is needed.
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(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
49	JAMES E. VASSALOTTI 1 STONELEIGH PLAZA, APT. 1M BRONXVILLE, NY 10708	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
50	SALVATORE AND LINDA VITTORIA 114 81ST STREET BROOKLYN, NY 11209	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
51	BRUCE WEKSLER 24 LAURIE DRIVE ENGLEWOOD CLIFFS, NJ 07632	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
52	BRUCE SUPPLY CORP. 8805 18TH AVENUE BROOKLYN, NY 11214	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

	HEARTSHARE HUMAN SERVICES OF NEW YORK	11-1633549
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional s	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
		\$	
I .		1	1

Name of organization Employer identification number HEARTSHARE HUMAN SERVICES OF NEW YORK 11-1633549 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. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (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 B (Form 990) (2021)

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

Tax)	(See separate instructions), the		Tax) (See separate in	nstructions) or Form 990-l	EZ, Part V, line 35c (Prox
	Section 501(c)(4), (5), or (6) orga	anizations: Complete Part III.			
	e of organization			' '	ntification number
	ARTSHARE HUMAN SERVIO				533549
		organization is exempt under			
1	Provide a description of the definition of "political campa"	he organization's direct and indi	rect political camp	aign activities in Part	IV. See instructions fo
2		xpenditures. See instructions		▶ \$	
		campaign activities. See instruction			
		organization is exempt under			
		cise tax incurred by the organizatio		5 ▶ \$	
2	Enter the amount of any exc	cise tax incurred by organization m	anagers under secti	on 4955 > \$	
3		a section 4955 tax, did it file Form			
-					
	If "Yes," describe in Part IV.				
		organization is exempt under	section 501(c). ex	cept section 501(c)(3).
1	•	xpended by the filing organization			,-
	activities				
2		ng organization's funds contributed			
3		enditures. Add lines 1 and 2. Ent			
4 5	Enter the names, addresses organization made payment the amount of political cont	e Form 1120-POL for this year? and employer identification numb s. For each organization listed, en tributions received that were prom nd or a political action committee (I	er (EIN) of all section ter the amount paid optly and directly de	on 527 political organiza I from the filing organiz livered to a separate po	ations to which the filing cation's funds. Also ente plitical organization, such
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

Schedule C (Form 990) 2021

Sch	edule C (Form 990) 2021 H	EARTSI	HARE HUM	IAN SERVICES O	F NEW YORK	11	-1633549 Page 2
Pa	rt II-A Complete if the organization 501(h)).	nizatio	on is exen	npt under section	n 501(c)(3) and	filed Form 5768 (ele	ction under
A	Check ▶ if the filing organiza address, EIN, expe		-			ach affiliated group mem	ber's name,
В	Check ▶ if the filing organiza	tion che	ecked box A	A and "limited contro	ol" provisions app	oly.	
	Limits o (The term "expenditu		ying Expend ans amour)	(a) Filing organization's totals	(b) Affiliated group totals
b c d	Total lobbying expenditures to influence public opinion (grassroots lobbying) Total lobbying expenditures to influence a legislative body (direct lobbying) Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount. Enter the amount from the following table in both columns.						
	If the amount on line 1e, column (a)	or (b) is:	The lobbying	g nontaxable amount	is:		
	Not over \$500,000		20% of the	amount on line 1e.			
	Over \$500,000 but not over \$1,000,0	000	\$100,000 pl	us 15% of the excess	over \$500,000.		
	Over \$1,000,000 but not over \$1,500	0,000	\$175,000 pl	us 10% of the excess	over \$1,000,000.		
	Over \$1,500,000 but not over \$17,00	00,000	\$225,000 pl	us 5% of the excess of	ver \$1,500,000.		
	Over \$17,000,000		\$1,000,000	•			
	Grassroots nontaxable amount (e						
	Subtract line 1g from line 1a. If zo						
i	Subtract line 1f from line 1c. If ze	ro or les	ss, enter -0-		[
j	If there is an amount other tha	n zero	on either I	ine 1h or line 1i, o	did the organiza	tion file Form 4720	
	reporting section 4911 tax for thi	s year?					Yes No
	(Some organizations that	made a See	section 50 the separa	te instructions for I	t have to compl ines 2a through	2f.)	ns below.
		Lobb	ying Exper	nditures During 4-Yo	ear Averaging Pe	riod	T
	Calendar year (or fiscal year beginning in)	(a)	2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a	Lobbying nontaxable amount						
b	Lobbying ceiling amount (150% of line 2a, column (e))						
С	Total lobbying expenditures						
d	Grassroots nontaxable amount						
е	Grassroots ceiling amount (150% of line 2d, column (e))						

Schedule C (Form 990) 2021

JSA 1E1265 2.000

f Grassroots lobbying expenditures

	dule C (Form 990) 2021 HEARTSHARE HUMAN SERVICES OF NEW YORK			11-163	33549) F	Page 3
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).			m 5768			
For	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(;	a)		(b)		
	cription of the lobbying activity.	Yes	No		Amour	nt	
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?		X				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.		X				
c d e	Media advertisements?		X				
f	Grants to other organizations for lobbying purposes?	Х	Х		1	70,	337
g h i	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total. Add lines 1c through 1i		X				337
2a b c	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912		Х				
d Pa	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? rt III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	, or s	ection			
	501(c)(6).					res	No
1 2 3 Pa	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes."	om the	prior	year?	1 2 3		NO
1 2	Dues, assessments and similar amounts from members			1			
a b c	Current year			2a 2b 2c 3			
3 4	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion excess does the organization agree to carryover to the reasonable estimate of nondeductible I and political expenditure next year?	n of th obbyir	he	4			
5 Pa	Taxable amount of lobbying and political expenditures. See instructions Taxable amount of lobbying and political expenditures. See instructions		<u> </u>	5			
Prov 2 (S	vide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliate see instructions); and Part II-B, line 1. Also, complete this part for any additional information. E PAGE 4	ed gro	up list); Part II	-A, line	es 1	and

Schedule C (Form 990) 2021

SCHEDULE C, PART II-B, LINE 1

ON BEHALF OF HEARTSHARE HUMAN SERVICES, CAPALINO & COMPANY AND OSTROFF

ASSOCIATES ENGAGED IN DIRECT LOBBYING OF GOVERNMENT OFFICIALS RELATED TO

REIMBURSEMENT FOR CITY CONTRACTS. ADDITIONALLY, CAPALINO & COMPANY HAS

ADVOCATED TO NEW YORK CITY ELECTED OFFICIALS FOR PUBLIC SECTOR FUNDING

FOR HEARTSHARE HUMAN SERVICES OF NEW YORK.

4353QQ 702V

SCHEDULE D (Form 990)

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

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

► Attach to Form 990.

Open to Public Inspection

OMB No. 1545-0047

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

lam	e of the organization		Employer identification number
HEA	ARTSHARE HUMAN SERVICES OF NEW YORK		11-1633549
Pa	art I Organizations Maintaining Donor Advi	ised Funds or Other Similar Funds o	r 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	I in donor advised
	funds are the organization's property, subject to the	e organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, a	and donor advisors in writing that grant	funds can be used
	only for charitable purposes and not for the benef	fit of the donor or donor advisor, or for	any other purpose
	conferring impermissible private benefit?		Yes No
Pa	art II Conservation Easements.		
	Complete if the organization answered		
1	Purpose(s) of conservation easements held by the	organization (check all that apply).	
	Preservation of land for public use (for example	, recreation or education) Preservation	of a historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution i	
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified		2c
d	Number of conservation easements included in (c	e) acquired after 7/25/06, and not on a	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, tra	nsferred, released, extinguished, or tern	ninated by the organization during the
	tax year		
4	Number of states where property subject to conse		
5	Does the organization have a written policy reg		-
_	violations, and enforcement of the conservation ear		
õ	Staff and volunteer hours devoted to monitoring, inspect	ecting, handling of violations, and enforcing	g conservation easements during the year
_	Assessed of commences the constitution to the state of th	Combound Color Color	
′	Amount of expenses incurred in monitoring, inspect	ting, nandling of violations, and enforcing (conservation easements during the year
,	Dana analysis and a second translated as line (tion 170/h)//1//D)/i)
5	Does each conservation easement reported on line 2		
	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports		
9	balance sheet, and include, if applicable, the text of		The state of the s
	organization's accounting for conservation easeme		siai statemente that decombes the
Pa	art III Organizations Maintaining Collections		er Similar Assets.
	Complete if the organization answered		
1a	If the organization elected, as permitted under FA	ASB ASC 958, not to report in its reven	ue statement and balance sheet works
-	of art, historical treasures, or other similar asset service, provide in Part XIII the text of the footnote	ts held for public exhibition, education	, or research in furtherance of public
b	If the organization elected, as permitted under FA art, historical treasures, or other similar assets hel provide the following amounts relating to these iter	ld for public exhibition, education, or resease:	search in furtherance of public service,
	(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 a	rt, historical treasures, or other similar	assets for financial gain, provide the
	following amounts required to be reported under Fa	=	
а	Revenue included on Form 990, Part VIII, line 1		> \$

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

Assets included in Form 990, Part X.......

Schedule D (Form 990) 2021

\$

Pa	rt Organizations Maintaini	ng Collections of	Art, Histo	rical Tre	asures,	or Other	Similar As	ssets (c	continu	ed)	
3	Using the organization's acquisition	on, accession, and	other recor	ds, checl	k any of	the follov	ving that ma	ake sign	nificant	use o	f its
	collection items (check all that app	ly):	_	_							
а	Public exhibition		d		or exchan						
b	Scholarly research		e	Other							
С	Preservation for future gene	rations									
4	Provide a description of the organ	nization's collections	s and expla	ain how t	they furth	er the or	ganization's	exempt	t purpo:	se in	Part
	XIII.										
5	During the year, did the organization								_		1
	assets to be sold to raise funds rath		ained as pa	rt of the	organizati	on's colle	ction?		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, lii	ne 9, or r	eported an	amour	nt on Fo	orm	
1 a	Is the organization an agent, trus	tee, custodian or c	ther interm	nediary fo	or contrib	utions or	other asse	ts not _			_
	included on Form 990, Part X?							[X Yes		No
b	If "Yes," explain the arrangement i	n Part XIII and com	plete the fol	lowing tak	ole:						
							ı	Amount			
С	Beginning balance				1	С			1,38	8,90	01.
d	Additions during the year					d			1,32	27,70	04.
е	Distributions during the year				1	е			1,69	1,94	48.
f	Ending balance					f			1,02	24,6	57.
	Did the organization include an am								Yes		No
	If "Yes," explain the arrangement i	n Part XIII. Check h	ere if the ex	xplanation	has beer	provided	on Part XIII				
Pa	rt V Endowment Funds.										
	Complete if the organiza		1				T				
		(a) Current year	(b) Prio	r year	(c) Two y	ears back	(d) Three year	ars back	(e) Fou	years	back
1 a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains,										
	and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage			e (line 1g,	column (a	a)) held as	3:				
a	Board designated or quasi-endown		_%								
	Permanent endowment	%									
С	Term endowment	.%	4000/								
2.	The percentages on lines 2a, 2b, a	·		tion that	المامط متم	ما ماما	niatarad far ti	ha			
3a	Are there endowment funds not in	the possession of t	ne organiza	illon inai	are neid	and admi	nistered for ti	ne	٦	Yes	No
	organization by: (i) Unrelated organizations								3a(i)	103	110
	.,								3a(ii)		
L	(ii) Related organizations If "Yes" on line 3a(ii), are the relate								3b		
4	Describe in Part XIII the intended u	•	•						35		
_	rt VI Land, Buildings, and Equ		ation 5 endo	willelit lui	ius.						
1 4	Complete if the organize	ation answered "Y	es" on For	m 990, l	Part IV, li	ne 11a.	See Form 9	990, Pa	rt X, Iir	e 10	
	Description of property		r other basis stment)		or other basis ther)		cumulated reciation	(d) Book va	alue	
1a	Land	,		,	01,958	<u> </u>			6,70	1,9	58.
b	Buildings				90,234		70,843.		11,31		
C	Leasehold improvements				26,885		85,598.		6,04		
d	Equipment				55,232		52,686.		2,00		
e	Other				549,803		20,479.			29,3	
	I. Add lines 1a through 1e. (Column	(d) must equal For	m 990, Part						26,49		

26,494,506. Schedule D (Form 990) 2021

JSA 1E1269 1.000

> 4353QQ 702V 42

Schedule D (Form 990) 2021 HEARTSHARE HUM Part VII Investments - Other Securities.	AN SERVICES OF	NEW YORK 11-1633549 Pa
	l "Yes" on Form 990	D, 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)		
otal. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.		
Complete if the organization answered	! "Yes" on Form 990	O, 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)		
otal. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX Other Assets.	l "Yes" on Form 990	D, Part IV, line 11d. See Form 990, Part X, line 15.
(a) De	scription	(b) Book value
(1)RIGHT-OF-USE ASSETS		62,295,50
(2)DUE FROM RELATED PARTIES		11,423,44
(3)OTHER RECEIVABLES		1,582,40
(4)OTHER ASSETS		605,25
(5)SECURITY DEPOSITS		302,29
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) I	ine 15.)	
Part X Other Liabilities. Complete if the organization answered line 25.	l "Yes" on Form 990	0, Part IV, line 11e or 11f. See Form 990, Part X,
	otion of liability	(b) Book value
(1) Federal income taxes	or nability	(S) Book value
(2)OPERATING LEASE LIABILITY		66,568,07
1-0/F D1/43 F F F F F F F F F F F F F F F F F F F		

1. (a) Description of liability	(b) Book value		
(1) Federal income taxes			
(2)OPERATING LEASE LIABILITY	66,568,077.		
(3)ALLOWANCE FOR POTENTIAL RATE ADJUST	7,050,000.		
(4)DUE TO GOVERNMENT AGENCIES	7,039,646.		
(5)OTHER LIABILITIES	2,812,163.		
(6)DUE TO RELATED PARTY	1,430,362.		
(7)POST-RETIREMENT BEN. OBLIGATIO	518,610.		
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.). ▶	85,418,858.		

^{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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII JSA 1E1270 1.000

4353QQ 702V

Schedule D (Form 990) 2021

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 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	118,439,452.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	118,439,452.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		110,100,101
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	118,439,452.
Part		ırn.	, ,
1	Total expenses and losses per audited financial statements	1	121,380,091.
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	121,380,091.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	121,380,091.
Part	XIII Supplemental Information.		
Provid 2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	Part V, nation	line 4; Part X, line
SEE	SUPPLEMENTAL PAGE		

Schedule D (Form 990) 2021

Part XIII Supplemental Information (continued)

SCHEDULE D, PART IV, LINE 1B:

MANY OF THE INDIVIDUALS IN OUR RESIDENTIAL PROGRAMS HAVE BANK ACCOUNTS.

HEARTSHARE SERVES AS THE CUSTODIAN OF THESE ACCOUNTS. THESE FUNDS ARE

USED FOR THEIR PERSONAL NEEDS NOT COVERED BY THE PROGRAM.

SCHEDULE D, PART X, LINE 2:

HEARTSHARE IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND A SIMILAR PROVISION OF STATE LAW. HEARTSHARE IS A PUBLICLY SUPPORTED ORGANIZATION AS DESCRIBED IN SECTION 509(A). THERE HAS BEEN NO PROVISION MADE FOR FEDERAL INCOME AND EXCISE TAX. HEARTSHARE IS SUBJECT TO FEDERAL INCOME TAX ON ANY UNRELATED BUSINESS TAXABLE INCOME.

HEARTSHARE APPLIES THE PROVISIONS PERTAINING TO UNCERTAIN TAX POSITIONS FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS

CODIFICATION (ASC) TOPIC 840, "INCOME TAXES" AND HAS DETERMINED THAT

THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR

DISCLOSURE IN THE FINANCIAL STATEMENTS. HEARTSHARE IS SUBJECT TO ROUTINE

AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS

FOR ANY TAX PERIODS IN PROGRESS. HEARTSHARE BELIEVES IT IS NO LONGER

SUBJECT TO INCOME TAX EXAMINATIONS FOR THE YEARS PRIOR TO FISCAL YEAR

ENDED JUNE 30, 2018.

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Inspection

Name of the organization					Employer identification	on number
HEARTSHARE HUMAN SERVICES OF	NEW YORK				11-163354	19
Part I Fundraising Activities. Comp				Yes" on Form 99	0, Part IV, line 1	7 .
Form 990-EZ filers are not re	equired to comple	te this pa	ırt.			
1 Indicate whether the organization rai	sed funds through	any of the	following	activities. Check a	all that apply.	
a Mail solicitations	е	Solid	citation of i	non-government g	rants	
b Internet and email solicitations	f	Solid	citation of	government grants	5	
c Phone solicitations	g	Spe	cial fundra	ising events		
d In-person solicitations						
 2a Did the organization have a written or key employees listed in Form 990 b If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the), Part VII) or entity ividuals or entities	in connec	tion with p	rofessional fundra	ising services?	Yes No fundraiser is to be
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	ndraiser have or control of outlons?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No		55 (r)	
1		100	110			
2						
3						
4						
5						
5						
6						
7						
8						
9						
10						
Total						
3 List all states in which the organiza registration or licensing.	ition is registered c	or licensed	I to Solicit	contributions or	nas been notified	it is exempt from

Pa	rt l	Fundraising Events. Complete than \$15,000 of fundraising even gross receipts greater than \$5,000	ent contributions and o					
		3 1 3	(a) Event #1 SPRING GALA (event type)	(b) Event #2 GOLF CLASSIC (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))		
Revenue	1	Gross receipts	547,445.	92,627.	128,466.	768,538		
Re		Less: Contributions			12,730.	629,274		
	3	Gross income (line 1 minus line 2)			115,736.	139,264		
	4	Cash prizes						
	5	Noncash prizes						
nses	6	Rent/facility costs.			3,570.	3,570		
Direct Expenses	7	Food and beverages	175,935.	38,195.	13,438.	227,568		
	8	Entertainment	49,560.		6,954.	56,514		
	9	Other direct expenses	40,223.	6,917.	42,975.	90,115		
D	10 11	Direct expense summary. Add lin Net income summary. Subtract lii Gaming. Complete if the org	ne 10 from line 3, colu	ımn (d)	<u></u>	-238,503		
		\$15,000 on Form 990-EZ, lin		· T	art iv, line 19, or			
anue				(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add		
Ψ			(a) Bingo	bingo/progressive bingo		col. (a) through col. (c))		
Revenue	1	Gross revenue	(a) Bingo	bingo/progressive bingo	., 0			
_		Gross revenue	(a) Bingo	bingo/progressive bingo				
lses	2		(a) Bingo	bingo/progressive bingo				
lses	3	Cash prizes	(a) Bingo	bingo/progressive bingo				
lses	3 4	Cash prizes				col. (a) through col. (c))		
lses	2 3 4 5	Cash prizes	Yes%		Yes%	col. (a) through col. (c))		
lses	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses	Yes %	Yes%	No	col. (a) through col. (c))		
_	2 3 4 5 6 7	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes % No es 2 through 5 in colu	Yes% No	No▶	col. (a) through col. (c))		

Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

Schedule G (Form 990) 2021

10a

If "Yes," explain:

Sched	dule G (Form 990 or 990-EZ) 2021 HEARTSHARE HUMAN SERVICES OF NEW YORK 11-1	633549	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity		
	formed to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility		%
b	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ▶		
	Address ►		
15 a	Does the organization have a contract with a third party from whom the organization receives gaming		_
	revenue?	Yes	No
b	3 · · · · · · · · · · · · · · · · · · ·		
	amount of gaming revenue retained by the third party ▶ \$		
С	If "Yes," enter name and address of the third party:		
	Name ►		
	Address ►		
16	Gaming manager information:		
	Name ▶		
	Gaming manager compensation ▶ \$		
	Description of services provided ▶		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	·	_
	retain the state gaming license?	Yes	No
b			
	or spent in the organization's own exempt activities during the tax year \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	/. \ !	
Par	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional infor (see instructions).		

SCHEDULE J (Form 990)

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

Department of the Treasury Internal Revenue Service Name of the organization

HEARTSHARE HUMAN SERVICES OF NEW YORK

Employer identification number

11-1633549

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)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to	45		
•	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 organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	X Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
_	compensation contingent on the revenues of:	-		3.7
a	The organization?	5a		X
b	Any related organization?	5b		X
•	If "Yes" on line 5a or 5b, describe in Part III.			
6	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:	0-		3.7
a	The organization?	6a		X
D	Any related organization?	6b		X
7				
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	Х	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject	<u> </u>	21	
•	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
•	Regulations section 53 4958-6(c)?	a		

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

Schedule J (Form 990) 2021

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 W-2 a	nd/or 1099-MISC and/or	1099-NEC 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		
WILLIAM R. GUARINELLO	(i)	450,000.	125,000.	39,884.	NONE	32,205.	647,089.	NONE		
1 PRES. AND CEO, THRU DEC. 2022	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE		
ANTHONY BIANCA	(i)	363,883.	77,500.	NONE	NONE	32,205.	473,588.	NONE		
2 CFO, THRU DEC. 2021	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE		
LINDA M. TEMPEL	(i)	253,913.	25,000.	NONE	NONE	NONE	278,913.	NONE		
3 EXECUTIVE DIRECTOR	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE		
LYNETTE FERNANDEZ	(i)	231,279.	13,787.	NONE	NONE	9,515.	254,581.	NONE		
4 SENIOR VP, THRU JUNE 2022	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE		
THERESA MALOT	(i)	210,209.	10,310.	NONE	NONE	17,506.	238,025.	NONE		
5 VICE PRESIDENT - FINANCE	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE		
EVELYN ALVAEREZ - RICH	(i)	179,452.	8,931.	11,249.	NONE	17,506.	217,138.	NONE		
6 EXECUTIVE VICE PRESIDENT	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE		
GEORGE CINCOTTA	(i)	188,496.	9,425.	NONE	NONE	9,515.	207,436.	NONE		
7 EXECUTIVE VP	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE		
ALEXANDER BETHEA	(i)	183,006.	8,717.	NONE	NONE	9,515.	201,238.	NONE		
8 DIRECTOR OF PAYROLL	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE		
	(i)									
9	(ii)									
	(i)									
10	(ii)									
	(i)									
11	(ii)									
	(i)									
12	(ii)									
	(i)									
13	(ii)									
	(i)									
14	(ii)									
	(i)									
15	(ii)									
	(i)									
16	(ii)									

Part | Supplemental Information

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

SCHEDULE J, PART I, LINE 7

THE BOARD, THROUGH A COMPENSATION COMMITTEE, ON AN ANNUAL BASIS REVIEW AND DOCUMENTS THE COMPENSATION AND PERFORMANCE OF THE MANAGEMENT. THE BONUS IS BASED ON HOW MANAGEMENT HAS MET THE PREVIOUS YEAR'S GOALS AND OBJECTIVES AND THE OVERALL PERFORMANCE OF THE AGENCY.

SCHEDULE J, PART II, LINE 1

WILLIAM R. GUARINELLO RETIRED FROM HIS POSITION AS PRESIDENT AND CEO OF HEARTSHARE HUMAN SERVICES OF NEW YORK ON 12/31/22. EFFECTIVE 1/1/23 DAWN W. VALENTINE - SAFFAYEH, EXECUTIVE DIRECTOR OF ST. VINCENT'S SERVICES, INC., A RELATED 501(C)(3) ORGANIZATION, BECAME THE NEW PRESIDENT AND CEO.

SCHEDULE K (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990.

Name of the organization

(a) Issuer name

Open to Public Inspection

behalf of financing

(g) Defeased

(i) Pooled

OMB No. 1545-0047

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

Employer identification number HEARTSHARE HUMAN SERVICES OF NEW YORK 11-1633549 Part I **Bond Issues**

(d) Date issued

(e) Issue price

(f) Description of purpose

(c) CUSIP#

(b) Issuer EIN

											issi		Illiani	JII IQ
									Yes	No	Yes	No	Yes	N
A DORMITORY AUTHORITY OF THE STATE OF NEW YORK	14-6000293	65000BBS6	06/23/2021	. 3	,953,809.	GENERAL				Х		Х	х	L
B BUILD NYC RESOURCE CORPORATION	01-0314384	12008ESN7	06/15/2022	1	,873,045.	GENERAL				Х	<u> </u>	Х	Х	L
													l	
C														L
D														
Part II Proceeds														L
Fiocecus					A		В	C	:			D		_
1 Amount of bonds retired					19,830									_
2 Amount of bonds legally defeased											-			_
3 Total proceeds of issue				3,	953,809	1.	373,045.							
	Gross proceeds in reserve funds						174,150.							
5 Capitalized interest from proceeds					135,852		,							
6 Proceeds in refunding escrows														
7 Issuance costs from proceeds					79,076	5.	37,460.							
8 Credit enhancement from proceeds														Т
9 Working capital expenditures from proceeds .														
10 Capital expenditures from proceeds				3,	738,881	. 1,	. 1,661,435.							
11 Other spent proceeds														
12 Other unspent proceeds														
13 Year of substantial completion					2020		2021							
				Yes	No	Yes	No	Yes	No		Yes		No	
14 Were the bonds issued as part of a refun-														
if issued prior to 2018, a current refunding issue	<u> </u>				X		X							
15 Were the bonds issued as part of a refur	•													
issued prior to 2018, an advance refunding issu					X		X							
16 Has the final allocation of proceeds been made?				X		X								
17 Does the organization maintain adequate														
final allocation of proceeds?				X		Х								

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

Schedule K (Form 990) 2021

Schedule K (Form 990) 2021

Pa	rt III Private Business Use	ORMITORY	AUTHORI	TY OF T	HE STATE	OF NEW	YORK		
			Α		В		С	Г	D
1	Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
	which owned property financed by tax-exempt bonds?		X		X				
2	Are there any lease arrangements that may result in private business use of								
	bond-financed property?		X		X				
3a	Are there any management or service contracts that may result in private								
	business use of bond-financed property?		X		X				
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
	counsel to review any management or service contracts relating to the financed property?		X		X				
С	Are there any research agreements that may result in private business use of								
	bond-financed property?	_	X		X				
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other								
	outside counsel to review any research agreements relating to the financed property?	_	X		X				
4	Enter the percentage of financed property used in a private business use by entities								
	other than a section 501(c)(3) organization or a state or local government ▶		%		%		%		%
5	Enter the percentage of financed property used in a private business use as a								
	result of unrelated trade or business activity carried on by your organization,								
	another section 501(c)(3) organization, or a state or local government ▶		%		%		%		%
6	Total of lines 4 and 5		%		%		%		%
7	Does the bond issue meet the private security or payment test?		X		X				
8a	Has there been a sale or disposition of any of the bond-financed property to a								
	nongovernmental person other than a 501(c)(3) organization since the bonds were issued	?	X		X				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or								
	disposed of	•	%		%		%		%
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations								
	sections 1.141-12 and 1.145-2?	•	X		X				
9	Has the organization established written procedures to ensure that all								
	nonqualified bonds of the issue are remediated in accordance with the								
	requirements under Regulations sections 1.141-12 and 1.145-2?	. X		X					
Pa	rt IV Arbitrage								
			Α		В		С	Γ	D
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
	Penalty in Lieu of Arbitrage Rebate?	•	X		X				
2	If "No" to line 1, did the following apply?								
а	Rebate not due yet?	. X		Х					
b	Exception to rebate?	•	X		X				
	No rebate due?		X		X				
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
	performed	_							
3	Is the bond issue a variable rate issue?		X		X				

Schedule K (Form 990) 2021

Schedule K (Form 990) 2021

Part IV Arbitrage (continued)	OORMITORY	AUTHOR:	TY OF T	HE STATI	OF NEW	YORK		
		Α		В		C)
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
hedge with respect to the bond issue?		Х		Х				
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?		Х		Х				
e Was the hedge terminated?		Х		Х				
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х		Х				
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied	?							
6 Were any gross proceeds invested beyond an available temporary period?		Х		Х				
7 Has the organization established written procedures to monitor the	9							
requirements of section 148?	. X		Х					
Part V Procedures To Undertake Corrective Action								
		A	В		С		ı)
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
of federal tax requirements are timely identified and corrected through the								
voluntary closing agreement program if self-remediation isn't available under	r							
applicable regulations?	. X		Х					
Part VI Supplemental Information. Provide additional information for responses	s to questio	ns on Sch	edule K. So	ee instruc	tions.			
	•							

SCHEDULE L (Form 990)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service Name of the organization

Inspection Employer identification number

HEA	RTSHARE HUMAN SE	RVICES OF	NEW YOR	ζ					11-	-163	3549				
Par								501(c)(29) organi 25a or 25b, or For				line 40	Ob.		
1	(a) Name of disqualified	norcon	(b) Relatio	nship b	etween	disqualified person	on and	(c) Dos	cription	of tranc	action		(d)) Correc	ted
	(a) Name of disqualified	person			organiz	ation		(c) Des	CIPTION	UI II al IS	action		Y	es N	ю
(1)															_
(2)													\dashv		_
(3)													\rightarrow		_
(4)													\rightarrow		_
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(6)															_
2	Enter the amount of t		-					· -	-		_				
	under section 4958										* \$ _				_
3	Enter the amount of ta	ax, if any, on li	ne 2, above,	reimb	oursed	by the orgar	nizatio	n		🏲	* \$ _				_
Don	4 11														_
Par					Form	000 E7 Pa	rt\/ li	ne 38a or Form 99	n Dort	- I\	o 26.	or if th	20		
	organization rep							ne soa or Form 98	o, Fait	. IV, III	IE 20,	OI II U	IC		
(2)	Name of interested person	(h) Polotionahin	(a) Durnoon of	(d) o	an to or	(e) Origina	nI.	(f) Balance due	(a) In (dofault?	(h) An	provod	(i) W	rittor	_
(a)	Name of interested person	(b) Relationship with organization	(c) Purpose of loan	1 ' '	n the	principal am		(I) balance due	(g) III (Jeiauit?		proved ard or	agree		
				organ	ization?						comn	nittee?			
				То	From				Yes	No	Yes	No	Yes	No	,
(1)															
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(9)															
(10)															
Total	<u> </u>						▶	\$							
Par	t Grants or Assis	tance Benefit	ing Interest	ed Pe	rsons.										
	Complete if the	organization a	answered "Yo	es" or	n Form	990, Part IV	, line 2	7.							
(a)	Name of interested person		p between intere the organization		Amou	int of assistance	((d) Type of assistance		(e)	Purpo	se of as:	sistance	е	
(1)															
(2)															
(3)															
(4)															
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990) 2021

Schedule L (Form 990 or 990-EZ) 2021 Page 2

Part IV **Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	naring of ization's nues?
				Yes	No
(1) JOSEPH B. GUARINELLO	FAMILY MEMBER OF CEO	221,118.	EMPLOYMENT		Х
(2)VINCENT PAGNOTTA	FAMILY MEMBER OF CEO	201,926.	EMPLOYMENT		Х
(3)VICTORIA BIANCA	FAMILY MEMBER OF CFO	31,775.	EMPLOYMENT		Х
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V **Supplemental Information**

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

JSA 1E1507 1.000

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

2021

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. Inspection is at www.irs.gov/form990.

HEARTSHARE HUMAN SERVICES OF NEW YORK 11-1633549

FORM 990, PART III, LINE 4D:

FAMILY SUPPORT SERVICES HELPED OVER 267 INDIVIDUALS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES (I/DD) AND THEIR FAMILIES. THE SERVICES INCLUDE RESPITE/RECREATION FOR FAMILIES CARING FOR CHILDREN AND ADULTS WITH I/DD, PSYCHOSOCIAL AND PSYCHOLOGICAL EVALUATIONS FOR CHILDREN WITH I/DD AND FINANCIAL GRANTS IMPROVING QUALITY OF LIFE FOR CHILDREN AND ADULTS WITH I/DD.

EXPENSES \$600,689 GRANTS \$0 REVENUE \$480,248

ENERGY ASSISTANCE & COMMUNITY DEVELOPMENT PROGRAMS OFFERED UTILITY

ASSISTANCE GRANTS TO 33,792 LOW INCOME NEW YORKERS IN PARTNERSHIP WITH

CON EDISON, NATIONAL GRID, NYSEG AND RG&E.

EXPENSES \$213,126 GRANTS \$0 REVENUE \$215,583

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

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

PRIOR TO FILING. ANY COMMENTS ARISING FROM THE REVIEW WERE DISCUSSED AND

IF REQUIRED, CHANGES WERE MADE. AFTER THE COMMITTEE'S REVIEW, THE FORM

990 WAS PRESENTED TO THE FULL BOARD FOR REVIEW AND APPROVAL.

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

HEARTSHARE'S CONFLICT OF INTEREST POLICY REQUIRES BOARD MEMBERS, KEY

STAFF AND MAJOR INDEPENDENT CONTRACTORS TO COMPLETE AN ANNUAL DISCLOSURE

STATEMENT. THE AUDIT AND FINANCE COMMITTEE OF THE BOARD REVIEWS EACH

REPORTED POTENTIAL CONFLICT OF INTEREST AND REPORTS ITS RECOMMENDATIONS

TO THE FULL BOARD FOR APPROVAL. IF A CONFLICT OF INTEREST ARISES, THE

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

2021

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

11-1633549

HEARTSHARE HUMAN SERVICES OF NEW YORK

MATTER MAY BE REMEDIED VIA RECUSAL OR DISQUALIFICATION OF THE BOARD MEMBER. THIS SIMPLY MEANS THAT THE BOARD MEMBER DOES NOT PARTICIPATE IN THE MATTER THAT POSES THE CONFLICT OF INTEREST. IN THE EVENT OF A VIOLATION OF THE CONFLICT-OF-INTEREST POLICY, THE AGENCY RESERVES THE

RIGHT TO IMMEDIATELY DISMISS THE EMPLOYEE OR BOARD MEMBER OF INTEREST.

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

THE BOARD, COMPRISED OF INDEPENDENT MEMBERS, THROUGH A COMPENSATION

COMMITTEE, ANNUALLY REVIEWS AND CONTEMPORANEOUSLY DOCUMENTS THE PRESIDENT

AND CEO'S PERFORMANCE AND COMPENSATION USING INDEPENDENT COMPENSATION

SOURCES, INCLUDING SALARY SURVEYS, FORM 990'S OF COMPARABLE

ORGANIZATIONS, AND INFORMATION PROVIDED BY AN INDEPENDENT COMPENSATION

CONSULTANT. THE PRESIDENT AND CEO SETS THE SALARY FOR KEY STAFF ALSO

USING INDEPENDENT COMPENSATION SOURCES WITH OVERSIGHT BY THE BOARD. THIS

PROCESS LAST OCCURRED IN JUNE OF 2022.

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

UPON REQUEST, THE ORGANIZATION WILL MAKE AVAILABLE ONLY THOSE DOCUMENTS REQUIRED TO BE DISCLOSED UNDER PUBLIC INSPECTION LAWS.

FORM 990, PART VII, LINE 1:

WILLIAM R. GUARINELLO RETIRED FROM HIS POSITION AS PRESIDENT AND CEO OF HEARTSHARE HUMAN SERVICES OF NEW YORK ON 12/31/22. EFFECTIVE 1/1/23 DAWN W. VALENTINE - SAFFAYEH, EXECUTIVE DIRECTOR OF ST. VINCENT'S SERVICES, INC., A RELATED 501(C)(3) ORGANIZATION, BECAME THE NEW PRESIDENT AND CEO.

FORM 990, PART XII, LINE 2C:

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

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

HEARTSHARE HUMAN SERVICES OF NEW YORK

11-1633549

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

4353QQ 702V

Name of the organization

HEARTSHARE HUMAN SERVICES OF NEW YORK

11-1633549

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

FOUNDED IN 1914, HEARTSHARE HUMAN SERVICES NURTURES, SUPPORTS, EDUCATES AND EMPOWERS VULNERABLE NEW YORKERS THROUGH MORE THAN 100 PROGRAMS. THE VAST MAJORITY OF HEARTSHARE'S SERVICES SUPPORT OVER 2,500 INDIVIDUALS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES (I/DD) IN NEW YORK CITY TO LEAD MORE INDEPENDENT, MEANINGFUL AND FULFILLING LIVES. THIS IS ACCOMPLISHED THROUGH PRESCHOOL SPECIAL EDUCATION PROGRAM, ADULT DAY, PREVOCATIONAL AND EMPLOYMENT PROGRAMS, COMMUNITY HABILITATION, RESPITE RECREATION SERVICES, FAMILY SUPPORT SERVICES (CHILDREN'S EVALUATIONS, FAMILY REIMBURSEMENT) AND 24 HOUR AND NON-24 HOUR RESIDENTIAL PROGRAMS. HEARTSHARE ALSO PROVIDES ENERGY ASSISTANCE GRANTS THAT ASSIST 33,792 LOW-INCOME NEW YORKERS IN 61 OF NEW YORK STATE'S 62 COUNTIES. HEARTSHARE IS ACCREDITED BY THE COUNCIL ON ACCREDITATION OF SERVICES FOR CHILDREN AND FAMILIES AND IS A BETTER BUSINESS BUREAU ACCREDITED CHARITY. HEARTSHARE IS PROUD THAT 90 PERCENT OF ALL REVENUE GOES DIRECTLY TO ITS PROGRAMS AND SERVICES.

Name of the organization

HEARTSHARE HUMAN SERVICES OF NEW YORK

11-1633549

FORM 990, PART III - PROGRAM SERVICE

LINE 4A, PROGRAM SERVICE

RESIDENTIAL SERVICES: HEARTSHARE PROVIDED RESIDENTIAL SERVICES TO 404 CHILDREN AND ADULTS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES (I/DD) THROUGH ITS 49 24-HOUR RESIDENCES AND 47 SUPPORTIVE AND ISS APARTMENTS IN BROOKLYN, QUEENS AND STATEN ISLAND. RESIDENTS ARE PROVIDED SUPPORT IN THE AREAS OF ACTIVITIES OF DAILY LIVING AS APPROPRIATE TO EACH PERSON, INCLUDING BATHING, SELF-CARE, COOKING, CLEANING, BUDGETING, ETC. THEY ATTEND SCHOOL (CHILDREN) OR ADULT DAY AND EMPLOYMENT PROGRAMS (ADULTS) OR ARE COMPETITIVELY EMPLOYED. RESIDENTS PARTICIPATE IN RECREATIONAL AND CULTURAL ACTIVITIES AND ENJOY BEING PART OF THEIR COMMUNITIES. HEARTSHARE PROVIDES LOVING CARE, ASSISTANCE, SUPPORT AND GUIDANCE AS NEEDED SO THAT INDIVIDUALS CAN LIVE AS INDEPENDENTLY AS POSSIBLE.

LINE 4B, PROGRAM SERVICE

ADULT DAY AND EMPLOYMENT PROGRAMS: HEARTSHARE'S DAY AND EMPLOYMENT PROGRAMS FOR ADULTS WITH I/DD ARE TAILORED TO MEET THE NEEDS, GOALS AND DESIRES OF INDIVIDUAL PROGRAM PARTICIPANTS. MORE THAN 481 INDIVIDUALS RECEIVED DAY HABILITATION SERVICES AND 30 INDIVIDUALS RECEIVED PREVOCATIONAL, PATHWAY TO EMPLOYMENT, ACCESS-VR, AND SUPPORTED EMPLOYMENT SERVICES THROUGH HEARTSHARE'S 16 SEPARATE PROGRAMS IN BROOKLYN, QUEENS AND STATEN ISLAND. DAY HABILITATION PROGRAMS FOCUS ON OFFERING COMMUNITY VOLUNTEER EXPERIENCES AND RECREATIONAL AND CULTURAL ACTIVITIES, ALONG WITH SITE-BASED TRAINING AND SUPPORTS. PREVOCATIONAL, PATHWAY, SEMP AND ACCESS-VR SERVICES PREPARE INDIVIDUALS FOR THE WORLD OF WORK AND ASSIST THEM IN OBTAINING AND MAINTAINING EMPLOYMENT.

Name of the organization

HEARTSHARE HUMAN SERVICES OF NEW YORK

11-1633549

FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS ______ NAME AND ADDRESS DESCRIPTION OF SERVICES COMPENSATION _____ -----_____ BEACON THERAPY SERVICE, PLLC. 1441 OLD NORTHERN BOULEVARD ROSLYN, NY 11576 TEMPORARY STAFFING 940,529. INTERAGENCY TRANSPORATION SOLUTION P.O. BOX 2346 HICKSVILLE, NY 11802 TRANSPORTATION SERV. 906,039. G-NET CONSTRUCTION CORP. 360 TARGEE STREET STATEN ISLAND, NY 10304 CONSTRUCTION 754,241. LIFE'S WORC 1501 FRANKLIN AVENUE DAY HAB. SERVICES GARDEN CITY, NY 11530 648,975. BDO USA, LLP. 622 THIRD AVENUE, SUITE 3100 NEW YORK, NY 10017 ACCOUNTING/CONSULT. 608,727.

Schedule O (Form 990 or 990-EZ) 2021

4353QQ 702V

SCHEDULE R (Form 990)

Department of the Treasury

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.

Internal Revenue Service

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

OMB No. 1545-0047
2021
Open to Public Inspection

Name of the organization

HEARTSHARE HUMAN SERVICES OF NEW YORK

11-1633549

Part I Identification	n of Disregarded Entities. Complete if the organizate	ion answered "Yes" or	n Form 990, Part I	V, line 33.		
Name,	(a) address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5	g) 512(b)(13) rolled tity?
						Yes	No
(1) ST VINCENT'S SERVICES, INC. 11-1631823							
330 JAY STREET, 29TH FLOOR BROOKLYN, NY 11201	CHILD SVCS	NY	501(C)(3)	LINE 10	HHS	Х	
(2) HEARTSHARE WELLNESS, LTD. 11-3538646							
330 JAY STREET, 29TH FLOOR BROOKLYN, NY 11201	CLINIC	NY	501(C)(3)	LINE 10	HHS	х	
(3) HEARTSHARE EDUCATION CENTER 90-0452757							
330 JAY STREET, 29TH FLOOR BROOKLYN, NY 11214	AUTISM SCHOOL	NY	501(C)(3)	LINE 2	HHS	х	
(4) NY INTEGRATED NETWORK FOR PEOPLE W/ DD 45-5528092							
330 JAY STREET, 29TH FLOOR BROOKLYN, NY 11201	HEALTHCARE	NY	501(C)(3)	LINE 7	N/A		Х
(5) WILLIAM M. CASEY FOUNDATION INC 23-7339626							
330 JAY STREET, 29TH FLOOR BROOKLYN, NY 11201	TITLE HOLDING	NY	501(C)(2)	N/A	HSVS		Х
(6) HSVS PROPERTY FOUNDATION, LTD 82-2726570							
330 JAY STREET, 29TH FLOOR BROOKLYN, NY 11201	TITLE HOLDING	NY	501(C)(2)	N/A	HSVS		Х
(7)							

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

Schedule R (Form 990) 2021

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) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	ij) eral or aging tner?	(k) Percentage ownership
		country)		,			Yes	No		Yes	No	
_(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)		(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	Sec 512(b contr enti	tion (13) olled ty?
								Yes	No
(1) HEARTSHARE PRODUCTIONS, LTD. 31-1584808									
330 JAY STREET, 29TH FLOOR BROOKLYN, NY 11201	FILM PRODUCTION	NY	HHS	C CORPORATION	NONE	NONE	100.0000	х	
_(2)									
(3)									_
<u>· · · · · · · · · · · · · · · · · · · </u>									
(4)									
(5)									_
(6)									
(4)									
(7)									
1.1	1								

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) HEARTSHARE WELLNESS, LTD	E	1,430,362.	COST
(2) HEARTSHARE WELLNESS, LTD	L	91,078.	COST
(3) ST.VINCENT'S SERVICES, INC.	D	10,840,226.	COST
(4) ST.VINCENT'S SERVICES, INC.	Q	10,840,226.	COST
(5) ST.VINCENT'S SERVICES, INC.	L	5,672,104.	COST
(6) HEARTSHARE EDUCATION CENTER	D	584,956.	COST

Schedule R (Form 990) 2021

Part V	Transactions With Related Organizations.	Complete if the organization answe	red "Yes" on Form 990 P	art IV line 34 35h or 36
raitv	Transactions with Netated Organizations.	Complete ii the organization answe	ied ies dili dilli 990, F	art iv, line 34, 330, 01 30.

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
	Gift, grant, or capital contribution to related organization(s)			
	Gift, grant, or capital contribution from related organization(s)			
	Loans or loan guarantees to or for related organization(s)	1d		
	Loans or loan guarantees by related organization(s)	1e		
f	Dividends from related organization(s)	1f		
a	Sale of assets to related organization(s)	1g		
	Purchase of assets from related organization(s)	1h		
i	Exchange of assets with related organization(s)	1i		
i	Lease of facilities, equipment, or other assets to related organization(s)	1j		
•	3			
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11		
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
	Sharing of paid employees with related organization(s)	10		
р	Reimbursement paid to related organization(s) for expenses	1p		
-	Reimbursement paid by related organization(s) for expenses	1q		
·				
r	Other transfer of cash or property to related organization(s)	1r		
	Other transfer of cash or property from related organization(s)	1s		
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction three	sholo	ls.	
	(a) (b) (c)	(d)		
	Name of related organization Transaction Amount involved Method type (a-s) amount involved amo	of det unt inv		ng
	9,50 (4.0)			

(a)
Name of related organization
Transaction type (a-s)
Transaction type (a-s)
Transaction type (a-s)

(b)
Amount involved
Method of determining amount involved

(1) HEARTSHARE EDUCATION CENTER
Q
584,956. COST

(2) HEARTSHARE EDUCATION CENTER
L
496,458. COST

(3)
(4)
(5)
(6)

Schedule R (Form 990) 2021

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)	income (related, unrelated, excluded from tax under	(e) Are all partners section 501(c)(3) organizations?		total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	partner?		(k) Percentage ownership
			sections 512 - 514)	Yes	No			Yes	No	, ,	Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													