** PUBLIC DISCLOSURE COPY **

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

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

16 Open to Public Inspection

OMB No. 1545-0047

<u></u>	OI LITE	2016 Calendar year, or tax year beginning ししローエ, 2010 and (ending U	ON 30, 2017									
B C	heck if pplicabl	C Name of organization		D Employer identifi	cation number								
	Addre chang	HEARTSHARE HUMAN SERVICES OF NEW YORK]									
	Name chang	Doing business as		11-1	633549								
	Initial return Final return	,	Number and street (or P.0. box if mail is not delivered to street address) 12 METROTECH CENTER, 29TH FLOOR										
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	422-3235 100,489,796.								
	Amen			H(a) Is this a group return									
	□return □Applic □tion		Γ.Τ.Ο	for subordinates									
	pendi	SAME AS C ABOVE		H(b) Are all subordinates i	·····								
			or 527	1 ` ´									
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) c le: ► WWW · HEARTSHARE · ORG	01 327	- 1 ′	list. (see instructions)								
		organization: X Corporation Trust Association Other	I Veer	H(c) Group exemption	on number ► ✓ State of legal domicile: NY								
	rt I	Summary	L Year	oriorination. Total	VI State of legal doffliche. IN I								
Га			CCREDI	IT E ()									
မွ	1	Briefly describe the organization's mission or most significant activities: ${\color{red} { ext{SEE}}}$	эсперс	TE O									
Jan													
/eri		Check this box if the organization discontinued its operations or dispos		i									
်				3	27								
જ		Number of independent voting members of the governing body (Part VI, line 1b)											
ies		Total number of individuals employed in calendar year 2016 (Part V, line 2a)			1896								
Activities & Governance		Total number of volunteers (estimate if necessary)			237								
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.								
	b	Net unrelated business taxable income from Form 990-T, line 34	·····	7b	0.								
				Prior Year	Current Year								
ě	8	Contributions and grants (Part VIII, line 1h)		791,219.	807,573.								
en		Program service revenue (Part VIII, line 2g)		88,101,368.									
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,534.	957.								
-	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,562,546.										
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		96,457,667.									
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,930,124.	3,500,000.								
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.								
Se Se	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .		64,162,304.	64,752,305.								
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 296, 36		0.	0.								
δά	b	Total fundraising expenses (Part IX, column (D), line 25) 296, 36	67 .										
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		30,043,078.									
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		96,135,506.									
	19	Revenue less expenses. Subtract line 18 from line 12		322,161.	287,943.								
Net Assets or Fund Balances			Ве	ginning of Current Year	End of Year								
sets alan	20	Total assets (Part X, line 16)		59,866,169.	54,008,787.								
t As	21	Total liabilities (Part X, line 26)		46,401,750.	40,256,425.								
End.	22	Net assets or fund balances. Subtract line 21 from line 20		13,464,419.	13,752,362.								
Pa	rt II	Signature Block											
Unde	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules	s and statem	ents, and to the best of m	y knowledge and belief, it is								
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.									
Sigr	1	Signature of officer		Date									
Here		WILLIAM R. GUARINELLO, PRESIDENT & CEC)										
		Type or print name and title											
		Print/Type preparer's name Preparer's signature	I	Date Check	PTIN								
Paid		AARON SHAPIRO		if self-employ	P01333816								
Prep	arer	Firm's name LOEB & TROPER LLP		Firm's EIN	13-1517563								
Use		Firm's address 655 THIRD AVENUE, 12TH FLOOR											
	-	NEW YORK, NY 10017		Phone no. 21	2-867-4000								
Mav	the II	RS discuss this return with the preparer shown above? (see instructions)		1	X Yes No								

	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: SEE SCHEDULE O
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$45,798,653 \cdotincluding grants of \$) (Revenue \$54,486,367 \cdot
	21 240 007
4b	(Code:) (Expenses \$ 21,340,087. including grants of \$) (Revenue \$ 23,139,233. ADULT DAY & 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 683 INDIVIDUALS RECEIVED DAY HABILITATION
	SERVICES AND 85 INDIVIDUALS RECEIVED PREVOCATIONAL, PATHWAY TO
	EMPLOYMENT AND SUPPORTED EMPLOYMENT SERVICES THROUGH HEARTSHARE'S 12
	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 AND SEMP SERVICES PREPARE
	INDIVIDUALS FOR THE WORLD OF WORK AND ASSIST THEM IN OBTAINING AND MAINTAINING EMPLOYMENT.
4c	(Code:) (Expenses \$ 13,222,956 · including grants of \$) (Revenue \$ 15,055,386 · SEE SCHEDULE O
4d	Other program services (Describe in Schedule O.) (Expenses \$ 4,666,502 • including grants of \$ 3,500,000 •) (Revenue \$ 1,212,947 •)
4e	Total program service expenses ► 85,028,198.
	Form 990 (2016

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	Х	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			Α,
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			٠,,
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
	complete Schedule G, Part III	19		X

Part IV Checklist of Required Schedules (continued)

			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			٠,,
	Schedule K. If "No", go to line 25a	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			X
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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	051		x
00	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		x
27	complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Х	
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Х	
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			,.
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			٦,
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			37
•	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			Ш
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	_		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<u> </u>		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	اے		
	filed for the calendar year ending with or within the year covered by this return 2a 189	_	٠,,	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			37
	Did the organization have unrelated business gross income of \$1,000 or more during the year?			X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			3.7
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			_ A
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			v
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	۱.,		
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	, , ,	х	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor		X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	122	_
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	70		x
٨	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d	7c		21
u e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	_		
_				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	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			77
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	000	(00.10)
		Forn	n <u>990</u>	(2016)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year la			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 27			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a				
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) are	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	ANTHONY BIANCA - 718-422-3301			
	12 METROTECH CENTER, 29TH FLOOR, BROOKLYN, NY 11201-4326			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per	box	Position (do not check more than box, unless person is bo officer and a director/tru				h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) PAUL J. TORRE	1.00	x		Х				0.	0.	0.
CHAIRPERSON (2) ROBERT CHARLES GOLDEN	0.50	^		^				0.	0.	0.
(2) ROBERT CHARLES GOLDEN FIRST VICE CHAIRPERSON	0.50	X		х				0.	0.	0.
(3) JOHN T. SHARKEY	0.50	Δ		Δ				0.	0.	•
SECOND VICE CHAIRPERSON	0.30	X		х				0.	0.	0.
(4) MICHAEL J. ABATEMARCO	2.00							0.	0.	0.
TREASURER		x		х				0.	0.	0.
(5) SALVATORE B. CALABRESE	0.50								•	
SECRETARY		x		x				0.	0.	0.
(6) ARLEEN BAEZ	0.50	 						•	•	
BOARD MEMBER		х						0.	0.	0.
(7) JOSEPH R. BENFANTE, ESQ.	0.50							-		
BOARD MEMBER		Х						0.	0.	0.
(8) JOSEPH A. CARUANA, DO	0.50									
BOARD MEMBER	3.00	Х						0.	0.	0.
(9) NANCY CIANFLONE	0.50									
BOARD MEMBER		Х						0.	0.	0.
(10) ANGELO J. DEL GIUDICE	0.50									
BOARD MEMBER		Х						0.	0.	0.
(11) CRAIG A. EATON, ESQ.	0.50									
BOARD MEMBER		Х						0.	0.	0.
(12) REV. PATRICK S. FLANAGAN, CM	0.50							_	_	_
BOARD MEMBER		Х						0.	0.	0.
(13) JONATHAN C. GOLDSTEIN, ESQ.	0.50								_	_
BOARD MEMBER		Х						0.	0.	0.
(14) MARK C. HEALY	0.50	l								
BOARD MEMBER	0.50	X						0.	0.	0.
(15) JOHNNY JOHNSTON	0.50	ļ ,,							^	_
BOARD MEMBER	1 0 50	Х	_	H		_		0.	0.	0.
(16) CHRISTOPHER G. JONES	0.50	Ψ,							^	_
BOARD MEMBER	0.50	A				_	_	0.	0.	0.
(17) JIM KERR	0.30	x						0.	0.	0.
BOARD MEMBER 632007 11-11-16	1	Λ	<u> </u>					1 0.	<u> </u>	Form 990 (2016)

632007 11-11-16

Form 990 (2016) HEARTSH	ARE HUMAN	1 2	SEF	RV]	[C]	ES	OI	F NEW YORK	11-1633	549 Page 8	
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A)	(B)			(0	C)			(D)	(E)	(F)	
Name and title	Average hours per week	box	not c , unle	Pos heck ss pe id a d	more rson	than is bot	th an	Reportable compensation from	Reportable compensation from related	Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(18) FRANK J. MARESCA	0.50										
BOARD MEMBER	0.50	Х						0.	0.	0.	
(19) RAYMOND J. MOLLICA, DPM	0.50										
BOARD MEMBER	0.50	Х						0.	0.	0.	
(20) TERENCE K. MULLIN	0.50	l									
BOARD MEMBER	0.50	Х						0.	0.	0.	
(21) KENNETH P. NOLAN, ESQ. BOARD MEMBER	0.50	X						0.	0.	0.	
(22) REVERNED THOMAS G. PETTEI	0.50							0.	•	•	
BOARD MEMBER	0.30	Х						0.	0.	0.	
(23) ANDREW I. PIEKARSKI	0.50										
BOARD MEMBER		Х						0.	0.	0.	
(24) PETER E. PISAPIA, ESQ.	0.50										
BOARD MEMBER		Х						0.	0.	0.	
(25) DENNIS W. QUIRK	0.50										
BOARD MEMBER		Х						0.	0.	0.	
(26) ROSANNA SCOTTO	0.50										
BOARD MEMBER		Х						0.	0.	0.	
1b Sub-total								0.	0.	0.	
c Total from continuation sheets to Part							ightharpoons	1,955,368.	0.	117,664.	
d Total (add lines 1b and 1c)								1,955,368.	0.	117,664.	
2 Total number of individuals (including bu	it not limited to th	ose	liste	ed al	bove	e) wl	ho re	eceived more than \$100	0.000 of reportable		

compensation from the organization

3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	3		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization			
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services			
	rendered to the organization? If "Yes." complete Schedule J for such person	5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
INTERAGENCY TRANSPORTATION SOLUTION	TRANSPORTATION	
150 WEST 30TH STREET, NEW YORK, NY 10001	SERVICES	3,263,861.
LOEB & TROPER LLP		
655 3RD AVENUE, NEW YORK, NY 10017	AUDIT AND CONSULTING	889,532.
PROBUILD CONTRACTING, INC.		
57-41 59TH STREET, FLUSHING, NY 11378	CONSTRUCTION	458,390.
LONG & DELOSA CONSTRUCTION GROUP LTD.		
800 5TH AVENUE, BROOKLYN, NY 11232	CONSTRUCTION	295,846.
SUPERIOR DIRECT CARE, INC.	INDIVIDUAL AND	
1560 BATH AVENUE, BROOKLYN, NY 11228	FAMILY SERVICE	285,554.
2 Total number of independent contractors (including but not limited to those liste	d above) who received more than	

\$100,000 of compensation from the organization ► 12
SEE PART VII, SECTION A CONTINUATION

	ARE HUMAN	1 2	SEF	RV:	ICI	ΞS	OI	F NEW YORK	11-163	3549
Part VII Section A. Officers, Directors,	Trustees, Key Er	nplo	oyee	s, a	nd l	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)			((C)			(D)	(E)	(F)
Name and title	Average			Pos	ition	1		Reportable	Reportable	Estimated
	hours	(check all that apply)					ly)	compensation	compensation	amount of
	per							from	from related	other
	week					yee		the	organizations	compensation
	(list any	ector				oldme		organization	(W-2/1099-MISC)	from the
	hours for	or di	e,			ated		(W-2/1099-MISC)		organization
	related	ustee	trust		es.	bens				and related
	organizations below	ual tr	ional		ploye	tcom	١.			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) CHRISTINE E. STREHLE	0.50									
BOARD MEMBER		Х						0.	0.	0.
(28) ROGER G. YOUNG	0.50									
BOARD MEMBER (RESIGNED 10/16)		Х						0.	0.	0.
(29) WILLIAM R. GUARINELLO	35.00									
PRESIDENT & CEO				Х				501,600.	0.	23,395.
(30) ANTHONY BIANCA	35.00							-		-
CHIEF FINANCIAL OFFICER				х				284,661.	0.	27,676.
(31) LINDA M. TEMPEL	35.00							,		-
EXECUTIVE DIRECTOR				х				259,950.	0.	4,540.
(32) LYNETTE FERNANDEZ	35.00							,		,
SENIOR VICE PRESIDENT						х		217,839.	0.	15,154.
(33) EVELYN ALVAREZ-RICHARDS	35.00							,		-
EXECUTIVE VICE PRESIDENT						х		177,743.	0.	22,460.
(34) THERESA MALOT	35.00							, -	-	,
VICE PRESIDENT OF FINANCE						х		170,392.	0.	8,760.
(35) WARREN PETTY	35.00									.,
SENIOR VICE PRESIDENT						x		187,344.	0.	7,310.
(36) VINCENT PAGNOTTA	35.00					 				., 0 = 0 0
VICE PRESIDENT OF PURCHASING						x		155,839.	0.	8,369.
								200,0000		0,000
		ł								
			\vdash	\vdash		\vdash	 			
		ł								
							-			
		\mathbf{I}								
				_						
Total to Part VII, Section A, line 1c								1,955,368.		117,664.
. ,										

HEARTSHARE HUMAN SERVICES OF NEW YORK 11-1633549 Page 9

ı aı	t VII	II Statement of Reven	nue					
		Check if Schedule O conta	ains a response	or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
ts, (С	Fundraising events	1c	485,191.				
ia i	d	Related organizations	1d					
ns,	е	Government grants (contributi	ions) 1e	11,036.				
e tio	f	All other contributions, gifts, grant	ts, and					
를 된		similar amounts not included abov	/e 1f	311,346.				
on fi	g	Noncash contributions included in lines	1a-1f: \$					
<u>a</u> C	h	Total. Add lines 1a-1f			807,573.			
				Business Code				
Program Service Revenue	2 a	OPWDD		621610	76,234,156.	76,234,156.		
ne ne	b	·		611710	13,996,918.	13,996,918.		
m S	С	CLIENT FEES		624100	3,192,494.	3,192,494.		
gra Re	d	PRIVATE PAY	624100	323,297.	323,297.			
jo	е	NYC DHMH		621610	119,926.	119,926.		
_		All other program service reve			27,142.	27,142.		
\dashv		Total. Add lines 2a-2f			93,893,933.			
	3	Investment income (including			957.			957.
	4	other similar amounts)			557.			337.
	5	Royalties		t t				
	3	Hoyaities	(i) Real	(ii) Personal				
	6 a	Gross rents	(i) ricai	(ii) i cisoriai				
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)		<u> </u>				
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	() 555555	(1) 5 11 151				
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
		Net gain or (loss)						
ø	8 a	Gross income from fundraising	g events (not					
nue		including \$ 485	,191. of					
eve		contributions reported on line	1c). See					
P.		Part IV, line 18	а	201,987.				
Other Revenue		Less: direct expenses		426,067.				
Ŭ	С	Net income or (loss) from fund	Iraising events		-224,080.			-224,080.
	9 a	Gross income from gaming ac						
		Part IV, line 19	a					
		Less: direct expenses						
		: Net income or (loss) from gam						
	10 a	Gross sales of inventory, less						
			and allowances a					
		Less: cost of goods sold						
ŀ	С	Net income or (loss) from sales						
-	44 -	Miscellaneous Revenue MANAGEMENT FEE	e	Business Code 541610	5,215,742.			5,215,742.
		HEATING FUND		900099	197,200.			197,200.
		MISCELLANEOUS		900099	172,404.			172,404.
				-	1/2,404.			1/2,404.
		All other revenuee Total. Add lines 11a-11d			5,585,346.			
	12	Total revenue. See instructions.			100,063,729.	93,893,933.	0 .	5,362,223.

632009 11-11-16

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).					
secti						
_	Check if Schedule O contains a respon	nse or note to any line in (A)	this Part IX	(C)	(D)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses	
1	Grants and other assistance to domestic organizations					
	and domestic governments. See Part IV, line 21	3,500,000.	3,500,000.			
2	Grants and other assistance to domestic					
	individuals. See Part IV, line 22					
3	Grants and other assistance to foreign					
	organizations, foreign governments, and foreign					
	individuals. See Part IV, lines 15 and 16					
4	Benefits paid to or for members					
5	Compensation of current officers, directors,					
	trustees, and key employees	1,217,982.		1,217,982.		
6	Compensation not included above, to disqualified					
	persons (as defined under section 4958(f)(1)) and					
	persons described in section 4958(c)(3)(B)					
7	Other salaries and wages	49,624,079.	42,770,461.	6,753,210.	100,408.	
8	Pension plan accruals and contributions (include	-	-	-		
•	section 401(k) and 403(b) employer contributions)	2,726,031.		427,315.	5,591. 15,125.	
9	Other employee benefits	7,352,554.		1,134,822.	15,125.	
10	Payroll taxes	3,831,659.	3,207,290.	616,548.	7,821.	
11	Fees for services (non-employees):	, ,	, ,	,	<u> </u>	
	Management	351,889.		336,522.	15,367.	
	Legal	371,770.		371,770.		
	Accounting	676,508.		676,508.		
	Lobbying	49,900.		,	49,900.	
	Professional fundraising services. See Part IV, line 17					
	Investment management fees					
	Other. (If line 11g amount exceeds 10% of line 25,					
9	column (A) amount, list line 11g expenses on Sch O.)	1,224,032.	780,581.	443,451.		
12	Advertising and promotion					
13	Office expenses	5,494,984.	5,041,361.	450,813.	2,810.	
14	Information technology	179,706.	3,012,0020	179,706.		
15		27377000		27377000		
16	Royalties	8,556,486.	7,606,317.	939,167.	11,002.	
17	Occupancy	4,814,894.	4,765,378.	49,368.	148.	
18	Payments of travel or entertainment expenses	2,022,0320	277007070	23,3000		
10	·					
40	for any federal, state, or local public officials Conferences, conventions, and meetings					
19		1,065,659.	1,027,788.	36,925.	946.	
20 21	Payments to affiliates	_, 555,655.	_, 52, , , , 50 •	50,525	7 - 10 -	
22	Depreciation, depletion, and amortization	3,194,601.	2,950,634.	243,032.	935.	
23	lan manana	1,078,437.	916,283.	161,007.	1,147.	
23 24	Other expenses. Itemize expenses not covered	2,0.0,107	320,203.	202,007.	<u> </u>	
24	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)					
_	amount, list line 24e expenses on Schedule 0.) REPAIRS AND MAINTENANCE	1,501,956.	1,339,081.	159,996.	2,879.	
a	BAD DEBT	1,477,210.	1,477,210.	100,000	2,013•	
b	NYS HEALTH CARE FACILIT	893,490.	893,490.	+		
c C	THE THEFT CAND INCIDE	055, 450	0,50,400			
d	All other expenses	591,959.	256,592.	253,079.	82,288.	
	All other expenses	99,775,786.	85,028,198.	14,451,221.	296,367.	
25		55,115,100•	00,040,190.	, -J-, <u>2</u> 4	470,301.	
26	Joint costs. Complete this line only if the organization					
	reported in column (B) joint costs from a combined					
	educational campaign and fundraising solicitation.					
	Check here if following SOP 98-2 (ASC 958-720)					

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	1 Cash - non-interest-bearing			5,297,653.	1	4,384,052.
	2				456,964.	2	500,802.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			17,868,042.	4	13,817,830.
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensa					
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	-	•			
		employers and sponsoring organizations of sect		-			
S		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use				8	
	9				1,873,367.	9	1,153,646.
	10a	Land, buildings, and equipment: cost or other	i i				
		basis. Complete Part VI of Schedule D	10a	50,720,887.			
	b	Less: accumulated depreciation	10b	27,462,433.	22,833,017.	10c	23,258,454.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	11,537,126.	15	10,894,003.		
	16	Total assets. Add lines 1 through 15 (must equal			59,866,169.	16	54,008,787.
	17	Accounts payable and accrued expenses			7,080,792.	17	7,685,508.
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I	Part IV	of Schedule D		21	
es	22	Loans and other payables to current and former					
≣		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L			15 600 100	22	15 505 051
_	23	Secured mortgages and notes payable to unrela			15,688,198.	23	15,527,051.
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	-	-	23,632,760.		17,043,866.
		Schedule D			46,401,750.	25 26	40,256,425.
	26	Total liabilities. Add lines 17 through 25	\ _b	Jahawa N. Y. anal	40,401,730.	26	40,230,423.
		Organizations that follow SFAS 117 (ASC 958		ck nere 🚩 🔼 and			
ĕ	27	complete lines 27 through 29, and lines 33 and			12,982,606.	27	13,242,475.
alan	28	Unrestricted net assets Temporarily restricted net assets			481,813.	28	509,887.
B	29				101/0131	29	30370071
Fund Balances	23	Organizations that do not follow SFAS 117 (A		R) check here		23	
F.		and complete lines 30 through 34.	30 330	oj, check here			
ts c	30	Capital stock or trust principal, or current funds				30	
sse	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or	32	Retained earnings, endowment, accumulated in				32	
Š	33	Total net assets or fund balances			13,464,419.	33	13,752,362.
	34				59,866,169.	34	54,008,787.
	<u> </u>						

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1 2 3	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1	1 2 3	100 99	,77	5,7	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	13	,46		
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	13	, 75	2,3	62.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			X
1	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.	_ [Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
c	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat consolidated basis, or both: Separate basis Consolidated basis X Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the					
•	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
3a	If the organization changed either its oversight process or selection process during the tax year, explain in Sch As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	edule O.				
	Act and OMB Circular A-133?			За	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why in Schedule O and describe any steps taken to undergo such audits		ıt	3b	Х	
				Form	990	(2016)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

				AN SERVICES				.1-1633349
Pa	ırt I	Reason for Public (Charity Status (All organizations must co	omplete th	is part.) S	ee instructions.	
Γhe	organ	ization is not a private found	lation because it is: (For lines 1 through 12, o	check only	one box.)		
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2		A school described in secti	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 99	90-EZ).)		
3		A hospital or a cooperative	hospital service orga	anization described in s e	ection 170	(b)(1)(A)(i	ii).	
4		A medical research organiz	ation operated in co	njunction with a hospita	l described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:						
5		An organization operated for	or the benefit of a co	llege or university owner	d or opera	ted by a g	overnmental unit descril	bed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local gov	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).	
7		An organization that norma	-					I public described in
		section 170(b)(1)(A)(vi). (C			Ü		· ·	
8		A community trust describe		(1)(A)(vi). (Complete Par	t II.)			
9		An agricultural research org				ed in coniu	ınction with a land-grant	college
		or university or a non-land-g						
		university:	, ,	,		, .	,,	,
10	X	An organization that norma	Ilv receives: (1) more	than 33 1/3% of its sur	port from	contributi	ons, membership fees, a	and gross receipts from
		activities related to its exen						
		income and unrelated busin						
		See section 509(a)(2). (Cor		(1000 000tion on taxy ii	0111 2 401110	oooo aoqe	mod by the organization	rantor danto do, nono.
11		An organization organized a		ively to test for public sa	afety See	section 50)9(a)(4).	
12		An organization organized a	•	•	•			e purposes of one or
-		more publicly supported or	=	•	•		· · · · · · · · · · · · · · · · · · ·	
		lines 12a through 12d that						SHOOK the Box in
а		Type I. A supporting orga				•		v aivina
_		the supported organization	· ·	•	•			
		organization. You must o			a majority	or tine dire		sapporting
b		Type II. A supporting org			tion with it	s sunnort	ed organization(s) by ha	avina
_		control or management o	•					-
		organization(s). You mus			arrio poroc	ono inai oi	ontrol of manage the oal	oportod
С		Type III functionally inte			in connec	tion with	and functionally integrat	ed with
Ī		its supported organization	-					.ou man,
d		Type III non-functionally						ization(s)
_		that is not functionally int						. ,
		requirement (see instruct	-		•		•	arveriess
е		Check this box if the orga						
Ŭ		functionally integrated, or					2 1 ypc 1, 1 ypc 11, 1 ypc 111	
f	Ente	r the number of supported of		, , , , , , , , , , , , , , , , , , , ,				
		ride the following information						
		Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
				above (see instructions))				
rot:	al							

Schedule A (Form 990 or 990-EZ) 2016 HEARTSHARE HUMAN SERVICES OF NEW YORK 11-1633549 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ions)			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)	
0	organization, check this box and stor	here					> L
	ction C. Computation of Publ					1 1	
	Public support percentage for 2016 (14	%
	Public support percentage from 2015					15	%
16a	33 1/3% support test - 2016. If the c	•		•		•	
	stop here. The organization qualifies						
b	33 1/3% support test - 2015. If the c						
47-	and stop here. The organization qual						
1/a	10% -facts-and-circumstances tes						
	and if the organization meets the "fact			=		~	
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes	_					
	more, and if the organization meets the				-		. □
19	organization meets the "facts-and-circ						
10	Private foundation. If the organization	in did flot check a	DUX UIT IIITE TO, TO	oa, 100, 17a, 01 17		and see instruction	

Schedule A (Form 990 or 990-EZ) 2016

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.)

Se	ction A. Public Support	ciow, picace comp	note i art ii.j				
	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and	. ,	• •	• •	• •	, ,	,,
	membership fees received. (Do not						
	include any "unusual grants.")	1,189,742.	792,275.	721,858.	791,219.	807,573.	4,302,667.
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	92,470,786.	85,527,587.	85,290,286.			445,283,960.
3	Gross receipts from activities that						_
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ-						_
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
J	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	93,660,528.	86,319,862.	86,012,144.	88,892,587.	94,701,506.	449,586,627.
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						449,586,627.
	ction B. Total Support						, , , , , ,
Cale	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6	93,660,528.	86,319,862.	86,012,144.	88,892,587.	94,701,506.	449,586,627.
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	39,633.	30,960.	38,639.	2,534.		112,723.
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	39,633.	30,960.	38,639.	2,534.	957.	112,723.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)	1,013,536.	2,798,055.	6,104,670.	7,789,874.	5,585,346.	23,291,481.
13	Total support. (Add lines 9, 10c, 11, and 12.)	94,713,697.	89,148,877.	92,155,453.	96,684,995.	100,287,809.	472,990,831.
14	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,
	check this box and stop here						>
Se	ction C. Computation of Publi	ic Support Pe	rcentage				
15	Public support percentage for 2016 (I	ine 8, column (f) di	vided by line 13, c	olumn (f))		15	95.05 %
	Public support percentage from 2015					16	95.96 %
Se	ction D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20	16 (line 10c, colun	nn (f) divided by lin	ne 13, column (f))		17	.02 %
18	Investment income percentage from 2					18	.03 %
19a	a 33 1/3% support tests - 2016. If the	organization did n	ot check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	
	more than 33 1/3%, check this box as	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	ation	> X
k	33 1/3% support tests - 2015. If the	· ·			•	•	
	line 18 is not more than 33 1/3%, che			•		•	>
20	Private foundation. If the organization	n did not check a	box on line 14, 19;	a, or 19b, check th	is box and see ins	structions	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	_		
	2		
	За		
	3b		
	3с		
	4a		
	4b		
	TU		
	4c		
	70		
	5a		
	5b 5c		
	6		
	7		
	8		
	9a		
	9b		
	30		
	9с		
	10a		
	46:		
n 0	10b 90 or 99	10-F7	2016

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За

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

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

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

Schedule A (Form 990 or 990-EZ) 2016 HEARTSHARE HUMAN SERVICES OF NEW YORK 11-1633549 Page 6

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

Schedule A (Form 990 or 990-EZ) 2016

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	on D - Distributions		(SUITEM ISSUE)	Current Year		
1	Amounts paid to supported organizations to accomplish exe					
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported				
	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	IS			
4	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required)					
6	Other distributions (describe in Part VI). See instructions					
7	Total annual distributions. Add lines 1 through 6					
8	Distributions to attentive supported organizations to which the	he organization is responsive	e			
	(provide details in Part VI). See instructions					
9	Distributable amount for 2016 from Section C, line 6					
10	Line 8 amount divided by Line 9 amount					
		(i)	(ii)	(iii)		
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016		
			= =	7411041110101 2010		
1	Distributable amount for 2016 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2016 (reason-					
	able cause required- explain in Part VI). See instructions					
3	Excess distributions carryover, if any, to 2016:					
a						
b						
	From 2013					
	From 2014					
	From 2015					
	Total of lines 3a through e					
	Applied to underdistributions of prior years					
	Applied to 2016 distributable amount					
<u> </u>	Carryover from 2011 not applied (see instructions)					
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.					
4	Distributions for 2016 from Section D,					
	line 7: \$					
	Applied to underdistributions of prior years					
	Applied to 2016 distributable amount Remainder. Subtract lines 4a and 4b from 4					
5	Remaining underdistributions for years prior to 2016, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
6	than zero, explain in Part VI. See instructions Remaining underdistributions for 2016. Subtract lines 3h					
U	S .					
	and 4b from line 1. For result greater than zero, explain in					
7	Part VI. See instructions Excess distributions carryover to 2017. Add lines 3j					
′	-					
•	and 4c					

Schedule A (Form 990 or 990-EZ) 2016

b Excess from 2013c Excess from 2014d Excess from 2015e Excess from 2016

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

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

2016

Name of the organization

Employer identification number

HEARTSHARE HUMAN SERVICES OF NEW YORK

11-1633549

Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	\overline{X} 501(c)($\overline{3}$) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
Note: Only a section 50 General Rule X For an organiza	on is covered by the General Rule or a Special Rule . 1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules						
sections 509(a any one contril	ation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under ()(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from butor, 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, D-EZ, line 1. Complete Parts I and II.					
year, total cont	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
year, contribut is checked, en purpose. Don't	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \ \rightarrow \text{\					
but it must answer "No	on that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), "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 seet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

HEARTSHARE HUMAN SERVICES OF NEW YORK

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 43,330.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 30,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>22,500.</u>	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
6		\$ 20,950.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

HEARTSHARE HUMAN SERVICES OF NEW YORK

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ 20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$16,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$15,050.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

HEARTSHARE HUMAN SERVICES OF NEW YORK

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$ 15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$14,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$12,075.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$11,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$ <u>10,500.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$ <u>10,500.</u>	Person X Payroll

HEARTSHARE HUMAN SERVICES OF NEW YORK

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$10,250.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22	- Training, datal coop, direc En 1 1	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$\$,980.	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
24		\$9,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

HEARTSHARE HUMAN SERVICES OF NEW YORK

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$9,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$8,700.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27	Nume, address, and Zir + 4	\$ 7,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28	Name, address, and ZIP + 4	\$ 7,250.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29		\$	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
30		\$7,000.	Person X Payroll

Name of organization Employer identification number

HEARTSHARE HUMAN SERVICES OF NEW YORK

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional	nal space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
31		\$ 7,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
32		\$ 6,825. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
33		\$ 6,205. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
34		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
35		\$ 6,160. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
36		\$ 6,125. Person X Payroll Noncash (Complete Part II for noncash contributions.)

HEARTSHARE HUMAN SERVICES OF NEW YORK

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$5,700.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38		\$5,600.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
40		\$ 5,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
41		\$5,495.	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
42		\$5,250.	Person X Payroll

HEARTSHARE HUMAN SERVICES OF NEW YORK

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$5,050.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
46		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
47		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
48		\$5,000.	Person X Payroll

HEARTSHARE HUMAN SERVICES OF NEW YORK

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
50		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
51		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
52		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
53		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
54		\$5,000.	Person X Payroll

HEARTSHARE HUMAN SERVICES OF NEW YORK

Part I	Contributors (See instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

HEARTSHARE HUMAN SERVICES OF NEW YORK

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

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

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2016

Open to Public Inspection

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.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

	(see separate instructions), then	tions: Complete Bart III			
	Section 501(c)(4), (5), or (6) organizane of organization	tions. Complete Part III.		Em	ployer identification number
	· ·	ARE HUMAN SERVICE	S OF NEW YO		11-1633549
Pa		ganization is exempt unde			
2	Provide a description of the organize Political campaign activity expendite Volunteer hours for political campaign	zation's direct and indirect politica	ıl campaign activities ir	n Part IV.	
Pa	art I-B Complete if the org	ganization is exempt unde	er section 501(c)(3).	
1	Enter the amount of any excise tax	•		•	\$
2	Enter the amount of any excise tax	incurred by organization manage	rs under section 4955	>	\$
	If the organization incurred a section				
4a	a Was a correction made?				Yes No
b	If "Yes," describe in Part IV.				
	Enter the amount directly expended	•	• • •	-	• • • • • • • • • • • • • • • • • • • •
3	Enter the amount of the filing organ exempt function activities Total exempt function expenditures line 17b Did the filing organization file Form Enter the names, addresses and er made payments. For each organiza contributions received that were prolitical action committee (PAC). If	s. Add lines 1 and 2. Enter here ar 1120-POL for this year? mployer identification number (EIN tion listed, enter the amount paid omptly and directly delivered to a	nd on Form 1120-POL, I) of all section 527 pol from the filing organizes	itical organizations to whation's funds. Also enter	\$ Yes No hich the filing organization the amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	contributions received and

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

Schedule C (Form 990 or 990-EZ) 2016

LHA

632041 11-10-16

Schedule C (Form 990 or 990-EZ) 2016	HEARTS	HARE	HUMAN SERVI	CES OF NEW	YORK 11-:	1633549 Page 2
Part II-A Complete if the org section 501(h)).	ganization	is exe	mpt under sectio	n 501(c)(3) and fil	ed Form 5768 (e	election under
	tion belonas	to an affi	iliated group (and list ir	Part IV each affiliated	group member's nai	me. address. EIN.
expenses, and sha	ū		•			, , ,
B Check ▶ ☐ if the filing organiza	tion checked	d box A a	nd "limited control" pro	visions apply.		
	ts on Lobby ditures" mea		nditures unts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	uence public	opinion ((grass roots lobbying)			
b Total lobbying expenditures to influ	uence a legis	slative boo	dy (direct lobbying)			
c Total lobbying expenditures (add l	ines 1a and ¹	1b)				
d Other exempt purpose expenditure	es					
e Total exempt purpose expenditure	es (add lines	1c and 1d	d)			
f Lobbying nontaxable amount. Ent	er the amour	nt from the	e following table in bot	h columns.		
If the amount on line 1e, column (a) o	or (b) is:	The lob	bying nontaxable am	ount is:		
Not over \$500,000		20% of	the amount on line 1e.			
Over \$500,000 but not over \$1,00	0,000	\$100,00	00 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5	500,000	\$175,00	00 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17	,000,000	\$225,00	00 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000		\$1,000,	000.			
g Grassroots nontaxable amount (er		,				
h Subtract line 1g from line 1a. If zer						
i Subtract line 1f from line 1c. If zero						
j If there is an amount other than ze						— —
reporting section 4911 tax for this						Yes No
(Some organizations t	hat made a	section 5	eraging Period Under i01(h) election do not ate instructions for li	have to complete all	of the five columns	below.
	Lobbyi	ing Expe	nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 20	13	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount						
(150% of line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount						
(150% of line 2d, column (e))						

Schedule C (Form 990 or 990-EZ) 2016

Schedule C (Form 990 or 990-EZ) 2016 HEARTSHARE HUMAN SERVICES OF NEW YORK 11-1633549 Page 3

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(8	a)	(k)
of the lobbying activity.	Yes	No	Amo	ount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of:				
a Volunteers?		X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X		
c Media advertisements?		X		
d Mailings to members, legislators, or the public?		X		
e Publications, or published or broadcast statements?		X		
f Grants to other organizations for lobbying purposes?		X		
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		49	7,900.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
i Other activities?		X		
j Total. Add lines 1c through 1i			49	900.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	on 501(c)	(5), or se	ction	
501(c)(6).				
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the control of the organization agree to carry over lobbying and political campaign activity expenditures from the control of the organization agree to carry over lobbying and political campaign activity expenditures from the control of the organization agree to carry over lobbying and political campaign activity expenditures from the control of the control of the organization agree to carry over lobbying and political campaign activity expenditures from the control of				
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."				ne 3, is
		1		
Dues, assessments and similar amounts from members Section 163(a) pended until leabhying and political even of the leabhying and the leab				
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of polit expenses for which the section 527(f) tax was paid).	ICai			
. , , ,		20		
a Current year				
b Carryover from last year				
c Total				
Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex				
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political			
expenditure next year?		4		
5 Taxable amount of lobbying and political expenditures (see instructions)		5		
Part IV Supplemental Information			10/	
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated ground the control of the c	p list); Part II	I-A, lines 1 a	and 2 (see	
instructions); and Part II-B, line 1. Also, complete this part for any additional information. PART II-B, LINE 1, LOBBYING ACTIVITIES:				
ON BEHALF OF HEARTSHARE HUMAN SERVICES, CAPALINO+COM	PANY EN	IGAGED	IN	
DIRECT LOBBYING OF GOVERNMENT OFFICIALS RELATED TO RE	EIMBURS	SEMENT	FOR	
CITY CONTRACTS. ADDITIONALLY, CAPALINO+COMPANY HAS AI	OVOCATE	ED TO	NEW	
YORK CITY ELECTED OFFICIALS FOR PUBLIC SECTOR FUNDING	FOR F	IEARTS	HARE	
HUMAN SERVICES.				

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

Part II Organization Swaintaining Donor Advised Funds or Other Similar Funds or Accounts. Compete if the organization insvered "Yes" on Form 930, Part IV, line 6. 1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of contributions to (during year) 4 Aggregate value of entire from (during year) 5 Dot the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all ornors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantess, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor of donor advisor, or for any other purpose conforming impermisable private benefit? Part II Conservation Easements. Complete if the organization in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor of donor advisor, or for any other purpose conforming impermisable private benefit? Part III Conservation Easements. Complete if the organization in writing that grant funds can be used only preservation of a preservation of a historically important land area Protection or natural habitat protection or natural habitat protection or advisors in a protection or advisor of a protection of a historically important land area Protection or natural habitat protection or advisors in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements and acriffied historic structure included in (a) 2c donor the protection of a protection or advisor in a protection or advisor in a historical protection or conservation easements in childred in (a) acquired after 8/17/06, and not on a historic structure law of the two protections are acriffed historic structure included in (a) 2c donor protection or advisor in a protection or protection or protection or protection or protection or protection or prot	D-		ERVICES OF NEW YORK	11-1633549
Total number at end of year	Pai			or Accounts. Complete if the
1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of contributions to (during year) 4 Aggregate value of parish from (during year) 4 Aggregate value of end of year 5 Did the organization in formal didorons and donor advisors in writing that the assets held in donor advised funds are the organization in property, subject to the organization's exclusive legal control? Ves No 6 Did the organization in grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part III Conservation Easements. Complete if the organization answered "Yes' on Form 990, Part IV, line 7. 1 Purpose(s) of conservation Easements held by the organization (check all that apply). 1 Proservation of land for public use (e.g., recreation or education) Preservation of a historically important land area 2 Preservation of land for public use (e.g., recreation or education) Preservation of a certified historic structure 3 Preservation of pen space 2 Complete lines 2s through 2sl if the organization held a qualified conservation contribution in the form of a conservation assement and any of the fundamental preservation assements and a certified historic structure included in (a) 2 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 3 Number of states where property subject to conservation easement is located with a state in the National Register 3 Number of other property subject to conservation easement is located working the presonance of the conservation easements modified, transferred, released, extinguished, or terminated by the organization during the year 3 Number of states where property s		organization answered "Yes" on Form 990, Part IV, lin		
2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor for any other purpose conferring impermissible private benefit? Part II Conservation Essements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purposets) of conservation essements. Complete if the organization (check all that apply). Preservation of an organization of public use (e.g., recreation or education) Preservation of a conservation essement held by the organization (check all that apply). Preservation of open space 2 Complete lines 2 at through 2 of the organization held a qualified conservation contribution in the form of a conservation essement on a certified historic structure is advised to the stay sear. 3 Total number of conservation essements 4 Total acreage restricted by conservation essements 5 Total acreage restricted by conservation essements 6 Total acreage restricted by conservation essements included in (e) acquired after 8/17/06, and not on a historic structure is tell of the National Register 7 Number of conservation essements modified, transferred, released, extinguished, or terminated by the organization during the tax year 8 Number of conservation essements modified, transferred, released, extinguished, or terminated by the organization during the tax year 9 Number of conservation essements modified, transferred, released, extinguished, or terminated by the organization during the year 10 Desset the organization have a written policy regarding the periodic monitoring, inspection, handli			(a) Donor advised funds	(b) Funds and other accounts
3 Aggregate value of grants from (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible purposes and not for the benefit of the donor or donor advisor, or for any other purposes conferring impermissible purposes and not for the benefit of the donor or donor advisor, or for any other purposes conferring impermissible purposes and not for the benefit of the donor or donor advisor, or for any other purposes conferring impermissible purposes and not for the benefit of the donor or donor advisor, or for any other purposes conferring impermissible of the conferring impermissible purposes conferring impermissible purposes conferring impermissible purposes and not for the benefit of the form of a conservation essements. 6 Perservation of land for public use (e.g., recreation or education) Preservation of a nistorically important land area Protection of natural habitat 6 Preservation of land for public use (e.g., recreation or education) Preservation of a certified historic structure in the form of a conservation essement on the last day of the tax year. 8 Total number of conservation essements 9 Total number of conservation essements in cluded in (e.g.) adjusted the form of a conservation essements or conservation essements in the form of conservation essements during the tax year. 9 Total number of conservation essements in monitoring, inspecting, handling of violations, and enforcing conservation essements during the year	1	Total number at end of year		
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and section 170(h)(4)(B)(iii)? 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part X III, line 1 b \$ Assets included in Form 990, Part X				
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include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part X		and section 170(h)(4)(B)(ii)?		Yes
conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X	9	In Part XIII, describe how the organization reports conservation	ion easements in its revenue and expense	statement, and balance sheet, and
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X Assets included in Form 990, Part X Assets included in Form 990, Part X		include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes t	he organization's accounting for
Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part X b Assets included in Form 990, Part X b Assets included in Form 990, Part X				
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the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X	1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statem	ent and balance sheet works of art,
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part X b Assets included in Form 990, Part X		historical treasures, or other similar assets held for public exl	hibition, education, or research in furtheran	nce of public service, provide, in Part XIII,
treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X		the text of the footnote to its financial statements that descri	ibes these items.	
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relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X		treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pub	olic service, provide the following amounts
(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X			·	
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2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1				
the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X \$ \$	2			
a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X ► \$	_	-		gain, provido
b Assets included in Form 990, Part X ▶ \$	•		· · · · · · · · · · · · · · · · · · ·	• \$

632051 08-29-16

Sche	dule D (Form 990) 2016 HEARTSHA	ARE HUMAN	SERV	ICES O	F NEW	YORK	1	L1-16	33549	Page 2
_	rt III Organizations Maintaining Co	ollections of A	rt, Hist	orical Tr	easures,	or Othe	er Simila	ar Asse	ts (contini	ued)
3	Using the organization's acquisition, accession									
	(check all that apply):			•	_					
а	Public exhibition	d	ı 🔲 L	oan or excl	hange progr	ams				
b	Scholarly research	е								
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explai	in how th	ey further tl	he organizat	ion's exe	mpt purpo	se in Par	t XIII.	
5	During the year, did the organization solicit or									
	to be sold to raise funds rather than to be ma	intained as part of t	the orgar	nization's co	ollection?				Yes	☐ No
Par	t IV Escrow and Custodial Arrang							, Part IV,	line 9, or	
	reported an amount on Form 990, Part									
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for d	contribution	s or other a	ssets not	included		_	
	on Form 990, Part X?							L <u>X</u>	Yes	└─ No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	ollowing t	able:						
									Amount	
С	Beginning balance						1c			.,058.
d	Additions during the year						1d			,345.
е	Distributions during the year						1e			,208.
f	Ending balance						1f		416	,195.
2a	Did the organization include an amount on Fo	rm 990, Part X, line	21, for e	scrow or cu	ustodial acc	ount liabil	lity?	L	Yes	X No
_	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete if	the organization ar	swered	"Yes" on Fo	rm 990, Par	t IV, line	10.			
		(a) Current year	(b) Pi	rior year	(c) Two yea	ırs back	(d) Three ye	ears back	(e) Four	years back
1a	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 of the curre	ent year end baland	ce (line 1	g, column (a	a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c should	ıld equal 100%.								
3a	Are there endowment funds not in the posses	ssion of the organiz	ation tha	t are held a	nd administ	ered for t	he organiz	ation	_	
	by:								`	Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as requi	red on S	chedule R?					3b	
4	Describe in Part XIII the intended uses of the		owment f	unds.						
Par	t VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answered	"Yes" on Form 990	0, Part IV	, line 11a. S	See Form 99	0, Part X,	line 10.			
	Description of property	(a) Cost or o	other	(b) Cost	or other		ccumulate	d _	(d) Book	value
		basis (investr	ment)	basis		der	preciation			
1a	Land				1,958.					.,958.
	Buildings				5,366.		333,37	73.	7,801	.,993.
	Leasehold improvements			16,65	2,513.	9,3	379,04	16.	7,273	,467.
	Equipment			7,40	1,050.	4,	750,01	L4.	2,651	.,036.

Schedule D (Form 990) 2016

23,258,454.

e Other

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Part VII	Investments -	Other	Securities.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) SECURITY DEPOSITS	389,899.
(2) DEBT SERVICE RESERVE FUND	230,899.
(3) DEFERRED CHARGES	41,173.
(4) DUE FROM HEARTSHARE EDUCATION CENTER	1,082,173.
(5) DUE FROM ST. VINCENT'S SERVICES, INC.	8,899,229.
(6) DUE FROM HEARTSHARE WELLNESS, LTD	250,630.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	10,894,003.

Part X Other Liabilities.

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

1.	(a) Description of liability	(b) Book value	
(1)	Federal income taxes		
(2)	DUE TO NEW YORK STATE	10,499,078.	
(3)	ALLOWANCES FOR POTENTIAL RATE		
(4)	ADJUSTMENTS	3,672,529.	
(5)	OTHER CURRENT LIABILITIES	1,020,507.	
(6)	LINE OF CREDIT	1,596,081.	
(7)	DUE TO DORMITORY AUTHORITY OF THE		
(8)	STATE OF NY	255,671.	
(9)			
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	17,043,866.	

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2016

HEARTSHARE HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL PERIODS ENDING JUNE 30, 2014 AND SUBSEQUENT REMAIN SUBJECT TO STATEMENTS. EXAMINATION BY APPLICABLE TAXING AUTHORITIES.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" 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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

HEARTSHARE HUMAN SERVICES OF NEW YORK

Employer identification number

HEARTSH	ARE HUMAN SERVICES	OF	NE	WYORK	111-1033	549	
Part I Fundraising Activities required to complete this part	 Complete if the organization answet. 	ered "Y	es" or	n Form 990, Part IV,	line 17. Form 990-E2	I filers are not	
Indicate whether the organization raised funds through any of the following activities. Check all that apply. a							
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundr have co or con contribu	Did aiser ustody trol of utions?	(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				
Fotal			>				
List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	utions	s or has been notified	d it is exempt from re	egistration	

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

Schedule G (Form 990 or 990-EZ) 2016

Schedule G (Form 990 or 990-EZ) 2016 HEARTSHARE HUMAN SERVICES OF NEW YORK Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events (add col. (a) through GOLF OUTING 3 SPRING GALA col. (c)) (event type) (event type) (total number) 437,507 113,175. 136,496. 687,178. 1 Gross receipts 282,507 86,915 115,769. 485,191. 2 Less: Contributions 201,987. 155,000 26,260. 20,727. Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expense 6 Rent/facility costs 5,284. 5,284. 234,206. 312,656. 25,150. 53,300. 7 Food and beverages 600 600. 8 Entertainment 107,527. 9 Other direct expenses 51,120. 56,407. 426,067. **10** Direct expense summary. Add lines 4 through 9 in column (d) -224,080. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs **5** Other direct expenses Yes Yes % Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? No **b** If "No," explain: **10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2016

Sche	edule G (Form 990 or 990-EZ) 2016 HEARTSHARE HUMAN SERVICES OF NEW YORK $11-1$	<u> 63354</u>	9 Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
	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
	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	%
	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address ▶		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
h	If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount		
b	of gaming revenue retained by the third party \(\bigs\) \$		
_	If "Yes," enter name and address of the third party:		
C	in res, enter hame and address of the tillid party.		
	Name		
	Address >		
16	Gaming manager information:		
	Name		
	Gaming manager compensation ▶ \$		
	Description of socioes provided		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
a	votain the estate gamine license?	Yes	☐ No
h	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	. — 100	
b	organization's own exempt activities during the tax year > \$		
Pai	t IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, li	ines 0 0h	10h 15h
ı a	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	1165 3, 30,	100, 130,
	100, 10, and 170, as applicable. Also provide any additional information. Occ instructions		

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

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

➤ Attach to Form 990.

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

OMB No. 1545-0047 **2016**

Open to Public Inspection

Employer identification number

HEARTSHAR	RE HUMAN S	SERVICES OF	NEW YORK				11-1633	549
Part I General Information on Grants a	and Assistance							
Does the organization maintain records criteria used to award the grants or assi								No
2 Describe in Part IV the organization's pr	ocedures for moni	toring the use of gran	t funds in the Unite	d States.				
Part II Grants and Other Assistance to	Domestic Organi	izations and Domest	ic Governments. C	omplete if the org	anization answered "\	es" on Form 990, Part	IV, line 21, for any	
recipient that received more than	\$5,000. Part II car	be duplicated if addi	tional space is need	ded.				
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grar or assistance	ıt
HEARTSHARE ST. VINCENT'S SERVICES 66 BOERUM PLACE, 1ST FLOOR BROOKLYN, NY 11201	11-1631823	501(C)3	3,500,000.	0.	COST		TO SUPPORT OPERATION.	NS OF
2 Enter total number of section 501(c)(3) a	and government of	rganizations listed in th	he line 1 table			I	<u> </u>	1.
3 Enter total number of other organization								0.
• Enter total number of other organization	is iisted iii tile iiile	1 table						<u>_</u>

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information red	quired in Part I, lin	e 2; Part III, columr	n (b); and any other a	dditional information.	
PART I, LINE 2:					
HEARTSHARE HUMAN SERVICES PROVIDEI	SUPPORT	TO ST. VI	INCENT'S SE	RVICES. THE	
MONITORING IS DONE THROUGH REVIEW	OF EXPEN	SES.			

SCHEDULE J (Form 990)

Compensation Information

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

Compensated Employees

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

HEARTSHARE HUMAN SERVICES OF NEW YORK

Employer identification number 11-1633549

Pa	art I Questions Regarding Compensation			
			Yes	No
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 explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant X 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		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 10 15 15 15 15 15 15 15 15 15 15 15 15 15			
_	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:	F-		х
a	The organization?	5a		X
a	Any related organization? If "Yes" on line 5a or 5b, describe in Part III.	5b		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
6	contingent on the net earnings of:			
•		6a		х
a h	The organization? Any related organization?	6b		X
J	If "Yes" on line 6a or 6b, describe in Part III.	OD.		
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 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)?	9		

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

Schedule J (Form 990) 2016

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 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	berients	(B)(i)-(D)	reported as deferred on prior Form 990
(1) WILLIAM R. GUARINELLO	(i)	364,600.	137,000.	0.	4,500.	18,895.	524,995.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.		0.
(2) ANTHONY BIANCA	(i)	229,578.	55,083.	0.	4,500.	23,176.	312,337.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) LINDA M. TEMPEL	(i)	239,950.	20,000.	0.	4,500.	40.	264,490.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) LYNETTE FERNANDEZ	(i)	187,839.	30,000.	0.	4,500.	10,654.	232,993.	0.
SENIOR VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) EVELYN ALVAREZ-RICHARDS	(i)	177,743.	0.	0.	4,500.	17,960.	200,203.	0.
EXECUTIVE VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) THERESA MALOT	(i)	170,392.	0.	0.	4,500.	4,260.	179,152.	0.
VICE PRESIDENT OF FINANCE	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) WARREN PETTY	(i)	187,344.	0.	0.	4,500.	2,810.	194,654.	0.
SENIOR VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) VINCENT PAGNOTTA	(i)	155,839.	0.	0.	4,500.	3,869.		0.
VICE PRESIDENT OF PURCHASING	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Supplemental information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 7:
THE BOARD, THROUGH A COMPENSATION COMMITTEE, ON AN ANNUAL BASIS REVIEWS AND
DOCUMENTS THE COMPENSATION AND PERFORMANCE OF 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 L

Transactions With Interested Persons

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

➤ Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Open To Public Inspection

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

Complete if the	organization an	swered "Yes" on	Form 9	990, Pa	art IV, line 25a or 25b	o, or Form 990-EZ, F	Part V,	line 40	0b.				
1 (a) Name of disqualified p	(b)	Relationship bet			ified	c) Description of tra	acactic	'n		(d)	Corre	cted?	
(a) Name of disqualified p	Derson	person and or	rganiza	ation	"	bescription of trai	isaciic) I I		Ye	es	No	
										-	\dashv		
										+	+		
2 Enter the amount of tax	incurred by the	organization mar	nagers	or disc	qualified persons du	ring the year under							
								> \$					
3 Enter the amount of tax,	if any, on line 2	2, above, reimburs	sed by	the or	ganization			> \$					
Part II Loans to an	d/or From Ir	nterested Per	sons										
Complete if the	organization an	swered "Yes" on	Form 9	990-EZ	, Part V, line 38a or I	Form 990, Part IV, li	ne 26;	or if th	ne orga	anizatio	on		
·		90, Part X, line 5, 6							/b\ /\n	nrovad			
(a) Name of interested person	(b) Relationshi with organizatio				(e) Original principal amount	(f) Balance due	(g) In by cor		by bo	Approved board or nmittee? (i) Wr agreen		ritten ment'	
			То	From			Yes	No	Yes	No	Yes	No	
			1									\vdash	
			<u> </u>										
			-										
			-										
otal	<u> </u>				> \$								
Part III Grants or As	ssistance Be	enefiting Inte	reste	d Pe	rsons.								
		swered "Yes" on											
(a) Name of interested person		(b) Relationship interested personal the organization	son an		(c) Amount of assistance	(c) Amount of (d) Type assistance assistan					Purpose of assistance		

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

Schedule L (Form 990 or 990-EZ) 2016

Schedule L (Form 990 or 990-EZ) 2016 HEARTS	SHARE H	UMAI	N SERVICES	OF NEW YOR	K 11-1633	3549	Page 2
Part IV Business Transactions Involved	ing Intere	sted	Persons.				
Complete if the organization answered					1	I (a) Sh	oring of
(a) Name of interested person			etween interested le organization	(c) Amount of transaction	(d) Description of transaction		zation's
	person	and th	ie organization	transaction	transaction		nues?
JOSEPH GUARINELLO	FAMILY	OF	PRESIDENT	155.284.	EMPLOYMENT	Yes	No X
VINCENT PAGNOTTA			PRESIDENT		EMPLOYMENT		X
ALISON MARINO			PRESIDENT		EMPLOYMENT		Х
Part V Supplemental Information					•		
Provide additional information for resp	onses to ques	stions	on Schedule L (see	instructions).			
COULT DADE IN DUCTNICO	nn a ata a au	штот	AC TANZOTAZ	NC TNMEDECO	IED DEDCONC		
SCH L, PART IV, BUSINESS	LKANSAC	1101	NS INVOLVI	NG INTEREST	ED PERSONS	i	
(A) NAME OF PERSON: JOSEPH	H GUARII	NELI	LO				
(B) RELATIONSHIP BETWEEN	INTERES'	TED	PERSON AN	D ORGANIZAT	'ION:		
EAMILY OF DESCIDENTS CEO							
FAMILY OF PRESIDENT & CEO							
(C) AMOUNT OF TRANSACTION	\$ 155,	284	•				
(D) DEGGREDATION OF MDANGA	7. TO 1						
(D) DESCRIPTION OF TRANSAC	JTION:	EMPI	POAWENT.				
(E) SHARING OF ORGANIZATION	ON REVE	NUES	S? = NO				
(-, -, -, -, -, -, -, -, -, -, -, -, -, -							
/A NAME OF DEDGON. MINGE	.TM D3/Q37	О ШШ.	.				
(A) NAME OF PERSON: VINCE	NT PAGNO	0.11.7	A				
(B) RELATIONSHIP BETWEEN	INTERES'	TED	PERSON AND	D ORGANIZAT	'ION:		
FAMILY OF PRESIDENT & CEO							
(C) AMOUNT OF TRANSACTION	¢ 155	830					
(C) AHOUNT OF THUMBHETTON	ў 133 ,	033	•				
(D) DESCRIPTION OF TRANSAG	CTION:	EMP1	LOYMENT				
(E) SHARING OF ORGANIZATION	או ספונפו	NTT TE (CO _ NO				
(E) SHARING OF ORGANIZATION	JIN KEVE	NOE	S: = NO				
(1) NINE OF PERSON 150		^					
(A) NAME OF PERSON: ALISO	MARIN	U					
(B) RELATIONSHIP BETWEEN	INTERES'	TED	PERSON AN	D ORGANIZAT	ION:		
FAMILY OF DRESIDENT & CEO							

(C) AMOUNT OF TRANSACTION \$ 36,320.

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT

Schedule L (Form 990 or 990-EZ) 2016

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

2016
Open to Public Inspection

Name of the organization

HEARTSHARE HUMAN SERVICES OF NEW YORK

Employer identification number 11-1633549

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

THE MISSION OF HEARTSHARE HUMAN SERVICES IS TO NURTURE AND SUPPORT,

WITH DIGNITY AND RESPECT, CHILDREN, ADULTS AND FAMILIES IN ORDER TO

EXPAND OPPORTUNITIES AND ENHANCE LIVES.

FORM 990, PART III, LINE 1:

FOUNDED IN 1914, HEARTSHARE HUMAN SERVICES NURTURES, SUPPORTS, EDUCATES AND EMPOWERS VULNERABLE NEW YORKERS THROUGH MORE THAN 100 PROGRAMS. THE VAST MAJORITY OF HEARTSHARE'S SERVICES SUPPORT OVER 4,000 INDIVIDUALS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES (I/DD) IN NEW YORK CITY TO LEAD MORE INDEPENDENT, MEANINGFUL AND FULFILLING THIS IS ACCOMPLISHED THROUGH PRESCHOOL SPECIAL EDUCATION AND UPK FOR ALL PROGRAMS, ADULT DAY AND EMPLOYMENT PROGRAMS, COMMUNITY HABILITATION, MEDICAID SERVICE COORDINATION, OVERNIGHT RESPITE, RESPITE RECREATION SERVICES, FAMILY SUPPORT SERVICES (CHILDREN'S EVALUATIONS, FAMILY REIMBURSEMENT AND FRAGILE X INFORMATION AND REFERRAL), AND SELF-DIRECTION BROKERAGE SERVICES. HEARTSHARE ALSO PROVIDES ENERGY ASSISTANCE GRANTS THAT ASSIST OVER $24,000\,$ 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% OF ALL REVENUE GOES DIRECTLY TO ITS PROGRAMS AND SERVICES.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

NEW PROGRAM AND SERVICES:

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

Schedule O (Form 990 or 990-EZ) (2016)

Name of the organization HEARTSHARE HUMAN SERVICES OF NEW YORK	Employer identification number 11-1633549
HEARTSHARE OPENED A NEW 24-HOUR RESIDENCE FOR 4 QUEENS WO	MEN IN
2016-17.	
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHME	NTS:
RESIDENTIAL SERVICES:	
HEARTSHARE PROVIDED RESIDENTIAL SERVICES TO 385 CHILDREN	AND ADULTS
WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES (I/DD) T	HROUGH ITS 43
24-HOUR RESIDENCES AND 48 SUPPORTIVE AND ISS APARTMENTS I	N BROOKLYN,
QUEENS AND STATEN ISLAND. RESIDENTS ARE PROVIDED SUPPORT	IN THE AREAS
OF ACTIVITIES OF DAILY LIVING AS APPROPRIATE TO EACH PERS	ON, INCLUDING
BATHING, SELF-CARE, COOKING, CLEANING, BUDGETING, ETC. T	HEY ATTEND
SCHOOL (CHILDREN) OR ADULT DAY AND EMPLOYMENT PROGRAMS (A	DULTS), OR ARE
COMPETITIVELY EMPLOYED. MEDICAID SERVICE COORDINATION (MS	C) GUIDED 430
ADULTS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES T	O REACH THEIR
PERSONAL GOALS AND BRING THEM CLOSER TO A MORE INDEPENDEN	T LIFE.
SELF-DIRECTION OR SUPPORT BROKER SERVICES HELPED 23 ADULT	S WITH
INTELLECTUAL AND DEVELOPMENTAL DISABILITIES DESIGNATE CAR	EGIVERS AND
SELECTED ADVISORS IN ORDER TO HAVE MORE CONTROL OVER THEI	R
INDIVIDUALIZED MEDICAID FUNDED BUDGET AND IN TURN, ACHIEV	E
PERSON-CENTERED GOALS. RESIDENTS PARTICIPATE IN RECREATION	NAL AND
CULTURAL ACTIVITIES AND ENJOY BEING PART OF THEIR COMMUNI	TIES.
HEARTSHARE PROVIDES LOVING CARE, ASSISTANCE, SUPPORTS AND	GUIDANCE AS
NEEDED SO THAT INDIVIDUALS CAN LIVE AS INDEPENDENTLY AS P	OSSIBLE.
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHME	NTS:
EARLY CHILDHOOD SERVICES:	
HEARTSHARE'S EARLY CHILDHOOD SERVICES HELP CHILDREN WITH	DEVELOPMENTAL

Name of the organization

Employer identification number

DELAYS AND DISABILITIES BUILD A STRONG FOUNDATION FOR THEIR FUTURES. IN

ADDITION TO EVALUATION SERVICES AND PRE-SCHOOL PROGRAMS FOR CHILDREN

WITH DEVELOPMENTAL DELAYS OR DISABILITIES, HEARTSHARE ALSO OFFERS PRE-K

FOR ALL 4-YEAR-OLD CHILDREN. HEARTSHARE'S PROGRAMS OFFER A FULL RANGE

OF SERVICES WHICH INCLUDE SPECIAL EDUCATION SERVICES IN A CLASSROOM

SETTING, PHYSICAL AND OCCUPATIONAL THERAPY, SPEECH AND LANGUAGE

THERAPY, MUSIC AND ART THERAPY, RECREATIONAL ACTIVITIES, COMPUTERS IN

THE CLASSROOMS, AND PARENT EDUCATION AND SUPPORT. MORE THAN 910

CHILDREN BENEFITTED FROM THESE SERVICES OFFERED AT FIVE LOCATIONS IN

BROOKLYN AND QUEENS.

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

FAMILY SUPPORT SERVICES HELPED 1,060 INDIVIDUALS WITH INTELLECTUAL AND
DEVELOPMENTAL DISABILITIES (I/DD) AND THEIR FAMILIES. THESE SERVICES

INCLUDE RESPITE/RECREATION FOR FAMILIES CARING FOR 512 CHILDREN AND
ADULTS WITH I/DD; EXTENDED OVERNIGHT RESPITE FOR FAMILIES CARING FOR 70

CHILDREN AND ADULTS WITH I/DD; 24 PSYCHOSOCIAL AND PSYCHOLOGICAL

EVALUATIONS FOR CHILDREN WITH I/DD; FRAGILE X INFORMATION AND REFERRALS

TO 222 PEOPLE CARING FOR THOSE WITH I/DD; FINANCIAL GRANTS IMPROVING
QUALITY OF LIFE FOR 192 CHILDREN AND ADULTS WITH I/DD. ENERGY

ASSISTANCE & COMMUNITY DEVELOPMENT PROGRAM OFFERED UTILITY ASSISTANCE
GRANTS TO 24,377 LOW-INCOME NEW YORKERS IN PARTNERSHIP WITH CON EDISON,
NATIONAL GRID, NYSEG AND RG&E.

EXPENSES \$ 4,666,502. INCL GRANTS OF \$ 3,500,000. REVENUE \$ 1,212,947.

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 ARE DISCUSSED AND IF

632212 08-25-16

Schedule O (Form 990 or 990-EZ) (2016)

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

REQUIRED, CHANGES ARE 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 & FINANCE COMMITTEE OF THE BOARD REVIEWS EACH REPORTED POTENTIAL CONFLICT OF INTEREST AND REPORTS ITS RECOMMENDATIONS TO THE FULL BOARD FOR APPROVAL. IF A CONFLICT OF INTEREST ARISES, THE MATTER MAY BE REMEDIED VIA RECUSAL OR DISQUALIFICATION OF THE BOARD MEMBER. THIS SIMPLY MEANS THAT THE BOARD MEMBER DOES NOT PARTICIPATE IN THE MATTER THAT POSES THE CONFLICT OF INTEREST. IN THE EVENT OF A VIOLATION OF THE CONFLICT OF INTEREST POLICY, THE AGENCY RESERVES THE RIGHT TO IMMEDIATELY DISMISS THE EMPLOYEE OR BOARD MEMBER OF INTEREST.

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

THE BOARD COMPRISED OF INDEPENDENT MEMBERS, THROUGH A COMPENSATION COMMITTEE, ON AN ANNUAL BASIS REVIEWS AND DOCUMENTS THE PRESIDENT & CEO'S PERFORMANCE AND COMPENSATION USING INDEPENDENT COMPENSATION SOURCES, INCLUDING SALARY SURVEYS, FORM 990S OF COMPARABLE ORGANIZATIONS, AND INFORMATION PROVIDED BY AN INDEPENDENT COMPENSATION CONSULTANT. THE PRESIDENT & CEO SETS THE SALARY FOR KEY STAFF ALSO USING INDEPENDENT COMPENSATION SOURCES WITH OVERSIGHT BY THE BOARD. THE PROCESS LAST OCCURRED IN 2016.

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

HEARTSHARE'S CONFLICT OF INTEREST POLICY, GOVERNING DOCUMENTS, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

➤ Attach to Form 990.

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

2016 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury Internal Revenue Service

HEARTSHARE HUMAN SERVICES OF NEW YORK

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr	g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
ST. VINCENT'S SERVICES, INC. (D/B/A					HEARTSHARE HUMAN		
HEARTSHARE ST. VINCENT'S SERVICES) - 11-, 66					SERVICES OF NEW		
BOERUM PLACE, BROOKLYN, NY 11201	CHILD WELFARE SERVICES	NEW YORK	501(C)(3)	LINE 10	YORK	X	
HEARTSHARE WELLNESS, LTD 11-3538646					HEARTSHARE HUMAN		
177 LIVINGSTON STREET, LOWER LEVEL	CLINIC AND TARGETED CASE				SERVICES OF NEW		
BROOKLYN, NY 11201	MANAGEMENT (TCM)	NEW YORK	501(C)(3)	LINE 10	YORK	X	
HEARTSHARE EDUCATION CENTER - 90-0452757					HEARTSHARE HUMAN		
1825 BATH AVENUE	SCHOOL FOR AUTISTIC				SERVICES OF NEW		
BROOKLYN, NY 11214	CHILDREN	NEW YORK	501(C)(3)	LINE 2	YORK	X	
NEW YORK INTEGRATED NETWORK FOR PERSONS WITH							
DEVELOPMENTAL DISABILITIES - 45, 12]						
METROTECH CENTER, BROOKLYN, NY 11201	HEALTHCARE	NEW YORK	501(C)(3)	LINE 8			X

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

Schedule R (Form 990) 2016

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)						
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Predominant income (related, unrelated, excluded from tax under	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	alloca	ortionate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General managi partne	or Percentage ownership				
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0						

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	512(l contr ent	ti) ction b)(13) rolled city?
HEARTSHARE PRODUCTIONS, LTD 31-1584808			HEARTSHARE					Yes	No
12 METRO TECH CENTER, 29TH FLOOR	FILM PRODUCTION AND		HUMAN SERVICES						
BROOKLYN, NY 11201	DISTRIBUTION	NY	OF NEW YORK	C CORP	0.	0.	100.00%	Х	

Page 3

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

Not	ote: 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 on-	ne or more re	lated organizations listed	in Parts II-IV?					
а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X		
b	Gift, grant, or capital contribution to related organization(s)				1b	Х			
С	Gift, grant, or capital contribution from related organization(s)				1c		X		
	d Loans or loan guarantees to or for related organization(s)				1d	X			
	Loans or loan guarantees by related organization(s)				1e		X		
f	Dividends from related organization(s)				1f		X		
g	g Sale of assets to related organization(s)				1g		X		
	h Purchase of assets from related organization(s)								
i Exchange of assets with related organization(s)									
j Lease of facilities, equipment, or other assets to related organization(s)									
k	C Lease of facilities, equipment, or other assets from related organization(s)				1k		X		
-1	Performance of services or membership or fundraising solicitations for related organization(s	(s)			11	Х			
m	m Performance of services or membership or fundraising solicitations by related organization(s				1m		X		
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		X		
	Sharing of paid employees with related organization(s)				10		X		
р	Reimbursement paid to related organization(s) for expenses				1p		X		
	Reimbursement paid by related organization(s) for expenses				1q	Х			
r Other transfer of cash or property to related organization(s)									
s Other transfer of cash or property from related organization(s)									
2	If the answer to any of the above is "Yes," see the instructions for information on who must	complete th	is line, including covered	relationships and transaction thresholds.					
	(a)	(b)	(c)	(d)					

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) HEARTSHARE EDUCATION CENTER	L	437,643.	COST
(2) HEARTSHARE WELLNESS, LTD.	L	468,207.	COST
ST. VINCENT'S SERVICES, INC. (D/B/A (3) HEARTSHARE ST. VINCENT'S SERVICES)	L	4,309,892.	COST
ST. VINCENT'S SERVICES, INC. (D/B/A (4) HEARTSHARE ST. VINCENT'S SERVICES)	В	3,500,000.	COST
<u>(5)</u>			
_(6)	63		

Page 4

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

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

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

Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

OMB No. 1545-0047

Α	For the	e 2016 calendar year, or tax year beginning JUL I, ZUIり and e	ending J	UN 30, 201/	
В	Check if applicable	C Name of organization		D Employer identifi	cation number
	Addres				
	Name change	Doing business as		11-3	538646
	Initial return Final return/	,	Room/suite	E Telephone number 718 –	er 422-3235
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	6,421,856.
	Ameno			H(a) Is this a group re	
	Applic tion	F Name and address of principal officer: OOTCE DEVIN		for subordinates	
	pendir	SAME AS C ABOVE		H(b) Are all subordinates i	
		empt status: X 501(c)(3) 501(c) () ((insert no.) 4947(a)(1) o	r 527	1	list. (see instructions)
		e: ► WWW.HEARTSHAREWELLNESS.ORG		H(c) Group exemption	
K	Form of	organization: X Corporation Trust Association Other	L Year	of formation: 2000	v State of legal domicile: $\mathbf{N}\mathbf{Y}$
P	art I	Summary			
•	1	Briefly describe the organization's mission or most significant activities: ${f SEE}$	CHEDU	LE O	
Governance					
ž	2	Check this box $lacktriangle$ $lacktriangle$ if the organization discontinued its operations or dispos	ed of more	than 25% of its net a	
ŏ				3	5
<u>ھ</u>		Number of independent voting members of the governing body (Part VI, line 1b)			5
es		Total number of individuals employed in calendar year 2016 (Part V, line 2a)			77
Activities	6	Total number of volunteers (estimate if necessary)		6	5
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, line 34	·····	7b	0.
				Prior Year	Current Year
ne		Contributions and grants (Part VIII, line 1h)		39,375.	
Revenue		Program service revenue (Part VIII, line 2g)		6,217,127.	4,763,476.
Вè		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	220,252.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	105,476.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,256,502.	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		3,125,171.	_
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
en	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.	0.
Ä	_b	Total fundraising expenses (Part IX, column (D), line 25)		3,024,012.	1,694,947.
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		6,149,183.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		107,319.	
)r	19	nevertue less experises. Subtract line 16 front line 12	Ra	ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	100	3,999,488.	5,278,652.
Ass	21	Total liabilities (Part X, line 26)		792,960.	1,095,892.
Net	22	Net assets or fund balances. Subtract line 21 from line 20		3,206,528.	4,182,760.
	art II	Signature Block			
Und	ler pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of m	y knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of whi	ich preparer	has any knowledge.	
Sig	ın	Signature of officer		Date	
He		■ JOYCE LEVIN, EXECUTIVE DIRECTOR			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai	d	AARON SHAPIRO		if self-employ	
Pre	parer	Firm's name LOEB & TROPER LLP		Firm's EIN	13-1517563
Use	Only	Firm's address 555 THIRD AVENUE, 12TH FLOOR			
		NEW YORK, NY 10017		Phone no. 21	2-867-4000
Ma	v tha IE	RS discuss this return with the preparer shown above? (see instructions)			X Ves No

Pa	Check if Schedule O contains a response or note to any line in this Part III
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: SEE SCHEDULE O
	Did the second state of th
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? X Yes No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4-	revenue, if any, for each program service reported. (Code:) (Expenses \$ 1,237,433. including grants of \$) (Revenue \$ 1,886,298.)
4a	Code:) (Expenses \$ 1,237,433. including grants of \$) (Revenue \$ 1,886,298.) DURING THIS YEAR, NEARLY 660 PATIENTS RECEIVED HEALTH CARE SERVICES FROM HEARTSHARE WELLNESS' ARTICLE 16 CLINICS.
4b	(Code:) (Expenses \$\frac{1,854,253.}{1,854,253.} including grants of \$\\$
	DURING THIS YEAR, 4,925 CLIENTS RECEIVED CARE COORDINATION/CASE
	MANAGEMENT AND OUTREACH SERVICES THROUGH OUR TARGETED CASE MANAGEMENT PROGRAM.
	FROGRAM:
4c	(Code:) (Expenses \$ 463,820 • including grants of \$) (Revenue \$ 129,897 •)
	OTHER PROGRAMS
4 - 1	Other measures and item (Describe in Calendula O.)
4d	Other program services (Describe in Schedule O.) (Expanses \$ (Describe in Schedule O.)
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 3,555,506.
	Form 990 (2016)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			₩.
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	4.0		Х
4-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			Х
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		х
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		х
	complete Schedule G, Part III	19		

Form **990** (2016)

Part IV Checklist of Required Schedules (continued)

			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			l
	Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			l
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			٠,,
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			37
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			\ ₃₂
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	 		, v
00	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		Х	
00	Schedule N, Part II	32	Λ	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Α.
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		Х	
OF-	Part V, line 1	34	Λ	Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	256		
20	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	0.0		x
27	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	Х	
	Note. All Form 990 filers are required to complete Schedule O	38	277	L

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V						
					Yes	No	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	38				
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0				
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming						
	(gambling) winnings to prize winners?			1c			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return	2a	77				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b	Х		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)						
За	5111			3a		Х	
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule 0			3b			
	At any time during the calendar year, did the organization have an interest in, or a signature or other a		y over, a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a		*	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 Ad	ccount	s (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х	
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transactions and taxable party notify the organization that it was or is a party to a prohibited tax shelter transactions.			5b		Х	
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c			
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the						
	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 contributi						
	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 serv	vices pr	ovided to the payor?	7a		Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b			
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was						
	to file Form 8282?			7c		Х	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract	?	7e		Х	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		Х	
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 889	9 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza	ation file	e a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the					
	sponsoring organization have excess business holdings at any time during the year?			8			
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b			
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12	10a					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b					
11	Section 501(c)(12) organizations. Enter:						
		11a					
b	Gross income from other sources (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)	11b					
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	12b					
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	13b					
	Enter the amount of reserves on hand	13c					
				14a		Х	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	0		14b	لي		
				Form	990	(2016)	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
	<u> </u>		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year la la			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	<u> </u>		
Ŭ	of officers, directors, or trustees, or key employees to a management company or other person?	3	Х	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6		6	Х	
7a	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	۰		
14		7a	х	
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	1a		
D		7b	x	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7.0		
		0.0	х	
a	The governing body? Each committee with authority to act on behalf of the governing body?	8a 8b	X	
b		OD		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
<u>S</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		
000	tion B. Follows (This Section B requests information about policies not required by the internal nevertile Gode.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	163	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104		
b	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b		Ha		
12a	Didd to the state of the state	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
C		12c	х	
13		13	X	
14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
IJ	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
•	The organization's CEO, Executive Director, or top management official	15a	х	
h	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	100		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
.ou	taxable entity during the year?	16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	104		
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availat	ole	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	icial	
-	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	ANTHONY BIANCA - 718-422-3301			
	12 METRO TECH CENTER, 29TH FLOOR, BROOKLYN, NY 11201-4326			
			222	

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and Title	(B) Average	(do		Pos			one	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	box offi	(do not check more than box, unless person is bot officer and a director/trus					compensation from	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer Key employee		Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JOSEPH CARUANA, DO PRESIDENT	3.00 0.50	x		х				0.	0.	0
(2) ROBERT CALCIANO, MD	2.00	+								
VICE PRESIDENT		X		х				0.	0.	0
(3) PETER UNGARO	0.50									
SECRETARY		Х		Х				0.	0.	0
(4) CARL CAMPAGNA	0.50	ļ.,		х				0.	0.	0
TREASURER (5) MICHAEL J. ABATEMARCO	0.50	Х		^				0.	0.	0
MEMBER	2.00	x						0.	0.	0
(6) JOYCE LEVIN	3.50	+								
EXECUTIVE DIRECTOR	31.50	1		х				18,804.	151,372.	4,500
(7) JON J. MICHNOVICZ	23.00							100 005		4 = 0.0
COMMUNITY HEALTH SUPPORT	21 00					Х		199,995.	0.	4,500
(8) VINCENT SIASOCO MEDICAL DIRECTOR	21.00	$\frac{1}{1}$				x		137,443.	0.	0
(9) MARGARETTE DESSOURCES	37.50									
NURSE PRACTITIONER		_				Х		131,560.	0.	11,783
		1								
		_								
		$\frac{1}{2}$								
		\vdash								
		1_								
		-								
										Form 990 (201

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Га	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A)	(B)	(C)					(D)	(E)		((F)		
	Name and title	Average	Position (do not check more than one				one	Reportable	Reportable		Esti	mate	d	
		hours per week	box	, unle	ss pe	rson	is bot or/trus	h an	compensation	compensatio			ount o	of
		(list any	_					<u> </u>	from the	from related organization			ther	tion
		hours for	Individual trustee or director				p		organization	(W-2/1099-MIS			ensa m the	
		related	ee or	stee			nsate		(W-2/1099-MISC)	(** 2) 1000 11110	′ I		nizati	
		organizations	trust	nal tru		oyee	ompe					and	relate	ed
		below	vidua	Institutional trustee	cer	Key employee	Highest compensated employee	mer			(organ	nizatio	ons
		line)	ш	lnst	Officer	Key	Hig	윤						
-														
1b	Sub-total							<u> </u>	487,802.	151,3	72.	2. 20,783		
С	Total from continuation sheets to Part V	II, Section A							0.		0.			0.
d	Total (add lines 1b and 1c)								487,802.	151,3	72.	20	,78	83.
2	Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bove	e) wł	no re	eceived more than \$100	0,000 of reportab	le			_
	compensation from the organization											٠,	. 1	3
													Yes	No
3	Did the organization list any former officer,	•			•	•	•							37
	line 1a? If "Yes," complete Schedule J for s										:	3		X
4	For any individual listed on line 1a, is the su	•							•	the organization			х	
-	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual								1	^				
5			pensation from any unrelated organization or individual for services							5		Х		
Sec	rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors								<u>, </u>					
1	Complete this table for your five highest co	mpensated in	depe	ende	nt c	onti	racto	ors t	hat received more than	\$100,000 of com	npensati	on fro	om	
	the organization. Report compensation for													
	(A)							$ \top $	(B)			(C)		
									Con	pens	satior	า		

(A) Name and business address	(B) Description of services	(C) Compensation
HEARTSHARE HUMAN SERVICES OF NY, 12	· ·	<u> </u>
•	MANAGEMENT SERVICES	468,207.
PROMILA THAKKER		
4 YALE DRIVE, MANHASSET, NY 11030	PSYCHIATRY	140,063.
GLOBAL COMMUNICATIONS, 1979 MARCUS AVENUE,		
SUITE 204, NEW HYDE PARK, NY 11042	THERAPY SERVICES	112,108.
LOEB & TROPER LLP, 655 3RD AVENUE, 12		
FLOOR, NEW YORK, NY 10017	AUDIT AND CONSULTING	105,633.
2 Total number of independent contractors (including but not limited to those liste	d above) who received more than	

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\$100,000 of compensation from the organization

		Check if Schedule O cont	aine a reenonee	or note to any lin	e in this Part VIII			
		Officer if Schedule O cont	anis a response	or note to arry in t	(A)	(B)	(C)	(D)
					Total revenue	Related or	Unrelated	Revenue excluded from tax under
						exempt function	business	sections 512 - 514
(0.40						revenue	revenue	512 - 514
ants		Federated campaigns						
Gra		Membership dues						
ts, An	c	Fundraising events	1c					
Gif ilar	c	Related organizations	1d					
Contributions, Gifts, Grants and Other Similar Amounts	e	 Government grants (contribut 	ions) 1e					
itio	f	All other contributions, gifts, gran	ts, and					
ğ ğ		similar amounts not included above	ve 1f	98,602.				
d C	ç	Noncash contributions included in lines	1a-1f: \$					
a Co	h	Total. Add lines 1a-1f		>	98,602.			
				Business Code				
မွ	2 a	HEALTH NEEDS FOR INDIV	IDUALS WITH	623990	4,763,476.	4,763,476.		
e Ķ	b)						
Se	c	· · · · · · · · · · · · · · · · · · ·						
am	c	<u> </u>						
Program Service Revenue	e	•						
Ą.		All other program service reve	enue					
		Total. Add lines 2a-2f			4,763,476.			
	3	Investment income (including						
		other similar amounts)						
	4	Income from investment of tax						
	5	Royalties						
	•	noyanios	(i) Real	(ii) Personal				
	6 =	Gross rents	105,476	<u> </u>				
		Less: rental expenses	0					
		Rental income or (loss)	105,476					
		1. Not worth the course of (1000)			105,476.			105,476.
		Gross amount from sales of	(i) Securities		100,170.			103,170.
	1 6		(i) Securities	(ii) Other 1,454,302.				
		assets other than inventory		1,434,302.				
	L	Less: cost or other basis		1,234,050.				
	_	and sales expenses		220,252.				
		Gain or (loss)			220 252			220,252.
		Net gain or (loss)		······	220,252.			220,232.
ine	8 a	Gross income from fundraising	· .					
Other Reven		including \$	of					
Re		contributions reported on line	•					
Jer		Part IV, line 18						
OĦ		Less: direct expenses						
		Net income or (loss) from fund	~	>				
	9 a	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from game		······				
	10 a	a Gross sales of inventory, less	returns					
		and allowances						
	b	Less: cost of goods sold	b					
	C	Net income or (loss) from sale	s of inventory					
		Miscellaneous Revenu	е	Business Code				
	11 a	ı						
	b							
	c							
	c	All other revenue	-					
	e	Total. Add lines 11a-11d						
	12	Total revenue See instructions			5 187 806.	4 763 476.	0.	325 728.

632009 11-11-16

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) (C) Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 22,492. 22,492. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 2,050,325. 1,997,296. 53,029. Other salaries and wages _____ 7 Pension plan accruals and contributions (include 41,243 42,154 911. section 401(k) and 403(b) employer contributions) 251,488. 245,081. 6,407. Other employee benefits 9 150,168. 144,917. 5,251. Payroll taxes 10 Fees for services (non-employees): 485,950. 485,950. a Management 10,540. 10,540. Legal 9,294. 9,294. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 296,119. 287,169. 8,950 column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 392,492. 368,549. 23,943. Office expenses 13 16,361. 16,361. 14 Information technology 15 Royalties 396,451. 383,903. 12,548. 16 Occupancy 40,915. 40,915. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 Interest 20 Payments to affiliates 21 19,528. 19,528. Depreciation, depletion, and amortization 22 25,713. 25,713. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 392. 1,584. 1,192. All other expenses 4,211,574. 3,555,506. 656,068. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720)

Form **990** (2016)

Form 990 (2016) Part X Balance Sheet

Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	1,386,435.	1	1,767,583
2			2	
3			3	
4	Accounts receivable, net	1,134,207.	4	662,855
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
2	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
7	Notes and loans receivable, net		7	
[₹] 8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10:	a Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 443,548.			
	b Less: accumulated depreciation 10b 388,337.	1,183,384.	10c	55,211
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	295,462.	15	2,793,003
16	Total assets. Add lines 1 through 15 (must equal line 34)	3,999,488.	16	5,278,652
17	Accounts payable and accrued expenses	421,940.	17	474,242
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
g 22	Loans and other payables to current and former officers, directors, trustees,			
	key employees, highest compensated employees, and disqualified persons.			
	Complete Part II of Schedule L		22	
23			23	
24	Unsecured notes and loans payable to unrelated third parties		24	
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	251 000		601 650
	Schedule D	371,020.	25	621,650
26	Total liabilities. Add lines 17 through 25	792,960.	26	1,095,892
	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
27 28 29 29	complete lines 27 through 29, and lines 33 and 34.	2 206 520		4 100 760
27	Unrestricted net assets	3,206,528.	27	4,182,760
28	Temporarily restricted net assets		28	
29	,		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here			
5	and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
30 31 32 32	• • • • • • • • • • • • • • • • • • • •	2 206 520	32	A 100 7C0
33	Total net assets or fund balances	3,206,528.	33	4,182,760
34	Total liabilities and net assets/fund balances	3,999,488.	34	5,278,652

Form **990** (2016)

Pa	rt 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	5 ,	18	7,8	06.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4 ,			74.
3	Revenue less expenses. Subtract line 2 from line 1	3				32.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3 ,	20	6,5	28.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	4	18	2,7	60.
Pa	rt 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," explain in Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,				
	consolidated basis, or both:					
	Separate basis Consolidated basis X Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O	.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Aud	dit			
	Act and OMB Circular A-133?			За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired auc	dit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2016)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number HEARTSHARE WELLNESS, LTD. 11-3538646 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

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. Section B. Total Support	Sec	tion A. Public Support						
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, senset we show the shown we section 8. Total Support Gealedary ser (offset) year person (other than a government) of the state of the amount shown on line 11, column (f) 6. Public support, senset we show the shown we section 8. Total Support Gealedary ser (offset) year person (other than a government) of the sense of the amount shown on line 11, column (f) 7. Amounts from line 4. 8. Gross income from interest, dividends, payments received on securities loans, rents, royaties and income from interest, dividends, payments received on securities loans, ents, royaties and income from interest, or the sense 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. In Total support, Add lines 7 through 10 13. First five years. If the Form Bools for the organization of the line of the second of th	Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
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18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		· · · · · · · · · · · · · · · · · · ·				-		
	18			-	•			
			a.a .iot oriook a		, , ,			

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.)

Se	ction A. Public Support	,,	,				
Cal	endar year (or fiscal year beginning in) 🖊	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	33,850.	38,000.	73,354.	39,375.	98,602.	283,181.
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	2,874,330.	5,658,184.	6,098,205.	6,217,127.	4,763,476.	25,611,322.
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	2,908,180.	5,696,184.	6,171,559.	6,256,502.	4,862,078.	25,894,503.
7	a Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
ı	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
	c Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						25,894,503.
	ction B. Total Support						
Cal	endar year (or fiscal year beginning in) 🖊	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	2,908,180.	5,696,184.	6,171,559.	6,256,502.	4,862,078.	25,894,503.
10	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					105,476.	105,476.
ı	unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
•	c Add lines 10a and 10b					105,476.	105,476.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	2,908,180.	5,696,184.	6,171,559.	6,256,502.	4,967,554.	25,999,979.
14	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	n 501(c)(3) organiz	zation,
0-		- O					<u></u>
	ction C. Computation of Publi						00 50
	Public support percentage for 2016 (li					15	99.59 %
	Public support percentage from 2015					16	100.00 %
	ction D. Computation of Inves					1	.41 %
	Investment income percentage for 20					17	
	Investment income percentage from 2			un line 14 and line		18	<u>%</u>
198	a 33 1/3% support tests - 2016. If the	-					7 is not ► X
	more than 33 1/3%, check this box ar						
,	o 33 1/3% support tests - 2015. If the line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	Iu		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	U		
	9a		
	9b		
	0-		
	9с		
	10a		
	10b		
_	00 05 00	00 E7	

Par	t IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
		11a		
b		11b		
	· · · · · · · · · · · · · · · · · · ·	11c		
	tion B. Type I Supporting Organizations		'	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations		'	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
<u>Sect</u>	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruc	ctions) T		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	· · · · · · · · · · · · · · · · · · ·	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
_	· · · · · · · · · · · · · · · · · · ·	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	· · · · · · · · · · · · · · · · · · ·	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	01		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	[

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

Schedule A (Form 990 or 990-EZ) 2016

ı aı	Type in Non-Functionally integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	e	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
С	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			
8	Breakdown of line 7:			
а				
b	Excess from 2013			
С	Excess from 2014			
d	Excess from 2015			
	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

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

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

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

OMB No. 1545-0047

Name of the organization

Employer identification number

HEARTSHARE WELLNESS, 11-3538646 LTD. Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year _______
\$ _

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization Employer identification number

HEARTSHARE WELLNESS, LTD. 11-3538646

Part I	Contributors (See instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Nume, address, and En 1 1	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

HEARTSHARE WELLNESS, LTD.

11-3538646

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

Employer identification number

Name of organization

	HARE WELLNESS, LTD.			11-3538646
Part III	Exclusively religious, charitable, etc., cont the year from any one contributor. Complete completing Part III, enter the total of exclusively religiou Use duplicate copies of Part III if addition	columns (a) through (e) and the follo s, charitable, etc., contributions of \$1,000 or	wing line entry. For organizations	► \$
(a) No.	Ose duplicate copies of Fart III if addition	ai space is fieeded.		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descri	ption of how gift is held
-		(e) Transfer of gif	t	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of trans	sferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descri	ption of how gift is held
				_
-		(e) Transfer of gif	t	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of trans	sferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descri	ption of how gift is held
		t		
-	Transferee's name, address, a	nd ZIP + 4	Relationship of trans	sferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descri	ption of how gift is held
-				
	Tunnafaura la monte a della	(e) Transfer of gif		afayay ka kusaafayaa
-	Transferee's name, address, a	nd ZIP + 4	Relationship of trans	steror to transteree
-				

2164___1

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.

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

Open to Public

Department of the Treasury Internal Revenue Service

Inspection Employer identification number

OMB No. 1545-0047

Nam	e of the organization ${f HEARTSHARE\ WELLNESS\ ,\ LTI}$	D .	Employer identification number 11-3538646
Pai	·		Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.		•
		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	t the assets held in donor advised fu	nds
	are the organization's property, subject to the organization's exclusive l		
6	Did the organization inform all grantees, donors, and donor advisors in		
	for charitable purposes and not for the benefit of the donor or donor ad	· ·	•
	impermissible private benefit?		
Pai			
1	Purpose(s) of conservation easements held by the organization (check	all that apply).	
	Preservation of land for public use (e.g., recreation or education)		ly important land area
	Protection of natural habitat	Preservation of a certified h	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conser	rvation contribution in the form of a c	conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic structure incli		2c
d	Number of conservation easements included in (c) acquired after 8/17/0	06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, ext	tinguished, or terminated by the orga	anization during the tax
	year ▶		
4	Number of states where property subject to conservation easement is I	located	
5	Does the organization have a written policy regarding the periodic moni	itoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of	of violations, and enforcing conserva	tion easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, handling of violation	lations, and enforcing conservation e	easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above satisfy the	1 (7,7)	` '''
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation easeme	•	
	include, if applicable, the text of the footnote to the organization's finan	icial statements that describes the o	rganization's accounting for
D-	conservation easements.	- Laria - L Transcriptor	O'milan Assala
Pai	rt III Organizations Maintaining Collections of Art, His	·	Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part		
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), no		
	historical treasures, or other similar assets held for public exhibition, ed	*	of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes these		
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to	•	
	treasures, or other similar assets held for public exhibition, education, o	or research in furtherance of public s	ervice, provide the following amounts
	relating to these items:		• •
	(i) Revenue included on Form 990, Part VIII, line 1		
-			
2	If the organization received or held works of art, historical treasures, or		, provide
	the following amounts required to be reported under SFAS 116 (ASC 98)		
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
ιНΔ	FOR PARAMORE REQUIRED ACT NOTICE SEE THE INSTRUCTIONS FOR FORM	4 GGF I	Schedule D (Form 990) 2016

	(NE WELLINE			00011100	or Otho			30040	
3	Using the organization's acquisition, accessio	n, and other record	as, cnec	k any of the	following tha	at are a sig	gnificant	use of its	collection	items
	(check all that apply):		. $ egin{array}{c} $							
а	Public exhibition				hange progra	ams				
b	Scholarly research	•	• 📖	Other						
С	Preservation for future generations									
4	Provide a description of the organization's col							ose in Par	t XIII.	
5	During the year, did the organization solicit or								٦	
D	to be sold to raise funds rather than to be mai								Yes	No_
Pai	t IV Escrow and Custodial Arrang		ete if the	e organizatio	n answered	"Yes" on I	Form 990), Part IV,	line 9, or	
	reported an amount on Form 990, Part									
1a	Is the organization an agent, trustee, custodia								٦.,	—
	on Form 990, Part X?								Yes	└── No
b	If "Yes," explain the arrangement in Part XIII a	nd complete the fo	ollowing	table:						
									Amount	
	Beginning balance									
d	Additions during the year									
e	Distributions during the year									
1	Ending balance								٦,,	
	Did the organization include an amount on Fo							└─	Yes	∐ No
Par	If "Yes," explain the arrangement in Part XIII. (To be a support of the support									
rai	Endowment i unus. Complete ii							ears back	(e) Four y	agra bagk
4.	Panimaina of was a balance	(a) Current year	(b) F	Prior year	(c) Two yea	IS DACK (a) Tillee y	rears Dack	(e) Four y	ears back
	Beginning of year balance									
b	Contributions									
C	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
Τ	Administrative expenses									
g	End of year balance		/!: 4	l /-	-\\ l= - -					
2	Provide the estimated percentage of the curre	ent year end baland		g, column (a	a)) neid as:					
a	Board designated or quasi-endowment	%	%							
b	Permanent endowment									
C	The person tages on lines 2s, 2h, and 2s show	%								
20	The percentages on lines 2a, 2b, and 2c should Are there endowment funds not in the possess	-	otion the	at ara bald a	nd administr	rad far th	0 0raoni	ration		
Sa		ision of the organiz	alion in	at are rielu a	nu aummist	ered for th	e organiz	Zation	T.	es No
	by: (i) unrelated organizations								3a(i)	62 140
	(II)								3a(ii)	
h	If "Yes" on line 3a(ii), are the related organizat	ione listed as requi							· 	
4	Describe in Part XIII the intended uses of the								. 30	
Par	t VI Land, Buildings, and Equipme		OWINGIIL	iulius.						
	Complete if the organization answered		∩ Part I\	/ line 11a S	See Form 991) Part X I	ine 10			
	Description of property	(a) Cost or o			or other		cumulate	<u>,4</u>	(d) Book	valuo
	Description of property	basis (investi		, , ,	(other)		reciation	,u	(u) BOOK	valu c
10	Land	'		Duois	(511101)	аор	. 50.4.1011			
	Land Buildings									
	Buildings Leasehold improvements			2.8	1,227.	2	56,1	56.	25	,071.
					2,321.		$\frac{30,1}{32,1}$		30	,140.
u	Equipment			10	_,		J = , ±	<u>•</u>		, = = 0 •

Schedule D (Form 990) 2016

55,211.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Part VII	Investments -	Other	Securities

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

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

(8) (9)

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

(a) Description	(b) Book value
(1) SECURITY DEPOSIT	18,729.
(2) DUE FROM METRO COMMUNITY HEALTH CENTERS	2,773,834.
(3) DUE FROM EMPLOYEES	440.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	2,793,003.

Part X Other Liabilities.

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

1.	(a) Description of liability	(b) Book value	
(1)	Federal income taxes		
(2)	RESERVE FOR CONTINGENCY	371,020.	
(3)	DUE TO HEARTSHARE HUMAN SERVICES		
(4)	OF NEW YORK	250,630.	
(5)			
(6)			
(7)			
(8)			
(9)			
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	621,650.	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2016

Sche	dule D	(Form 990) 2016	HEARTSHARI	E WELLNESS,	LTD.			11-3	3538646	Page 4
Par	t XI	Reconciliation o	f Revenue per A	Nudited Financia	I Statemer	nts With Re	venue per R	eturn) .	
		Complete if the organ	ization answered "Ye	es" on Form 990, Part	IV, line 12a.					
1	Total i	revenue, gains, and oth	ner support per audit	ed financial statemen	ts			1	5,187,	806
2	Amou	nts included on line 1 b	out not on Form 990,	Part VIII, line 12:						
а		nrealized gains (losses)				2a				
b		ed services and use of				2b				
С	Recov	eries of prior year gran	ts			2c				
d	Other	(Describe in Part XIII.)				2d				
е	Add li	nes 2a through 2d						2e		0
3	Subtra	act line 2e from line 1						3	5,187,	806
4	Amou	nts included on Form 9	990, Part VIII, line 12,	but not on line 1:						
а	Invest	ment expenses not inc	luded on Form 990,	Part VIII, line 7b		4a				
b	Other	(Describe in Part XIII.)				4b				
С	Add lii	nes 4a and 4b						4c		0
		revenue. Add lines 3 an						5	5,187,	806
Par	t XII	Reconciliation of				nts With E	xpenses per	Retu	rn.	
		Complete if the organ								
1	Total 6	expenses and losses p	er audited financial s	tatements				1	4,211,	574
2	Amou	nts included on line 1 b	out not on Form 990,	Part IX, line 25:						
а	Donat	ed services and use of	facilities			2a				
b	Prior y	ear adjustments				2b				
С	Other	losses				2c				
d		(Describe in Part XIII.)								
е		nes 2a through 2d						2e		0
3		act line 2e from line 1						3	4,211,	574
4		nts included on Form 9								
а	Invest	ment expenses not inc	luded on Form 990,	Part VIII, line 7b		4a				
		(Describe in Part XIII.)								
								4c		0
5	Total 6	expenses. Add lines 3 a						5	4,211,	574
		Supplemental In								
Provi	de the	descriptions required f	or Part II, lines 3, 5, a	and 9; Part III, lines 1a	a and 4; Part IV	/, lines 1b and	2b; Part V, line	4; Part	X, line 2; Part >	(1,
		4b; and Part XII, lines								,
		,								
PAF	RT X	, LINE 2:								
HE <i>P</i>	RTS	HARE WELLNE	SS, LTD. HA	AS DETERMIN	ED THAT	THERE	ARE NO M	ATE	RIAL	
UNC	ERT	AIN TAX POS	ITIONS THAT	r REQUIRE R	ECOGNIT	ION OR	DISCLOSU	RE :	IN THE	
FIN	IANC	IAL STATEME	NTS. PERIO	OS ENDING J	UNE 30,	2014 A	ND SUBSE	QUE	NT REMAI	N
SUE	BJEC	T TO EXAMINA	ATION BY A	PPLICABLE T	AXING A	UTHORIT	IES.			

Schedule D (Form 990) 2016

SCHEDULE J (Form 990)

Compensation Information

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

Compensated Employees

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

HEARTSHARE WELLNESS, LTD. **Employer identification number** 11-3538646

			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 explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant X 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		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			37
a	The organization?	5a		X
b	Any related organization?	5b		Λ
_	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:			v
a	The organization?	6a		X
b	Any related organization?	6b		
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	_	Х	
•	not described on lines 5 and 6? If "Yes," describe in Part III	7	^	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	_		Х
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Λ
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	_		
	Regulations section 53.4958-6(c)?	9		

632111 09-09-16

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

Schedule J (Form 990) 2016

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	reported as deferred on prior Form 990
(1) JOYCE LEVIN	(i)	13,804.	5,000.	0.	361.	0.		0.
EXECUTIVE DIRECTOR	(ii)	151,372.	0.	0.	4,139.	0.	155,511.	0.
(2) JON J. MICHNOVICZ	(i)	199,995.	0.	0.	4,500.	0.	204,495.	
COMMUNITY HEALTH SUPPORT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							-
	(i)							-
	(ii)							

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

SCHEDULE N (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Part I

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

Liquidation, Termination, or Dissolution. Complete this part if the organization answered "Yes" on Form 990, Part IV, line 31, or Form 990-EZ, line 36. Part I can be duplicated if additional

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36.

► Attach certified copies of any articles of dissolution, resolutions, or plans.

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

HEARTSHARE WELLNESS, LTD.

Employer identification number 11-3538646

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	tax-exer	ient(s) (if	
					l l			Yes	No

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

Schedule N (Form 990 or 990-EZ) (2016)

2a

2b

2c

a Become a director or trustee of a successor or transferee organization?

d Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?

b Become an employee of, or independent contractor for, a successor or transferee organization?

c Become a direct or indirect owner of a successor or transferee organization?

e If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III.

Scried	idle 14 (1 01111 330 01 330-LZ) (2010) =====					<u> </u>			age Z
Part	Liquidation, Termination, or Dissol	lution (continued)							
	Note: If the organization distributed all of	its assets during the	tax year, then Form 990), Part X, column (B), line 1	6 (Total assets), and	line 26 (Total liabilities), should equal -0-		Yes	No
3	Did the organization distribute its assets i	n accordance with its	s governing instrument(s	s)? If "No," describe in Par	t III		3		
4a	Is the organization required to notify the a	attorney general or ot	ther appropriate state of	ficial of its intent to dissolv	e, liquidate, or termir	nate?	4a		
	If "Yes," did the organization provide such								
5	Did the organization discharge or pay all o	of its liabilities in acco	ordance with state laws?)			5		
	Did the organization have any tax-exempt								
	If "Yes" to line 6a, did the organization dis								
	If "Yes" on line 6b, describe in Part III hov						. <u> </u>		
Part						anization answered "Yes" on Form 990,	Part IV lin	e 32 (
	Form 990-EZ, line 36. Part II can be di		_	madion o Aloodoloompic	no ano paren aro org	anization and words 100 on 100m 500,	· care rv, iii	0 02,	"
1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	determining FMV for	(e) EIN of recipient	(f) Name and address of recipient	recip tax-exer	section ient(s) (if mpt) or ty entity	
			· ·	·		METRO COMMUNITY HEALTH CENTERS			
MEDI	CAL CLINIC LICENSE AND MEDICAL			FAIR VALUE AT THE		979 CROSS BRONX EXPRESSWAY SEF			
EQUI	PMENT	08/29/16	1,454,302.	TIME OF SALE	46-1317334	BRONX, NY 10460	501(C)(:	3)	
			, ,						
							<u> </u>		
								Yes	No
	Did or will any officer, director, trustee, or		•						
	Become a director or trustee of a success							Х	
b	Become an employee of, or independent	contractor for, a suc	cessor or transferee orga	anization?			2b	igsquare	Х
С	Become a direct or indirect owner of a su	ccessor or transfere	e organization?				2c		Х
d	Receive, or become entitled to, compensation	ation or other similar	payments as a result of	the organization's significa	ant disposition of ass	ets?	2d		X
е	If the organization answered "Yes" to any	of the questions on	lines 2a through 2d, pro	vide the name of the person	on involved and expla	ain in Part III. 🕨			

2164___1

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

11-3538646 HEARTSHARE WELLNESS, LTD. FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PROVIDE HIGH QUALITY AND CARING HEALTH CARE AND CASE MANAGEMENT SERVICES TO VULNERABLE PEOPLE, INCLUDING THOSE WITH INTELLECTUAL AND/OR DEVELOPMENTAL DISABILITIES (I/DD) AND CHRONIC HEALTH CONDITIONS, INORDER TO ENHANCE THEIR OVERALL QUALITY OF LIFE. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: HEARTSHARE WELLNESS, LTD. OFFERS BOTH LONG-TERM THERAPY SERVICES (ARTICLE 16 CLINIC) DESIGNED TO MEET THE HEALTH CARE NEEDS OF INDIVIDUALS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES (I/DD),

AND ALSO PROVIDES TARGETED CASE MANAGEMENT SERVICES FOR THOSE WITH TWO OR MORE CHRONIC HEALTH CONDITIONS, INCLUDING HIV/AIDS, IN ORDER TO ENHANCE THEIR OVERALL QUALITY OF LIFE.

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES: DURING 2017, HEARTSHARE WELLNESS, LTD. TRANSFERRED ITS MEDICAL CLINIC LICENSE PURSUANT TO ARTICLE 28 OF THE PUBLIC HEALTH LAW, TO METRO COMMUNITY HEALTH CENTERS, INC., AN UNRELATED NOT-FOR-PROFIT ORGANIZATION.

ADDITIONALLY, HEARTSHARE WELLNESS, LTD. AGREED TO LEASE CERTAIN EMPLOYEES, PROVIDE CONTRACTED STAFF, RENTAL SPACE, AND OTHER COSTS TO THE SAME UNRELATED NOT-FOR-PROFIT ORGANIZATION. THE SUBLEASE AGREEMENT EXPIRES IN MAY 2024.

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

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

Schedule O (Form 990 or 990-EZ) (2016)

Name of the organization HEARTSHARE WELLNESS, LTD. **Employer identification number** 11-3538646

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

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

HEARTSHARE WELLNESS IS A MEMBERSHIP ORGANIZATION WITH THREE MEMBERS: THE CHAIRPERSON OF THE BOARD OF HEARTSHARE HUMAN SERVICES, THE PRESIDENT AND CEO OF HEARTSHARE HUMAN SERVICES, AND ONE OTHER PERSON DESIGNATED BY THE CHAIRPERSON OF HEARTSHARE HUMAN SERVICES.

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

THE MEMBERS MAY ELECT THE BOARD OF DIRECTORS.

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

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

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

THE FULL BOARD REVIEWED AND APPROVED THE HEARTSHARE WELLNESS FORM 990 PRIOR ANY COMMENTS ARISING FROM THE REVIEW WERE DISCUSSED AND IF TO FILING. REQUIRED, CHANGES WERE MADE.

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

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

DISCLOSURE STATEMENT. THE BOARD REVIEWS EACH REPORTED POTENTIAL CONFLICT OF 632212 08-25-16

2164 1

Name of the organization HEARTSHARE WELLNESS, LTD.	Employer identification number 11-3538646
INTEREST AND MAKES A DETERMINATION WHETHER OR NOT A CONFL	ICT EXISTS. IF A
CONFLICT OF INTEREST ARISES, THE MATTER MAY BE REMEDIED V	IA RECUSAL OR
DISQUALIFICATION OF THE BOARD MEMBER. THIS SIMPLY MEANS T	HAT THE BOARD
MEMBER DOES NOT PARTICIPATE IN THE MATTER THAT POSES THE	CONFLICT OF
INTEREST. IN THE EVENT OF A VIOLATION OF THE CONFLICT INT	EREST POLICY, THE
AGENCY RESERVES THE RIGHT TO IMMEDIATELY DISMISS THE EMPL	OYEE OR BOARD
MEMBER OF INTEREST.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE BOARD ANNUALLY REVIEWS AND DOCUMENTS THE EXECUTIVE DI	RECTOR
PERFORMANCE AND SALARY, USING INDEPENDENT SOURCES OF COMP	PENSATION
INFORMATION, INCLUDING FORM 990S FROM COMPARABLE ORGANIZA	TIONS, SALARY
SURVEYS, AND INDEPENDENT COMPENSATION CONSULTANTS SOURCES	WITH OVERSIGHT BY
THE BOARD. THE PROCESS WAS LAST CONDUCTED IN 2017.	
FORM 990, PART VI, SECTION C, LINE 19:	
HEARTSHARE WELLNESS' GOVERNING DOCUMENTS, CONFLICT OF INT	EREST POLICY, AND
FINANCIAL STATEMENTS ARE AVAILABLE UPON WRITTEN REQUEST.	
FORM 990, PART XII, LINE 2C:	
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	

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SCHEDULE R (Form 990)

Part I

Related Organizations and Unrelated Partnerships

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

➤ Attach to Form 990.

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

OMB No. 1545-0047 **2016**

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

HEARTSHARE WELLNESS, LTD.

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

 $\begin{array}{c} \textbf{Employer identification number} \\ 11-3538646 \end{array}$

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable)	Primary activity	Legal domicile (state or	Total income	End-of-year	assets Direct co	ntrolling
of disregarded entity		foreign country)			ent	ity
Part II Identification of Related Tax-Exempt Organizations during the tax year.	tions. Complete if the organization a	nswered "Yes" on Form 990,	, Part IV, line 34 bed	cause it had one o	or more related tax-exem	ipt
(a)	(b)	(c)	(d)	(e)	(f)	(g)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr	g) 512(b)(13) rolled tity?
HEADEGUADE HIMAN GEDUTGEG OF NEW YORK				501(c)(3))		Yes	No
HEARTSHARE HUMAN SERVICES OF NEW YORK - 11-1633549, 12 METROTECH CENTER, 29TH FLOOR,	HUMAN SERVICES						
BROOKLYN, NY 11201	ORGANIZATION	NEW YORK	501(C)(3)	LINE 10	N/A		X
HEARTSHARE EDUCATION CENTER - 90-0452757					HEARTSHARE HUMAN		
1825 BATH AVENUE	SCHOOL FOR AUTISTIC				SERVICES OF NEW		
BROOKLYN, NY 11214	CHILDREN	NEW YORK	501(C)(3)	LINE 2	YORK		X
ST. VINCENT'S SERVICES, INC. (D/B/A					HEARTSHARE HUMAN		
HEARTSHARE ST. VINCENT'S SERVICES) - 11-, 66	1				SERVICES OF NEW		
BOERUM PLACE, BROOKLYN, NY 11201	CHILD WELFARE SERVICES	NEW YORK	501(C)(3)	LINE 10	YORK		Х

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

Schedule R (Form 990) 2016

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling	Predominant income (related, unrelated, excluded from tax under	Share of total	Share of end-of-year assets	Disprop alloca	ortionate tions?	Code V-UBI amount in box 20 of Schedule	General managir partner	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	<u> </u>
ALLIANCE FOR INTEGRATED CARE											
OF NEW YORK, LLC -											
45-5592037, 330 WEST 34TH											
STREET, 16TH FLOOR, NEW YORK,	HEALTH CARE	FL	N/A	N/A	0.	1.		X	N/A	X	2.23%
	1										
	1										
	1										
	1										
-	1										
	-										

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

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

Page 3

Yes No

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

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

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

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

b	Gift, grant, or capital contribution to related organization(s)				1b		X		
С	Gift, grant, or capital contribution from related organization(s)				1c		X		
d	Loans or loan guarantees to or for related organization(s)				1d		X		
е	Loans or loan guarantees by related organization(s)				1e	1c			
f	Dividends from related organization(s)				1f		_X_		
	Sale of assets to related organization(s)				1g		X		
h	Purchase of assets from related organization(s)				1h		X		
i Exchange of assets with related organization(s)									
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X		
	Lease of facilities, equipment, or other assets from related organization(s)				1k		<u>X</u>		
	Performance of services or membership or fundraising solicitations for related organ				-		X		
	Performance of services or membership or fundraising solicitations by related organ				1m	X			
	Sharing of facilities, equipment, mailing lists, or other assets with related organization				1n		X		
0	Sharing of paid employees with related organization(s)				10	X			
						7,7			
р	Reimbursement paid to related organization(s) for expenses				1p	X			
q	Reimbursement paid by related organization(s) for expenses				1q		X		
							v		
r	Other transfer of cash or property to related organization(s)				-		$\frac{X}{X}$		
	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 w	no must complete ti	nis line, including covered rel	ationships and transaction thresholds.					
	(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount in	volved				
		type (a-s)							
(1)									
(2)									
(0)									
(3)									
(4)									
(4)									
(5)									
ν-)									
(6)									
	3 09-06-16	40	<u> </u>	Schedule	R (For	n 990	2016		
					•	•			

Page 4

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

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

(a)	(b)	(c)	(d)	(e) Are a partners 501(c) orgs.)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners	S Sec.	Share of	Share of	Disp	ropor- nate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera	or Percentage
of entity		(state or foreign	excluded from tax under	orgs.)(3) .?	total	end-of-year	alloca	tions?	of Schedule K-1	partne	ownership
		country)	sections 512-514)	Yes I		income	assets	Yes	No	(Form 1065)	Yes N	О
	1											
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632165 09-06-16 Schedule R (Form 990) 2016

** PUBLIC DISCLOSURE COPY **

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

Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

OMB No. 1545-0047

A I	For the	2015 calendar year, or tax year beginning $\mathrm{JUL}1,2015$	ending J	<u>UN 30, 2016</u>	
В	Check if applicable	C Name of organization		D Employer identifi	cation number
	Addres	HEARTSHARE EDUCATION CENTER			
Г	Name change			90-0	452757
F	Initial return		Room/suite	E Telephone numbe	
	Final return/	1825 BATH AVENUE			422-4200
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3,693,883.
	Amend			H(a) Is this a group re	
	Application	F Name and address of principal officer: CAROL ANN VERDI		for subordinates	
	pendin	9 SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
Τ.	Tax-exe	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	r 527	If "No," attach a	list. (see instructions)
		e: ▶ WWW.THEHEARTSHARESCHOOL.ORG		H(c) Group exemptio	n number 🕨
K	orm of	organization: X Corporation Trust Association Other	L Year	of formation: 2006 N	$^{\prime}$ State of legal domicile: ${f NY}$
Pa		Summary			
a)	1	Briefly describe the organization's mission or most significant activities: ${f SEE}$ ${f S}$	CHEDU	ILE O	
auc	l .				
Governance	2	Check this box $lacktriangle$ if the organization discontinued its operations or dispose	ed of more	than 25% of its net as	_
Š				3	9
∞ ∞		Number of independent voting members of the governing body (Part VI, line 1b) $_{\dots}$			9
ies		Total number of individuals employed in calendar year 2015 (Part V, line 2a)			86
Activities &		Total number of volunteers (estimate if necessary)			9
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, line 34	······	•	0.
	_		-	Prior Year	Current Year
Revenue		Contributions and grants (Part VIII, line 1h)		46,544.	25,059. 3,668,683.
		Program service revenue (Part VIII, line 2g)		4,054,548.	
Be		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0. 0.	0. 141.
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,101,092.	
	_	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.	0.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	1	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,126,927.	_
Expenses	162	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
pen	h ioa	Total fundraising expenses (Part IX, column (D), line 25)	0.		J.
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		907,079.	915,383.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,034,006.	
		Revenue less expenses. Subtract line 18 from line 12		67,086.	
or			Be	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		1,795,375.	1,840,296.
ASS	21	Total liabilities (Part X, line 26)		1,895,443.	1,930,376.
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20		-100,068.	-90,080.
	art II	Signature Block			
Und	ler pena	lties of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of m	y knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which	ch preparer	has any knowledge.	
Sig	n	Signature of officer		Date	
Hei	re	CAROL ANN VERDI, EXECUTIVE DIRECTOR			
		Type or print name and title		Ooto I -	I DTIN
	,	Print/Type preparer's name Preparer's signature		Date Check Check if	PTIN
Pai		AARON SHAPIRO		self-employ	
		Firm's name LOEB & TROPER LLP		Firm's EIN	13-1517563
USE	Only	Firm's address 555 THIRD AVENUE, 12TH FLOOR		01	2 967 4000
_	., .	NEW YORK, NY 10017		Phone no. 41	2-867-4000 X Yes No
Ma	v tne IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

	1 990 (2015) HEARTSHARE EDUCATION CENTER	90-0452/5/	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		Х
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 prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	?Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, a	•	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers, the total expenses,	and
	revenue, if any, for each program service reported.	2 ((0	<u> </u>
4a	(Code:) (Expenses \$ 3,261,160. including grants of \$) (Rever		683.
	THE HEARTSHARE SCHOOL HAS AN ENROLLMENT CAPACITY OF 80		
	THROUGHOUT THIS YEAR, WE PROVIDED EDUCATION AND RELATED		
	AS SPEECH AND LANGUAGE THERAPY, PHYSICAL AND OCCUPATION		
	ART AND MUSIC THERAPIES, AND ADAPTED PHYSICAL EDUCATION		ALSO
	PARTICIPATED IN FIELD TRIPS IN THE COMMUNITY, A THANKSG	IVING PLAY	
	INVOLVING ALL THE STUDENTS, AND A SCIENCE FAIR.		
		_	
4b	(Code:) (Expenses \$	nue\$)
4c	(Code:) (Expenses \$	nue \$)
		·	
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4 -			

Form **990** (2015)

Form 990 (2015) HEARTSHARE E Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		77	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X	37
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			v
46	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	ا مد ا		v
4-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			х
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	4.		Х
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		^
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	امدا		v
	complete Schedule G, Part III	19		X

Part IV Checklist of Required Schedules (continued)

			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			٠,,
	Schedule K. If "No", go to line 25a	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			X
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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	051		х
00	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
		26		x
27	complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			٦,
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			37
•	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form 990 (2015) HEARTSHARE EDUCATION CENTER Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V				
		0.1		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming				
	(gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	0.6			
_	filed for the calendar year ending with or within the year covered by this return	86		v	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				Х
	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		3b		
48	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		Х
h	If "Yes," enter the name of the foreign country:		48		21
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a			5a		х
b			5b		X
			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization so				
	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	he payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required				
	to file Form 8282?		7c		X
d	,				77
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	1	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as requ		7g		
h	, , , , , , , , , , , , , , , , , , , ,	1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.		0		
9	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
h	Did the sponsoring organization make any taxable distributions under section 4500? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:		-		
а	Initiation fees and capital contributions included on Part VIII, line 12				
b					
11	Section 501(c)(12) organizations. Enter:				
а	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 13b				
	Enter the amount of reserves on hand		14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14a 14b		
U	ii 100, hao it iiiod a 1 omi 120 to report these payments: Ii 110, provide an explanation in ouriedale O			990	(2015

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3	Х	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	Х	
b				
	persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) are	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	ANTHONY BIANCA - 718-422-3301			
	12 METRO TECH CENTER, 29TH FLOOR, BROOKLYN, NY 11201-4326			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization (A)	(B)	(C) Position					(D)	(E)	(F)	
Name and Title	Average hours per		not c	heck	more	than is bot		Reportable compensation	Reportable compensation	Estimated amount of
	week	offi	cer an			r/trus		from	from related	other
	(list any hours for	Individual trustee or director				pe		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	stee or	rustee			oensat		(W-2/1099-MISC)	,	organization
	organizations below	ual tru	ional t		ploye	t com /ee	_			and related organizations
	line)	Individ	Institutional trustee	Officer	Key employee	Highest compensated employee	Forme			organizations
(1) LAURIE WINDSOR	0.50									
CHAIRPERSON		Х		Х				0.	0.	0
(2) NICHOLAS DOMINGUES	0.50	ļ								
VICE CHAIRPERSON	0.50	Х		Х				0.	0.	0
(3) CRAIG A. RATIGAN	0.50	x		х				0.	0.	0
TREASURER (4) BARBARA A. SLATTERY	0.50	^		^				0.	0.	0
SECRETARY	0.50	X		х				0.	0.	0
(5) VINCENT IANELLI	0.50	 								
MEMBER		Х						0.	0.	0
(6) SHEILA HIGGINSON	0.50									
MEMBER		Х						0.	0.	0
(7) SYLVIA LACERRA	0.50	ļ							•	
MEMBER	0.50	Х						0.	0.	0
(8) DON HUML MEMBER	0.50	x						0.	0.	0
(9) KATHY TAYAR VERO	0.50	123							•	
MEMBER		x						0.	0.	0
(10) CAROL ANN VERDI	7.00									
EXECUTIVE DIRECTOR	28.00			Х				33,620.	112,851.	10,969
]								
		-								
		1								
		-								
		\vdash								
		1								
		1	l	ı		1		1		

Pai	T VII Section A. Officers, Directors, Trus		ploy	ees/			ighe	t C						
	(A)	(B)			•	C)			(D) (E)				(F)	
	Name and title	Average		not c		k more than one			Reportable	Reportable			stimate	
		hours per week		box, unless person is both a officer and a director/truste					compensation	compensatio	1	ar	nount	
		(list any	<u> </u>					,	from	from related organizations	1	000	other	
		hours for	Individual trustee or director				_		the organization	(W-2/1099-MIS			pensa om th	
		related	e or c	tee			satec		(W-2/1099-MISC)	(***-2/1099-14113	,,,		anizat	
		organizations	truste	al trus		99/	mper		(11 2) 1000 111100)			_	d relat	
		below	dual	Institutional trustee	<u>.</u>	Key employee	est co oyee	er					anizati	
		line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Form						
			1											
			1											
1b	Sub-total]	>	33,620.	112,85	51.	1	0,9	
С	Total from continuation sheets to Part V	II, Section A					l	▶	0.		0.			0.
d	Total (add lines 1b and 1c)							<u> </u>	33,620.	112,85	51.	1	0,9	69.
2	Total number of individuals (including but r	not limited to th	ose	liste	ed al	bove	e) wh	o r	eceived more than \$100	,000 of reportabl	е			
	compensation from the organization													0
													Yes	No
3	Did the organization list any former officer				•	•	•		•					
	line 1a? If "Yes," complete Schedule J for s											3		X
4	For any individual listed on line 1a, is the si			-					•	the organization				
	and related organizations greater than \$15											4	Х	
5	Did any person listed on line 1a receive or	•				•		elat	ted organization or indivi	dual for services				77
	rendered to the organization? If "Yes," con	nplete Schedul	e J i	or s	ıch	pers	son .					5		X
	tion B. Independent Contractors		_										_	
1	Complete this table for your five highest co	="	-								pens	ation ·	from	
	the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	thir		/ear.				
	(A)	addross							(B)	onvices	C		C) nsatio	'n
Name and business address Description of services HEARTSHARE HUMAN SERVICES OF NY, 12 METRO											ompe	IISalio		
			-				ĸU	١	MANAGEMENT S	EDVITOES		12	2,7	3 5
150	CH CENTER 29TH FL, BRO	OKLIN, I	N I		L	<i>)</i> <u> </u>		4	MANAGEMENT 5	EKAICES		42	4,1	55.
								\dashv						
								\dashv						
2	Total number of independent contractors (including but a	O+ 1:	mita	d +^	the	ec lic	<u> </u>	d above) who received ~	ore than				
_	\$100,000 of compensation from the organ		10 t 11		u 10		1	٠٠٠	a above, who received it	ioio triair				

Pa	rt V	<u> </u>								
			Check if Schedule O cont	ains a re	sponse	or note to any li	ne in this Part VIII (A) Total revenue	(B) Related or exempt function	(C) Unrelated business	Revenue excluded from tax under sections 512 - 514
(0. (0.								revenue	revenue	512 - 514
Contributions, Gifts, Grants and Other Similar Amounts			Federated campaigns		1a					
हें ह			Membership dues		1b					
ξķ			Fundraising events		1c					
ig ig			Related organizations		1d	7 202				
ons,			Government grants (contribut		1e	7,202.				
a tio		f	All other contributions, gifts, gran			17 057				
탈			similar amounts not included abo		1f	17,857.				
o b		_	Noncash contributions included in lines				25 050			
O B		h	Total. Add lines 1a-1f				25,059.			
4	_	_	SCHOOL AGE			Business Code	3,668,683 .	3 668 683		
Program Service Revenue						011000	5,000,005.	3,000,003.		
Ser		b								
ΕŽ		C								
gra Re		d								
Pro		e f	All other program service reve	nuo						
			Total. Add lines 2a-2f				3,668,683.			
	3	9	Investment income (including							
			other similar amounts)		-	•				
	4		Income from investment of ta							
	5		Royalties	•		•				
			•	(i) F		(ii) Personal				
	6	а	Gross rents							
		b	Less: rental expenses							
		С	Rental income or (loss)							
		d	Net rental income or (loss)							
	7	а	Gross amount from sales of	(i) Sec	urities	(ii) Other				
			assets other than inventory							
		b	Less: cost or other basis							
			and sales expenses							
			Gain or (loss)							
			Net gain or (loss)			>				
Other Revenue	8	а	Gross income from fundraisin including \$	g events c						
3e			contributions reported on line	-						
ē			Part IV, line 18							
₽			Less: direct expenses			L				
			Net income or (loss) from fund	_		D				
	9	а	Gross income from gaming ad							
			Part IV, line 19				_			
			Less: direct expenses							
			Net income or (loss) from gan Gross sales of inventory, less	-	ities	·····				
	וו	а	and allowances		2					
		h	Less: cost of goods sold				_			
			Net income or (loss) from sale			<u> </u>				
			Miscellaneous Revenu		. поту	Business Code				
	11	а	OTHER			900099	141.			141.
		b								
		c								
			All other revenue							
			Total. Add lines 11a-11d				141.			
	12		Total revenue. See instructions.				3,693,883.	3,668,683.	0.	141.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) (B) (C) Do not include amounts reported on lines 6b. Program service expenses Management and general expenses Total expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 35,069 35,069. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 2,199,283. 2,199,283. Other salaries and wages 7 Pension plan accruals and contributions (include 41,826. 41,826. section 401(k) and 403(b) employer contributions) 214,389. 214,389. Other employee benefits 9 277,945. 277,945. Payroll taxes 10 Fees for services (non-employees): 422,735 422,735. Management 4,600. 4,600. Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 6,971. 6,971. column (A) amount, list line 11g expenses on Sch O.) 14,620. 14,620. Advertising and promotion 12 49,975. 49,975. Office expenses 13 14 Information technology Royalties 15 245,365. 245,365. 16 Occupancy 242. 242. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 Interest 20 Payments to affiliates _____ 21 85,423. 85,423. Depreciation, depletion, and amortization 22 35,073. 35,073. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 45,873. 45,873. FOOD 4,506. 4,506. All other expenses 3,683,895. 3,261,160. 422,735. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720)

Form 990 (2015) Part X Balance Sheet

Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	708,315.	1	348,485
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	789,823.	4	1,270,963
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
3	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
7	Notes and loans receivable, net		7	
8 8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	31,334.	9	18,712
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 850,308			
ь	Less: accumulated depreciation 10b 654,400	259,707.	10c	195,908
11	Investments - publicly traded securities	+	11	
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	6,228
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,795,375.	16	1,840,296
17	Accounts payable and accrued expenses	190,708.	17	121,673
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to current and former officers, directors, trustees,			
22	key employees, highest compensated employees, and disqualified persons.			
	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
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	1,704,735.		1,808,703
26	Total liabilities. Add lines 17 through 25	1,895,443.	26	1,930,376
	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
27 28 29 29	complete lines 27 through 29, and lines 33 and 34.	100.000		00 000
27	Unrestricted net assets	-100,068.	27	-90,080
28	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	
:	Organizations that do not follow SFAS 117 (ASC 958), check here			
5	and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
30 31 32	Retained earnings, endowment, accumulated income, or other funds	-100,068.	32	-90,080
33	Total net assets or fund balances	1,795,375.	33	
34	Total liabilities and net assets/fund balances	1,190,3/5.	34	1,840,290

-orm	1990 (2015) HEARISHARE EDUCATION CENTER	30-043	2/3/	Pag	ge 🖊
Pa	rt 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	3,69		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,68	3,8	95.
3	Revenue less expenses. Subtract line 2 from line 1	3			88.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-10	0,0	68.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	-9	0,0	80.
Pa	rt 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," explain in Schedule				
2a	7 1		. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis X Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			37	
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	-			37
	Act and OMB Circular A-133?		. 3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 3b		

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

HEARTSHARE EDUCATION CENTER

Employer identification number 90 - 0452757

Pa	- I	Decem for Dublic (Charity Status	CITIECT CEIVE			<u> </u>	0 0132737
		Reason for Public						
	organ	ization is not a private found			•			
1		A church, convention of ch	•				I)(A)(i).	
2	X	A school described in sect						
3	Н	A hospital or a cooperative					-	
4		A medical research organiz	ation operated in coi	njunction with a hospita	l described	d in sectio	n 170(b)(1)(A)(III). Enter	the hospital's name,
_		city, and state:						
5	Ш	An organization operated for		llege or university owner	d or opera	ted by a g	overnmental unit describ	ped in
_		section 170(b)(1)(A)(iv). (C	•					
6	H	A federal, state, or local go	_					
7	Ш	An organization that norma	•	ntial part of its support	from a gov	ernmental	unit or from the general	public described in
_		section 170(b)(1)(A)(vi). (C	• •					
8	Н	A community trust describe						
9		An organization that norma	• • • • • • • • • • • • • • • • • • • •		•			•
		activities related to its exen	•	•			• • • • • • • • • • • • • • • • • • • •	•
		income and unrelated busin		(less section 511 tax) fr	om busine	sses acqu	ired by the organization	after June 30, 1975.
		See section 509(a)(2). (Con	,		0		201 1141	
10	H	An organization organized	•		•			
11		An organization organized	•	•	-		•	
		more publicly supported or						neck the box in
_		lines 11a through 11d that	* *			-		, all da a
а		■ Type I. A supporting organization	· · · · · · · · · · · · · · · · · · ·	•	•			
		the supported organization			a majority	of the dire	ctors or trustees of the s	supporting
		organization. You must o						
D		☐ Type II. A supporting org	•					-
		control or management o			same perso	ons that co	ontroi or manage the sup	рропеа
_		organization(s). You mus	-		in connoc	tion with	and functionally integrat	ad with
С		☐ Type III functionally inte					• •	ea with,
		its supported organizatio		•				=otion(o)
a								
		that is not functionally int	-	• •	•		-	iveness
_		requirement (see instruct	· ·					
е		Check this box if the orga					r rype i, rype ii, rype iii	
	Ento	functionally integrated, or er the number of supported or	* *					
'		ride the following information		d organization(s)				
9		i) Name of supported	(ii) EIN		(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of
		organization		(described on lines 1-9	listed i	n your document?	support (see	other support (see
				above (see instructions))	Yes	No	instructions)	instructions)
ota	I							

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Calendar year (or fiscal year beginning in) (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here	Sec	tion A. Public Support						
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18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		organization meets the "facts-and-circ	cumstances" test.	The organization	qualifies as a publ	icly supported org	anization	▶□
	18	Private foundation. If the organization	n did not check a l	oox on line 13, 16	Sa, 16b, 17a, or 17	b, check this box a	and see instruction	s

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	, i	,				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organi	zation,
							<u></u> ▶∟⊥
	ction C. Computation of Publ					11	
	Public support percentage for 2015 (I					15	%
	Public support percentage from 2014					16	%
	ction D. Computation of Inves					147	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	<u> </u>
198	33 1/3% support tests - 2015. If the						
	more than 33 1/3%, check this box a						
k	33 1/3% support tests - 2014. If the	•			•	•	
00	line 18 is not more than 33 1/3%, che						·
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Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
0-		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Pa	rt IV Supporting Organizations (continued)			
	(sommasa)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations	•		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions):			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		,	
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	tructions		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	0-		
	that these activities constituted substantially all of its activities.	2a		
D	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	Oh		
•	activities but for the organization's involvement. Parent of Supported Organizations. Answer (a) and (b) helow.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Pid the organization have the power to requirely appoint or elect a majority of the officers, directors, or			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	30		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
D	of its supported organizations? If "Yes," describe in <i>Part VI</i> the role played by the organization in this regard.	3b		

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

Schedule A (Form 990 or 990-EZ) 2015

Par	^ব V │ Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	he organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
C4:	ion E. Dietvikution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
Secu	ion E - Distribution Allocations (see instructions)		Pre-2015	Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
С				
d	From 2013			
е	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а				
b				
	Excess from 2013			
	Excess from 2014			
е	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

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

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

Employer identification number

90-0452757 HEARTSHARE EDUCATION CENTER

Organiz	ation type (check or	ne):
Filers of	f:	Section:
Form 99	0 or 990-EZ	\overline{X} 501(c)($\overline{3}$) (enter number) organization
		4947(a)(1) nonexempt charitable trust not treated as a private foundation
		527 political organization
Form 99	0-PF	501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
	nly a section 501(c)(covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
	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 one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special	Rules	
	sections 509(a)(1) a any one contributo	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, line 1. Complete Parts I and II.
	year, total contribu	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for ruelty to children or animals. Complete Parts I, II, and III.
	year, contributions is checked, enter hourpose. Do not co	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., emplete any of the parts unless the General Rule applies to this organization because it received <i>nonexclusively</i> e, etc., contributions totaling \$5,000 or more during the year
	-	at is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

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

HEARTSHARE EDUCATION CENTER

90-0452757

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

Name of orga	anization			Employer identification number
недетс	HARE EDUCATION CENTER			90-0452757
Part III		columns (a) through (e) and the same of \$1,00 s, charitable, etc., contributions of \$1,00 s	following line entry. Fo)(7), (8), or (10) that total more than \$1,000 for organizations
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
Part I				
-		(e) Transfer o	f gift	
	Transferee's name, address, a	nd ZIP + 4	Relations	ship of transferor to transferee
(a) No.				
Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer o	f gift	
	Transferee's name, address, a			ship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer o	f gift	
	Transferee's name, address, a	nd ZIP + 4	Relations	ship of transferor to transferee
(a) No				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer o		ship of transferor to transferee
	,,			

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

HEARTSHARE EDUCATION CENTER

Employer identification number 90-0452757

Pai	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds or	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 w	riting that the assets held in donor advised fu	ınds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ac	lvisors in writing that grant funds can be used	l only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose confe	erring
_			
Pai	1 0		V, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or ed		
	Protection of natural habitat	Preservation of a certified I	historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualification	ed conservation contribution in the form of a c	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
	Number of conservation easements on a certified historic stru		2c
d	Number of conservation easements included in (c) acquired a		
_	listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the orga	anization during the tax
	year -		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the peri		□v□v.
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing conserva	tion easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing concernation of	accoments during the year
′	S S	ing of violations, and emorcing conservation e	easements during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(//)	(B)(i)
Ü	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
•	include, if applicable, the text of the footnote to the organizati		
	conservation easements.		
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC	C 958), not to report in its revenue statement	and balance sheet works of art,
	historical treasures, or other similar assets held for public exhi	bition, education, or research in furtherance of	of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	es these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC	C 958), to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ucation, or research in furtherance of public s	ervice, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		• \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical trea		
	the following amounts required to be reported under SFAS 11	6 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		▶ \$
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2015

532051 11-02-15

	t III Organizations Maintaining C	ollections of A	rt, Histori	ical Tr	easures,	or Othe	er Simi	ilar Asse	t s (continue	d)
3	Using the organization's acquisition, accessi	on, and other record	ls, check an	y of the	following tha	at are a s	ignifican	t use of its	collection it	ems
	(check all that apply):									
а	Public exhibition	d	I 🔲 Loa	n or exc	hange progr	ams				
b	Scholarly research	е	Oth	er						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how they	further t	he organizat	ion's exe	mpt pur	oose in Par	t XIII.	
5	During the year, did the organization solicit o	r receive donations	of art, histor	ical trea	sures, or oth	er simila	r assets			
	to be sold to raise funds rather than to be ma	aintained as part of t	the organiza	tion's c	ollection?				Yes [No
Pai	t IV Escrow and Custodial Arran	gements. Comple	ete if the org	janizatio	n answered	"Yes" on	Form 99	90, Part IV,	line 9, or	
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for con	tributior	ns or other as	ssets not	included	b	_	
	on Form 990, Part X?							L	Yes	No
b	If "Yes," explain the arrangement in Part XIII									
									Amount	
С	Beginning balance						1c			
	Additions during the year									
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for escr	ow or c	ustodial acco	ount liabi	lity?	L	」Yes	No
<u>b</u>	If "Yes," explain the arrangement in Part XIII.								l	
Pai	t V Endowment Funds. Complete it	f the organization ar	swered "Ye	s" on Fo	orm 990, Par	t IV, line	10.			
		(a) Current year	(b) Prior	year	(c) Two yea	rs back	(d) Three	years back	(e) Four ye	ars back
1a	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 of the curr	rent year end baland	e (line 1g, c	olumn (a	a)) held as:					
а	Board designated or quasi-endowment		<u></u> %							
b	Permanent endowment >	%								
С	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are there endowment funds not in the posse	ssion of the organiz	ation that ar	e held a	and administe	ered for t	he organ	nization		
	by:								Ye	s No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations 3a(ii)									
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on Sche	dule R?					. 3b	
4	Describe in Part XIII the intended uses of the		wment fund	ds.						
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" on Form 990), Part IV, lir	ie 11a. S	See Form 990	D, Part X,	, line 10.			
	Description of property	(a) Cost or o			or other		ccumula		(d) Book v	alue
		basis (investr	nent)	basis	(other)	de	preciatio	n		
1a	Land									
b	Buildings				0.411		156		4	400
С	Leasehold improvements				9,111.		452,9			132.
d	Equipment			25	1,197.		201,4	121.	49,	776.
	Other								1	0.0.0
Total	. Add lines 1a through 1e. (Column (d) must e	gual Form 990, Part	X, column (B), line 1	10c.)			▶	195,	908.

Schedule D (Form 990) 2015

Part VII Investments - Other Securities	Part VII	Investments -	Other Securities.
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Complete if the organization answered "Yes"	on Form 990. Part IV. lir	ne 11b. See Form 990. Part X. line 1	2.
(a) Description of security or category (including name of security)	(b) Book value		st or end-of-year market value
(1) Financial derivatives			-
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.		•	
Complete if the organization answered "Yes"	on Form 990, Part IV, lin	ne 11c. See Form 990, Part X, line 1	3.
(a) Description of investment	(b) Book value		st or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, lin	ne 11d. See Form 990, Part X, line 1	5.
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		▶
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, lin	ne 11e or 11f. See Form 990, Part X	K, line 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2) DUE TO NYC DEPT. OF EDUCA	TION	1,054,723.	
(3) DUE TO HEARTSHARE HUMAN S	ERVICES		
(4) OF NEW YORK		753,980.	
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.)	1,808,703.	
	,		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2015

Complete if the organization answered "Yes" 1 Total revenue, gains, and other support per audited f			1	3,693,883.
2 Amounts included on line 1 but not on Form 990, Par				.,,
a Net unrealized gains (losses) on investments		a		
b Donated services and use of facilities				
c Recoveries of prior year grants		-		
d Other (Describe in Part XIII.)		d		
		_	2e	0.
3 Subtract line 2e from line 1				3,693,883.
4 Amounts included on Form 990, Part VIII, line 12, but				· · · · · · · · · · · · · · · · · · ·
a Investment expenses not included on Form 990, Par	l l	a		
b Other (Describe in Part XIII.)		-		
			4c	0.
5 Total revenue. Add lines 3 and 4c. (This must equal F				3,693,883.
Part XII Reconciliation of Expenses per Au				
Complete if the organization answered "Yes"		•	•	
Total expenses and losses per audited financial state			1	3,683,895.
2 Amounts included on line 1 but not on Form 990, Par				.,,
a Donated services and use of facilities	' I	a		
b Prior year adjustments				
c Other losses	_	-		
d Other (Describe in Part XIII.)		<u> </u>		
, , , , , , , , , , , , , , , , , , , ,			2e	0.
3 Subtract line 2e from line 1				3,683,895.
4 Amounts included on Form 990, Part IX, line 25, but				
a Investment expenses not included on Form 990, Par		a		
b Other (Describe in Part XIII.)		b		
		~	4c	0.
5 Total expenses. Add lines 3 and 4c. (This must equal				3,683,895.
Part XIII Supplemental Information.	101111 000, 1 are 1, mile 10.)			
Provide the descriptions required for Part II, lines 3, 5, and lines 2d and 4b; and Part XII, lines 2d and 4b. Also comple			V, line 4; Part	X, line 2; Part XI,
PART X, LINE 2:				
HEC HAS DETERMINED THAT THERE	ARE NO MATERIAL U	INCERTAIN T	TAX POSI	TIONS THAT
REQUIRE RECOGNITION OR DISCLO	SURE IN THE FINANC	CIAL STATEM	MENTS.	PERIODS
ENDING JUNE 30, 2013 AND SUBS	EQUENT REMAIN SUBJ	ECT TO EXA	MINATIO	ON BY
APPLICABLE TAXING AUTHORITIES	•			

SCHEDULE E

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Schools

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

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

HEARTSHARE EDUCATION CENTER

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

		132	151	
aı	tl		I	
			YES	Ľ
	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,		l	
	other governing instrument, or in a resolution of its governing body?	1	Х	L
	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,			
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	X	L
	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the			
	period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes			
	the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain.			
	If you need more space, use Part II	3		L
	SEE PART II			
	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Х	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	X	t
	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student	10		t
•	admissions, programs, and scholarships?	4c	х	
Н	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	X	t
u	If you answered "No" to any of the above, please explain. If you need more space, use Part II.	- u		H
_	Does the organization discriminate by race in any way with respect to:			
	Students' rights or privileges?	5a		
	Admissions policies?	5b		_
	Employment of faculty or administrative staff?	5c 5d		\vdash
	Scholarships or other financial assistance?	_		\vdash
_			-	H
	Educational policies?	5e		t
f	Use of facilities?	5f		
f g	Use of facilities? Athletic programs?	5f 5g		t
f g	Use of facilities? Athletic programs? Other extracurricular activities?	5f		l
f g	Use of facilities? Athletic programs?	5f 5g		
f g h	Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. Does the organization receive any financial aid or assistance from a governmental agency?	5f 5g	X	
f g h	Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5f 5g 5h	X	
f g h	Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. Does the organization receive any financial aid or assistance from a governmental agency?	5f 5g 5h	X	
f g h	Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?	5f 5g 5h	X	

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

Schedule E (Form 990 or 990-EZ) (2015)

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

SCHEDULE J (Form 990)

Compensation Information

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

Compensated Employees

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

HEARTSHARE EDUCATION CENTER

Employer identification number 90-0452757

a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Travel for companions ☐ Payments for business use of personal use Payments or Travel for companions ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, cheft) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain ☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, cheft) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain ☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, cheft) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or remove usubstantation prior to reimbursing or allowing personses incurred by all directors, trustees, and officers, including the EEO/Executive Director, but explain or allowing the items checked in line 1a? 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization to establish compensation committee ☐ Written employment contract ☐ X Independent compensation of the EEO/Executive Director, but explain in Part III. ☐ X Independent compensation of the EEO/Executive Director, but explain in Part III. ☐ X Independent compensation or related organization ☐ A Participate in, or receive payment from, an equity-based compensation arrangement? ☐ A Participate in, or receive payment from, an equity-based compensation arrangement? ☐ A Participa				Yes	No
First class or charter travel Travel for companions Payments for business use of personal use Discretionary spending account Payments for business use of personal residence Payments for use and personal residence Payments for use of the Payments of the Payment for and personal residence Payments of the Payments or and personal residence Payments or personal used or initiation for sections a personal residence of the personal residence Payments or personal used or printing or personal residence or residence or personal residence or	1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
Travel for companions		Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
Tax indemnification and gross-up payments		First-class or charter travel Housing allowance or residence for personal use			
Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director regarding the items checked in line 1a? 2		Travel for companions Payments for business use of personal residence			
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain. 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the Items checked in line 1a? 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation or the CEO/Executive Director, but explain in Part III. 2 Compensation committee 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization to establish compensation committee 3 Indicate which, if any, of the following the filing organization or the CEO/Executive Director, but explain in Part III. 3 Indicate which, if any, of the following the filing organization or methods used by a related organization to establish 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: a Receive a severance payment form, a supplemental nonqualified retirement plan? 4 Participate in, or receive payment from, an equity-based compensation arrangement? 4 Participate in, or receive payment from, an equity-based compensation arrangement? 4 Participate in, or receive payment from, an equity-based compensation arrangement? 5 Por persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? 5 Por 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: a The organization? 6		Tax indemnification and gross-up payments Health or social club dues or initiation fees			
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b		Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b					
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation or the CEO/Executive Director, but explain in Part III. \[\tilde{\text{X}} \] Compensation committee \[\tilde{\text{X}} \] Independent compensation consultant \[\tilde{\text{X}} \] Compensation survey or study \[\tilde{\text{X}} \] Form 990 of other organizations \[\tilde{\text{X}} \] Participate in, or receive payment or change-of-control payment? \[\tilde{\text{A}} \] Participate in, or receive payment from, an equity-based compensation arrangement? \[\tilde{\text{A}} \] Earticipate in, or receive payment from, an equity-based compensation arrangement? \[\tilde{\text{A}} \] Tyes" to any of lines 4ac, list the persons and provide the applicable amounts for each item in Part III. \[\tilde{\text{Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. \[\tilde{\text{F}} \] 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: \[\tilde{\text{A}} \] Any related organization? \[\tilde{\text{If "Yes" to line 5a or 5b, describe in Part III.} \] \[\tilde{\text{A}} \] Any related organization? \[\tilde{\text{If "Yes" to line 5a or 6b, describe in Part III.} \] \[\tilde{\text{A}} \] \[\tilde{\text{A}} \] Any related organization? \[\tilde{\text{B}} \] Any related organization? \[\tilde{\text{If "Yes" on line 6a or 6b, describe in Part III.} \] \[\tilde{\text{B}} \] \[\tilde{\text{A}} \] \[\tilde{\text{B}} \] \[\tilde{\text{B}} \] \[\tilde{\text{B}} \] \[\tilde{\text{B}} \] \[\til	b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. X Compensation committee	2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. X Compensation committee 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: a Receive a severance payment or change-of-control payment? 4 Participate in, or receive payment from, a supplemental nonqualified retirement plan? b Participate in, or receive payment from, an equity-based compensation arrangement? if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? if "Yes" to line 5a or 5b, describe in Part III. 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: a The organization? 6a		trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. X Compensation committee 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: a Receive a severance payment or change-of-control payment? 4 Participate in, or receive payment from, a supplemental nonqualified retirement plan? b Participate in, or receive payment from, an equity-based compensation arrangement? if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? if "Yes" to line 5a or 5b, describe in Part III. 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: a The organization? 6a					
establish compensation of the CEO/Executive Director, but explain in Part III. X Compensation committee Written employment contract X Independent compensation consultant X Compensation survey or study X Porm 990 of other organizations X Approval by the board or compensation committee X 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: Receive a severance payment or change-of-control payment? 4a X	3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
X Compensation committee					
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: a Receive a severance payment or change-of-control payment? 4a X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4c X c Participate in, or receive payment from, an equity-based compensation arrangement? 4c X If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
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: 8 Receive a severance payment or change-of-control payment? 4 Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4 Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? If "Yes" to 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: a The organization? If "Yes" to line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in					
organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? de 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: a The organization? 5 Any related organization? 16 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: a The organization? 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: a The organization? 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: a The organization? 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: a The organization? 6 For persons listed on Form 990, Part VIII. 7 For persons listed on Form 990, Part VIII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in P		Form 990 of other organizations X Approval by the board or compensation committee			
organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? de 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: a The organization? 5 Any related organization? 16 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: a The organization? 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: a The organization? 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: a The organization? 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: a The organization? 6 For persons listed on Form 990, Part VIII. 7 For persons listed on Form 990, Part VIII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in P					
a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 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: a The organization? 5a	4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? lf "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: a The organization? b Any related organization? f "Yes" to 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: a The organization? f "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in					
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? f"Yes" to line 5a or 5b, describe in Part III. 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: a The organization? f "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III. Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. g If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	а		4a		
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? f "Yes" to line 5a or 5b, describe in Part III. 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: a The organization? b Any related organization? f "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III. Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. In the contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. In the contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. In the contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. In the contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. In the contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. In the contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. In the contract exception described in Regulations section 53.4958-4(a)(a) Rescribed in Regulations	b				
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: a The organization? b Any related organization? 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: a The organization? a The organization? b Any related organization? fi "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III. Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	С		4c		X
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: a The organization? b Any related organization? f "Yes" to line 5a or 5b, describe in Part III. 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: a The organization? b Any related organization? f "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III. Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 X 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in		If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
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: a The organization? b Any related organization? f "Yes" to line 5a or 5b, describe in Part III. 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: a The organization? b Any related organization? f "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III. Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 X 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in					
contingent on the revenues of: a The organization? b Any related organization? If "Yes" to 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: a The organization? b Any related organization? f "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	_				
a The organization? b Any related organization? If "Yes" to 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: a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	5				
b Any related organization? If "Yes" to 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: a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			_		v
If "Yes" to 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: a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	a				
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: a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 X 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	b		50		V
contingent on the net earnings of: a The organization? b Any related organization? f "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 X 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	c	·			
a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	o				
b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	_		60		x
If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 X 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	a				
For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III	D	If "Voe" on line 6e or 6h, describe in Dort III	ab		21
not described on lines 5 and 6? If "Yes," describe in Part III	7				
 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in 	'		7	х	
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	ρ		–	-2	
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	J		ρ		Х
	a				
Regulations section 53 4958-6(c)?	3	Regulations section 53.4958-6(c)?	9		
	9				

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

Schedule J (Form 990) 2015

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 are not listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	Denents	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) CAROL ANN VERDI	(i)	30,188. 112,851.	3,432.	0.	1,009. 3,386.	6,574.	41,203. 116,237.	0.
EXECUTIVE DIRECTOR	(ii)	112,851.	0.	0.	3,386.	0.	116,237.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

HEARTSHARE EDUCATION CENTER

Employer identification number 90-0452757

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

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

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

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

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

HEARTSHARE EDUCATION CENTER IS A MEMBERSHIP ORGANIZATION WITH THREE MEMBERS: THE CHAIRPERSON OF THE BOARD OF HEARTSHARE HUMAN SERVICES OF NEW YORK, THE PRESIDENT AND CEO OF HEARTSHARE HUMAN SERVICES OF NEW YORK, AND ONE OTHER PERSON DESIGNATED BY THE CHAIRPERSON OF HEARTSHARE HUMAN SERVICES OF NEW YORK.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 09-02-15

Schedule O (Form 990 or 990-EZ) (2015)

Name of the organization

HEARTSHARE EDUCATION CENTER

Employer identification number 90-0452757

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

THE MEMBERS MAY ELECT THE BOARD OF DIRECTORS.

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

THE MEMBERS APPROVE SIGNIFICANT DECISIONS OF THE HEARTSHARE EDUCATION

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

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

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

ETC.

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

THE BOARD'S AUDIT AND FINANCE COMMITTEE REVIEWED HEARTSHARE EDUCATION

CENTER'S FORM 990 PRIOR TO FILING. ANY COMMENTS ARISING FROM THE REVIEW ARE

DISCUSSED AND IF REQUIRED, CHANGES ARE 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:

MEMBERS, KEY STAFF AND MAJOR INDEPENDENT CONTRACTORS TO COMPLETE AN ANNUAL DISCLOSURE STATEMENT. THE BOARD REVIEWS EACH REPORTED POTENTIAL CONFLICT OF INTEREST. IF A CONFLICT OF INTEREST ARISES, THE MATTER MAY BE REMEDIED VIA RECUSAL OR DISQUALIFICATION OF THE BOARD MEMBER. THIS SIMPLY MEANS THAT THE BOARD MEMBER DOES NOT PARTICIPATE IN THE MATTER THAT POSES THE CONFLICT OF INTEREST. IN THE EVENT OF A VIOLATION OF THE CONFLICT INTEREST POLICY, THE AGENCY RESERVES THE RIGHT TO IMMEDIATELY DISMISS THE EMPLOYEE OR BOARD MEMBER OF INTEREST.

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

Name of the organization HEARTSHARE EDUCATION CENTER	Employer identification number 90-0452757
THE BOARD ANNUALLY REVIEWS THE SALARY FOR EXECUTIVE DIREC	TOR OF HEARTSHARE
EDUCATION CENTER USING INDEPENDENT COMPENSATION SOURCES I	NCLUDING
INFORMATION FROM 990s OF COMPARABLE ORGANIZATIONS, SALARY	SURVEY, AND
INDEPENDENT COMPENSATION CONSULTANT. THE PROCESS LAST OCC	URRED IN 2015.
FORM 990, PART VI, SECTION C, LINE 19:	
THESE DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.	
FORM 990, PART XII, LINE 2C:	
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

➤ Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury Internal Revenue Service

HEARTSHARE EDUCATION CENTER

Employer identification number 90-0452757

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	Section 5 contr enti	
				501(c)(3))		Yes	No
HEARTSHARE HUMAN SERVICES OF NEW YORK -							
11-1633549, 12 METROTECH CENTER, 29TH FLOOR,	HUMAN SERVICES						I
BROOKLYN, NY 11201	ORGANIZATION	NEW YORK	501(C)(3)	LINE 9	N/A		X
HEARTSHARE WELLNESS, LTD 11-3538646					HEARTSHARE HUMAN		
177 LIVINGSTON STREET	CLINIC AND TARGETED CASE				SERVICES OF NEW		I
BROOKLYN, NY 11201	MANAGEMENT (TCM)	NEW YORK	501(C)(3)	LINE 9	YORK		X
ST. VINCENT'S SERVICES, INC. (D/B/A					HEARTSHARE HUMAN		
HEARTSHARE ST. VINCENT'S SERVICES) - 11-, 66	1				SERVICES OF NEW		I
BOERUM PLACE, BROOKLYN, NY 11201	CHILD WELFARE SERVICES	NEW YORK	501(C)(3)	LINE 9	YORK		Х
							İ
							<u> </u>

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

Schedule R (Form 990) 2015

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)		Predominant income (related, unrelated, excluded from tax under sections 512-514)		Share of end-of-year assets	Disprop alloca	ortionate tions?	Code V-UBI amount in box 20 of Schedule		
		country)		00000110 0 12 0 1 1)			res	NO	101 (FOITH 1005)	resin)
-											
	1										
											
-	1										
	1										
	1										

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	512(l conti	tion b)(13) rolled ity?
		country)		S. 1. 25.y		400010		Yes	No
HEARTSHARE PRODUCTIONS, LTD 31-1584808]								
12 METRO TECH CENTER, 29TH FLOOR	FILM PRODUCTION AND								
BROOKLYN, NY 11201	DISTRIBUTION	NY	N/A	C CORP	N/A	N/A	N/A		X
]								
	1								
	1								
	1								

Page 3

Yes No

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

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

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

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

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

С	Gift, grant, or capital contribution from related organization(s)				1c		X			
d	oans or loan guarantees to or for related organization(s)									
е	Loans or loan guarantees by related organization(s)				1e		Х			
f	Dividends from related organization(s)				1f		X			
g	Sale of assets to related organization(s)				1 g		X			
h	Purchase of assets from related organization(s)				1h		X			
i	Exchange of assets with related organization(s)									
j	j Lease of facilities, equipment, or other assets to related organization(s)									
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	X				
- 1	I Performance of services or membership or fundraising solicitations for related organization(s)									
m	m Performance of services or membership or fundraising solicitations by related organization(s)									
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)									
	o Sharing of paid employees with related organization(s)									
	3 1 1 7 3 (7									
р	Reimbursement paid to related organization(s) for expenses				1p	Х				
p Reimbursement paid to related organization(s) for expensesq Reimbursement paid by related organization(s) for expenses										
٦	(c) to superiors		•••••		1q		Х			
r	Other transfer of cash or property to related organization(s)				1r		Х			
r Other transfer of cash or property to related organization(s) s Other transfer of cash or property from related organization(s)										
	If the answer to any of the above is "Yes," see the instructions for information on who must									
		(b)	(c)							
	(a) Name of related organization Tran	(d) Method of determining amount invo	amount involved							
	typ	e (a-s)		ŭ						
(1)										
(2)										
(3)										
(4)										
. ,										
(5)										
. ,										
(6)										
	3 09-08-15	39	<u> </u>	Schedule F	R (Forn	n 990)	2015			
					•					

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

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

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