Federal Diagnostics

Critical Messages

None

Electronic Filing

None

Informational Messages

- ☐ IRS regulations require any entity with an EIN to update the Responsible Party information within 60 days of any change by filing Form 8822-B, Change of Address or Responsible Party
- ☐ Historical Report (990 Return) does not display 2023 column if Tax Projection has not been selected.
- ☐ Books in Care of is using officer marked in the officer window; Organization phone number is used for contact
- ☐ Form 8868 for Form 990/990-EZ extension previously printed; verify extended due date in Screen Ext
- ☐ 990, Part III total program service revenue does not match 990, Part VIII, line 2g total program service revenue
- ☐ Contributor Antidote Technologies Inc is not reported on Schedule B because the first special rule is calculated and total contributions are less than 2% of the amount on Form 990, Part VIII, line 1h or Form 990-EZ, line 1
- ☐ Contributor John Ritter Foundation is not reported on Schedule B because the first special rule is calculated and total contributions are less than 2% of the amount on Form 990, Part VIII, line 1h or Form 990-EZ, line 1
- ☐ Form 990, Part X, line 27 end of year net assets without donor restrictions is calculated
- ☐ Preparer 'M Alan Ladson'

Missing Data

	Prior Year Data
Functional Expenses	
☐ Tot / PS, pension	73,849
☐ M/G pension plan contributions	13,971
☐ F/R pension plan contributions	11,976
☐ Tot / PS, advertising	42,598
☐ M/G office	52,954
☐ M/G information technology	6,031
☐ Tot / PS, info technolgy	144,752
Functional Expenses Continued	
☐ Other exp Tot / PS	73,834
☐ Other exp Mgt General	28,221
☐ Other exp F/R	8,327
Balance Sheet - Liabilities and Equity	
☐ Unsecured notes - BOY	111,215
☐ Audit required	2

Overrides

- ☐ Overridden field with data "(none)" on Form / Schedule 2848
- ☐ Overridden field with data "(none)" on Form / Schedule 2848

Forms 990 / 990-EZ Return Summary

For calendar year 2022, or tax year beginning , and ending

04-6073589

THE MENDED HEARTS, INC

Net Asset / Fund Balance at Beginning of Year			1,781,013
Revenue			
Contributions	1,999,021		
Program service revenue	21,153		
Investment income	-4,586		
Capital gain / loss			
Fundraising / Gaming:			
Gross revenue			
Direct expenses			
Net income			
Other income	4,153		
Total revenue		2,019,741	
Expenses			
Program services	2,140,078		
Management and general	297,676		
Fundraising	263,935		
Total expenses		2,701,689	
Excess / (deficit)			-681,948
Changes			
Net Asset / Fund Balance at End of Year			1,099,065

Reconciliation of Revenue

Total revenue per financial statements	2,019,741
Less:	
Unrealized gains	
Donated services	
Recoveries	
Other	
Plus:	
Investment expenses	
Other	
Total revenue per return	2,019,741

Reconciliation of Expenses

Total expenses per financial statements	2,701,689
Less:	
Donated services	
Prior year adjustments	
Losses	
Other	
Plus:	
Investment expenses	
Other	
Total expenses per return	2,701,689

Balance Sheet

	Beginning	Ending	Differences
Assets	2,067,505	1,702,378	
Liabilities	286,492	603,313	
Net assets	1,781,013	1,099,065	-681,948

Miscellaneous Information

Amended return	
Return / extended due date	11/15/23
Failure to file penalty	

Ladson & Associates, LLC
2545 Lafayette Plaza Dr Ste A
Albany, GA 31707
229-888-1144

October 25, 2023

CONFIDENTIAL

The Mended Hearts, Inc
1579 US Highway 19
Leesburg, GA 31763

Dear :

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Ladson & Associates, LLC

Ladson & Associates, LLC
2545 Lafayette Plaza Dr Ste A
Albany, GA 31707
229-888-1144

October 25, 2023

CONFIDENTIAL

The Mended Hearts, Inc
1579 US Highway 19
Leesburg, GA 31763

For professional services rendered in connection with the preparation of the following tax forms for year ending 12/31/22.

Amount due	$ 0.00

Filing Instructions

The Mended Hearts, Inc

Exempt Organization Tax Return

Taxable Year Ended December 31, 2022

Date Due: November 15, 2023

Remittance: None is required. Your Form 990 for the tax year ended 12/31/22 shows no balance due.

Signature: You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-TE, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned to:

Ladson & Associates, LLC
2545 Lafayette Plaza Dr Ste A
Albany, GA 31707

Important: **Your return will not be filed with the IRS until the signed Form 8879-TE has been received by this office.**

Other: Your return is being filed electronically with the IRS and is not required to be mailed. If you Mail a paper copy of your return to the IRS it will delay the processing of your return.

Form **8879-TE**

Department of the Treasury
Internal Revenue Service

IRS *e-file* Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning . . . . . , 2022, and ending . . . . . , 20 . . . . . .

Do not send to the IRS. Keep for your records.
Go to *www.irs.gov/Form8879TE* for the latest information.

OMB No. 1545-0047

2022

Name of filer

THE MENDED HEARTS, INC

EIN or SSN

04-6073589

Name and title of officer or person subject to tax **AL VOSS**
TREASURER

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a,** or **10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b,** or **10b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a **Form 990** check here	[X]	**b**	**Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	**1b**	2,019,741
2a **Form 990-EZ** check here	[ ]	**b**	**Total revenue,** if any (Form 990-EZ, line 9)	**2b**	
3a **Form 1120-POL** check here	[ ]	**b**	**Total tax** (Form 1120-POL, line 22)	**3b**	
4a **Form 990-PF** check here	[ ]	**b**	**Tax based on investment income** (Form 990-PF, Part V, line 5)	**4b**	
5a **Form 8868** check here	[ ]	**b**	**Balance due** (Form 8868, line 3c)	**5b**	
6a **Form 990-T** check here	[ ]	**b**	**Total tax** (Form 990-T, Part III, line 4)	**6b**	
7a **Form 4720** check here	[ ]	**b**	**Total tax** (Form 4720, Part III, line 1)	**7b**	
8a **Form 5227** check here	[ ]	**b**	**FMV of assets at end of tax year** (Form 5227, Item D)	**8b**	
9a **Form 5330** check here	[ ]	**b**	**Tax due** (Form 5330, Part II, line 19)	**9b**	
10a **Form 8038-CP** check here	[ ]	**b**	**Amount of credit payment requested** (Form 8038-CP, Part III, line 22)	**10b**	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that [X] I am an officer of the above entity or [ ] I am a person subject to tax with respect to (name of entity) The Mended Hearts, Inc. , (EIN) 04-6073589 and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

[X] I authorize **LADSON & ASSOCIATES, LLC** to enter my PIN **59200** as my signature

ERO firm name

Enter five numbers, but do not enter all zeros

on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax AL VOSS Date **10/23/23**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. **67664709145**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature **M ALAN LADSON** Date **10/23/23**

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning , and ending

B Check if applicable:
- [X] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Final return/ terminated
- [ ] Amended return
- [ ] Application pending

C Name of organization: THE MENDED HEARTS, INC

Doing business as:

Number and street (or P.O. box if mail is not delivered to street address): 1579 US HIGHWAY 19

Room/suite:

City or town, state or province, country, and ZIP or foreign postal code: LEESBURG GA 31763

D Employer identification number: 04-6073589

E Telephone number: 800-431-7899

G Gross receipts $: 2,019,741

F Name and address of principal officer:
AL VOSS
1024 SPRING HILL DR
ALBANY GA 31721

H(a) Is this a group return for subordinates? [ ] Yes [X] No

H(b) Are all subordinates included? [ ] Yes [ ] No

If "No," attach a list. See instructions

I Tax-exempt status: [X] 501(c)(3) [ ] 501(c) ( ) (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: WWW.MENDEDHEARTS.ORG

H(c) Group exemption number:

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other

L Year of formation: 1951

M State of legal domicile: MA

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
TO INSPIRE HOPE AND IMPROVE THE QUALITY OF LIFE OF HEART PATIENTS AND THEIR FAMILIES THROUGH ONGOING PEER-TO-PEER SUPPORT, EDUCATION AND ADVOCACY.

2 Check this box [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets.

Activities & Governance	**3** Number of voting members of the governing body (Part VI, line 1a)	3	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	10
	6 Total number of volunteers (estimate if necessary)	6	1270
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	1,898,101	1,999,021
	9 Program service revenue (Part VIII, line 2g)	40,650	21,153
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,407	-4,586
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	138,518	4,153
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,082,676	2,019,741
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	517,862	683,132
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) 263,935		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,126,656	2,018,557
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,644,518	2,701,689
	19 Revenue less expenses. Subtract line 18 from line 12	438,158	-681,948

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	2,067,505	1,702,378
	21 Total liabilities (Part X, line 26)	286,492	603,313
	22 Net assets or fund balances. Subtract line 21 from line 20	1,781,013	1,099,065

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: AL VOSS TREASURER — Date:

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
M ALAN LADSON	M ALAN LADSON	10/25/23	[ ]	P00155931

Firm's name: LADSON & ASSOCIATES, LLC — Firm's EIN: 47-4755621

Firm's address: 2545 LAFAYETTE PLAZA DR STE A ALBANY, GA 31707 — Phone no. 229-888-1144

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [ ] No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:

TO INSPIRE HOPE AND IMPROVE THE QUALITY OF LIFE OF HEART PATIENTS AND THEIR FAMILIES THROUGH ONGOING PEER-TO-PEER SUPPORT, EDUCATION AND ADVOCACY.

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, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 852,055 including grants of $) (Revenue $)

CONTIINUED DEVELOPING AND DISTRIBUTING PATIENT EDUCATION ON MORE CARDIOVASCULAR DISEASE TOPICS. CONDUCTED MORE THAN 166,976 PATIENT VISITS DURING THE YEAR. MEMBERSHIP IS OVER 96,416 MEMBERS (DIVIDED BETWEEN MENDED HEARTS MEMBERS AND MENDED LITTLE HEARTS FAMILIES). CREATED AWARENESS AND ADVOCATED FOR PATIENTS IN COLLABORATION WITH OTHER ORGANIZATIONS TO SUPPORT ACCESS TO CARE, IMPROVED TECHNOLOGIES AND TREATMENT ADVANCES FOR HEART PATIENTS NATIONWIDE. OBTAINED MORE THAN 4.2 MILLION MEDIA CONNECTIONS.

4b (Code:) (Expenses $ including grants of $) (Revenue $)

N/A

4c (Code:) (Expenses $ including grants of $) (Revenue $)

N/A

4d Other program services (Describe on Schedule O.)

(Expenses $ 1,288,023 including grants of $) (Revenue $)

4e Total program service expenses 2,140,078

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**	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors?* See instructions	**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 Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	**5**		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "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**		X
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 donor-restricted endowments or in 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.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	**11a**	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	**11b**		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	**11c**		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	**11d**		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	**11e**	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	**11f**		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	**12a**	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	**12b**		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	**13**		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	**14a**		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 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 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, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions	**17**		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	**18**		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	**19**		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	**20a**		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	**20b**		
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

Part IV Checklist of Required Schedules *(continued)*

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	8		
b	Enter the number of Forms W-2G included on 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			

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	10		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
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?	7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	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:				
a	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:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	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.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.	13a			
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			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	**Section 501(c)(21) organizations.** Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17			

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 on Schedule O. See instructions.*

Check if Schedule O contains a response or note to any line in this Part VI ..... [X]

Section 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	13		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	13		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9		X	

Section 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		X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	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 on Schedule O how this was done*	12c	X	
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?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **AL,AR,CA,CO,CT,FL,GA,IL,KY,MA,MD,MI,MN**

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

[X] Own website [ ] Another's website [X] Upon request [ ] Other *(explain on Schedule O)*

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records

AL VOSS **1024 SPRING HILL DR**

ALBANY **GA 31721** **800-431-7899**

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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ROBERT BRAI	0.00									
TRUSTEE / DIRECTOR	0.00	X						0	0	0
(2) ROBERT HOFFMAN	0.00									
TRUSTEE / DIRECTOR	0.00	X						0	0	0
(3) MARVIN KEYSER	0.00									
TRUSTEE / DIRECTOR	0.00	X						0	0	0
(4) CATHERINE LOBIEN	0.00									
TRUSTEE / DIRECTOR	0.00	X						0	0	0
(5) RON MANRIQUEZ	0.00									
PRESIDENT OF BOARD	0.00	X						0	0	0
(6) MARYANN MAYHOOD	0.00									
TRUSTEE / DIRECTOR	0.00	X						0	0	0
(7) LEA PARKER	0.00									
VICE - PRESIDENT	0.00	X						0	0	0
(8) NICOLE SANCHEZ	0.00									
TRUSTEE / DIRECTOR	0.00	X						0	0	0
(9) CANDIDA SCHENDEL	0.00									
TRUSTEE / DIRECTOR	0.00	X						0	0	0
(10) AMANDA STEWART	0.00									
VP - LITTLE HEARTS	0.00	X						0	0	0
(11) RAY TRAPP	0.00									
TRUSTEE / DIRECTOR	0.00	X						0	0	0

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) MICHAEL WEBER	0.00									
TRUSTEE / DIRECTOR	0.00	X						0	0	0
(13) DENISE WIDZGOWSKI	0.00									
TRUSTEE / DIRECTOR	0.00	X						0	0	0
(14) AL VOSS	0.00									
TREASURER	0.00			X				0	0	0
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization **0**

		Yes	No
3	Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*		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*		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*		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization 0

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,999,021				
	g Noncash contributions included in lines 1a-1f	1g	$				
	h **Total.** Add lines 1a–1f			1,999,021			
Program Service Revenue		Business Code					
	2a MEMBERSHIP INCOME			24,753	24,753		
	b CONFERENCE REGRISTRATION			-3,600	-3,600		
	c						
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a–2f			21,153			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			-4,586	-4,586		
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
		(i) Real	(ii) Personal				
	6a Gross rents 6a						
	b Less: rental expenses 6b						
	c Rental inc. or (loss) 6c						
	d Net rental income or (loss)						
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory 7a						
	b Less: cost or other basis and sales exps. 7b						
	c Gain or (loss) 7c						
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including $ ... of contributions reported on line 1c). See Part IV, line 18	8a					
	b Less: direct expenses	8b					
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
	11a PROMOTIONAL INCOME			4,821	4,821		
	b MISCELLANEOUS INCOME			-668	-668		
	c						
	d All other revenue						
	e **Total.** Add lines 11a–11d			4,153			
	12 **Total revenue.** See instructions			2,019,741	20,720	0	0

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 ☒

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
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				
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	503,654	372,704	70,512	60,438
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	139,355	103,122	19,510	16,723
10 Payroll taxes	40,123	29,691	5,617	4,815
11 Fees for services (nonemployees):				
a Management				
b Legal	168,492	112,890	55,602	
c Accounting	16,000		16,000	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	519,024	479,351	10,470	29,203
12 Advertising and promotion	144,648			144,648
13 Office expenses	316,692	315,332	1,360	
14 Information technology				
15 Royalties				
16 Occupancy	228,996	105,713	116,758	6,525
17 Travel	572,672	572,672		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	38,839	38,839		
23 Insurance	13,194	9,764	1,847	1,583
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a				
b				
c				
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	2,701,689	2,140,078	297,676	263,935
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)				

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
Assets	1	Cash—non-interest-bearing		980,057	1	812,502
	2	Savings and temporary cash investments		557,294	2	115,991
	3	Pledges and grants receivable, net		173,823	3	431,883
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		146,051	8	105,456
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 273,090			
	b	Less: accumulated depreciation	10b 78,914	162,866	10c	194,176
	11	Investments—publicly traded securities		47,414	11	42,370
	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	
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		2,067,505	16	1,702,378
Liabilities	17	Accounts payable and accrued expenses		54,983	17	171,714
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			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		231,509	25	431,599
	26	**Total liabilities.** Add lines 17 through 25		286,492	26	603,313
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		1,752,013	27	1,070,065
	28	Net assets with donor restrictions		29,000	28	29,000
		Organizations that do not follow FASB ASC 958, check here ☐ **and complete lines 29 through 33.**				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		1,781,013	32	1,099,065
	33	Total liabilities and net assets/fund balances		2,067,505	33	1,702,378

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,019,741
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,701,689
3	Revenue less expenses. Subtract line 2 from line 1	3	-681,948
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,781,013
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,099,065

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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	2a		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A (Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
THE MENDED HEARTS, INC

Employer identification number
04-6073589

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).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ 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.)

9 ☐ 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 ☐ 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **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.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,128,832	2,141,915	2,078,936	1,898,101	1,999,021	9,246,805
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	1,128,832	2,141,915	2,078,936	1,898,101	1,999,021	9,246,805
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						9,246,805

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	1,128,832	2,141,915	2,078,936	1,898,101	1,999,021	9,246,805
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,417	3,195	7,313	5,407		17,332
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						9,264,137
12 Gross receipts from related activities, etc. (see instructions)					12	357,835

13 **First 5 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** ☐

Section C. Computation of Public Support Percentage

14	Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f))	14	99.81 %
15	Public support percentage from 2021 Schedule A, Part II, line 14	15	99.78 %

16a **33 1/3% support test—2022.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b **33 1/3% support test—2021.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10%-facts-and-circumstances test—2022.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

b **10%-facts-and-circumstances test—2021.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

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 ☐

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an 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						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on 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 5 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** ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16	Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2022** (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income percentage from **2021** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2022.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% support tests—2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
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.*	1		
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).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
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.*	3b		
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.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
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.*	4b		
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.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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.*	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
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.*	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*	9c		
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 line 10b below.*	10a		
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.)*	10b		

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.*	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? *If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	2		

Section 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		

Section 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 on line 2, above, 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		

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).*

a ☐ The organization satisfied the Activities Test. *Complete line 2 below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete line 3 below.*

c ☐ The organization supported a governmental entity. *Describe in Part VI how you supported a governmental entity (see instructions).*

			Yes	No
2	Activities Test. *Answer lines 2a and 2b below.*			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations. *Answer lines 3a and 3b below.*			
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? *If "Yes" or "No," provide details in Part VI.*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	3b		

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

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	**1**		
2 Recoveries of prior-year distributions	**2**		
3 Other gross income (see instructions)	**3**		
4 Add lines 1 through 3.	**4**		
5 Depreciation and depletion	**5**		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	**6**		
7 Other expenses (see instructions)	**7**		
8 **Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)	**8**		

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	**1a**		
b Average monthly cash balances	**1b**		
c Fair market value of other non-exempt-use assets	**1c**		
d **Total** (add lines 1a, 1b, and 1c)	**1d**		
e **Discount** claimed for blockage or other factors *(explain in detail in Part VI)*:			
2 Acquisition indebtedness applicable to non-exempt-use assets	**2**		
3 Subtract line 2 from line 1d.	**3**		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	**4**		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	**5**		
6 Multiply line 5 by 0.035.	**6**		
7 Recoveries of prior-year distributions	**7**		
8 **Minimum Asset Amount** (add line 7 to line 6)	**8**		

Section C – Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	**1**		
2 Enter 0.85 of line 1.	**2**		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	**3**		
4 Enter greater of line 2 or line 3.	**4**		
5 Income tax imposed in prior year	**5**		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	**6**		

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D – Distributions			**Current Year**
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required—*provide details in Part VI*)	5	
6	Other distributions (*describe in Part VI*). See instructions.	6	
7	**Total annual distributions.** Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (*provide details in Part VI*). See instructions.	8	
9	Distributable amount for 2022 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

Section E – Distribution Allocations (see instructions)		**(i) Excess Distributions**	**(ii) Underdistributions Pre-2022**	**(iii) Distributable Amount for 2022**
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required–*explain in Part VI*). See instructions.			
3	Excess distributions carryover, if any, to 2022			
a	From 2017			
b	From 2018			
c	From 2019			
d	From 2020			
e	From 2021			
f	**Total** of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in Part VI.* See instructions.			
7	**Excess distributions carryover to 2023.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2018			
b	Excess from 2019			
c	Excess from 2020			
d	Excess from 2021			
e	Excess from 2022			

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

Schedule B (Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2022

Name of the organization

THE MENDED HEARTS, INC

Employer identification number

04-6073589

Organization type (check one):

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

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

General Rule

[ ] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year . . . . . $ . . . . . .

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

THE MENDED HEARTS, INC

Employer identification number

04-6073589

Part I Organizations Maintaining Donor Advised 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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did 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 private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (for example, recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of a historically important land area
☐ Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

		Held at the End of the Tax Year
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, 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 violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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 FASB 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 FASB 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 $

b Assets included in Form 990, Part X $

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- **a** ☐ Public exhibition
- **b** ☐ Scholarly research
- **c** ☐ Preservation for future generations
- **d** ☐ Loan or exchange program
- **e** ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ **Yes** ☐ **No**

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ **Yes** ☐ **No**

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	**1c**	
d Additions during the year	**1d**	
e Distributions during the year	**1e**	
f Ending balance	**1f**	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ **Yes** ☐ **No**

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- **a** Board designated or quasi-endowment ____ %
- **b** Permanent endowment ____ %
- **c** Term endowment ____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) Unrelated organizations	**3a(i)**		
(ii) Related organizations	**3a(ii)**		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	**3b**		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
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" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)*		

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. *(Column (b) must equal Form 990, Part X, col. (B) line 13.)*		

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

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

Part X Other Liabilities.
Complete if the organization answered "Yes" 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 CHAPTERS**	**431,599**
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)*	**431,599**

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			**1**	2,019,741
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	**2a**			
b	Donated services and use of facilities	**2b**			
c	Recoveries of prior year grants	**2c**			
d	Other (Describe in Part XIII.)	**2d**			
e	Add lines **2a** through **2d**			**2e**	
3	Subtract line **2e** from line **1**			**3**	2,019,741
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	**4a**			
b	Other (Describe in Part XIII.)	**4b**			
c	Add lines **4a** and **4b**			**4c**	
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			**5**	2,019,741

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			**1**	2,701,689
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	**2a**			
b	Prior year adjustments	**2b**			
c	Other losses	**2c**			
d	Other (Describe in Part XIII.)	**2d**			
e	Add lines **2a** through **2d**			**2e**	
3	Subtract line **2e** from line **1**			**3**	2,701,689
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	**4a**			
b	Other (Describe in Part XIII.)	**4b**			
c	Add lines **4a** and **4b**			**4c**	
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			**5**	2,701,689

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part XIII Supplemental Information *(continued)*

SCHEDULE O (Form 990)

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 Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

THE MENDED HEARTS, INC

Employer identification number

04-6073589

FORM 990, PART I, LINE 6

THE ORGANIZATION HAS 1,659 ACCREDITED VOLUNTEERS WHO CONDUCT IN PERSON PATIENT VISITS IN HOSPITAL ROOMS.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS

CONTIINUED DEVELOPING AND DISTRIBUTING PATIENT EDUCATION ON MORE CARDIOVASCULAR DISEASE TOPICS. CONDUCTED MORE THAN 166,976 PATIENT VISITS DURING THE YEAR. MEMBERSHIP IS OVER 96,416 MEMBERS (DIVIDED BETWEEN MENDED HEARTS MEMBERS AND MENDED LITTLE HEARTS FAMILIES). CREATED AWARENESS AND ADVOCATED FOR PATIENTS IN COLLABORATION WITH OTHER ORGANIZATIONS TO SUPPORT ACCESS TO CARE, IMPROVED TECHNOLOGIES AND TREATMENT ADVANCES FOR HEART PATIENTS NATIONWIDE. IN ADDITION THERE WERE 4.2 MILLION SOCIAL MEDIA CONNECTIONS.

FORM 990, PART V, LINE 3B - FORM 990-T NOT FILED EXPLANATION

ORGANIZATION DOES NOT HAVE TAXABLE INCOME

FORM 990, PART VI, LINE 9 - OFFICERS WHO CANNOT BE REACHED

LEA PARKER

9811 W PENDERNALES RIVER DR

CYPRESS, TX 77433

DENISE WIDZGOWSKI

9284 HERON COVE DRIVE

WEST PALM BEACH, FL 33411-5190

Name of the organization | Employer identification number

THE MENDED HEARTS, INC | 04-6073589

ROBERT HOFFMAN

25 LOVELACE DRIVE

WEST HARTFORD, CT 06117

MICHAEL WEBER

2414 FAIRBLUFF ROAD

ZELLWOOD , FL 32798

MARYANN MAYHOOD

3040 N HARRISON STREET

ARLINGTON, VA 22207

CATHERINE LOBIEN

1216 MYOPIA HUNT CLUB DR

AUBURNDALE, FL 33823-9436

NICOLE SANCHEZ

529 GARDEN CREEK PLACE

DANVILLE, CA 94526-1728

CANDIDA SCHENDEL

105 S PARK DRIVE

MONTGOMERY, TX 77356-9037

AMANDA STEWART

1236 CREEDMORE AVE

Name of the organization | Employer identification number

THE MENDED HEARTS, INC | 04-6073589

PITTSBURGH, PA 15226-2344

ROBERT BRAI

406 ZINNIA CT

BRICK, NJ 08724

RAY TRAPP

553 PEBBLE BEACH WAY

EAGLE, ID 83616

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

MANAGEMENT WILL REVIEW THE FORM 990 TO DETERMINE POLICIES AND PROCEDURES ARE PROPERLY REFLECTED ON THE RETURN.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

THE ORGANIZATION'S BOARD OF DIRECTORS REQUESTS ANNUAL STATEMENTS FROM OFFICERS, DIRECTORS, AND KEY EMPLOYEES TO DOCUMENT THAT AN ANNUAL REVIEW FOR CONFLICTS OF INTEREST HAS BEEN CONDUCTED AND COMPLETED.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE ORGANIZATION'S EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS AUTHORIZED SALARIES OF THE EXECUTIVE DIRECTOR AND KEY EMPLOYEES IN CONNECTION WITH PREPARATION AND APPROVAL OF THE ORGANIZATION'S ANNUAL BUDGET FOR THE NEXT YEAR, WHICH IS APPROVED BY THE FULL BOARD. THE REVIEW PROCESS INCLUDES A REVIEW OF ACCOMPLISHMENTS AND OTHER PERFORMANCE MEASURES AS WELL AS REVIEW OF COMPARABILITY DATA. THE ACTIONS ARE DOCUMENTED IN THE BOARD MINUTES.

Name of the organization: THE MENDED HEARTS, INC

Employer identification number: 04-6073589

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

THE ORGANIZATION'S EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS AUTHORIZED SALARIES OF THE EXECUTIVE DIRECTOR AND KEY EMPLOYEES IN CONNECTION WITH PREPARATION AND APPROVAL OF THE ORGANIZATION'S ANNUAL BUDGET FOR THE NEXT YEAR, WHICH IS APPROVED BY THE FULL BOARD. THE REVIEW PROCESS INCLUDES A REVIEW OF ACCOMPLISHMENTS AND OTHER PERFORMANCE MEASURES AS WELL AS REVIEW OF COMPARABILITY DATA. THE ACTIONS ARE DOCUMENTED IN THE BOARD MINUTES.

FORM 990, PART VI, LINE 17 - OTHER STATES WHERE COPY OF RETURN IS FILED

MISSISSIPPI, NEW HAMPSHIRE, NEW JERSEY, NEW YORK, OKLAHOMA, OREGON, PENNSYLVANIA, RHODE ISLAND, SOUTH CAROLINA, TENNESSEE, UTAH, VIRGINIA, WASHINGTON, WISCONSIN

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

IN ADDITION TO MAKING ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE ON THE MENDED HEARTS WEBSITE AND AVAILABLE TO THE PUBLIC UPON REQUEST, THE MENDED HEARTS, INC. SUBMITS THESE DOCUMENTS TO AGENCIES WHICH CERTIFY NOT-FOR-PROFITS.

FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES

DESCRIPTION	TOT/PROG SERVICE	MGT & GENERAL	FUNDRAISING
ADVOCACY	$ 208,010	$ 0	$ 0
OTHER PROFESSIONAL SERVICES			

Name of the organization: THE MENDED HEARTS, INC

Employer identification number: 04-6073589

	$ 14,411	$ 6,474	$ 0
DATABASE AND SOFTWARE MAINT			
	$ 95,900	$ 3,996	$ 0
OTHER			
	$ 142,581	$ 0	$ 29,203
STATE REGISTRATION			
	$ 18,449	$ 0	$ 0
TOTAL			
	$ 479,351	$ 10,470	$ 29,203

Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

Go to *www.irs.gov/Form4562* **for instructions and the latest information.**

OMB No. 1545-0172

2022

Attachment Sequence No. **179**

Name(s) shown on return: **THE MENDED HEARTS, INC**

Identifying number: **04-6073589**

Business or activity to which this form relates: **INDIRECT DEPRECIATION**

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,080,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,700,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2021 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	5,519
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	33,320

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2022	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ☐		

Section B—Assets Placed in Service During 2022 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only–see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property			27.5 yrs.	MM	S/L	
				27.5 yrs.	MM	S/L	
i	Nonresidential real property			39 yrs.	MM	S/L	
					MM	S/L	

Section C—Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L	
b	12-year			12 yrs.		S/L	
c	30-year			30 yrs.	MM	S/L	
d	40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	38,839
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

59200 The Mended Hearts, Inc
04-6073589
FYE: 12/31/2022

Federal Asset Report
Form 990, Page 1

10/25/2023 9:56 AM

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
5-year GDS Property:												
33	Laptop - Macbook	10/21/22	4,211			X	4,000	5	HY	S/L	0	211
34	Computers / Monitor	7/31/22	13,361			X	12,025	5	HY	S/L	0	1,336
			17,572				16,025				0	1,547
7-year GDS Property:												
35	Image Press / Cutter/ Ashleys	2/03/22	55,615			X	51,643	7	HY	S/L	0	3,972
			55,615				51,643				0	3,972
Other Depreciation:												
1	Equipment & Furniture	1/01/17	30,342				30,342	5	MO	S/L	16,332	6,068
2	(5) 27 inch monitors	1/22/20	1,305				1,305	5	MO	S/L	500	261
3	Tower Computers	1/22/20	3,321				3,321	5	MO	S/L	1,273	665
4	Port Box	2/06/20	78				78	5	MO	S/L	30	15
5	Warranty - Mac	2/27/20	299				299	5	MO	S/L	110	59
6	2 Printers	3/06/20	1,258				1,258	5	MO	S/L	461	252
7	Warranty - MAC Laptop	7/21/20	379				379	5	MO	S/L	107	76
8	MAC Laptop	7/21/20	3,455				3,455	5	MO	S/L	979	691
9	Monitor - AL - OD	7/27/20	1,058				1,058	5	MO	S/L	300	212
10	MAC Laptop + Warranty	8/17/20	3,154				3,154	5	MO	S/L	841	631
11	Conference Room TV	12/02/20	3,281				3,281	5	MO	S/L	711	656
12	MacBook Pro - Conference Room	12/08/20	2,699				2,699	5	MO	S/L	585	540
13	Amazon.com + SM Computer	1/13/20	335				335	5	MO	S/L	134	67
14	Apple Inc. - TBA	1/22/20	1,078				1,078	5	MO	S/L	413	216
15	Flint Office Furniture	2/28/20	2,202				2,202	7	MO	S/L	577	314
16	Flint Office Furniture [3] 5 Drawer	3/10/20	1,293				1,293	7	MO	S/L	339	184
17	Flint Office Furniture [4] 5 Drawer	8/20/20	1,836				1,836	7	MO	S/L	350	262
18	Image Pres.	9/06/20	29,484				29,484	7	MO	S/L	5,616	4,212
19	VOIP Phone	10/01/20	496				496	7	MO	S/L	89	71
20	Flint Office Furniture - Cherry	10/14/20	178				178	7	MO	S/L	32	25
21	Folding Machine	12/16/20	43,195				43,195	7	MO	S/L	6,171	6,170
22	Flint Office Furniture - Conference	12/28/20	1,405				1,405	7	MO	S/L	201	200
23	Apple Inc.	8/13/20	462				462	5	MO	S/L	131	92
24	Kitchen Items	8/25/20	4,650				4,650	7	MO	S/L	886	664
25	Office Blinds	9/02/20	1,395				1,395	7	MO	S/L	266	199
26	Office Decor	11/02/20	5,376				5,376	7	MO	S/L	896	768
27	Dishwasher	9/30/20	2,079				2,079	7	MO	S/L	371	297
28	Signs	2/02/21	2,925				2,925	7	MO	S/L	383	418
29	Verkada Cameras	12/27/21	19,963				19,963	7	MO	S/L	0	2,852
30	Computers	3/01/21	5,098				5,098	5	MO	S/L	850	1,019
31	Computer equipment	8/10/21	1,674				1,674	5	MO	S/L	140	334
32	Computers	12/21/21	24,150				24,150	5	MO	S/L	0	4,830
	Total Other Depreciation		199,903				199,903				40,074	33,320
	Total ACRS and Other Depreciation		199,903				199,903				40,074	33,320
	Grand Totals		273,090				267,571				40,074	38,839
	Less: Dispositions and Transfers		0				0				0	0
	Less: Start-up/Org Expense		0				0				0	0
	Net Grand Totals		273,090				267,571				40,074	38,839

GA Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	GA Prior	GA Current	Federal Current	Difference Fed - GA
5-year GDS Property:								
33	Laptop - Macbook	10/21/22	4,211	4,211	0	211	211	0
34	Computers / Monitor	7/31/22	13,361	13,361	0	1,336	1,336	0
			17,572	17,572	0	1,547	1,547	0
7-year GDS Property:								
35	Image Press / Cutter/ Ashleys	2/03/22	55,615	55,615	0	3,972	3,972	0
			55,615	55,615	0	3,972	3,972	0
Other Depreciation:								
1	Equipment & Furniture	1/01/17	30,342	30,342	16,332	6,068	6,068	0
2	(5) 27 inch monitors	1/22/20	1,305	1,305	500	261	261	0
3	Tower Computers	1/22/20	3,321	3,321	1,273	665	665	0
4	Port Box	2/06/20	78	78	30	15	15	0
5	Warranty - Mac	2/27/20	299	299	110	59	59	0
6	2 Printers	3/06/20	1,258	1,258	461	252	252	0
7	Warranty - MAC Laptop	7/21/20	379	379	107	76	76	0
8	MAC Laptop	7/21/20	3,455	3,455	979	691	691	0
9	Monitor - AL - OD	7/27/20	1,058	1,058	300	212	212	0
10	MAC Laptop + Warranty	8/17/20	3,154	3,154	841	631	631	0
11	Conference Room TV	12/02/20	3,281	3,281	711	656	656	0
12	MacBook Pro - Conference Room	12/08/20	2,699	2,699	585	540	540	0
13	Amazon.com + SM Computer	1/13/20	335	335	134	67	67	0
14	Apple Inc. - TBA	1/22/20	1,078	1,078	413	216	216	0
15	Flint Office Furniture	2/28/20	2,202	2,202	577	314	314	0
16	Flint Office Furniture [3] 5 Drawer	3/10/20	1,293	1,293	339	184	184	0
17	Flint Office Furniture [4] 5 Drawer	8/20/20	1,836	1,836	350	262	262	0
18	Image Pres.	9/06/20	29,484	29,484	5,616	4,212	4,212	0
19	VOIP Phone	10/01/20	496	496	89	71	71	0
20	Flint Office Furniture - Cherry	10/14/20	178	178	32	25	25	0
21	Folding Machine	12/16/20	43,195	43,195	6,171	6,170	6,170	0
22	Flint Office Furniture - Conference	12/28/20	1,405	1,405	201	200	200	0
23	Apple Inc.	8/13/20	462	462	131	92	92	0
24	Kitchen Items	8/25/20	4,650	4,650	886	664	664	0
25	Office Blinds	9/02/20	1,395	1,395	266	199	199	0
26	Office Decor	11/02/20	5,376	5,376	896	768	768	0
27	Dishwasher	9/30/20	2,079	2,079	371	297	297	0
28	Signs	2/02/21	2,925	2,925	383	418	418	0
29	Verkada Cameras	12/27/21	19,963	19,963	0	2,852	2,852	0
30	Computers	3/01/21	5,098	5,098	850	1,019	1,019	0
31	Computer equipment	8/10/21	1,674	1,674	140	334	334	0
32	Computers	12/21/21	24,150	24,150	0	4,830	4,830	0
	Total Other Depreciation		199,903	199,903	40,074	33,320	33,320	0
	Total ACRS and Other Depreciation		199,903	199,903	40,074	33,320	33,320	0
	Grand Totals		273,090	273,090	40,074	38,839	38,839	0
	Less: Dispositions		0	0	0	0	0	0
	Less: Start-up/Org Expense		0	0	0	0	0	0
	Net Grand Totals		273,090	273,090	40,074	38,839	38,839	0

AMT Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
5-year GDS Property:												
33	Laptop - Macbook	10/21/22	4,211			X	4,000	5	HY	200DB	0	211
34	Computers / Monitor	7/31/22	13,361			X	12,025	5	HY	S/L	0	1,336
			17,572				16,025				0	1,547
7-year GDS Property:												
35	Image Press / Cutter/ Ashleys	2/03/22	55,615			X	51,641	7	HY	S/L	0	3,974
			55,615				51,641				0	3,974
Other Depreciation:												
1	Equipment & Furniture	1/01/17	0				0	0	HY		0	0
2	(5) 27 inch monitors	1/22/20	0				0	0	HY		0	0
3	Tower Computers	1/22/20	0				0	0	HY		0	0
4	Port Box	2/06/20	0				0	0	HY		0	0
5	Warranty - Mac	2/27/20	0				0	0	HY		0	0
6	2 Printers	3/06/20	0				0	0	HY		0	0
7	Warranty - MAC Laptop	7/21/20	0				0	0	HY		0	0
8	MAC Laptop	7/21/20	0				0	0	HY		0	0
9	Monitor - AL - OD	7/27/20	0				0	0	HY		0	0
10	MAC Laptop + Warranty	8/17/20	0				0	0	HY		0	0
11	Conference Room TV	12/02/20	0				0	0	HY		0	0
12	MacBook Pro - Conference Room	12/08/20	0				0	0	HY		0	0
13	Amazon.com + SM Computer	1/13/20	0				0	0	HY		0	0
14	Apple Inc. - TBA	1/22/20	0				0	0	HY		0	0
15	Flint Office Furniture	2/28/20	0				0	0	HY		0	0
16	Flint Office Furniture [3] 5 Drawer	3/10/20	0				0	0	HY		0	0
17	Flint Office Furniture [4] 5 Drawer	8/20/20	0				0	0	HY		0	0
18	Image Pres.	9/06/20	0				0	0	HY		0	0
19	VOIP Phone	10/01/20	0				0	0	HY		0	0
20	Flint Office Furniture - Cherry	10/14/20	0				0	0	HY		0	0
21	Folding Machine	12/16/20	0				0	0	HY		0	0
22	Flint Office Furniture - Conference	12/28/20	0				0	0	HY		0	0
23	Apple Inc.	8/13/20	0				0	0	HY		0	0
24	Kitchen Items	8/25/20	0				0	0	HY		0	0
25	Office Blinds	9/02/20	0				0	0	HY		0	0
26	Office Decor	11/02/20	0				0	0	HY		0	0
27	Dishwasher	9/30/20	0				0	0	HY		0	0
28	Signs	2/02/21	0				0	0	HY		0	0
29	Verkada Cameras	12/27/21	0				0	0	HY		0	0
30	Computers	3/01/21	0				0	0	HY		0	0
31	Computer equipment	8/10/21	0				0	0	HY		0	0
32	Computers	12/21/21	0				0	0	HY		0	0
	Total Other Depreciation		0				0				0	0
	Total ACRS and Other Depreciation		0				0				0	0
	Grand Totals		73,187				67,666				0	5,521
	Less: Dispositions and Transfers		0				0				0	0
	Net Grand Totals		73,187				67,666				0	5,521

Bonus Depreciation Report

Form 990, Page 1

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
33	Laptop - Macbook	10/21/22	4,211		0	211	0	4,000
34	Computers / Monitor	7/31/22	13,361		0	1,336	0	12,025
35	Image Press / Cutter/ Ashleys	2/03/22	55,615		0	3,972	0	51,643
	Grand Total		73,187		0	5,519	0	67,668

Depreciation Adjustment Report
All Business Activities

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
MACRS Adjustments:						
Page 1	1	33	Laptop - Macbook	211	211	0
Page 1	1	34	Computers / Monitor	1,336	1,336	0
Page 1	1	35	Image Press / Cutter/ Ashleys	3,972	3,974	-2
				5,519	5,521	-2

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
33	Laptop - Macbook	10/21/22	4,211	800	1,600
34	Computers / Monitor	7/31/22	13,361	2,405	2,405
35	Image Press / Cutter/ Ashleys	2/03/22	55,615	7,378	7,378
			73,187	10,583	11,383
Other Depreciation:					
1	Equipment & Furniture	1/01/17	30,342	6,069	0
2	(5) 27 inch monitors	1/22/20	1,305	261	0
3	Tower Computers	1/22/20	3,321	664	0
4	Port Box	2/06/20	78	16	0
5	Warranty - Mac	2/27/20	299	60	0
6	2 Printers	3/06/20	1,258	252	0
7	Warranty - MAC Laptop	7/21/20	379	76	0
8	MAC Laptop	7/21/20	3,455	691	0
9	Monitor - AL - OD	7/27/20	1,058	211	0
10	MAC Laptop + Warranty	8/17/20	3,154	630	0
11	Conference Room TV	12/02/20	3,281	656	0
12	MacBook Pro - Conference Room	12/08/20	2,699	539	0
13	Amazon.com + SM Computer	1/13/20	335	67	0
14	Apple Inc. - TBA	1/22/20	1,078	215	0
15	Flint Office Furniture	2/28/20	2,202	315	0
16	Flint Office Furniture [3] 5 Drawer	3/10/20	1,293	185	0
17	Flint Office Furniture [4] 5 Drawer	8/20/20	1,836	262	0
18	Image Pres.	9/06/20	29,484	4,212	0
19	VOIP Phone	10/01/20	496	70	0
20	Flint Office Furniture - Cherry	10/14/20	178	26	0
21	Folding Machine	12/16/20	43,195	6,171	0
22	Flint Office Furniture - Conference	12/28/20	1,405	201	0
23	Apple Inc.	8/13/20	462	92	0
24	Kitchen Items	8/25/20	4,650	664	0
25	Office Blinds	9/02/20	1,395	199	0
26	Office Decor	11/02/20	5,376	768	0
27	Dishwasher	9/30/20	2,079	297	0
28	Signs	2/02/21	2,925	418	0
29	Verkada Cameras	12/27/21	19,963	2,852	0
30	Computers	3/01/21	5,098	1,020	0
31	Computer equipment	8/10/21	1,674	335	0
32	Computers	12/21/21	24,150	4,830	0
	Total Other Depreciation		199,903	33,324	0
	Total ACRS and Other Depreciation		199,903	33,324	0
	Grand Totals		273,090	43,907	11,383

Asset	Description	Date In Service	Cost	GA
Prior MACRS:				
33	Laptop - Macbook	10/21/22	4,211	842
34	Computers / Monitor	7/31/22	13,361	2,672
35	Image Press / Cutter/ Ashleys	2/03/22	55,615	7,945
			73,187	11,459
Other Depreciation:				
1	Equipment & Furniture	1/01/17	30,342	6,069
2	(5) 27 inch monitors	1/22/20	1,305	261
3	Tower Computers	1/22/20	3,321	664
4	Port Box	2/06/20	78	16
5	Warranty - Mac	2/27/20	299	60
6	2 Printers	3/06/20	1,258	252
7	Warranty - MAC Laptop	7/21/20	379	76
8	MAC Laptop	7/21/20	3,455	691
9	Monitor - AL - OD	7/27/20	1,058	211
10	MAC Laptop + Warranty	8/17/20	3,154	630
11	Conference Room TV	12/02/20	3,281	656
12	MacBook Pro - Conference Room	12/08/20	2,699	539
13	Amazon.com + SM Computer	1/13/20	335	67
14	Apple Inc. - TBA	1/22/20	1,078	215
15	Flint Office Furniture	2/28/20	2,202	315
16	Flint Office Furniture [3] 5 Drawer	3/10/20	1,293	185
17	Flint Office Furniture [4] 5 Drawer	8/20/20	1,836	262
18	Image Pres.	9/06/20	29,484	4,212
19	VOIP Phone	10/01/20	496	70
20	Flint Office Furniture - Cherry	10/14/20	178	26
21	Folding Machine	12/16/20	43,195	6,171
22	Flint Office Furniture - Conference	12/28/20	1,405	201
23	Apple Inc.	8/13/20	462	92
24	Kitchen Items	8/25/20	4,650	664
25	Office Blinds	9/02/20	1,395	199
26	Office Decor	11/02/20	5,376	768
27	Dishwasher	9/30/20	2,079	297
28	Signs	2/02/21	2,925	418
29	Verkada Cameras	12/27/21	19,963	2,852
30	Computers	3/01/21	5,098	1,020
31	Computer equipment	8/10/21	1,674	335
32	Computers	12/21/21	24,150	4,830
	Total Other Depreciation		199,903	33,324
	Total ACRS and Other Depreciation		199,903	33,324
	Grand Totals		273,090	44,783

Form **990**

Two Year Comparison Report

For calendar year 2022, or tax year beginning , ending

2021 & 2022

Name

THE MENDED HEARTS, INC

Taxpayer Identification Number

04-6073589

			2021	2022	Differences
Revenue	1. Contributions, gifts, grants	1.	1,898,101	1,999,021	100,920
	2. Membership dues and assessments	2.			
	3. Government contributions and grants	3.			
	4. Program service revenue	4.	40,650	21,153	-19,497
	5. Investment income	5.	5,407	-4,586	-9,993
	6. Proceeds from tax exempt bonds	6.			
	7. Net gain or (loss) from sale of assets other than inventory	7.			
	8. Net income or (loss) from fundraising events	8.			
	9. Net income or (loss) from gaming	9.			
	10. Net gain or (loss) on sales of inventory	10.			
	11. Other revenue	11.	138,518	4,153	-134,365
	12. **Total revenue.** Add lines 1 through 11	12.	2,082,676	2,019,741	-62,935
Expenses	13. Grants and similar amounts paid	13.			
	14. Benefits paid to or for members	14.			
	15. Compensation of officers, directors, trustees, etc.	15.			
	16. Salaries, other compensation, and employee benefits	16.	517,862	683,132	165,270
	17. Professional fundraising fees	17.			
	18. Other professional fees	18.	265,462	703,516	438,054
	19. Occupancy, rent, utilities, and maintenance	19.	100,245	228,996	128,751
	20. Depreciation and Depletion	20.	25,248	38,839	13,591
	21. Other expenses	21.	735,701	1,047,206	311,505
	22. **Total expenses.** Add lines 13 through 21	22.	1,644,518	2,701,689	1,057,171
	23. **Excess or (Deficit).** Subtract line 22 from line 12	23.	438,158	-681,948	-1,120,106
Other Information	24. Total exempt revenue	24.	2,082,676	2,019,741	-62,935
	25. Total unrelated revenue	25.			
	26. Total excludable revenue	26.	184,575	20,720	-163,855
	27. Total assets	27.	2,067,505	1,702,378	-365,127
	28. Total liabilities	28.	286,492	603,313	316,821
	29. Retained earnings	29.	1,781,013	1,099,065	-681,948
	30. Number of voting members of governing body	30.	13	13	
	31. Number of independent voting members of governing body	31.	13	13	
	32. Number of employees	32.	7	10	
	33. Number of volunteers	33.	1659	1270	

Form **990**

Tax Return History

2022

Name

THE MENDED HEARTS, INC

Employer Identification Number

04-6073589

	2018	2019	2020	2021	2022	2023
Contributions, gifts, grants		1,731,454	2,078,936	1,898,101	1,999,021	
Membership dues		426,691				
Program service revenue		8,387	51,015	40,650	21,153	
Capital gain or loss						
Investment income		3,195	7,313	5,407	-4,586	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue		42,499	40,131	138,518	4,153	
Total revenue		2,212,226	2,177,395	2,082,676	2,019,741	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation		552,443	537,061	517,862	683,132	
Professional fees		137,061	205,616	265,462	703,516	
Occupancy costs		136,688	77,310	100,245	228,996	
Depreciation and depletion			10,631	25,248	38,839	
Other expenses		709,264	813,245	735,701	1,047,206	
Total expenses		1,535,456	1,643,863	1,644,518	2,701,689	
Excess or (Deficit)		676,770	533,532	438,158	-681,948	
Total exempt revenue		2,212,226	2,177,395	2,082,676	2,019,741	
Total unrelated revenue						
Total excludable revenue		54,081	98,459	184,575	20,720	
Total Assets		925,299	1,561,975	2,067,505	1,702,378	
Total Liabilities		73,975	219,120	286,492	603,313	
Net Fund Balances		851,324	1,342,855	1,781,013	1,099,065	

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
ADVOCACY	$ 208,010	$ 208,010	$	$
OTHER PROFESSIONAL SERVICES	20,885	14,411	6,474	
DATABASE AND SOFTWARE MAINT	99,896	95,900	3,996	
OTHER	171,784	142,581		29,203
STATE REGISTRATION	18,449	18,449		
TOTAL	$ 519,024	$ 479,351	$ 10,470	$ 29,203

Federal Statements

Schedule A, Part II, Line 1(e)

Description	Amount
MEMORIAL DONATION INCOME	$ 72,642
NATIONAL DONATION INCOME	59,103
WORLD OF SUPPORT INCOME	46,992
FUNDRAISERS	25,520
OTHER	47,336
AMERICAN HEART ASSOCIATION	
CASH CONTRIBUTION	25,000
AMGEN USA	
CASH CONTRIBUTION	145,000
ANTIDOTE TECHNOLOGIES INC	
CASH CONTRIBUTION	5,384
ASTELLAS PHARMA US, INC	
CASH CONTRIBUTION	25,000
ASTRAZENECA PHARMACEUTICALS	
CASH CONTRIBUTION	175,000
BAYER FOUNDATION	
CASH CONTRIBUTION	25,000
BOEHRINGER INGELHEIM PHARMACEUTICALS	
CASH CONTRIBUTION	50,000
BRISTOL MYERS SQUIBB & PFIZER ALLIAN	
CASH CONTRIBUTION	50,000
BRISTOL MYERS SQUIBB COMPANY	
CASH CONTRIBUTION	387,500
STEVEN & ALEXANDRA COHEN FOUNDATION	
CASH CONTRIBUTION	50,000
CYTOKINETICS	
CASH CONTRIBUTION	50,000
EDWARDS LIFESCIENCES CORP	
CASH CONTRIBUTION	200,000
FOUNDATION OF THE NATIONAL LIPID	
CASH CONTRIBUTION	41,000
JAZZ PHAMACEUTICALS INC	
CASH CONTRIBUTION	60,000
JOHN RITTER FOUNDATION	
CASH CONTRIBUTION	20,000
JOHNSON & JOHNSON HEALTHCARE SYSTEMS	
CASH CONTRIBUTION	125,000
MERCK SHARP & DOHME LLC	

Federal Statements

Schedule A, Part II, Line 1(e) (continued)

Description	Amount
CASH CONTRIBUTION MEZZION PHARMACEUTICALS	$ 130,000
CASH CONTRIBUTION NOVARTIS PHARMA AG	10,000
CASH CONTRIBUTION NOVARTIS PHARMACEUTICALS	2,610
CASH CONTRIBUTION NOVO NORDISK, INC.	75,000
CASH CONTRIBUTION PFIZER, INC.	25,000
CASH CONTRIBUTION WORLD HEART FOUNDATION	68,830
CASH CONTRIBUTION	2,104
TOTAL	$ 1,999,021

Schedule A, Part II, Line 12 - Current year

Description	Amount
PROGRAM INCOME	$
CONFERENCE REGRISTRATION	-3,600
MEMBERSHIP INCOME	24,753
INVESTMENT INCOME	-4,586
PROMOTIONAL INCOME	4,821
MISCELLANEOUS INCOME	-668
TOTAL	$ 20,720