efile Public Visual Render ObjectId: 201843119349302459 - Submission: 2018-11-07 TIN: 47-2044307 OMB No. 1545-0047 Form 990 Return of Organization Exempt From Income Tax 2017 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) 40 \blacktriangleright Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service Open to Public ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection lendar year, or tax year beginning 01-01-2017 , and ending 12-31-2017 A For the 2018 ca D Employer identification number Address change 47-2044307 O Name change O Initial return O Final return/term E Telephone number O Amended return O Application pendi (212) 929-4299 H(a) Is this a group return for □_{Yes} ✓_{No} subordinates? Are all subordinates ☐ Yes ✓No included? I Tax-exempt status:

501(c)(3) □ 501(c) ()

(insert no.) □ 4947(a)(1) or □ 527 If "No," attach a list. (see instructions) H(c) Group exemption number > J Website: ► housewithheart.org M State of legal domicile: NY K Form of organization: ✓ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities:
THE ORGANIZATION'S MISSION IS TO ALLEVIATE THE EFFECTS OF POVERTY AND ABANDONMENT ON THE WOMEN AND CHILDREN OF
NEPAL BY PROVIDING THEM WITH A WARM, SAFE, LOVING & SUPPORTIVE HOME ENVIRONMENT, ALONG WITH ATTENTION TO THEIR Activities & Governance MEDICAL AND EDUCATIONAL NEEDS Check this hox • Number of voting members of the governing body (Part VI, line 1a) . 4 Number of independent voting members of the governing body (Part VI, line 1b) . 4 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) . . 5 **6** Total number of volunteers (estimate if necessary) 7a Total unrelated business revenue from Part VIII, column (C), line 12 . . 7a **b** Net unrelated business taxable income from Form 990-T, line 34 . . . 7b Prior Year Current Year 8 Contributions and grants (Part VIII, line 1h) 171,217 9 Program service revenue (Part VIII, line 2g) 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 13 72 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 272,88 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 28.57 34,600 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 **b** Total fundraising expenses (Part IX, column (D), line 25) ▶10,330 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . 224,83 321,796 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 253,411 356,396 19 Revenue less expenses. Subtract line 18 from line 12 19,470 -185,107 50 Assets o **20** Total assets (Part X, line 16) 293,560 473,56 21 Total liabilities (Part X, line 26) 3.77 8,869 22 Net assets or fund balances. Subtract line 21 from line 20 . 469,798 284,691 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 know Signature of office Sign Here ADAM THORBURN Treasurer Type or print name and title PTIN P00647323 Paid self-employed Firm's EIN ► 14-6088896 Firm's name Bernard L Dikman CPA Preparer Use Only Firm's address > 37 W 20th St Suite 703 ne no. (212) 929-4299 New York, NY 100113717 ✓ Yes □ No May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions Cat. No. 11282Y Form **990** (2017) Page 2 Page 2 Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: THE ORGANIZATION'S MISSION IS TO ALLEVIATE THE EFFECTS OF POVERTY AND ABANDONMENT ON THE WOMEN AND CHILDREN OF NEPAL BY PROVIDING THEM WITH A WARM, SAFE, LOVING & SUPPORTIVE HOME ENVIRONMENT, ALONG WITH ATTENTION TO THEIR MEDICAL AND EDUCATIONAL NEEDS Did the organization undertake any significant program services during the year which were not listed on ☐ Yes ☑ No If "Yes," describe these new services on Schedule O. $\label{eq:decomposition} \mbox{Did the organization cease conducting, or make significant changes in how it conducts, any program \\$ If "Yes," describe these changes on Schedule O. 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: 324.103 including grants of \$) (Expenses \$) (Revenue \$

	TO ALLEVIATE THE EFFECTS OF POVERTY AN SUPPORTIVE HOME ENVIRONMENT ALONG V		ND CHILDREN OF NEPAL BY PROVIDING THEM WITH	A WARM, S	SAFE, LOV	ING &
4b	(Code:) (Expenses \$	including gr	ants of \$) (Revenue \$)	
ŀc	(Code:) (Expenses \$	including gr	ants of \$) (Revenue \$)	
₽d	Other program services (Describe in S	chedule O.)				
	(Expenses \$	including grants of \$) (Revenue \$)		
le	Total program service expenses ▶	324,103			Form 99	0 (2017
		Page	3 ————			
	990 (2017)					Page 3
Рa	Checklist of Required Sc	nedules			Yes	No
1	Is the organization described in section Schedule A	n 501(c)(3) or 4947(a)(1) (other	than a private foundation)? If "Yes," complet	e 1	Yes	-110
2	Is the organization required to comple			2		No
3	Did the organization engage in direct of for public office? If "Yes," complete Sci	or indirect political campaign active hedule C, Part I	rities on behalf of or in opposition to candidat	es 3		No
4						

ral	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	1	Yes	NO
2	Schedule A 3	2		No
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		No
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		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19?	5		No
6	If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right	5		INC
	to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I"	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III **	8		No
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?IT "Yes," complete Schedule D, Part IV \$\frac{\partial}{2}\$.	9		No
0	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 💆	10		No
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
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		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🐿	11e		No
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		No
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
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		No
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
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 "Fes," complete Schedule F, Parts I and IV	14b	Yes	
5	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		No
5	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		No
7	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		No
В	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		No
9	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		No
Da	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
1	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
2	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		No

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Par	Checklist of Required Schedules (continued)			
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 1.	23	Yes	No
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
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		No
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-E2? If "Yes," complete Schedule L, Part I.	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Ves," complete Schedule L, Part II .	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV .	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			No
33	If "Yes," complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections	32		No
34	301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
	Part V, line 1	34		No
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		No
	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		No
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		No
	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 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	37 38	Yes Yes	No No
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38 Par 1a b	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 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O. **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. **Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . **Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . **Did the organization conduct are related organization and that is not a related organization and that is treated as a part visual part	38	Yes	No No
38 Par 1a b	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 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O. **Y Statements Regarding Other IRS Filings and Tax Compliance** Check if Schedule O contains a response or note to any line in this Part V. Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	38	Yes	No No
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Pail 1a b c	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 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O. 1V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V	38	Yes	No No (2017
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1a b c c orrm 2a b 4a	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 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O. **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	1c f	Yes	No No Page !
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38 1a b c orm 2a b 3a b 4a b 5a b 7 a	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 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O. 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	2b 3a 3b 4a 5b 5c 6a 6b	Yes Yes	No N
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38 1a b c 3a b 4a b 5a b 7 a b c d	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, Parl VI Did the organization complete Schedule 0 and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O. 1	2b 3a 3b 4a 5b 5c 6a 6b 7a	Yes Yes	No No No No No No No No
38 1a b c 2a b 3a b 4a b 5a b 7 a b c d e	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. Junes 11b and 19? Note. All Form 990 filers are required to complete Schedule 0. 1	2b 3a 3b 4a 5b 5c 6a 6b 7a	Yes Yes	No No No No No No No No
38 1a b c 2a b 3a b 4a b 7 a b c d e f	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. Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O. It was a required to complete Schedule O. Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V. Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a.Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Page 5 990 (2017) 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 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Notes. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-1 for this year? "No" to line 3b, provide an explanation in Schedule O. 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)? If "Yes," enter the name of the foreign country: DOC See instructions for filing requirements for FinCEN form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was stoen organization aperty to a prohibited tax shelter transaction? Did any taxable party notify the organization file Form 8886-T? Does t	38	Yes Yes	No No No No No No No No
38 1a b c orm 2a b 3a b 4a b c 6a b 7 a b c d e f g	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, Ines 11b and 19? Note. All Form 990 filers are required to complete Schedule 0. If orm 990 filers are required to complete Schedule 0. Statements Regarding Other 1RS Filings and Tax Compliance Check if Schedule 0 contains a response or note to any line in this Part V. Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a.Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Page 5 990 (2017) 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 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Notes. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 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 accounts (FBAR). Was stee organization for foreign country: NoC See instructions for filing requirement post file foreign country is an account, securities account, or other financial accounts (FBAR). Was stee organization in party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes," the line 5a or 5b, did the organization file Form 8886-T? Does	2b 3a 3b 4a 5b 5c 6a 6b 7a 7b 7c	Yes Yes	No No No No No No No No
38 1a b c orm 2a b 3a b 4a b c 6a b 7 a b c d e f g	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, Ines 11b and 19? Note. All Form 990 filers are required to complete Schedule O. 11	38	Yes Yes	No No No No No No No No

a	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		No
	Section 501(c)(7) organizations. Enter:			
ь	Initiation fees and capital contributions included on Part VIII, line 12			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	_		
a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		No
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
,	Section 501(c)(29) qualified nonprofit health insurance issuers.	-		
	section 501(c)(25) quainted nonpront health insulance issuers.			
	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. Enter the amount of reserves the organization is required to maintain by the states in	13a		No
	which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
а	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
	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		
	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	orm 99	0 (20
			01111 33	0 (20
_	Page 6			
	990 (2017)			Pag
art	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	o" resp	onse to	lines
	Check if Schedule O contains a response or note to any line in this Part VI			✓
ec	tion A. Governing Body and Management		Yes	No
	Enter the number of voting members of the governing body at the end of the tax year		162	NC
	1a 5	5		
	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			
	body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
,	Enter the number of voting members included in line 1a, above, who are independent			
	1b 0)		
	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		No
	Did the organization delegate control over management duties customarily performed by or under the direct supervision	-		
	of officers, directors or trustees, or key employees to a management company or other person? .	3		No
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
	Did the organization have members or stockholders?	6		No
	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		No
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7b		No
	persons other than the governing body?			
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	Yes	
	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code		N.
	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104		IVC
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	1		N.I
	form? Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a		No
	See the in Seneral Court process, it any, used by the organization to review this form 990			1
	Did the organization have a written conflict of interest policy? If "No " go to line 13	12a	Yes	
3	Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b	Yes Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in	12b	Yes	
1	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12b		Nic
1	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy?	12b	Yes	-
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent	12b 12c 13	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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?	12b 12c 13	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official	12b 12c 13 14	Yes	No No
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	12b 12c 13	Yes	No No
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	12b 12c 13 14	Yes	No No
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	12b 12c 13 14	Yes	No No
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ec	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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?	12b 12c 13 14 15a 15b	Yes	No No
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ec	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? Lition C. Disclosure List the States with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	12b 12c 13 14 15a 15b	Yes	No No
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- year.

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (F)
Estimated
amount of other
compensation
from the
organization and
related
organizations (B)
Average
hours per
week (list
any hours
for related
organizations
below dotted
line) (D)
Reportable
compensation
from the
organization
(W- 2/1099MISC) (C)
Position (do not check more than one box, unless person is both an officer and a director/trustee) (A) Name and Title compensation from related organizations (W- 2/1099-MISC) Highest compensated employee
Cofficer Individual trustee or director Institutional Trustee (1) BEVERLY BRONSON х 30,000 0 0.0 (2) COLLEEN BOLAND 0 Chairman 0.0 (3) FRED RIPLEY 0.0 Vice President 0.0 (4) NICOLA HAYWARD х 0 Secretary (5) ADAM THORBURN 0 Treasurer

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(A) Name and Title	(B) Average hours per week (list any hours for related	than is t	one b	ox, u n off tor/t	t che inles ficer	and a	son	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of othe compensation from the organization an
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	Z/1099-MISC)	Z/1099-MISC)	organization an related organizations
			<u> </u>							

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

Yes	No

Did the organization lis line 1a? If "Yes," comp.	lete Schedule J for s	uch individual				3 No
For any individual listed organization and relate individual	d organizations grea	iter than \$150,000?	If "Yes," complete Se	r compensation from chedule J for such	the	
Did any person listed o			n from any unrelated	organization or indiv	vidual for	4 No
services rendered to th	e organization? <i>If "Ye</i>	es," complete Sched	ule J for such person			5 No
ction B. Independe Complete this table for	your five highest co					pensation
from the organization.	()	A)	ear ending with or wi		(B)	(C)
	Name and bus	siness address		Descri	iption of services	Compensation
Total number of independ	lent contractors (incl	luding but not limite	d to those listed above	ve) who received mo	re than \$100 000	of
compensation from the o		during but not minute.	a to those listed above	re, mio received mo	10 0101 \$200,000	Form 990 (2017
			Page 0			`
n 990 (2017)			Page 9 ———			Page
art VIII Statement						
Check if Scheo	lule O contains a res	ponse or note to an	y line in this Part VIII	(B)	(C)	U
			Total revenue	Related or exempt function	Unrelated business revenue	Revenue excluded from tax under sections
erated campaigns .	. 1a			revenue	. svanac	512 - 514
stur						
nbership dues	1b					
draising events	1c					
ted organizations	1d					
ernment grants (contribu						
5						
ther contributions, gifts,	grants, uded 1f					
above 171,217	<u> </u>					
171,217						
cash contributions includ nes 1a - 1f:\$	ed					
Total.Add lines 1a-1f .		Business Code		1		1
		Business code				
,						
:						
· —						
: : : : : : : : : : : : : : : : : : :		. 0	<u> </u>	I		
3 Investment income (in	cluding dividends, ir	nterest, and other	. 1			
similar amounts) . 4 Income from investme		•	72 0	72		
5 Royalties		>	0			
6a Gross rents	(i) Real	(ii) Personal				
b Less: rental expenses						
c Rental income or						
(loss) d Net rental income or	(loss)]]			
	(i) Securities	(ii) Other				
7a Gross amount from sales of assets other						
than inventory						
b Less: cost or other basis and sales expenses						
C Gain or (loss)						
d Net gain or (loss) .8a Gross income from fu		<u> </u>	0			
(not including \$ contributions reporte	of d on line 1c).					
See Part IV, line 18 b Less: direct expenses						
c Net income or (loss)	from fundraising eve	ents	0			
c Net income or (loss) Gross income from grose Part IV, line 19						
h Local divast	a	-				
b Less: direct expensesc Net income or (loss)		es	0			
10aGross sales of inventor	ory, less	-				
	а	! 				
to the state of th	old b		J			
b Less: cost of goods s	from onless of		111			
c Net income or (loss) Miscellaneous		Business Code	0			
c Net income or (loss)			9			

			ĺ
с			
d All other revenue			
e Total. Add lines 11a-11d	0		
12 Total revenue. See Instructions	171,289	72	
			Form 990 (20

Page 10 —

Form 990 (2017) Part IX Statement of Functional Expenses

Check if Schedule O contains a response or note to any loo not include amounts reported on lines 6b, lb, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraisingexpense
Grants and other assistance to domestic organizations and	0	expenses	general expenses	Tunuraisingexpense
domestic governments. See Part IV, line 21	0			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	30,000	17,000	3,000	10,00
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	0			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9 Other employee benefits	2,192	1,973	219	
LO Payroll taxes	2,408	2,167	241	
11 Fees for services (non-employees):				
a Management	0			
b Legal	0			
c Accounting	0			
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
12 Advertising and promotion	0			
13 Office expenses	1,274		1,274	
14 Information technology	162		162	
15 Royalties	0			
16 Occupancy	0			
17 Travel	5,888	5,299	589	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19 Conferences, conventions, and meetings	0			
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	7,454	7,454		
23 Insurance	0			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
a EARTHQUAKE EXPENSES & OUTREACH	157,115	157,115		
b ORPHANAGE EXPENSES	139,382	125,444	13,938	
c REPAIRS & MAINTENANCE	3,252	2,927	325	
d MEDICAL & EDUCATIONAL EXPENSES	2,678	2,678		
e All other expenses	4,591	2,046	2,215	3:
25 Total functional expenses. Add lines 1 through 24e	356,396	324,103	21,963	10,3
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 Gif following SOP 98-2 (ASC 958-720).		·	•	

Page 11 ——

Form 990 (2017)
Part X Balance Sheet

Page **10**

		(A) Beginning of year		(B) End of year
1	Cash-non-interest-bearing	257,552	1	87,017
2	Savings and temporary cash investments		2	0
3	Pledges and grants receivable, net		3	0
4	Accounts receivable, net		4	0
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	0
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(8), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0000	6	0
SS 8	Notes and loans receivable, net	2,019	7	0
8	Inventories for sale or use		8	0
⊄ 9	Prepaid expenses and deferred charges		9	0
10a	Land, buildings, and equipment: cost or other			

	ı	basis. Complete Part VI of Schedule D	1Ua	∠30,000	i i	ı i		
	ь	Less: accumulated depreciation	10b	23,457	213,997	10c		206,543
	11	Investments—publicly traded securities .				11		0
	12	Investments—other securities. See Part IV, line	11 .			12		0
	13	Investments—program-related. See Part IV, line	11 .			13		0
	14	Intangible assets				14		(
	15	Other assets. See Part IV, line 11				15		(
	16	Total assets. Add lines 1 through 15 (must equ	al line	34)	473,568	16		293,560
	17	Accounts payable and accrued expenses			3,770	17		8,869
	18	Grants payable				18		
	19	Deferred revenue				19		
	20	Tax-exempt bond liabilities				20		
6S	21	Escrow or custodial account liability. Complete F				21		
iabilities	22	Loans and other payables to current and former key employees, highest compensated employee						
g		persons. Complete Part II of Schedule L	-,			22		
Ĭ	23	Secured mortgages and notes payable to unrela	ted thi	rd parties		23		
	24	Unsecured notes and loans payable to unrelated		·		24		
	25	Other liabilities (including federal income tax, pa	ayables			25		
		and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D	1).					
	26	Total liabilities.Add lines 17 through 25			3,770	26		8,869
					5,110			
Balances		Organizations that follow SFAS 117 (ASC 9 complete lines 27 through 29, and lines 33	58), cl and 3	heck here 🕨 🀸 and 4.				
an	27	Unrestricted net assets			469,798	27	1	284,691
Ba	28	Temporarily restricted net assets				28		
Fund	29	Permanently restricted net assets				29		
E		Organizations that do not follow SFAS 117						
0	30	check here and complete lines 30 th		34.		30		
Sts	31	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building or ed		nt fund		31		
Assets	32	Retained earnings, endowment, accumulated in				32		
	33	Total net assets or fund balances	conne, c	or other fullus	469,798	33		284,691
Net	34	Total liabilities and net assets/fund balances .	•		473,568	34		293,560
							Fc	orm 990 (201
	n 990 art XI	(2017) Reconcilliation of Net Assets		— Page 12 ———				Page 1
		Check if Schedule O contains a response or no	ote to a	any line in this Part XI .				\square
		·		•				
1	Tota	al revenue (must equal Part VIII, column (A), line	12) .			1		171,28
2	Tota	al expenses (must equal Part IX, column (A), line	25) .			2		356,39
3		enue less expenses. Subtract line 2 from line 1				3		-185,10
4		assets or fund balances at beginning of year (mu	ıst equ	al Part X, line 33, column	(A))	4	<u> </u>	469,79
5		unrealized gains (losses) on investments				5	ļ	
6		nated services and use of facilities				7	<u> </u>	
7 8		estment expenses				8	 	
9		or period adjustments				9	 	
		assets or fund balances at end of year. Combine			art X line 33 column (B))	10	 	284,69
	art XII	Financial Statements and Reporting		through 5 (mast equal re	arrx, inic 55, column (b))			204,03
Г	all All	Check if Schedule O contains a response or r		any line in this Bort VII				
		Check if Schedule O Contains a response of 1	iote to	any line in this rait Air .		• •	 i	Yes No
1	If th	ounting method used to prepare the Form 990: ne organization changed its method of accounting		✓ Cash ☐ Accrual ☐				
٦.		edule O. e the organization's financial statements compile	d or ro	viewed by an independent	t accountant?		2a	No
20		e the organization's infancial statements compile 'es,' check a box below to indicate whether the fir				on a		INU
	sep	arate basis, consolidated basis, or both:	iarreiar	statements for the year n	rere complica or reviewed	011 0		
		Separate basis Consolidated basis	(Both consolidated and	separate basis			
					·		l	
b	If 'Y	re the organization's financial statements audited 'es,' check a box below to indicate whether the fir solidated basis, or both:			vere audited on a separate	basis,	2b	No
		Separate basis Consolidated basis	(☐ Both consolidated and	separate basis			
c	of t	Yes," to line 2a or 2b, does the organization have he audit, review, or compilation of its financial sta ne organization changed either its oversight proce	atemen	its and selection of an inde	ependent accountant?	edule C	2c	
3a	As a	a result of a federal award, was the organization of lit Act and OMB Circular A-133?	require	d to undergo an audit or a	audits as set forth in the S	ingle	3a	No
b	If"	Yes," did the organization undergo the required a	udit or	audits? If the organization	n did not undergo the requ	iired		
	aud	it or audits, explain why in Schedule O and descr	ibe any	steps taken to undergo s	such audits.		3b	
							Fo	orm 990 (2017
		(2017)						
A	adıt	ional Data					Return	to Form
			5~	ftware ID: 1700503	8			
		So		re Version: 2017v2.2				

Form 990, Special Condition Description:

Special Condition Description

TIN: 47-2044307 OMB No. 1545-0047

2017

SCHEDULE A (Form 990 or 990EZ)

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.

III(CIIIai	Revenue	e Service		► Go t	o <u>www.ir</u>	s.gov/Forms	90 for the late	est inf	ormation				en to Public nspection
Name	of th	ne organiza HEART INC	ition							Emplo	yer identific		
Pa			for Bublic	Charity Sta	tue (All d	organization	s must comple	te thi	c nart) G	47-20			
	-						s must comple ugh 12, check o			see ms	tructions.		
1		A church,	convention of	churches, or	association	of churches	described in sec	tion 1	70(b)(1)	(A)(i).			
2		A school d	escribed in se	ction 170(b)	(1)(A)(ii). (Attach Sch	edule E (Form 9	990 or	990-EZ).)				
3							ibed in section						
4			research orga , and state: —	nization opera	ited in con	junction with	a hospital descr	ibed in	section :	170(b)	(1)(A)(iii). E	nter t	he hospital's
5			ation operate (A)(iv). (Co			lege or univer	sity owned or o	perate	d by a gov	ernmen	tal unit describ	bed ir	section
6						nental unit de	scribed in sectio	on 170	D(b)(1)(A)(v).			
7	✓		ation that nor				s support from a	gover	rnmental u	init or fr	om the genera	al pub	olic described in
8							(Complete Part I	I.)					
9							(A)(ix) operate the name, city, a					ege o	r university or a
10		from activi investment 30, 1975.	ties related to income and See section 5	its exempt four unrelated bus 509(a)(2). (0	inctions—s iness taxa Complete F	subject to cert ble income (le Part III.)	of its support fit ain exceptions, ess section 511 to public safety. S	and (2 ax) fro	!) no more om busines	than 33 sses acq	31/3% of its su	pport	
12							nefit of, to perfo						poses of one or Check the box
а		in lines 12	a through 12d	I that describe	s the type	of supporting	ı organization ar	nd com	plete lines	12e, 1	2f, and 12g.		g the supported
ű		organizatio	n(s) the power	er to regularly	appoint o	r elect a majo	rity of the direct	tors or	trustees o	of the su	pporting orga	nizati	on. You must
b		Type II. A		rganization su	pervised o		n connection wit						
		must com	plete Part I\	V, Sections A	and C.		ne persons that						
С		Type III f supported	unctionally i organization(s	i ntegrated. A s) (see instruc	supportinations). Yo	g organizatio u must com	n operated in co plete Part IV, S	nnectio	on with, ar ns A, D, a	nd funct nd E.	ionally integra	ted w	rith, its
d		Type III ı	on-function	ally integrat	ed. A supp	porting organi	zation operated y a distribution	in con	nection wi	th its su	pported organ	nizatio uirem	on(s) that is not ent (see
e		instruction	s). You must	complete P	art IV, Se	ctions A and	D, and Part V. ation from the I						
,		integrated	or Type III n	on-functionall	y integrate			KS tild	ic ic is a 1y	pc 1, 1,	pc 11, 1ypc 111	runci	lionally
g	Enter		r of supported following inf			orted organiz	ation(s).				· · · · · -		
	(i) N	lame of sup organizatio	ported	(ii) EIN	(iii) Type of anization	(iv) Is the org in your govern			mone	Amount of tary support	oth	vi) Amount of er support (see
					1- 10	bed on lines above (see				(see	nstructions)		instructions)
					insti	ructions))	Yes	N	•				
							163	14	•				
Tota		uauk Dadu	tion Act Not	iaa aaa tha	I m o bu u o bi o		Cat No. 1130						
	990 (or 990-EZ.		,		ons for	Cat. No. 1128!	5F	:	scneau	le A (Form 9	90 oı	· 990-EZ) 2017
Scheo		(Form 990 o Suppo 170(b) (Compl	or 990-EZ) 20 rt Schedule (1)(A)(ix) ete only if y	17 e for Organ ou checked	izations	Pa Described on line 5, 7,	ge 2 in Sections 1 8, or 9 of Part	1 70(b)(1)(A) f the orga	(iv), 1	70(b)(1)(A on failed to c)(vi	Page 2), and
Scheo Pa	lule A rt II	(Form 990 of Suppo 170(b) (Complition III. If to A. Public	or 990-EZ) 20 rt Schedule l(1)(A)(ix) ete only if y he organizat	17 e for Organ ou checked	izations	Pa Described on line 5, 7,	ge 2	1 70(b)(1)(A) f the orga	(iv), 1	70(b)(1)(A on failed to c)(vi	Page 2), and
Sched Pa	tule A	(Form 990 of Suppo 170(b) (Compling III. If to A. Public year year begin	or 990-EZ) 20 rt Schedule (1)(A)(ix) ete only if y he organizat Support ning in) ▶	17 e for Organ ou checked	izations the box o	Pa Described on line 5, 7,	ge 2 in Sections 1 8, or 9 of Part	1 70(b)(1)(A) f the orga	(iv), 1 anizatio ete Par	70(b)(1)(A on failed to c)(vi qualif	Page 2), and
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See See Cale (or 1 1 0 0 0 0 0 0 0 0	ction ndar y issal	(Form 990 of Suppo 170(b) (Compl 170(b) (Compl 1711. If t A. Public year year begin rants, contrarts, contrart	or 990-EZ) 20 rt Schedule ((1)(A)(ix) tet only if y tet only if y te organizat Support ning in) butions, and sceived. (Dor al grant.") if or the fit and either ts behalf. so or facilities rmmental unit thout charge. through 3 contributions than a or publicity tion) included	ou checked ion fails to out to be to	izations the box o	Described on line 5, 7, nder the test	ge 2 in Sections 1 8, or 9 of Parts listed below, (c) 2015 9,522 2	1 70(b : I or ii, pleas	(d) 2016	(iv), 1 anizatio ete Par	770(b)(1)(A) on failed to c t III.) (e) 2017)(vi qualif	Page 2), and iy under Part (f) Total 769,027
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i	s 10% or more, and if the organization n Part VI how the organization meets the	meets the "facts	s-and-circumstar	ices" test, check	this box and stop	here. Explain	
c	organization			ot check a box o			
	15 is 10% or more, and if the organiza Explain in Part VI how the organization supported organization	meets the "fact	s-and-circumsta	nces" test. The or	rganization qualifie	s as a publicly	▶ □
	Private foundation. If the organization						▶□
					Schee	dule A (Form 99	0 or 990-EZ) 2017
_			Page	3 ———			
	dule A (Form 990 or 990-EZ) 2017 art III Support Schedule for	r Organizatio	ns Dossribad	in Section E0	10(5)(2)		Page 3
	(Complete only if you of the organization fails to	checked the bo	x on line 10 of	Part I or if the	organization fa		nder Part II. If
ile	ction A. Public Support	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	iscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not	(4) 2013	(8) 2014	(6) 2013	(4) 2010	(6) 2017	(1) Total
	include any "unusual grants.") . 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 Gross receipts from activities that are not an unrelated trade or business						
	under section 513 Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
•	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
•	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.						
2	Add lines 7a and 7b Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support	(=) 2012	(b) 2011	(6) 2015	(4) 2015	(6) 2017	(6) T-4-/
1	iscal year beginning in) Amounts from line 6	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
•	Gross income from interest, dividends, payments received on securities loans, rents, royalties and						
,	income from similar sources Unrelated business taxable income (less section 511 taxes) from						
	businesses acquired after June 30, 1975.						
L	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly carried on.						
2	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
3	Total support. (Add lines 9, 10c, 11, and 12.).			Abiad family	601	ti 501(-)(2)	
	First five years. If the Form 990 is for check this box and stop here						
e	ction C. Computation of Public Public support percentage for 2017 (lii	ne 8, column (f)	divided by line 1	.3, column (f)) .			
e	Public support percentage from 2016 s ction D. Computation of Invest	ment Income	Percentage			16	
	Investment income percentage for 20 Investment income percentage from 2	016 Schedule A	, Part III, line 17	·		18	
r	331/3% support tests—2017. If the nore than 33 1/3%, check this box and	stop here. The	organization qua	lifies as a publicly	y supported organi	zation	▶□
b	33 1/3% support tests—2016. If the not more than 33 1/3%, check this box						
	Private foundation. If the organization	on did not check	a box on line 14	l, 19a, or 19b, ch			▶ □ D or 990-EZ) 2017
			Page	4 ———			
_	hula A (Farra 000 ar 000 FZ) 2017						
	tule A (Form 990 or 990-EZ) 2017 t IV Supporting Organization						Page 4
	(Complete only if you checked Part I, complete Sections A and Sections A and D, and complet	C. If you check	of Part I. If you ed 12c of Part I,	checked 12a of P complete Section	art I, complete Sens A, D, and E. If y	ctions A and B. If ou checked 12d o	you checked 12b of f Part I, complete
e	ction A. All Supporting Organiz						Yes No
	Are all of the organization's supported If "No," describe in Part VI how the s	upported organiz	ations are desig	nated. If designa	s governing docum	nents? rpose,	
	describe the designation. If historic and Did the organization have any support	ed organization	that does not ha	ve an IRS detern			1
	509(a)(1) or (2)? If "Yes," explain in I described in section 509(a)(1) or (2).		-				2
	Did the organization have a supported below.	organization de	scribed in section	n 501(c)(4), (5),	or (6)? If "Yes," a	nswer (b) and (c)	3a
	Did the organization confirm that each the public support tests under section determination.	supported orga 509(a)(2)? If "Y	nization qualified les," describe in l	l under section 5 Part VI when an	01(c)(4), (5), or (6 d how the organiza	5) and satisfied ation made the	
	Did the organization ensure that all su					(2)(B) purposes?	3b
	If "Yes," explain in Part VI what continuous any supported organization not o	rganized in the U	Inited States ("fo			"Yes" and if you	3c
	checked 12a or 12b in Part I, answer (Did the organization have ultimate cor	(b) and (c) below	<i>/.</i>				4a
	organization? If "Yes," describe in Par	t VI how the org	ganization had su nizations	ich control and d	iscretion despite b	eing controlled or	4b
	Did the organization support any forei 501(c)(3) and 509(a)(1) or (2)? If "Ye to the foreign supported organization	gn supported org	ganization that d	oes not have an i	IRS determination tion used to ensure noses.	under sections e that all support	
	supported organization		,	ations during the	,		4c

Page 5 Inedule A (Form 990 or 990-EZ) 2017 In art IV Supporting Organizations (continued) It has the organization accepted a gift or contribution from any of the following persons? In a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? In A family member of a person described in (a) above? In A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. Section B. Type I Supporting Organizations Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization and more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization and what conditions or restrictions, if any, applied to such powers during the tax year. 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. Section C. Type II Supporting Organizations	sectors or trustees of element of the	Page Yes No Yes No
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? Substitutions only. Was the substitution the result of an event beyond the organization's control? 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 organization for the charitable class benefited by one or more of the supported organizations, or (iii) other supporting organizations that also supported organizations, or (iii) other supporting organizations as supported organizations, or (iii) other supported organization organizations as provide detail in Part VI. Did the organization make a loan to a disqualified person (as defined in section 4958 (other than foundation managers and organizations described in section 595(a)(1) or (2))? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). 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 595(a)(1) or (2))? If "Yes," provide detail in Part VI. Did one or more disqualified persons (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. a Was the organization subject to the excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether which the supporting organizations as had alm interest? If "Yes," provide detail in Part VI. but the organization band an excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings). Page 5 Page 5 Page 5	resignated in the Sb Sc	Page Yes No Yes No
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each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the		+
Section D. All Type III Supporting Organizations	Yes	
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?	ar, (ii) a copy of the	Yes No
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).	_	
By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax	rt VI how the	
year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	rt VI how the . 2 nificant voice in the imes during the tax	
Section E. Type III Functionally-Integrated Supporting Organizations	rt VI how the . 2 inificant voice in the imes during the tax and.	
Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions): a	rt VI how the	
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Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions): a	ret VI how the	Yes No

-	ivec short-term capital yani	L -		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):	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

instructions)

Schedule A (Form 990 or 990-EZ) 2017

_____ Page 7 _____

1 Amounts paid to supported organizations to accomplish exempt purposes

2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity

Schedule A (Form 990 or 990-EZ) 2017

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

Section D - Distributions

Page 7

Current Year

3 Administrative expenses paid to accomplish exempt pure	poses of supported organizati	ons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval require	d)		
6 Other distributions (describe in Part VI). See instruction	ns		
7 Total annual distributions. Add lines 1 through 6.			
8 Distributions to attentive supported organizations to where the details in Part VI). See instructions	ich the organization is respon	sive (provide	
9 Distributable amount for 2017 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
Distributable amount for 2017 from Section C, line 6			
Underdistributions, if any, for years prior to 2017 reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017:			
a			·
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
Remainder. Subtract lines 3q, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7:			
Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
5 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017	i e		

Schedule A	Earm	aan	or	000-E71	2017

Additional Data

Page 8

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Page
Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section B, 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 D, 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).

Explanation	Return Reference
Schedule A (Form 990 or	
90 or	F 1 - 1 - 1

Software ID: 17005038 Software Version: 2017v2.2

f Administrative expenses g End of year balance TIN: 47-2044307

SCHEDULE D OMB No. 1545-0047 **Supplemental Financial Statements** 2017 ► 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 <u>www.irs.gov/Form990</u> for the latest information. Open to Public Department of the Treasury Internal Revenue Service Name of the organization HOUSE WITH HEART INC ification number 47-2044307 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (b)Funds and other accounts (a) Donor advised funds Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year 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 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? . . . O Yes O No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area $\hfill \square$ Preservation of a certified historic structure Protection of natural habitat Preservation of open space 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 Year Total number of conservation easements . . . 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ☐ Yes ☐ No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 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 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: For Paperwork Reduction Act Notice, see the Instructions for Form 990. Page 2 Schedule D (Form 990) 2017 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): **d** Loan or exchange programs Other ____ ☐ Scholarly research Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 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?. . . . **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. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? 1a ☐ Yes Amount If "Yes," explain the arrangement in Part XIII and complete the following table 1c 1d 1e 1f Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII \dots Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (b)Prior year (c)Two years back (d)Three years back (e)Four years back (a)Current year 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

2 Provide the estimated percei	ntage of the current year end balance (line 1g,	column (a)) held as:	
 a Board designated or quasi-e b Permanent endowment > 	ndowment •			
c Temporarily restricted endow				
	, 2b, and 2c should equal 100%. not in the possession of the organization that a	ire held an	d administered for the	
organization by: (i) unrelated organizations				Yes No
(ii) related organizations .				3a(ii)
	lated organizations listed as required on Schedu ended uses of the organization's endowment fur			. 3b
Part VI Land, Buildings,	and Equipment.			
Complete if the org Description of property	ganization answered "Yes" on Form 990, I (a) Cost or other basis (b) Cost or other basis	Part IV, lin sis (other)	(c) Accumulated depreciation	rt X, line 10. (d) Book value
	(investment)			
1a Land b Buildings		25,000 125,000	14,303	25,000 110,697
c Leasehold improvements		80,000	9,154	70,846
d Equipment				
e Other	olumn (d) must equal Form 990, Part X, columr	(B), line	10(c).) ▶	206,543
			Sci	nedule D (Form 990) 2017
	Page 3 -			
Schedule D (Form 990) 2017				Page 3
	ther Securities. Complete if the organiza	ition ansv	vered "Yes" on Form 990,	
See Form 990, Par (a) Descript	t X, line 12.	(b)	(c) Method	of valuation:
	ing name of security)	Book value		vear market value
(1) Financial derivatives				
(2) Closely-held equity interests (3)Other				
(A)				
(B)				.
(C)		1	 	
(D)				
(E)				
(F)				
(G)				
(H)				
(a) Descrip	rganization answered 'Yes' on Form 990, I	Part IV, lii Book value	(c) Method	rt X, line 13. of valuation: year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 99) Part IX Other Assets. Cor		000 P-		Post V. Bood F
Part IX Other Assets. Con	mplete if the organization answered 'Yes' on For (a) Description	m 990, Pa	irt IV, line IIa. See Form 990	(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
See Form 990, Par	Complete if the organization answered 'Y		prm 990, Part IV, line 11e	or 11f.
1. (a) (1) Federal income taxes		(0)		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	ļ		I	

al. (Column (b) must equal Form 990, Part X, col.(B) line 25.)		
Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's finance	cial statements that reports the	_
anization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnot	te has been provided in Part XIII	
	Schedule D (Form 990) 2	2017
Page 4 ———		
nedule D (Form 990) 2017	Pa	ige 4
art XI Reconciliation of Revenue per Audited Financial Statements With Revenue p Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		9
Total revenue, gains, and other support per audited financial statements	1	
Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
Net unrealized gains (losses) on investments 2a		
Donated services and use of facilities		
Recoveries of prior year grants		
Other (Describe in Part XIII.) 2d		
Add lines 2a through 2d	. 2e	
Subtract line 2e from line 1	3	
Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
Other (Describe in Part XIII.)		
Add lines 4a and 4b	4c	
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
art XII Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	s per Return.	
Total expenses and losses per audited financial statements	1	
Amounts included on line 1 but not on Form 990, Part IX, line 25:		
Donated services and use of facilities 2a		
Prior year adjustments		
Other losses		
Other (Describe in Part XIII.) 2d		
Add lines 2a through 2d	2e	
Subtract line 2e from line 1	3	
Amounts included on Form 990, Part IX, line 25, but not on line 1:		
Investment expenses not included on Form 990, Part VIII, line 7b 4a		
Other (Describe in Part XIII.)		
Add lines 4a and 4b	4c	
Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	

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.

Schedule D (Form 990) 2017

Additional Data

Return to Form

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efile Public Visual SCHEDULE F Form 990)	Stat	ObjectId: 201 ement of A	Activities	Outside	the Un	nited Sta	ates	OMB No.	-2044307 1545-0047]		
		► Go to www.irs.	► Attach	to Form 990.				20 Open t	o Public			
Department of the Treasury Internal Revenue Service Name of the organization	nn.						mployer ide	Inspec				
HOUSE WITH HEART IN	C					4	17-2044307			_		
	Information 0, Part IV, line	on Activities 14b.	Outside the	United State	es. Compl	lete if the o	rganization a	answered "	'Yes" to			
1 For grantmake other assistance	, the grantees	eligibility for th	ne grants or assi	stance, and ti	he selectio	n criteria us	ed					
to award the gra For grantmake									es 🗆 Ne	D		
outside the Unit	ed States.						grants and ot	illei assistai	lice			
3 Activites per Reg (a) Regio		(b) Number of offices in the	(c) Number of employees, agents	(d) Activities			y listed in (d) is a	a (f) Total	expenditures investments	-		
		region	and independent contractors in	fundraising, services, invest to recipients to	, program ments, grant	specit s service(ic type of (s) in region	in	region			
NEPAL		1	region 0	regio	on)	ORPHANAG	E/		297,26	58		
				EARTHQUAKE	OUTREACE	H EARTHQUAI	KE OUTREACH			_		
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3a Sub-total b Total from continu	ation sheets to	1		*					297,26	i8		
Part I	3a and 3b) on Act Notice, se	ee the Instruction	s for Form 990.	-	Cat	t. No. 50082V	V Schedu	ule F (Form 9	297,26 990) 2017	<u>i8</u>		
chedule F (Form 990)		ssistance to		Page 2	es Outsid	de the Uni	ted States	. Complete	e if the ord	 ianizatio	n answered '	Pag "Yes" to Form 990, I
IV, line 1 (a) Name of	5, for any red (b) IRS code	(c) Region	ceived more t	han \$5,000. Purpose of	Part II c	an be dupli	(f) Manr	ditional spa	(g) Amo	led.	(h) Descript	
organization	section and EIN (if	(c) negle		grant	cash	h grant	cash	h h	of non-c assistar	ash	of non-cas assistano	sh valuation e (book, FM
	applicable)											appraisal, ot
2 Enter total numb	er of recipies	organization -	listed above 45	at are rece-	nized so -	harities by	the foreign	country re-	counized c	tav-		
exempt by the IR	S, or for which	h the grantee of	or counsel has							. ▶		
Enter total numb	er or other org	garnzdUONS OF (unuues	<u></u>	<u></u>	<u></u>	<u></u>		<u> </u>	. •	Sch	edule F (Form 990) 2
						Page 3 —						
chedule F (Form 990) Part III Grants		Assistance to	Individuals	Outside th	e United	d States.	Complete if	the organi	zation ans	wered "\	es" to Form	990, Part IV, line 16
	can be duplic	cated if addition (b) Region	onal space is r	eeded. (d) Amou	nt of	(e) Manne	r of cash	(f) Amo	unt of	(g) [Description	(h) Method of
, .,,,		(-,	recipients	cash gra	int	disburse	ement	non-ci assista	ash	of r	non-cash sistance	valuation (book, FMV, appraisal, other
												арргаізаі, осне
									+			
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				-								

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				<u> </u>		Schedule F (Form 990) 2017
			Page 4			
edule F (Form 990) 2017					Page 4	
art IV Foreign Forms					ruge 4	
Was the organization a U.S. transfero organization may be required to file F Instructions for Form 926)	orm 926, Return by a U.S. Tr	ansferor of Property t	o a Foreign Corporation (see	☐ Yes	✓ No	
Did the organization have an interest to separately file Form 3520, Annual I Gifts, and/or Form 3520-A, Annual In 3520 and 3520-A; don't file with Form	Return to Report Transactions formation Return of Foreign T	with Foreign Trusts a Trust With a U.S. Own	and Receipt of Certain Foreig er (see Instructions for Form	n	✓ No	
Did the organization have an ownersh may be required to file Form 5471, In (see Instructions for Form 5471)	formation Return of U.S. Pers	sons with Respect to (Certain Foreign Corporations.	_	✓ No	
Was the organization a direct or indire fund during the tax year? If "Yes," the Shareholder of a Passive Foreign Inve	organization may be require	ed to file Form 8621, I	Information Return by a	☐ Yes	☑ No	
5 Did the organization have an ownersh may be required to file Form 8865, Re Instructions for Form 8865)	eturn of U.S. Persons with Res	spect to Certain Forei	gn Partnerships (see	_	☑ No	
6 Did the organization have any operati organization may be required to sepai 5713; don't file with Form 990)	rately file Form 5713, Interna	tional Boycott Report	(see Instructions for Form	□ Yes	☑ No	
art V Supplemental Informati Provide the information rec amounts of investments vs method); and Part III, colu any additional information	juired by Part I, line 2 (me expenditures per region mn (c) (estimated numbe	onitoring of funds);); Part II, line 1 (ad	counting method); Part 1	III (accounting		
ReturnReference	,	Exp	planation		 -	
		·	<u> </u>			
			Sched	lule F (Form 99	0) 2017	
Additional Data	Software	ID: 17005038				

Software ID: 17005038 Software Version: 2017v2.2

Additional Data

SCHEDUL (Form 990 or 990) Department of the Treat Internal Revenue Servi	90-EZ)	Attach to F		tions on on.	2017 Open to Public Inspection
Name of the org HOUSE WITH HEAR				Employer ident	ification number
Return Reference			Explanation	47-2044307	
Form 990, Part VI, Line 11b: Form 990 Review Process	No other of	documents available to the public.			
Form 990, Part VI, Line 19: Other Organization Documents Publicly Available	No review	was or will be conducted.			
For Paperwork Reduc	tion Act Notic	e, see the Instructions for Form 990 or 990-EZ.	Cat. No. 51056K	Sched	ule O (Form 990 or 990-EZ) 201

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