efile Public Visual Render ObjectId: 201913059349301516 - Submission: 2019-11-01 TIN: 47-2044307 OMB No. 1545-0047 Form 990 Return of Organization Exempt From Income Tax 2018 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 01-01-2018 , and ending 12-31-2018 A For the 2019 ca D Employer identification number O 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? 151 FIRST AVENUE 74 NEW YORK, NY 10003 Are all subordinates ☐ Yes ✓No included? ☐ 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 2018 (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) 171.217 259,581 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 85 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) 171,28 666 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) 34,60 13,728 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 **b** Total fundraising expenses (Part IX, column (D), line 25) ▶4,275 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . 321,79 184,983 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 356,39 198,711 19 Revenue less expenses. Subtract line 18 from line 12 185,10 60,955 50 Assets o **20** Total assets (Part X, line 16) 354,188 293,56 21 Total liabilities (Part X, line 26) 8.86 8,542 22 Net assets or fund balances. Subtract line 21 from line 20 . 284,691 345,646 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** (2018) 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:) (Expenses \$ 174,539 including grants of \$) (Revenue \$

(Code:) (Expenses \$	including grants of \$) (Revenue \$)
(Code:) (Expenses \$	including grants of \$) (Revenue \$)
Others	ervices (Describe in Schedule O.)			
(Expenses \$		grants of \$) (Revenue \$)
	service expenses▶	174,539		
				Form 990 (20
		Page 3 ———		
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Yes 1 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 No 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 No 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II No Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III No No 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, Parl II No 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? No If "Yes," complete Schedule D, Part III 🐒 . If "Yes," complete Schedule D, Part III

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

It is a complete Schedule D, Part IV No 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 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX or X as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 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 📆 No 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 3. Nο 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 No 11d in Part X, line 16? If "Yes," complete Schedule D, Part IX 🐿 e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🗐 No 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 📆 No 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year?
 If "Yes," complete Schedule D, Parts XI and XII

 b Was the organization included in consolidated, independent audited financial statements for the tax year? No 12 12b No If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes." complete Schedule E 13 No 14a Did the organization maintain an office, employees, or agents outside of the United States? . Yes 14a 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 value at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14 Yes 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 No 15 Did the organization report on Parl IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to 16 No 16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . 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) No 17 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 No 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 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a No If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20t 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 No 21 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? <i>If "Yes," complete Schedule</i> 3.	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 "Yes," 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			No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	31		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. Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		No
2E-	Part V, line 1	35a		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			140
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	35b		
	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			
-	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 "Ves," 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. Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V	37 38	Yes	No
38 Pa	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	38	Yes Yes	No No
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1a b c c 2a b 3a	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 197 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 .	1c 1c 3a	Yes	No No Page !
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38 1a b c orm 2a b 3a b 4a b 5a b c 6a b 7 a b	is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part W 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 comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Page 5 990 (2018) 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? Note.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: ▶OC See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes," to line 5a or 5b, did the organization file Form 8886-T? Does the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organiz	2b 3a 3b 4a 5a 5c 6a 6b	Yes Yes	No No No No No No No No
38 1a b c 3a b 4a b c 6a b 7 a b c	is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part W 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 comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Page 5 990 (2018) 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 lines 2a, did the organization file all required federal employment tax returns? Note. 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 account)? If "Yes," enter the name of the foreign country: ▶OC See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes," to line 5a or 5b, did the organization file Form 8886-T? Does the organizat	2b 3a 3b 4a 5b 5c 6a 6b 7a	Yes Yes	No N
38 Pa 1a b c 2a b 3a b 4a b c 6a b 7 a b c d	is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part W 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 comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Page 5 Page 5 Page 5 Page 5 Page 5 Page 5 Page 1 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? Note.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 account)? If "Yes," enter the name of the foreign country: PoC See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes," to line 5a	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	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 comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Page 5 990 (2018) 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 Page 5 990 (2018) 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? Note. 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?! "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: Income in the properties of the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes,"	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	Is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part W 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. **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** **Page 6** **Page 5** **Page 5** **Page 6** **Page 5** **Page 6** **Page 6** **Page 6** **Page 6** **Page 6** **Page 5** **Page 6** **Page 5** **Page 6** **Page 5** **Page 6** **Page 6** **Page 5** **Page 6**	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	Is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part W Didt he 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. **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	38	Yes Yes	No No No No No No No No
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	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		No
а	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
b	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 301(c)(25) quanties nonprofit fleatur insurance 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		No
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		No
	If "Yes," complete Form 4720, Schedule O	16	orm 99	No 0 (20
	Page 6 —			
ní	990 (2018)			_
	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No."	o" roce	onco to	Pag
31 L	8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.) resp	unse tu	illes
	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
а	Enter the number of voting members of the governing body at the end of the tax year 4			
		4		ĺ
	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			ĺ
	similar committee, explain in Schedule O.			ĺ
•	Enter the number of voting members included in line 1a, above, who are independent			
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 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 supervisior 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 persons other than the governing body?	7b		No
	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	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	e.)	
			Yes	No
•	Did the organization have local chapters, branches, or affiliates?	10a		No
	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		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the			
	form?	11a		No
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	igsqcup		
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	ĺ
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in			
	Schedule O how this was done	12c	Yes	
				No
	Did the organization have a written whistleblower policy?	13		No
	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	13		
	Did the organization have a written whistleblower policy?			
	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			No
	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?	14		
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ec	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? ■ Stion 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. Om website Another's website Upon request Other (explain in Schedule O)	15a 15b		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.

- 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.

Creek this box in return the organization inc. (A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	Position than of	on (di	(C) o no ox, u) t che unles ficer rust	eck m ss pen	ore son	(P) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) COLLEEN BOLAND	0.00	x						0		
Chairman	0.00	×						0	0	0
(2) FRED RIPLEY	0.00									
Vice President	0.00	×						0	0	0
(3) NICOLA HAYWARD	0.00								_	
Secretary	0.00	х						0	0	0
(4) ADAM THORBURN	0.00	х						0	0	0
Treasurer	0.00	^						0	0	U
										_
-										
-										
-										

Form **990** (2018)

Page 8

– Page 8 –

Form 990 (2018) 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	than o	ne b	ox, u n of or/t	t che inle: ficer rust	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 other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	. ~ 1033-HIOC)	2/1033-MI3C)	organization and related organizations
1b Sub-Total	art VII , Section	Α				* * *				

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

3

	Yes	No
Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on		
ling 1a2 If "Vac " complete Schedule 1 for such individual		

Did any person listed or services rendered to the		r accrue compensation			vidual for	4 No
ection B. Independe			a.c 5 tot such person		· · · [5 No
Complete this table for from the organization. I	your five highest c	compensated independ	dent contractors that ar ending with or wit	received more than hin the organization	\$100,000 of com	pensation
	Name and b	(A) usiness address		Desc	(B) ription of services	(C) Compensation
Total number of independ	ent contractors (in	cluding but not limite	d to those listed abov	re) who received mo	ore than \$100,000	of
compensation from the or	ganization > 0					Form 990 (201
			Page 9 ———			
n 990 (2018) art VIII Statement o	of Revenue					Page
		esponse or note to an				
			(A) Total revenue	(B) Related or exempt	(C) Unrelated business	(D) Revenue excluded from
				function revenue	revenue	tax under section 512 - 514
erated campaigns .	. 1a			•		•
mbership dues	1b					
	1.					
draising events	1c					
ited organizations	1d					
ernment grants (contribut	tions) 1e					
ther contributions, gifts,						
ther contributions, gifts, and similar amounts not inclu above	grants, ided 1f					
259,581						
233,361						
cash contributions include nes 1a - 1f:\$	ed					
Total. Add lines 1a-1f .		239,361				
		Business Code				1
						+
,						
;						
i						
All other program serv	vice revenue.					
		0				
All other program sen Total. Add lines 2a–2f 3 Investment income (inimismilar amounts)	cluding dividends,	*	85	85		
Investment income (income similar amounts) Income from investment	cluding dividends,	interest, and other	85	85		
3 Investment income (in similar amounts)	cluding dividends, int of tax-exempt b	interest, and other ond proceeds		85		
Investment income (income similar amounts) Income from investment	cluding dividends,	interest, and other		85		
3 Investment income (insimilar amounts) 4 Income from investments 5 Royalties	cluding dividends, int of tax-exempt b	interest, and other ond proceeds		85		
3 Investment income (insimilar amounts) . 4 Income from investments 5 Royalties	cluding dividends, int of tax-exempt b	interest, and other ond proceeds		85		
3 Investment income (insimilar amounts) . 4 Income from investments Royalties	cluding dividends, nt of tax-exempt b (i) Real	interest, and other ond proceeds (ii) Personal		85		
3 Investment income (in similar amounts). 4 Income from investments 5 Royalties. 6a Gross rents b Less: rental expenses c Rental income or	cluding dividends, nt of tax-exempt b (i) Real	interest, and other ond proceeds (ii) Personal		85		
3 Investment income (insimilar amounts) . 4 Income from investments 5 Royalties	cluding dividends, nt of tax-exempt b (i) Real	interest, and other ond proceeds (ii) Personal		85		
3 Investment income (in similar amounts)	cluding dividends, nt of tax-exempt b (i) Real	interest, and other ond proceeds (ii) Personal		85		
3 Investment income (insimilar amounts) 4 Income from investment 5 Royalties	cluding dividends, nt of tax-exempt b (i) Real	interest, and other ond proceeds (ii) Personal		85		
3 Investment income (insimilar amounts) . 4 Income from investments 5 Royalties	cluding dividends, nt of tax-exempt b (i) Real	interest, and other ond proceeds (ii) Personal		85		
3 Investment income (insimilar amounts) . 4 Income from investments Royalties	cluding dividends, nt of tax-exempt b (i) Real (loss) (i) Securities	interest, and other ond proceeds (ii) Personal		85		
3 Investment income (insimilar amounts) . 4 Income from investment 5 Royalties	cluding dividends, nt of tax-exempt b (i) Real (loss) (i) Securities	interest, and other ond proceeds (ii) Personal (iii) Other		85		
3 Investment income (insimilar amounts) . 4 Income from investment 5 Royalties	(loss) (i) Securities	interest, and other ond proceeds (ii) Personal (ii) Other		85		
3 Investment income (insimilar amounts) . 4 Income from investment 5 Royalties	(loss) . (i) Securities of don line 1c).	interest, and other ond proceeds (ii) Personal (iii) Other		85		
3 Investment income (insimilar amounts) . 4 Income from investment 5 Royalties	(i) Real (ioss) (i) Securities (i) In a contraction of the contract	interest, and other ond proceeds (ii) Personal (iii) Other		85		
3 Investment income (insimilar amounts) . 4 Income from investments from the service of the serv	(i) Real (ioss) (i) Securities (i) Securities (ion line 1c). b from fundraising events and a single securities.	interest, and other ond proceeds (ii) Personal (iii) Other (iii) Other (iii) Other (iii) Other (iiii) Other (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii		85		
3 Investment income (insimilar amounts) . 4 Income from investments from the service of the serv	(loss) (i) Real (loss) (i) Securities (ii) Securities	interest, and other ond proceeds (ii) Personal (iii) Other (iii) Other (iii) Other		85		
3 Investment income (insimilar amounts) . 4 Income from investment 5 Royalties . 5 Royalties . 6 Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) d Net rental income or other basis and sales expenses c Gain or (loss) d Net gain or (loss) d Net gain or (loss) . 8 Gross income from fur (not including \$ contributions reported See Part IV, line 18 . b Less: direct expenses c Net income or (loss) for some from gain or loss income from gain gain or loss income from gain or loss	(loss) (i) Securities (ii) Securities (ioss) (i) Securities (ioss) (i) Securities	interest, and other ond proceeds (ii) Personal (iii) Other (iii) Other		85		
3 Investment income (insimilar amounts) . 4 Income from investments from investments from investments from investments from selection from income or (loss) d Net rental income or (loss) d Net rental income or (loss) d Net rental income or from sales of assets other than inventory b Less: cost or other basis and sales expenses G Gain or (loss) d Net gain or (loss) 4 Net gain or (loss) 5 Less: direct expenses c tet income or (loss) from gain from function function function from function fun	(i) Real (ii) Real (ioss) (i) Securities (ion line 1c). a b brown fundraising events of an ine activities. a b brown gaming activities.	interest, and other ond proceeds (ii) Personal (iii) Other (iii) Other		85		
3 Investment income (insimilar amounts) . 4 Income from investment 5 Royalties	(i) Real (ii) Real (ioss) (i) Securities (ion line 1c). a b brown fundraising events of an ine activities. a b brown gaming activities.	interest, and other ond proceeds (ii) Personal (ii) Other (iii) Other (iii) Other (iii) Other (iiii) Other (iiii) Other (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii		85		
3 Investment income (insimilar amounts) . 4 Income from investment 5 Royalties	(loss) (loss) (l) Securities (loss) (l) Securities (loss) (loss)	interest, and other ond proceeds (ii) Personal (iii) Other (iii) Other (iii) Other (iiii) Other (iiii) Other (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii		85		
3 Investment income (insimilar amounts) . 4 4 Income from investment 5 Royalties	(loss) . (loss) . (i) Securities (ii) Securities (ioss) . (io	interest, and other ond proceeds (ii) Personal (iii) Other (iii) Other (iii) Other (iiii) Other (iiii) Other (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii		85		
3 Investment income (insimilar amounts) . 4 Income from investment 5 Royalties	(loss) . (loss) . (i) Securities (ii) Securities (ioss) . (io	interest, and other ond proceeds (ii) Personal (iii) Personal (iii) Other (iii) Other (iii) Other (iii) Other (iiii) Other (iiii) Other (iiiiii) Other (iiiiiiii) Other (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii		85		

ĺ	c				
	d All other revenue				
	e Total. Add lines 11a-11d		0		
	12 Total revenue. See Instructions	259,66	6 8	5	
					Form 990 (2018
_		— Page 10 ——			
Pa	n 990 (2018) art IX Statement of Functional Expenses				Page 10
Sect	ion 501(c)(3) and 501(c)(4) organizations must complete all c Check if Schedule O contains a response or note to an		inizations must com	olete column (A).	
Do	not include amounts reported on lines 6b,	(A)	(B) Program service	(C) Management and	(D)
	8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and	Total expenses	expenses	general expenses	Fundraisingexpenses
	domestic governments. See Part IV, line 21				
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			
	Benefits paid to or for members	10,000	5.007	1.00	3,333
5	Compensation of current officers, directors, trustees, and key employees	,,,,,	5,667	1,000	3,333
	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
	Other salaries and wages Pension plan accruals and contributions (include section	0			
	401(k) and 403(b) employer contributions)	2,442	2,198	24	1
	Payroll taxes	1,286	1,157	129	
	Fees for services (non-employees):	0			
	Management	0			
	Accounting	0			
	Lobbying 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			
	Advertising and promotion	0 3,150		3,150	
	Office expenses	157		15	
	Royalties	0			
	Occupancy	2,786	2,508	27	3
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19	Conferences, conventions, and meetings	0			
	Interest	0			
	Payments to affiliates Depreciation, depletion, and amortization	7,454	7,454		
	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 O.) a ORPHANAGE EXPENSES	101,823	01.641	10.10	
		· ·	91,641	10,183	2
	b EARTHQUAKE EXPENSES & OUTREACH	38,193	38,193		
	c MEDICAL & EDUCATIONAL EXPENSES	22,749	22,749		
	d BANK CHARGES	2,775		2,77	5
	e All other expenses	5,896	2,972	1,98	
	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization	198,711	174,539	19,89	4,275
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
_	Check here ► ☐ if following SOP 98-2 (ASC 958-720).				Form 990 (2018
		Dece 44			
Form	n 000 (2019)	— Page 11 ———			
	art X Balance Sheet				Page 1 1
	Check if Schedule O contains a response or note to any	y line in this Part IX .			🗆
			(A) Beginning of		(B) End of year
	Cash-non-interest-bearing Savings and temporary cash investments		-	87,017 1	155,099
	3 Pledges and grants receivable, net			3	0
	Accounts receivable, net	fficers directors		4	0
	trustees, key employees, and highest compensated em Part II of Schedule L	ployees. Complete	L	5	0
	 Loans and other receivables from other disqualified per section 4958(f)(1)), persons described in section 4958(sons (as defined unde (c)(3)(B), and	r		
	contributing employers and sponsoring organizations of voluntary employees' beneficiary organizations (see ins	f section 501(c)(9) structions) Complete		6	0
ssets	Part II of Schedule L			7	0
Ass	8 Inventories for sale or use			8 9	0
,	10a Land, buildings, and equipment: cost or other	900.0	000	- ´ -	
	basis. Complete Part VI of Schedule D	230,0	100		

	ь	Less: accumulated depreciation 10b 30,911	206,543	10c			199,089
	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 15	Intangible assets		14 15			0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	293,560	16			354,188
	17	Accounts payable and accrued expenses	8,869	17			8,542
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21			
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
ap		persons. Complete Part II of Schedule L		22			
	23	Secured mortgages and notes payable to unrelated third parties		23			
	24	Unsecured notes and loans payable to unrelated third parties		24			
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		25			
	26	Total liabilities.Add lines 17 through 25	8,869	26			8,542
Balances	27	Organizations that follow SFAS 117 (ASC 958), check here ▶	284.691	27			345,646
sala	28	Temporarily restricted net assets	,	28			,
d E	29	Permanently restricted net assets		29			
Fund		Organizations that do not follow SFAS 117 (ASC 958),					
0		check here ▶ □ and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds		30			
Assets	31 32	Paid-in or capital surplus, or land, building or equipment fund Retained earnings, endowment, accumulated income, or other funds		31			
	33	Total net assets or fund balances	284,691	33			345,646
Net	34	Total liabilities and net assets/fund balances	293,560	34			354,188
		·	J		Fo	orm 99	0 (2018
orn	n 990	Page 12 ———————————————————————————————————					Page 1 2
Pa	art XI	Reconcilliation of Net Assets					
		Check if Schedule O contains a response or note to any line in this Part XI .	<u></u>				
	Tota	al revenue (must equal Port //III, solumn (A), line 12)		1			250.66
1 2		al revenue (must equal Part VIII, column (A), line 12)		2			259,66 198,71
3		enue less expenses. Subtract line 2 from line 1		3			60,95
4		assets or fund balances at beginning of year (must equal Part X, line 33, column ((A))	4			284,69
5		unrealized gains (losses) on investments		5			
6	Don	nated services and use of facilities		6			
7	Inve	estment expenses		7			
8		r period adjustments		8			
9		er changes in net assets or fund balances (explain in Schedule 0)		9			245.64
		assets or fund balances at end of year. Combine lines 3 through 9 (must equal Pa	irt X, line 33, column (B))	10			345,64
Pa	art XII	• -					
		Check if Schedule O contains a response or note to any line in this Part XII .	<u> </u>	•		Yes	No
1	Acc	ounting method used to prepare the Form 990:	Other				
-	If th	ne organization changed its method of accounting from a prior year or checked "Ol					
2:		edule O. e the organization's financial statements compiled or reviewed by an independent	accountant?		2a		No
20		e the organization's infancial statements complied of reviewed by an independent (es,' check a box below to indicate whether the financial statements for the year w		on a	24		NO
		arate basis, consolidated basis, or both:	cre complica or reviewed	o u			
		Separate basis Consolidated basis Both consolidated and	separate basis				
b	If 'Y	re the organization's financial statements audited by an independent accountant? 'es,' check a box below to indicate whether the financial statements for the year w	ere audited on a separate	basis,	2b		No
	_	solidated basis, or both: Separate basis Consolidated basis Both consolidated and	separate basis				
c	of t	Yes," to line 2a or 2b, does the organization have a committee that assumes responde audit, review, or compilation of its financial statements and selection of an indense organization changed either its oversight process or selection process during the	ependent accountant?	dula O	2c		
	11 U	is organization changed charter no oversight process or selection process during the	c tax year, explain in Stile	Juie U	.		
3	Asa	a result of a federal award, was the organization required to undergo an audit or a	udits as set forth in the Si	ngle			١
		lit Act and OMB Circular A-133? Yes," did the organization undergo the required audit or audits? If the organization	did not undergo the requi	ired	3a		No
	aud	it or audits, explain why in Schedule O and describe any steps taken to undergo si	uch audits.	iicu	3b		
					Fo	orm 99	0 (2018
orn	າ 990	(2018)					
A	ddit	ional Data			Return	to Fo	rm
		Software ID: 18007218	3				

Software Version: 2018v3.1

Form 990, Special Condition Description:

Special Condition Description

TIN: 47-2044307 OMB No. 1545-0047

2018

SCHEDULE A (Form 990 or 990EZ) 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 the latest information.

Open to Public Inspection

	ne of th	Reason for Public Charity Status (All organizations must complete this part.) See instructions. In road, a principle of principle of the principle of the principle of the principle of the part of the principle											
P:	art I	Reason for Public C	harity State	JS (All c	organization	s muct	comnle	te thi	s part \ S	<u> </u>			
1										(A)(i).			
2													
3								•		•			
4		A medical research organ name, city, and state:	ization operate	ed in con	junction with	a hospi	tal descri	bed in	section 1	170(b)	(1)(A)(iii). Er	nter t	the hospital's
5		An organization operated	for the benefi	of a col	lege or univer	sity ow	ned or op	erated	by a gov	ernmen	tal unit describ	ed i	n section
6					nental unit de	scribed	in sectio	n 170	(b)(1)(A)(v).			
7		An organization that norn	nally receives	a substai	ntial part of it						om the genera	ıl pul	blic described in
8						Comple	ete Part I	I.)					
9									njunction	with a I	and-grant colle	ege o	or university or a
LO		from activities related to investment income and u	its exempt fun nrelated busin	ctions—s ess taxal	subject to cert ble income (le	ain exc	eptions, a	and (2) no more	than 33	31/3% of its sup	pport	t from gross
lΊ						public	safety. S	ee sec	tion 509	(a)(4).			
L2		An organization organized	d and operated	exclusiv	ely for the be	nefit of	to perfo	rm the	functions	of, or t	o carry out the	e pur	poses of one or
а		in lines 12a through 12d t Type I. A supporting orga	that describes anization oper	the type ated, sup	of supporting pervised, or co	organi ontrolle	zation an d by its s	id com upport	plete lines ed organiz	12e, 1 zation(s	2f, and 12g.), typically by	givin	g the supported
ь		complete Part IV, Secti	ions A and B.										
U		management of the supp	orting organiza	ation ves									
с		Type III functionally in	ntegrated. A s	upportin	ıg organizatio	n opera	ted in cor	nnectio	n with, ar	nd funct	ionally integra	ted v	vith, its
d) (supported organization(s)) (see instructi	ons). Yo	u must com	plete P	art IV, S	ection	ıs A, D, a	nd E.			
-		functionally integrated. TI	he organization	n genera	lly must satisf	y a dist	ribution i	require	ement and	an atte	ntiveness requ	iren	nent (see
e		Check this box if the orga	anization receiv	ed a wri	tten determin	ation fr	om the II		t it is a Ty	pe I, Ty	pe II, Type III	func	tionally
f	Enter	integrated, or Type III no	n-functionally	integrate	ed supporting	organiz	ation.						
g		Provide the following info	rmation about										
	(i) N	ame of supported organization	(ii) EIN			(iv) I in you	s the orga	anizati ing do	on listed cument?			oth	vi) Amount of ner support (see
				(descri	bed on lines	,	J						
						Ye	s	N	0				
ota													'
		or 990-EZ. (Form 990 or 990-EZ) 201	.8		Pa	ge 2 ·							Page 2
Pa	art II	Support Schedule	for Organiz	ations	Described	in Se	tions 1	70(b)(1)(A)	(iv), 1	70(b)(1)(A)(vi	- 3-
			u chackad th	a hov c	n line 5 7	g or 0	of Part	Lori	f the ora	anizatio	on failed to d	ualit	fy under Part
		III. If the organizati										uaiii	ry under rait
	ection endar v	A. Public Support	() 204		43.2045	т.			/ D 2047			- 1	(O.T.)
(or	fiscal y	(ear beginning in) 🕨	(a) 201	4	(b) 2015	(0	2016		(d) 2017		(e) 2018		(f) Total
	member	rship fees received. (Do no	ot	58,522	273	,892	2	65,396		171,217	259,	581	1,028,608
	Tax reve	enues levied for the	nid										
	to or ex	pended on its behalf											0
	furnishe		to										0
		anization without charge Add lines 1 through 3	-	58,522	273	,892	20	65,396		171,217	259.	581	1,028,608
	The por	tion of total contributions I	by										, , , , , , , , , , , , , , , , , , , ,
	governn	nental unit or publicly	on										0
	line 1 th	at exceeds 2% of the amo											
	Public :	on line 11, column (f). . support. Subtract line 5 fi	rom			+						\dashv	1.028 609
	line 4. ection	B. Total Support									1		1,020,000
Cal	endar y	rear ear	(a)201	1	(b) 2015	(c) 2016		(d) 2017		(e) 2018		(f)Total
7	Amour	nts from line 4		58,522	27:	3,892	2	65,396		171,217	259	581	1,028,608
8	divide	nds, payments received or											n
	income	e from similar sources											· ·
9		come from unrelated busing ies, whether or not the	ness								-	T	0
0	busine	ss is regularly carried on.				-						\dashv	
-	loss fr	om the sale of capital asse											0
1	Total		ugh								<u> </u>	1	1,028.608
2	10 Gross r	eceipts from related activi	ties, etc. (see	instructio	ons)						12	!	-,,500
	First fi	ve years. If the Form 990) is for the org	anization	's first, secon	d, third	, fourth,	or fifth	tax year		tion 501(c)(3)	org	anization,
_											<u></u>	▶ [J
						11, col	umn (f))				14		100.000 %
5	Public s	upport percentage for 201	17 Schedule A,	Part II,	line 14						15		
6a		% support test-2018. If											00X
	and sto	p here. The organization	quaiiries as a	publicly s	supported org	anızatio	л						📂 🐸

	is 10% or more, and if the organization in Part VI how the organization meets t		s-and-circumetar		this hox and eten	6b, and line 14	
b	organization		cumstances" tes	t. The organization	n qualifies as a pu	ublicly supported	
	10%-facts-and-circumstances test 15 is 10% or more, and if the organization Explain in Part VI how the organization supported organization	ition meets the ' meets the "fact	facts-and-circum s-and-circumsta	stances" test, ch nces" test. The or	eck this box and s ganization qualifie	top here. es as a publicly	
	Private foundation. If the organizatio instructions	n did not check	box on line 13,	16a, 16b, 17a, o	r 17b, check this t	oox and see	▶ □
					Sche	dule A (Form 99	0 or 990-EZ) 2018
_			Page	3 ———			
che	dule A (Form 990 or 990-EZ) 2018						Page 3
Р	art III Support Schedule fo (Complete only if you	checked the bo	x on line 10 of	Part I or if the	organization fa		nder Part II. If
	the organization fails t ection A. Public Support	o qualify unde	r the tests liste	d below, please	e complete Part	11.)	
	endar year fiscal year beginning in) Gifts, grants, contributions, and	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	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						
4	under section 513						
5	to or expended on its behalf The value of services or facilities				_		
_	furnished by a governmental unit to the organization without charge		1				
6 7a	Total. Add lines 1 through 5 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						
c 8	13 for the year. Add lines 7a and 7b Public support. (Subtract line 7c						
	from line 6.)						
ale	endar year fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 a	Amounts from line 6 Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and						
b	income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c 1	Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b,						
12	whether or not the business is regularly carried on. Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.)						
4	Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for	or the organizati	nn's first second	third fourth or	fifth tay year as a	section 501(c)(3) organization
_	check this box and stop here ection C. Computation of Public						
ć,			divided by line 1				
5	Public support percentage for 2018 (li	Cobodulo A Davi	III, IIIIe 15			16	
5 5	Public support percentage from 2017 ection D. Computation of Invest	ment Incom	e Percentage				
5 6 Se 7	Public support percentage from 2017	ment Income 18 (line 10c, co	e Percentage lumn (f) divided			17	
5 Se 7 3	Public support percentage from 2017 ection D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 331/3% support tests—2018. If the	ment Income 18 (line 10c, co 2017 Schedule A organization did	e Percentage lumn (f) divided s, Part III, line 17 not check the bo	x on line 14, and	l line 15 is more th	18 nan 33 1/3%, and I	
5 Se 7 3	Public support percentage from 2017 action D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 331/3% support tests—2018. If the more than 33 1/3%, check this box and 33 1/3% support tests—2017. If the	ment Income 18 (line 10c, co 2017 Schedule A organization did stop here. The e organization d	e Percentage lumn (f) divided a, Part III, line 17 not check the bo organization qua id not check a bo	x on line 14, and lifies as a publicly x on line 14 or lir	l line 15 is more the supported organie 19a, and line 1	18 nan 33 1/3%, and I zation	• • • • • • • • • • • • • • • • • •
5 5 7 9 a b	Public support percentage from 2017 ection D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 331/3% support tests—2018. If the more than 33 1/3%, check this box and	ment Income 18 (line 10c, co 2017 Schedule A organization did stop here. The e organization d c and stop here	e Percentage lumn (f) divided A, Part III, line 17 not check the boorganization quaid not check a boo. The organizatio	ox on line 14, and lifies as a publicly x on line 14 or lin n qualifies as a p	l line 15 is more the supported organ ne 19a, and line 1 ublicly supported eeck this box and s	nan 33 1/3%, and I station	
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	(c) helow (if applicable). Also, provide detail in Part VI. including (i) the names and FIN numbers of the supported		ı	
	(c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by	<u> </u>		
ь	amendment to the organizing document). Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the	5a		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c		
•	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 i'ves, 'provide detail in Part VI.			
	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	_		
	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
а	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 .	8		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting	9a		
c	organization had an interest? If "Yes," provide detail in Part VI . Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in	9b		
)a	which the supporting organization also had an interest? If "Yes," provide detail in Part VI. Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding	9с		
,a	was due organization subject to the excess usalities indulings fales or section 1994 because or section 1994 (i) (regarding certain Type III 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		
	Schedule A (Form 990	or 99	90-EZ)	2018
	Page 5			
	dule A (Form 990 or 990-EZ) 2018			age 5
ar	Supporting Organizations (continued)		Yes	No
1 a	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	governing body of a supported organization?	11a		
b c	A family member of a person described in (a) above? 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.	11b 11c		
Se	ction B. Type I Supporting Organizations		Yes	No
	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
	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	1		
	carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
Se	ction C. Type II Supporting Organizations		Yes	No
	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			
Se	supporting organization was vested in the same persons that controlled or managed the supported organization(s). ction D. All Type III Supporting Organizations	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?		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).	1		
	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the	2		
	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		
Se	ction E. Type III Functionally-Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructi	ore).	1	l
а	The organization satisfied the Activities Test. Complete line 2 below.	ons):		
c	The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI . Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its	3a		
	supported organizations? If "Yes," describe in Part VI . the role played by the organization in this regard. Schedule A (Form 990	3b	0-F7\	2015
	Page 6 —)	
_	tule A (Form 990 or 990-EZ) 2018 † V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations		-	age 6
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through		1	
_	Section A - Adjusted Net Income (A) Prior Year (B) Curr (optic	rent Yea onal)	r

1	Net short-term capital gain	1	Ì	I
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	$\label{prop:prop:section} \mbox{Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):}$	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		
7	Check here if the current year is the organization's first as a non-functionally-in instructions)	tegrat		ganization (see

50.10aa.10 / (1.01.111.550 01.550 2

----- Page 7 -----

Schedule A (Form 990 or 990-EZ) 2018

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

Section D - Distributions

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

3 Administrative expenses paid to accomplish exempt purposes of supported organizations

Page **7**

Current Year

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 instructio	ns		
7 Total annual distributions. Add lines 1 through 6.			
Distributions to attentive supported organizations to wh details in Part VI). See instructions	ich the organization is respon	sive (provide	
9 Distributable amount for 2018 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6		2020	700111 101 2020
Underdistributions, if any, for years prior to 2018 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018:			
a From 2013			
b From 2014			
d From 2016			
e From 2017			
f Total of lines 3a through e			
Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. 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 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			<u> </u>
b Excess from 2015			·
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			orm 990 or 990-EZ) (20

Schedule A (Form 990 or 990-EZ) 2018

Part VI

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

Facts And Circumstances Test							
-							
Return Reference	Explanation						
	Schedule A (Form 990 or 990-EZ) 2018						

Additional Data

Return to Form

Software ID: 18007218 Software Version: 2018v3.1

f Administrative expenses g End of year balance

efile Public Visual Render ObjectId: 201913059349301516 - Submission: 2019-11-01

TIN: 47-2044307

SCHEDULE D OMB No. 1545-0047 **Supplemental Financial Statements** 2018 ► 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) 2018 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 perce	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 endov				
	, 2b, and 2c should equal 100%. not in the possession of the organization that a	ro hold ar	d administered for the	
organization by:		ire rieiu ai	u auministereu for the	Yes No
(i) unrelated organizations (ii) related organizations				3a(i) 3a(ii)
b If "Yes" on 3a(ii), are the re	lated organizations listed as required on Sched	ule R? .		. 3b
Part VI Land, Buildings,	and Equipment	nds.		
Complete if the or	ganization answered "Yes" on Form 990,	Part IV, li	ne 11a. See Form 990, Pa	
Description of property	(a) Cost or other basis (investment) (b) Cost or other b	asis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		25,000		25,000
b Buildings		125,000	18,848	106,152
c Leasehold improvements		80,000	12,063	67,937
d Equipment e Other				_
	olumn (d) must equal Form 990, Part X, columi	n (B), line	10(c).) ▶	199,089
			Sc	hedule D (Form 990) 2018
	Page 3			
Schedule D (Form 990) 2018				Page 3
	ther Securities. Complete if the organiza	ition ansv	vered "Yes" on Form 990,	
See Form 990, Par	t X, line 12. cion of security or category	(b)	(c) Method	of valuation:
	ing name of security)	Book		year market value
(1) Financial derivatives		value		
(2) Closely-held equity interests				
(3)Other				
(A)				
(B)		1		
(C)				
(D)				
(E)				
(F)				
(G)				
(H)		_		
(n)				
	rganization answered 'Yes' on Form 990,	Part IV, li Book value	(c) Method	rt X, line 13. of valuation: year market value
(2)				
(3)				
(4)				,
(5)				
(6)				
(7)				_
(8)				
(9)				
Total. (Column (b) must equal Form 99	0, Part X, col.(B) line 13.)			
Part IX Other Assets. Co	mplete if the organization answered 'Yes' on Fo	rm 990, Pa	rt IV, line 11d. See Form 990	
(1)	(a) Description			(b) Book value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
See Form 990, Par	Complete if the organization answered "		orm 990, Part IV, line 11e	or 11f.
(1) Federal income taxes	. ,	,		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				

	ĺ			
Total	(Column (b) must equal Form 990, Part X, col.(B) line 25.)			
2. Lia	bility for uncertain tax positions. In Part XIII, provide the text of the footnote to	the organization's financ	cial statements that repo	orts the
orgai	ization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here	if the text of the footno	te has been provided in	Part XIII
			Schedule D (Fo	rm 990) 2018
	Page 4 ——			
Sche	lule D (Form 990) 2018			Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme Complete if the organization answered 'Yes' on Form 990, Part		per Return	rage i
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	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		
е	Add lines 2a through 2d		. 2e	
3	Subtract line $2e$ from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Par	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered 'Yes' on Form 990, Part		s per Return.	
1	Total expenses and losses per audited financial statements \dots		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Pai	t XIII Supplemental Information			

Additional Data Return to Form

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) 2018

Software ID: 18007218 **Software Version:** 2018v3.1

efile Public Visua SCHEDULE F (Form 990)	Stat	tement of	Activities	01516 - Submissio Outside the U	nited S	States	TIN: 47-2 OMB No. 15-	45-0047		
Department of the Treasury			► Attach	to Form 990. instructions and the late			Open to I	Public		
Internal Revenue Service	Internal Revenue Service Name of the organization					Employer ide	Inspection Employer identification number			
Part I Genera	l Informatio		Outside the	United States. Com	plete if the	47-2044307 e organization	answered "Ye	s" to		
Form 99	90, Part IV, line	e 14b.		substantiate the amo						
other assistance	e, the grantees	s' eligibility for th	ne grants or ass	istance, and the select	ion criteria	used	□ Yes	□ No		
	ers. Describe i			edures for monitoring						
3 Activites per Re	gion. (The follow		1	licated if additional space			1			
(a) Regi	on	(b) Number of offices in the region	(c) Number of employees, agent and independent	(d) Activities conducted region (by type) (e.g., fundraising, program services, investments, gra	in (e) If act program	tivity listed in (d) is in service, describe becific type of vice(s) in region	a (f) Total exp for and inv in reg	enditures estments jion		
			contractors in region	to recipients located in the region)	he					
NEPAL		1	(EARTHQUAKE OUTREA	ORPHAN CH EARTHQ	uake outreach	н	152,583		
-										
		1								
								450.555		
3a Sub-total b Total from contin Part I		1		=				152,583		
c Totals (add lines For Paperwork Reduct	ion Act Notice, s	ee the Instruction	ns for Form 990.	C	at. No. 500	82W Sched	lule F (Form 990	152,583 0) 2018		
				Page 2 ————						
Schedule F (Form 990)										Page 2
IV, line	15, for any re	cipient who re	ceived more t	han \$5,000. Part II	can be du	uplicated if ad	ditional space	e is needed.		s" to Form 990, Part
1 (a) Name of organization	(b) IRS code section and EIN (if	(c) Regio	on (d)	Purpose of (e) grant ca	Amount of sh grant	(f) Man cas disburse	sh	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV,
	applicable)									appraisal, other)
2 Enter total numl	per of recipien	t organizations	listed above the	nat are recognized as provided a section 5	charities l	by the foreign	country, recog	gnized as tax-	•	I.
3 Enter total numl					e	quivalency lett			-	ula E (Ear 000) 20:-
					- Page 3				Schedu	ile F (Form 990) 2018
Schedule F (Form 990)										Page 3
Part II	I can be dupli	icated if addition	onal space is), Part IV, line 16.
(a) Type of grant or a	ssistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Mar disbu	nner of cash ursement	(f) Amount non-cast assistance	t of (g	Description f non-cash assistance	(h) Method of valuation (book, FMV,
-										appraisal, other)
				-						-

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								Schedule F (Form 990) 2018
					— Page 4 ————			
edule F (F	Form 990) 2018						Page 4	
rt IV	Foreign Forms							
organia	zation may be requ	S. transferor of propert vired to file Form 926, R	eturn by a U.S. T	ransferor of Property t	x year? If "Yes,"the to a Foreign Corporation (see 	☐ Yes	☑ No	
to sepa Gifts, a	arately file Form 35 and/or Form 3520-;	520, Annual Return to Re A, Annual Information R	eport Transaction eturn of Foreign	s with Foreign Trusts a Trust With a U.S. Own	organization may be require and Receipt of Certain Foreig er (see Instructions for Form	n	✓ No	
may be	e required to file Fo	e an ownership interest i form 5471, Information F on 5471)	Return of U.S. Per	rsons with Respect to (rear? If "Yes," the organization Certain Foreign Corporations.	on 🗆 Yes	✓ No	
fund di	uring the tax year?	If "Yes," the organization	on may be requir	ed to file Form 8621, I	npany or a qualified electing Information Return by a Instructions for Form 8621) .	☐ Yes	✓ No	
may be	e required to file Fo	orm 8865, Return of U.S	. Persons with Re	espect to Certain Forei	year? If "Yes," the organization gn Partnerships (see	_	✓ No	
organia	zation may be requ	ired to separately file Fo	orm 5713, Intern	ational Boycott Report	g the tax year? If "Yes," the (see Instructions for Form	□ _{Yes}	✓ No	
					Sched	ıle F (Form 990	0) 2018	
					Page 5			
edule F (F	Form 990) 2018						Page 5	
	amounts of inve method); and Pa	rmation required by F stments vs. expendit	ures per region stimated numb	n); Part II, line 1 (a	; Part I, line 3, column (f ccounting method); Part I applicable. Also complet	II (accounting		
	ReturnReference			Ex	planation			
							 -	
					Sched	ule F (Form 99	0) 2018	
Additio	nal Data		Software	e ID: 18007218				

Software Version: 2018v3.1

Additional Data

		Complete to provide information Form 990 or 990-EZ or to p Attach to F	pplemental Information to Form 990 or 990-EZ omplete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.					
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	art VI, Line 1b: Form 90 Review							
Form 990, Part VI, Line 19: Other Organization Documents Publicly Available	No review	was or will be conducted.						
For Paperwork Reduc	ction 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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Software ID: 18007218 Software Version: 2018v3.1

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