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BWF 990

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(Rev January 2020)

Department of the Treasury

Internal Revenue Service

2949319101309

Return of Organization Exempt From Income Tax

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

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

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

Open to Public Inspection

<u> </u>	or t	he 20	19 c <u>ale</u>	ndar yea	ar, or tax yea)19, and	l endin					
ВС	heck	ıf applı	cable	_	of organizat		HEARTBEAT					D Emplo	yer id	entificatio	n number	
A	ddres	s chan	ge	Doing	business as	THE HE	ARTBEAT OF	THE CIT	Y			C	6-1	75785	1	
N X	amec	hange		Numbe	er and street (or	PO. box if m	ail is not delivered t	to street address	- i)	Roor	n/suite	E Telepi	none n	umber		
n In	itial re	eturn		5742	HAMIL	TON AV	ENUE					5	13-	541-5	<u>676</u> _	
F	naj re	turn/		City o	r town, state	or province	e, country, and Z	IP or foreign p	ostal co	de		G Gross				
te	rmına	ited		COLL	EGE HI	LL OH	45224					receip			796,410	
∏ Ai	mend	ed retu	rn	F Na	me and add	ress of prin	cipal officer			H(a)	ls this a	group return	for sub	ordinates?	Yes 🔀 No	
	plica	tion pe	nding						1	H(b)	Are all su	bordinates	ınclude	d? [] Yes ∏ No	
T	ax-e	xempt	status.	X 501	(c)(3) 50	01(c)()	◀ (insert no.)	1947(a)(1) or	527		If "No," a	attach a list	(see ins	structions)		
J W	/ebs	ite: ▶	N/A		_				U Z	H(c)	Group e	xemption nu	mber	<u> </u>		
KF	orm o	f organ	ızatıon	Corpo	ration Tr	ust X Ass	ociation Other	· > 1	L Yea	ar of form	ation	1990	M Sta	ate of legal d	omicile OH_	
Pa	ırt İ	•	Summ	nary												
	1	Brı	efly des	scribe the	organization	n's mission (or most significal	nt activities _	_							
Ð	PF	ROV:	IDIN	IG HE	LP TO 1	NEEDY	FAMILIES	<u> </u>				حاسمت ــ				
SE SE	L								Inte	maik	evenn	e Servic ank - US	<u> </u>			
Activities & Governance	L															
8	2	Ch	eck this	s box ▶	if the orga	ınızatıon dıs	continued its op	erations or dis	posed of	f more t	hán 25°	% of its ne	t asset	s.		
<u>ග</u> න	3	Nu	ımber o	of voting r	members of t	he governir	ng body (Part VI,	line 1a)		AUG	212	020	3		6	
es	4	Nu	ımber o	f indeper	ndent voting	members o	f the governing t	oody (Part VI,	line 1b)	· -			4_			
₹	5	To	tal num	ber of inc	dıvıduals emį	oloyed in ca	alendar year 2019	9 (Part V, line	2a) 🧗	Kansas	City,	MO	5		1	
Ę	6	To	tal num	ber of vo	lunteers (est	ımate ıf nec	essary) .			•			6		300	
•	7	a To	tal unre	lated bus	siness revent	ue from Par	t VIII, column (C)), line 12 🕠	•				7a			
		b Ne	t unrela	ated busii	ness taxable	income fror	m Form 990-T, lı	ne 39	_ <u>-</u>		<u>. </u>		7b		0	
										L	P	rior Year			ent Year	
<u>a</u>	8	Co	ntributi	ons and	grants (Part '	VIII, line 1h)				L		48	,000		21,437	
e	9	Pro	ogram s	service re	venue (Part	VIII, line 2g))			L		34	,328		24,784	
Revenue	10) Inv	estmen/	nt income	(Part VIII, co	olumn (A), lı	nes 3, 4, and 7d) .		L					732,333	
щ	11	l Otl	her reve	enue (Pa	rt VIII, colum	n (A), lines !	5, 6d, 8c, 9c, 10d	c, and 11e)		· [
	12	2 To	tal reve	nue a	dd lines 8 thi	rough 11 (m	nust equal Part V	'III, column (A	, line 12)	<u> </u>		82	,328		778,554	
	13	3 Gr	ants and	d sımılar	amounts pai	d (Part IX, c	olumn (A), lines	1-3)	•	L					153,000	
	14	1 Be	nefits p	ald to or	for members	(Part IX, co	olumn (A), line 4))		1						
S	15	5 Sa	lanes, c	other com	npensation, e	mployee be	enefits (Part IX, c	olumn (A), line	es 5-10)	L		38	,750		43,998	
Expenses	16	a Pro	ofession	nal fundra	aising fees (P	art IX, colur	nn (A), line 11e)	•	•	L			475			
χ		b To	tal fund	fraising e	xpenses (Pai	t IX, columi	n (D), line 25) I	-		<u> </u>				L		
ш	17	7 Otl	her exp	enses (P	art IX, colum	n (A), lınes	11a-11d, 11f-24	e)	•	L			,047		82,423	
	18	3 To	tal expe	enses Ad	dd lines 13-1	7 (must equ	ıal Part IX, colum	nn (A), line 25)		. [<u>,</u> 272		279,421	
	19	Re	venue l	less expe	nses. Subtra	ct line 18 fr	om line 12	•				-14	, 944		499,133	
ssets	တ္က									-	Beginni	ng of Currer		End	of Year	
- 25	⊆ ∣			•	(, line 16)	•	• •			L		71	<u>, 487</u>		576,419	
* * >	똂 21	I To	tal liabil	lities (Par	t X, line 26)	•	•			. [59		-592	
_	n 22		t assets	s or fund	balances. Su	ubtract line	21 from line 20					71	<u>,428</u>		577,011	
Pa	rt II		Signat	ture Bl	ock											
							urn, including accor fficer) is based on a						ny knov	vledge and be	elief, it is	
			N/	3114	A Ch	ams								8/14/	20	
Sig	n	_	Sign	nature of	officer									Date		
Her	e	1	BE	VERE	Y GRAVI	ES			EXEC	CUTIV	JE D	IRECT	'OR			
			Тур	e or print	name and to	tle					-					
			Print/	/Type pre	eparer's nam	e	Preparer's sign	atore	Da			Check	T .	PTIN		
Pai	d				E ROHRI		CCX	april			-20	2 25 AP er	ப் nplove	d P000:	23493	
Pre	-			's name	▶ HRB '		OUP INC	· · · · · · · · · · · · · · · · · · ·						18718		
Use	or	nly		s addres				RD				hone no.				
			-	CINN								513)4	89-	7703		
May	the I	RS dis					n above? (see in	structions)		_	· ·	· · · ·		, , , , , , ,	Yes X No	
							ate instructions							Form	990 (2019)	

			OF THE CIT		7851		Page
Par		_	ce Accomplishme				
1	Briefly describe the organizatio		nse or note to any line in	this Part III	· ·	<u> </u>	
•	PROVIDE HELP TO		AMILIES IN '	THE AREA			
_	Did the organization undertake	ony propinant	program convices during	the very which w			
2	Did the organization undertake prior Form 990 or 990-EZ?	any significant j		the year which w	ere not listed on the	∏ Yes	N
	If "Yes," describe these new se					□ .c3	₩.
3	Did the organization cease con	ducting, or mak	e significant changes in	how it conducts, a	any program		
	services?.		•		•	Yes	⊠ №
_	If "Yes," describe these change						
4	Describe the organization's pro expenses. Section 501(c)(3) and the total expenses, and revenue	id 501(c)(4) orga	anizations are required t	o report the amou	it program services, as measi nt of grants and allocations to	others,	
4a	(Code) (Expenses	\$	21,219 including gran	ts of \$) (Revenue\$		17,090)
	SEE ATTACHMENT	#1					
							
							
			.				
4b	(Code) (Expenses	\$	9,406 including grant	ts of \$	48,954) (Revenue \$)
							
					 		
							
							
4c	(Code) (Expenses	<u> </u>	6.956 including grant	e of \$) (Revenue\$		2,129)
70	(Code / (Expenses	-	mendaning grant				
		 					
	· · · · · · · · · · · · · · · · · · ·						
	Other program services (Descri						
	(Expenses \$		ng grants of \$)	(Revenue \$)	
4e	Total program service expenses	: ▶	37,581				



			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		.03	140
•	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			_==_
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Χ
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Χ
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III N/A	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		<u>X</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted			.,
44	endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	ردائي سوا	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		6	3
_	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,"		**************************************	特性
а	complete Schedule D, Part VI			v
b	Did the organization report an amount for investments other securities in Part X, line 12 that is 5% or more	11a		<u>X</u>
-	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments program related in Part X, line 13 that is 5% or more	5		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25° If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		Ì	
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		_X_
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
Ь	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	ا ا		3.7
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	4		v
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	4.0		v
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	16		<u>X</u>
• •	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	ŀ	Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	''		
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		- 	
	If "Yes," complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? N/A	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	[Х

	1 990 (2019) THE HEARTBEAT OF THE CITY 06-1757851 1 IV Checklist of Required Schedules (continued)		Pa	age 4
	Constitution of the date of th		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			ļ
	employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		1	
	\$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		Х
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? N./ A	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? N/A	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	ļ	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			}
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	l		١.,
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	<u> </u>	X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			ł
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			١.,
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	ļ	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,]
_	Part IV instructions, for applicable filing thresholds, conditions, and exceptions)		-	
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	1	Х
	Sompton Contract of the Contra			
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			<u> </u>
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			-
	or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
-	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	<u> </u>		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	<u> </u>		
	19? Note: All Form 990 filers are required to complete Schedule O	38		Х
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
للتنجيد	Check if Schedule O contains a response or note to any line in this Part V			
	The second of th		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter =0- if not applicable			

	Check if Schedule O contains a response or note to any line in this Part V					
				Y	es	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	o			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	Ö		-	
C	Did the organization comply with backup withholding rules for reportable payments to vendors	and		l		
	reportable gaming (gambling) winnings to prize winners?			1c		X

06-1757851 Form 990 (2019) THE HEARTBEAT OF THE CITY Page 5 Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b 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? За За If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O b ...N./.A 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, 4a a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? C N/A 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Χ 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A 6b 7 Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a X If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . b $A \setminus M$ 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7е Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7t $If the \ organization \ received \ a \ contribution \ of \ qualified \ intellectual \ property, \ did \ the \ organization \ file \ Form \ 8899 \ as \ required?$ X g 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h 7h 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. 9 Did the sponsoring organization make any taxable distributions under section 4966? X 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . 9b 10 Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 а 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter-

а	Gross income from members or shareholders	11a		١.,	l
b	Gross income from other sources (Do not net amounts due or paid to other sources] . `	
	against amounts due or received from them.)	11b		·:-	 L
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu	of Fo	rm 1041? .	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	(Γ
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			1	ĺ
а	Is the organization licensed to issue qualified health plans in more than one state?			13a	Γ
	Note: See the instructions for additional information the organization must report on Schedul	e O.			Γ
b	Enter the amount of reserves the organization is required to maintain by the states in which	1 1	1		

the organization is licensed to issue qualified health plans 13b Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b b $\dots N/A$

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

If "Yes," complete Form 4720, Schedule O.

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Form 990 (2019) THE HEARTBEAT OF THE CITY 06-1757851 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI											
<u>Secti</u>	on A. Governing Body and Management . ,											
			Yes	No								
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		••	,								
b	Enter the number of voting members included on line 1a, above, who are independent 1b	1										
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	<u> </u>										
	any other officer, director, trustee, or key employee?	2	1	X								
3	Did the organization delegate control over management duties customarily performed by or under the direct											
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Χ								
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х								
5	Did the organization become aware during the year of a significant diversion of the organization's assets?											
6	Did the organization have members or stockholders?	6		Х								
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint											
	one or more members of the governing body?	7a		Х								
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,											
	stockholders, or persons other than the governing body?	7b		Χ								
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	:										
	the year by the following											
а	The governing body?	8a		Χ								
b	Each committee with authority to act on behalf of the governing body?	8b		Χ								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at											
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X								
<u>Secti</u>	on B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)											
			Yes	No								
10a	Did the organization have local chapters, branches, or affiliates?	10a		X								
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,											
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? N/A	10b										
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a		Χ								
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			-,, -								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X								
В	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give											
	vine to conflicte?	405										
_	rise to conflicts? N/A	12b										
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"											
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done N/A	12c										
13	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done $N./A$ Did the organization have a written whistleblower policy?	12c		X								
13 14	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done $N./A$ Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	12c		X								
13	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c										
13 14 15	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done $N./A$. 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?	12c 13 14		X								
13 14 15	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c 13 14		X								
13 14 15	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c 13 14		X								
13 14 15	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c 13 14		X								
13 14 15 a b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c 13 14		XXX								
13 14 15 a b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c 13 14 15a 15b		X								
13 14 15 a b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c 13 14 15a 15b		XXX								
13 14 15 a b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c 13 14 15a 15b		XXX								
13 14 15 a b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c 13 14 15a 15b	, , ,	XXX								
13 14 15 a b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c 13 14 15a 15b		XXX								
13 14 15 a b 16a b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c 13 14 15a 15b		XXX								
13 14 15 a b 16a b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c 13 14 15a 15b	,	XXX								
13 14 15 a b 16a b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? List the states with which a copy of this Form 990 is required to be filed OH Section 6104 requires an organization to make its Forms 1023 (1024 or 1024–A, if applicable), 990, and 990–T (Section 501)	12c 13 14 15a 15b	, , ,	XXX								
13 14 15 a b 16a b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c 13 14 15a 15b 16a ,	, , , , , , , , , , , , , , , , , , , ,	XXX								
13 14 15 a b 16a b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c 13 14 15a 15b 16a ,	, , , , , , , , , , , , , , , , , , , ,	XXX								

Form 990 (2019)

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

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

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

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

(A) Name and title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)					t check more than one Heportable Reportable lless person is both an compensation compensation and a director/trustee)			
	(list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
BEVERLY GRAVES	40.00	х						30,000	0	O
EXECUTIVE DIRECTOR										
RALPH WILLIAMS EXECUTIVE DIRECTOR	10.00	X						0	0	0
LISA WILLIAMS PRESIDENT	10.00			Х				0	0	0
RODNEY MAGNUM VICE PRESIDENT	5.00			x				0	0	0
MELISSA DAVIS SECRETARY	5.00			X	_			0	0	0
DEBBIE DUNCAN TREASURER	5.00			Х				0	0	0
						i 				
 	<u> </u>									

Form **990** (2019)

Par	Section A. Officers	, DIFECTOR	s, irust	ees, r	ey En	пріоує	es, and	night	est compensated E	mpioyees (continue	<u> </u>		
	(A) Name and title	(B)		box, u	Posi t check nless pe	more ti	nan one both an /trustee)		(D) Reportable	(E) Reportable		(F) timated nount o	
		hours per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	comp fro orga and	other pensation the anization relate	on d
				-	-								
	. ·												
			<u>.</u>					:					
	 												
1b c	Subtotal Total from continuation sh	eets to Pa	 irt VII, S		n A	••	•	>	30,000				
d	Total (add lines 1b and 1c)							•	30,000				
2	Total number of individuals (_			to tho	se liste	d above) who	received more than	\$100,000 of			
	reportable compensation from	m the orga	nızatıon	<u> </u>					· -			1	
•	Dud the comment of het and	4aa				مدا ممه			- bb+		F	Yes	No
3	Did the organization list any employee on line 1a? If "Yes		-	-		-		yee, o	r nignest compensati		. 3		X
4	For any individual listed on li							and o	ther compensation f			 	
•	organization and related orga	-							•		4		X
5	Did any person listed on line		_					-					
	for services rendered to the	organizatio	n? If "Y	es," co	mplete	e Sche	dule J fo	or sucl	n person		5		Х
Section	on B. Independent Contractor	rs		·									
1	Complete this table for your												
	compensation from the organ		eport co	mpen	sation	for the	calenda	ar year		n the organization's t			
	Name and	(A) business	address	;	_				(B) Description of se	ervices	Compe	C) ensation	n_
													
	•		-			_		-					
					_								
2	Total number of independent	t contracto	rs (inclu	idina h	ut not	limited	to thes	e lister	d above) who				

FDA

received more than \$100,000 of compensation from the organization

Part VIII Statement of Revenue

		Check if Schedule O contains a response or	note to any line in the	ıs Part VIII .		<u></u>	
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
-21 s	1a	Federated campaigns 1a			16461100		-
and man	l	Membership dues		٠ .			
ចិទ្ទិ							
T A	1						
2		Related organizations 1d			•		
Siris	i	Government grants (contributions) 1e					i
er igi	1	All other contributions, gifts, grants, &	21 427				
들된		similar amounts not included above 1f	21,437				-
Contributions, Gifts, Grants and Other Similar Amounts		Noncash contributions included in lines 1a-1f 1g \$				•	
<u>ن ۾</u>	h	Total. Add lines 1a-1f	•	21,437			
			Business Code				
e		SLEEPING SOUND		17,090			
ه کے	b	TOOLS FOR SCHOOLS		4,895	4,895	<u></u> .	
SE	С			270	270		
Program Service Revenue		CAMP SMORE		2,129	2,129		
Ďα		DIAPERS AND BABY FORMU		400	400		
₫		All other program service revenue .					
	g	Total. Add lines 2a-2f	•	24,784			
	3	Investment income (including dividends, intere	st, and				
		other similar amounts)	▶	189	189		
	4	Income from investment of tax-exempt bond p	roceeds · · ·				
	5	Royalties	<u> </u>	<u>.</u>			
		(ı) Real	(II) Personal				
	6a	Gross rents 6a					
	b	Less rental expenses 6b					.
	C	Rental income or (loss) 6c					
	d	Net rental income or (loss)	•			_ -	
	72	Gross amount from sales (i) Securities	(II) Other				
	""	of assets other than					1
		inventory 7a	750,000				
	b	Less cost or other basis					
		and sales expenses 7b	17,856				
	С	Gain or (loss) . 7c	732,144				
	d		•	732,144			
	8a	_ ,					
e		(not including \$:				
e l		of contributions reported on line 1c).					
Be.		See Part IV, line 18					
Other Revenue		Less. direct expenses 8b	l				<u> </u>
ŧ		Net income or (loss) from fundraising events	•			<u>.</u>	
	9a	Gross income from gaming activities.]
		See Part IV, line 19 9a					[
		Less direct expenses 9b					
		Net income or (loss) from gaming activities	•				
	10a	Gross sales of inventory, less					
		returns and allowances . 10a					1
		Less cost of goods sold					
-	С	Net income or (loss) from sales of inventory	•				
ရွှ			Business Code				
6 e0	11a						
la i	b					_	
Miscellaneous Revenue	С						
ž		All other revenue					
		Total. Add lines 11a-11d					
	12	Total revenue. See instructions	. ▶	778,554	24,973		·

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (B) (C) (D) Do not include amounts reported on lines 6b, 7b, Fundraising expenses Program service Management and 8b, 9b, and 10b of Part VIII. expenses general expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21. 2 Grants and other assistance to domestic 153,000 153,000 individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, 3 foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 5 Compensation of current officers, directors. 43,872 43,872 trustees, and key employees 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 126 10 Payroll taxes 11 Fees for services (nonemployees): Management 2,555 2,555 Legal b Accounting d Lobbying . . Professional fundraising services. See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion 1,360 1.360 13 Office expenses 14 Information technology 15 Royalties 18,023 18,023 16 Occupancy 3,060 3,060 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 11,927 11,927 22 Depreciation, depletion, and amortization 6,789 6,789 23 Insurance 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 91 91 MISC 6,956 6,956 CAMP SMORE 707 DINNERS 707 C 21,219 21,219 SLEEPING SOUND 9,461 9,406 50 All other expenses 279,421 219,251 60,170 Total functional expenses. Add lines 1 through 24e 25 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if following SOP 98-2 (ASC 958-720)

.

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X		<u>. </u>	
			(A) Beginning of year	_	(B) End of year
	1	Cash non-interest-bearing	13,563	1	7,351
	2	Savings and temporary cash investments		2	273,013
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net .		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
ets	8	Inventories for sale or use		8	2,500
Assets	9	Prepaid expenses and deferred charges		9	
•	10 a	Land, buildings, and equipment cost or		Ì	
	1	other basis. Complete Part VI of Schedule D . 10a 310,128	•	'. I	,
	b	Less accumulated depreciation 10b 16,573	39,111	10c	293,555
	11	Investments publicly traded securities .		11	
	12	Investments other securities. See Part IV, line 11		12	
	13	Investments program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
-	15	Other assets. See Part IV, line 11.	18,813	15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	71,487	16	576,419
	17	Accounts payable and accrued expenses	59	17	-592
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D ·		21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iai da		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties .		24	
	25	Other liabilities (including federal income tax, payables to related third			
	ŀ	parties, and other liabilities not included on lines 17-24). Complete Part X		1	
		of Schedule D .		25	
	26	Total liabilities. Add lines 17 through 25	59	26	-592
	l	Organizations that follow FASB ASC 958, check here ▶ ☐			
Çes		and complete lines 27, 28, 32, and 33.	'		
<u>a</u>	27	Net assets without donor restrictions		27	
8	28	Net assets with donor restrictions		28	·
r Fund		Organizations that do not follow FASB ASC 958, check here	,	i	ļ
		and complete lines 29 through 33.			
8	29	Capital stock or trust principal, or current funds		29	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or equipment fund	84 45	30	
	31	Retained earnings, endowment, accumulated income, or other funds	71,487	31	576,419
	32	Total net assets or fund balances	71,487	32	576,419
	33	Total liabilities and net assets/fund balances	71,546	33	575,827
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Form 990 (2019)

THE HEARTBEAT OF THE CITY 06-1757851

Par	t XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI					X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1				,554	
2	Total expenses (must equal Part IX, column (A), line 25)	2			279	,421	
3	Revenue less expenses. Subtract line 2 from line 1			3 499			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))				71,48		
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9			5	, 799	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	32, column (B))	10			576	,419	
Par	t XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
	·				Yes	No	
1	Accounting method used to prepare the Form 990 🔀 Cash 🔲 Accrual 🔲 Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in						
	Schedule O.					لـــا	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or						
	reviewed on a separate basis, consolidated basis, or both					1	
	Separate basis Consolidated basis Both consolidated and separate basis				<u> </u> -	ليزا	
b	Were the organization's financial statements audited by an independent accountant? :			2b		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					. 1	
	separate basis, consolidated basis, or both				, .		
	Separate basis Consolidated basis Both consolidated and separate basis			<u></u>	<u> </u>		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight						
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		N/A	2c	l	1	
	If the organization changed either its oversight process or selection process during the tax year, explain on					1	
	Schedule O.	,				احتا	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in						
	the Single Audit Act and OMB Circular A-133?			За		Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the						
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		N/A	3b			
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SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number HEARTBEAT OF THE CITY 06-1757851 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or \square An organization that normally receives: (1) more than $33\frac{1}{3}\%$ of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions--subject to certain exceptions, and (2) no more than $33\frac{1}{3}\%$ of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b | Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d | Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e | Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations -Provide the following information about the supported organization(s). (iv) Is the organization (vi) Amount of other (i) Name of supported (ii) EIN (iii) Type of organization (V) Amount of monetary listed in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions)) Yes No (A) (B) (C) (D) (E) **Total**

Part III

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below please complete Part II.)

Sec	etion A. Public Support	nder the tests liste	d below, picase	complete rait ii.			
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	103,556	61,633	103,556	82,328	778,55	4 1,129,627
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	103,556	61,633	103,556	82,328	778,55	1,129,627
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						1 100 607
	Public support. (Subtract line 7c from line 6.)	<u> </u>					1,129,627
	tion B. Total Support	 			· · · · · · · · · · · · · · · · · · ·		
Cale 9	ndar year (or fiscal year beginning in) Amounts from line 6	(a) 2015 103,556	(b) 2016 61,633	(c) 2017 103,556	(d) 2018 82,328	(e) 2019 778,55	(f) Total 4 1,129,627
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	177				18	9 366
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975			;			
C 11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	177				18	9 366
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12)	103,733	61,633	103,556	82,328	778,74	3 1,129,993
14	First five years. If the Form 990 is for the organization, check this box and stop here	ganızatıon's fırst, s	second, third, fou	urth, or fifth tax ye	ar as a section	501(c)(3)	▶ 🛘
Sec	tion C. Computation of Public Sup	port Percent	age				
15	Public support percentage for 2019 (line 8, co	olumn (f), divided	by line 13, colur	nn (f))		15	99.97%
16	Public support percentage from 2018 Schedu	ıle A, Part III, line	15			16	%
Sec	tion D. Computation of Investment	t Income Per	centage	-		_	
17	Investment income percentage for 2019 (line	:10c, column (f), c	divided by line 1	3, column (f))		17	0.03%
18	Investment income percentage from 2018 Sc	hedule A, Part III,	line 17		[18	%
19a	33 ¹ /3% support tests 2019. If the organiz						
b	17 is not more than 33 ^{1/3} %, check this box and stop here. The organization qualifies as a publicly supported organization						
	line 18 is not more than 33 ^{1/3} %, check this bo						
20	Private foundation. If the organization did no						▶H

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047
2019
Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

THE HEARTBEAT OF THE CITY

Employer identification number

06-1757851

PART XI LINE 9 ADJUSTMENT FOR SALE OF BUILDING AND DEPRECIATION 5799 - ALL INCOME A EXPENSES BALANCE WITH BOOKS

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

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

▶ Attach to Form 990 or 990-EZ.

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

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SECTION C LINE 9 ALL INFORMATION REGARDING THE ORANIZATION IS AVAILABLE UPON REQUEST -