Form **990**

(Rev January 2020)

Department of the Treasury Internal Revenue Service

19 9901

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047 **2019**

> Open to Public Inspection

For the 2019 calendar year, or tax year beginning 2019, and ending . 20 C Name of organization THE HEARTBEAT OF THE CITY B Check if applicable D Employer identification number Doing business as THE HEARTBEAT OF THE CITY 06-1757851 Address change Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number 742 HAMILTON AVENUE 513-541-5676 Initial return City or town, state or province, country, and ZIP or foreign postal code Final return/ G Gross OLLEGE HILL OH 45224 796,410 terminated receipts \$ Name and address of principal officer H(a) Is this a group return for subordinates? Yes X No Amended return Application pending H(b) Are all subordinates included? Yes No X 501(c)(3) 501(c)(4947(a)(1) or If "No," attach a list, (see instructions) Tax-exempt status Website: ▶ N/A H(c) Group exemption number Corporation Trust Association Other > 1990 M State of legal domicile OH K Form of organization L Year of formation Part I Summary Bnefly describe the organization's mission or most significant activities PROVIDING HELP TO NEEDY FAMILIES Activities & Governance Check this box ▶ I if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2019 (Part VI, inter 10) CORRES 1 5 300 Total number of volunteers (estimate if necessary) 6 Total unrelated business revenue from Part VIII, column (C), line 12 17 ... 7a b Net unrelated business taxable income from Form 990-T, line 39 ... APR 05 2021 0 7b **Prior Year Current Year** OGDEN, UTAH 48,000 21,437 Contributions and grants (Part VIII, line 1h) 24,784 34,328 Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) 732,333 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 Total revenue -- add lines 8 through 1,1 (must equal Part VIII, column (A), line 12) 82,328 778,554 12 153,000 Grants and similar amounts paid (Part IX; column (A), lines 1-3) 13 Benefits paid to or for members (Part IX, column (A), line 4) 14 38,750 43,998 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Professional fundraising fees (Part IX, column (A), line 11e) 475 Total fundraising expenses (Part IX; column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 58,047 82,423 97,272Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 279,421 18 -14,944499,133 Revenue less expenses. Subtract line 18 from line 12 19 **End of Year** Beginning of Current Year Total assets (Part X, line 16) 71,487 576,419 20 59 -592 Total liabilities (Part X, line 26) 21 Boé 71,428 577,011 Net assets or fund balances. Subtract line 21 from line 20 22 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. QUHIA Sign Signature of officer BEVERLY GRAVES Here EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN Check I if Paid CHARLENE ROHRER self-employed P00023493 Preparer Firm's name ▶ HRB TAX GROUP INC Firm's EIN ▶ 431871840 Use Only Firm's address ▶ 11318 MONTGOMERY Phone no. CINCINNATI OH 45249 (513)489-7703 May the IRS discuss this return with the preparer shown above? (see instructions) Yes X No Form 990 (2019) For Paperwork Reduction Act Notice, see the separate instructions.

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Form	990 (2019) THE HEARTBEAT OF THE CITY 06-1757851	Page 2
Par	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	·
1	Briefly describe the organization's mission	
, ,	PROVIDE HELP TO NEEDY FAMILIES IN THE AREA	
		
	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	∐ Yes ⊠ No
	If "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to ot	
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code) (Expenses \$21, 219 including grants of \$) (Revenue \$	17,090)
	SEE ATTACHMENT #1	
	<u> </u>	
	A 14"	
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	<u>jetti ved</u>	
	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
		
4b	(Code) (Expenses \$ 9,406; including grants of \$ 48,954) (Revenue \$)
	3	
	5 4. C. J. J. P.	
	nu Vi.	
	\$ 1	
	2, 1, 1, 5	
	:	
4c	(Code -) (Expenses \$ 6,956 including grants of \$) (Revenue \$	2,129)
	F 1	
		
		
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 37,581	
	40 0000 DWF 000 F C 14400 0000 UDD 7 0	- 000



Part IV **Checklist of Required Schedules**

			Yes	No
1	ls the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
`2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		· · · · · ·	
	candidates for public office? If "Yes," complete Schedule C, Part I .	3		Х
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	1	Х
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		ĺ
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	i		
	"Yes," complete Schedule D, Part I	6		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	-		
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	-		
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			Į.
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted			
	endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		Х
b	Did the organization report an amount for investments other securities in Part X, line 12 that is 5% or more			- /1
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D; Part VII	11b		Х
С	Did the organization report an amount for investments program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	İ	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 flabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	\neg	X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	· · · ·		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>	-+	
	Schedule D, Parts XI and XII	12a	ľ	Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	1==		
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	ĺ	Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		$\frac{1}{x}$
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X X X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	"		
	fundraising, business, investment, and program service activities outside the United States, or aggregate	[
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Χ
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		Y
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		<u>X</u>
	If "Yes," complete Schedule G, Part III	19		Χ
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		-+	
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? N/A	20a		<u>X</u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	. []	v
	Gotte gotterment out active countries, and it is a res, complete Schedule I, Paris I and II	21		<u>X</u> _

Par	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			Ţ
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3 4. or 5 about compensation of the			T
	organization's current and former officers, directors, trustees, key employees, and highest compensated	ì		1
	employees? If "Yes," complete Schedule J	23	ļ	X
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		X
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? \mathbb{N}/\mathbb{A}	24b		Ţ
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			T
	to defease any tax-exempt bonds?	24c		
ď	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. I did the organization engage in an excess benefit			T
	transaction with a disqualified person during the year? If "Yes, complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			T
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?		1	
	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%	00	ŀ	1,7
~ 7	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II. Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	26	 	X
27		ĺ	Ì	1
	creator or founder, substantial contributor or employee thereof) a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III			1
20	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	27	 	X
28	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		1	}
-	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes,"	İ	ł	}
a	complete Schedule L, Part IV	28a		X
				Τ
ь	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			Γ
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		1	
	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		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		L
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			ĺ
	related organization? If "Yes," complete Schedule R, Part V, line 2"	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule C	38		Χ
Par	t 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	<u>. </u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . 1a 0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	j	ŀ	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		1	
	reportable gaming (gambling) winnings to prize winners?	1c	J	X

Statements Regarding Other IRS Filings and Tax Compliance (continued)

Part V

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	, ķi	. 14 <u>.</u> 13.	. ₍₂₎
	Statements, filed for the calendar year ending with or within the year covered by this return 2a		3.7	٠,
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	12.3	130 1	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	<u> </u>	X
ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O N/A	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	ļ	X
b	If "Yes," enter the name of the foreign country	1.7.5		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	13.1		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	ļ	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? N/A	5c		-
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			١
h	organization solicit any contributions that were not tax deductible as charitable contributions? .	_6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N / A		ŀ	i
7	gifts were not tax deductible? N/A Organizations that may receive deductible contributions under section 170(c).	6b	ر د چی	-
и а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	15 N.	. (
a	and services provided to the payor?	7a	· · -	
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided? N./A	7b		X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	76		
•	required to file Form 8282?	7c		٠,
d	If "Yes," indicate the number of Forms 8282 filed during the year	7C		X
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	*	· v
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	1. 2.2	: :	
	sponsoring organization have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.	<u>V.</u>		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		Х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter	(مير ه غاير	ñ.	
а	Initiation fees and capital contributions included on Part VIII, line 12] []		٠,
þ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities] .		:
11	Section 501(c)(12) organizations. Enter]	
а	Gross income from members or shareholders	1 +	ار . ا	
b	Gross income from other sources (Do not net amounts due or paid to other sources	6,35 kg	\$	2.2
	against amounts due or received from them)	1.2	١٠٠	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u>X</u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 0	7;	.	
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		X
	Note: See the instructions for additional information the organization must report on Schedule O.	3.3	- [:
b	Enter the amount of reserves the organization is required to maintain by the states in which			
_	the organization is licensed to issue qualified health plans Enter the amount of receives on hand	"	.	
C 40	Enter the amount of reserves on hand			
4a	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 730 to report those payments? If "Ne," provide an explanation in School of O. N. / 3	,14a		X
ь -	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O N/A	14b		
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			٠,
	excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15		X
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?			17
	If "Yes," complete Form 4720, Schedule O.	16	-+	X
	10 COOP CHIEF ON THE PLAN TO THE PLAN T			

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

Sect	Check if Schedule O contains a response or note to any line in this Part VI ion A. Governing Body and Management	••	•	Ш
Seci	ion A. Governing body and Management		Yes	No
1a		6		
	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.	1		
b	Enter the number of voting members included on line 1a, above, who are independent 1b	0		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		j	
	the year by the following			
а	The governing body?	8a		_X
b	Each committee with authority to act on behalf of the governing body?	8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	1		
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Secti	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
þ	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 filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		<u>X</u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
C	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 have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by		Ì	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			.,
a	The organization's CEO, Executive Director, or top management official	15a		<u>X</u>
b	Other officers or key employees of the organization	15b		X
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	40-		v
_	with a taxable entity during the year? If "Yes," did the expansation follow a written policy or procedure requiring the expansation to evaluate its	16a	-	X
ь	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? N / A	106	-	
Sootie	organization's exempt status with respect to such arrangements?	16b		
17	List the states with which a copy of this Form 990 is required to be filed MOH			
17	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024–A, if applicable), 990, and 990–T (Section 50	1/0\		
10	•	r(C)		
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy	254		
13	financial statements available to the public during the tax year.	, and		
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	State the name, address, and telephone number of the person who possesses the organizations books and fecolds 🕑			

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.

Check this box if neither the orga		or any re	lated o			compen	sated a			
(A) Name and title	(B) Average hours per		box. ui	Pos t check nless pe	erson is	han one both an (trustee)		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Officer Institutional trustee		Highest compensated employee		Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
BEVERLY GRAVES	40.00	×			1 ***	2 3	**	30,000	0	0
EXECUTIVE DIRECTOR RALPH WILLIAMS	10.00	X		-	86.4	, ·	ļ			
EXECUTIVE DIRECTOR	10.00		,	ų.	\ \frac{\pi}{\pi}.	******** *******		0	0	0
LISA WILLIAMS PRESIDENT	10.00	مق بيم		X	Transfer of the			0	0	0
RODNEY MAGNUM VICE PRESIDENT	5.00 (j	1,5	7.	X				0	0	0
MELISSA DAVIS SECRETARY	5.00		3	X				0	0	0
DEBBIE DUNCAN TREASURER	5.00	÷.		X				0	0	0
· *µ	·									
	•									
, ,							ĺ			
										

Form **990** (2019)

Pai	Section A. Officers	, Director	s, Trust	ees, l	Key Er	nploy	ees, and	l High	est Compensated E	mployees (continue	;d)		
	, ` (A) Name and title	(B) Average		box, u	nt check Inless pe	erson is	han one both an /trustee)		(D) Reportable	(E) Reportable		(F) stimate mount	
. , ,		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)	fi org an	other npensa rom the ganizat id relat anizatio	ation e tion ted
											-		
					-	-							
											<u> </u>		
									A	,			
									J. J. J.				
				<u> </u>			1.	7 93 4 94 4 94	King.				
				ļ			· · · · · · · · · · · · · · · · · ·						
		-			-	14.4	1/2	13 to 1					
					15 TE	1 12 2 2 4	,						
		}		;	- اي نيان	ارس ازگر میر						_	
					ंन्स्:	<u> </u>							_
1b	Subtotal	نوزه	<u> </u>	· · · ;	LI	[•	30,000				
c d	Total from continuation she Total (add lines 1b and 1c)	((Lu)=2=	t VII, S	ection	ı A			•	30,000				
2	Total number of individuals (ii	ncluding bi			to thos	e listed	above) who i		6100,000 of			
	reportable compensation from	n the organ	ization									Yes	No
3	Did the organization list any f employee on line 1a? If "Yes,"	•						ee, or	highest compensate	ed	3		Х
4	For any individual listed on lin	ie 1a, is the	sum o	f repo	rtable (compe	nsation				-		-
5	organization and related orga Did any person listed on line										4		X
Sactio	for services rendered to the o		ı? If "Ye	s," coi	mplete	Sched	dule J fo	r such	person		5		X
1	Complete this table for your fire	ve highest											
	compensation from the organ	zation. Rej	port cor	npens	ation f	or the	calenda	r year	ending with or within	the organization's ta	ax year. (C		
	Name and I		ddress						Description of ser	vices	Compe		n
								<u> </u>					
	Table		·										
2	Total number of independent or received more than \$100,000 c							listed	above) who				

Part VIII Statement of Revenue

		Check if Schedule O co	ontains a i	response o	r note to any line in t	his Part VIII .			\sqcap
, ,	•	•				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
\$ £	1 1 2	a Federated campaigns		1a		· · · · · · · · · · · · · · · · · · ·	:		312-514
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues		1b		1	3- 3- 3-		
2,5		Fundraising events		1c		1 `	1		
ifts r A		d Related organizations .		1d	<u> </u>				
9.5		e Government grants (contr	(anottudir	1e		- - -	j. *		
Sis	f					1			
Per		similar amounts not includ	_		21,43	7			
Ē	ا ا	Noncash contributions include				┤ '			
Con	ŀ	Total. Add lines 1a-1f		1.314		21,43	7	·安州第二	Hotale in
	1				Business Code	7		a the transfer	726.4
a	2a	SLEEPING SOUN	1D			17,090	0 17,090	7. 7. 7.	Treated and a
Program Service Revenue	t					4,895	4,895		
Sel	c	DINIEDO		_		270	270		
a a	d	CAMP SMORE				2,129	9 2,129		-
ge	e	DIAPERS AND E	BABY I	FORMU		400	400		
Ē	f	All other program service	revenue			\$			
	g	Total. Add lines 2a-2f .			•	24-, 784	4		
	3	Investment income (includ	ling divide	nds, intere	st, and	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)			<u>-</u> -
		other similar amounts)			•	189	189		
	4 Income from investment of tax-exempt bond proceeds					A CARL			
	5	Royalties			▶ **	\$50 AP			
		_		Real	(II) Personal				新聞。教育
	6a		6a						
	b	•	6b		Charles Sons and	學			
	C.	Rental income or (loss)	6c			<u> </u>			
	d	Net rental income or (loss)					1		. ,
	7a	Gross amount from sales	(i) Se	ecurities	(ii).Other				- yal 4
		of assets other than inventory	7a .		750,000			,	
	l h	Less cost or other basis	- A-1-4	The Alice		F 1			
		and sales expenses	7b		17,856				
	С	o " '	76 SE	AS I Um	732,144	·	1		Let
	1 -	Net gain or (loss)		14414-1-1	. •	732,144		1 mg Year 27 19 22 244	The state of the s
	8a	Production of the state of the	sing even	ts	······································	- 1 - x	-3	1, 4, 4, 5	
ø)		(not including \$. ,	7- 7-		•
Į,	1	of contributions reported of	n line 1c)			,			-
ě	ļ	See Part IV, line 18	*-	. 8a			-		
E.		Less, direct expenses		8b		- ,			
Other Revenue	C	Net income or (loss) from for	undraising	events					
_	9a	Gross income from gaming	activities.	.					
		See Part IV line 19		9a		_	-		
		Less direct expenses		9b				1 1	
		Net income or (loss) from g		tivities	•				
	10a	Gross sales of inventory, les	SS			-	, - '	4	
		returns and allowances		10a				- 7	· :
ļ		Less cost of goods sold	.1 .	10b					?
	С	Net income or (loss) from s	ales of inv	entory	P				
s l	44.			ŀ	Business Code		· · · · · · · · · · · · · · · · · · ·		
Miscellaneous Revenue	11a								
iscellane Revenue	b					<u>-</u> .			
Sc.	q	All other revenue							
≥ _		Total. Add lines 11a-11d		. L	. >	-			
	12	Total revenue. See instruct	tions ·	<u> </u>	· · · · · · · · · · · · · · · · · · ·	778,554	24,973		<u> </u>
					· 1				

Part IX Statement of Functional Expenses

	Check if Schedule O contains a response or note to not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Ì	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	153,000	153,000		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				general San
4	Benefits paid to or for members			<u>.</u>	1
5	Compensation of current officers, directors, trustees, and key employees.	43,872	İ	43,872	
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 salanes and wages			_	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	126		126	
10 11	Fees for services (nonemployees)	4	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
a	Management	<u>لا</u> د ۳.	E 44 L 4 BY		
b	Legal · · · · ·	2,555	,- ?	2,555	
C	Accounting	´c - ,2.75		275	
d	Lobbying	2 - Ville 1			
е	Professional fundraising services. See Part IV, line 17		عر م		
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column-	`			
	(A) amount, list line 11g expenses on Schedule O)	, t			
12	Advertising and promotion	1,360		1,360	
13 14	Office expenses				
15	Royalties				
16	Occupancy	18,023	18,023		
17	Travel	3,060	3,060	 -	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	11,927	6 220	11,927	
23	Insurance.	6,789	6,789		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e If	, mer	ĺ	-	•
	line 24e amount exceeds 10% of line 25, column	ŧ	I		
	(A) amount, list line 24e expenses on Schedule O.)	· ·			
а	MISC	91	91		
a b	CAMP SMORE	6,956	6,956		
0	DINNERS	707	707		
d	SLEEPING SOUND	21,219	21,219		
e	All other expenses	9,461	9,406	55	
25	Total functional expenses. Add lines 1 through 24e	279,421	219,251	60,170	
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)	. <u>,</u>			

Part X Balance Sheet

		Check if Schedule O contains a response or not	e to an	y line in this Part X			[]
	•	`			(A) Beginning of year		(B) End of year
-, -	1	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 fo	rmer o	fficer, director,	,		 -:
	-	trustee, key employee, creator or founder, substan	tial cor	ntributor, or 35%			
		controlled entity or family member of any of these		·	* *	5	,
	6	Loans and other receivables from other disqualified			- ·	-	
		under section 4958(f)(1)), and persons described in	•	`		6	_
	7	Notes and loans receivable, net .				7	
र	8	Inventories for sale or use				8	2,500
Assets	9	Prepaid expenses and deferred charges			9		
ĕ	1	Land, buildings, and equipment cost or	1				
	'''	other basis. Complete Part VI of Schedule D	10a	310,128	,		
		Less accumulated depreciation .	10b	16,573	39,111	10c	293,555
	11	Investments publicly traded securities	100	20,010	337111	11	2337333
	12	Investments other securities. See Part IV, line 11	•		12		
	13	Investments program-related See Part IV, line	ا ئ		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)		'''	71,487	16	576,419
	17	Accounts payable and accrued expenses	1116 33)	5 120 A 80	59		-592
	18	Grants payable		74 77		18	392
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete Part	Schodulo D		21		
"	1	Loans and other payables to any current or former	,	. ~ .		21	
Liabilities	22	trustee, key employee, creator or founder, substant			·	•	•
ig G		controlled entity or family member of any of these p		1		20	
Ë		Secured mortgages and notes payable to unrelated)-		22	
	23	Unsecured notes and loans payable to unrelated th		F		23	
	24 25	Other liabilities (including federal income tax, payab				24	
	25	parties, and other liabilities not included on lines 17		l l			
		of Schedule D	-2 4). (Somplete Fait A		25	
	26	Total liabilities. Add lines 17 through 25		}	59	26	-592
	26	Organizations that follow FASB ASC 958, check	horo l			20	332
s		and complete lines 27, 28, 32, and 33.	iicie ,				•
၁၁		Net assets without donor restrictions				27	•
alaı	27	Net assets with donor restrictions		Ì			
Net Assets or Fund Balances	28	Organizations that do not follow FASB ASC 958,	obasi	, para . P. Ed.		28	
Š			cneci	chere 🕨 🗵			
ᇤ	25	and complete lines 29 through 33.		ļ	r.		•
ts c	29	Capital stock or trust principal, or current funds		<u></u>		29	
SSe	30	Paid-in or capital surplus, or land, building, or equi		<u> </u>	71 /07	30	576 410
t À	31	Retained earnings, endowment, accumulated incom	ne, or o	otner tunos	71,487	31	576,419
Ne	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

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI			•		. 🛛
1	Total revenue (must equal Part VIII, column (A), line 12)	1	}		778	,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	,133
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			71	, 487
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					. П
					Yes	No
1	Accounting method used to prepare the Form 990. X Cash Accrual Other		_	1 F.	1	₹
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			16.5		34
	Schedule O.			1	14	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a	1	Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				اير سرد	-,
	reviewed on a separate basis, consolidated basis, or both			2.5	į.	
	Separate basis Consolidated basis Both consolidated and separate basis				100	4 4
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			#10 15 1 10 3	774	5.7
	separate basis, consolidated basis, or both			1.1	7-65.	-4
	Separate basis Consolidated basis Both consolidated and separate basis			1.00		
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		
	If the organization changed either its oversight process or selection process during the tax year, explain on				1	
	Schedule O.			1.7	1 -	
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?			3a		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 Q and describe any steps taken to undergo such audits		·N/A	3b		
DA	19 99012 BWF 990 Form Software Copyright 1996 - 2020 HRB Tax Group, Inc.			Form !	990 (2	2019)
					,	/

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

THE HEARTBEAT OF THE CITY

Employer identification number 06-1757851

Pa	rt l	Reaso	n for Public Chai	ity Status (All organization	ns must com	plete this pa	art.) See instructions.		
The c	rga			ecause it is. (For lines 1 throu					
1	П	A church, con	vention of churches, or	association of churches des	cribed in se	ction 170(b)	(1)(A)(i).	,	1
2	П)(1)(A)(ii). (Attach Schedule I				\mathcal{L}	人
3	П	A hospital or a	a cooperative hospital s	ervice organization described	in section	170(b)(1)(A)(iii).	\cup	1
4	П			rated in conjunction with a ho				nter the	hospital's name
	_	city, and state		•	-•				morning of marrie,
5	П	•		efit of a college or university of	owned or or	perated by a	governmental unit desc	cribed it	·
	ш)(1)(A)(iv). (Complete F			- U. u. U U U , u	govorninomai arm acon	J.1.000 11	•
6	П			or governmental unit describe	ed in sectio	n 170/h)/1\/	Δ)(γ)		
7	Н			s a substantial part of its supp				ral publi	•
	ш		section 170(b)(1)(A)(vi		port nom a ;	govorninonie	a drint of mornt the gener	ai pubii	C
8	П			ion 170(b)(1)(A)(vi). (Comple	te Part II)				
9	Н			described in section 170(b)(erated in cor	autoction with a land-or	rant coll	000
•	ш			ege of agriculture (see instruc					
		university	a non land grant oon	ogo or agriculture (see mission	580113). LINE	i illo flame,	city, and state of the co	mege or	
10	X	· —	n that normally receive	s: (1) more than 33 ¹ / ₃ % of its	support from	m contributio	ne membership foos	and are	
	EY			xempt functionssubject to	4.7	17 Jan 18 18 18 18 18 18 18 18 18 18 18 18 18		-	33
				e and unrelated business tax	4 4 4 6	5 T			
				ne 30, 1975 See section 509		•	•	,565	
11	П			ted exclusively to test for púb					
12	Н			ted exclusively for the benefit	- 11h - +			h	
-	لــا			ganizations described in sect					
				2d that describes the type of					
а	Γ			perated, supervised, or contr					
-	L			1674					ıg
				ower to regularly appoint or e complete Part IV, Sections		nty of the un	ectors or trustees of the	;	
ь	Г			supervised or controlled in co			dad a		
	L			orting organization vested in					_1
				e Part IV, Sections A and C		ersons that c	ontrol or manage the s	apporte	a
_	Г	_	4	_ ~ .					
C	L	J Type III lund	ctionally integrated. A	Supporting organization ope	rated in con	inection with	, and functionally integi	ated wi	th,
_	Г			structions). You must comp					
d	L			ed. A supporting organization ne organization generally mus					
			* * * *					uveness	5
_	Г	7		must complete Part IV, Sec					
е	L			ceived a written determinatio			а турет, турет, туре	ш	
		- 5-,		on-functionally integrated sup	porung orga	anization.			
1		•	er of supported organiz		· -\	•	• • • •		
g				the supported organization(s			14.5	(2.2)	
(I) Na	me	e of supported. ganization	(ii) EIN	(iii) Type of organization (described on lines 1–10	listed	organization in your	(V) Amount of monetary support (see instructions)		mount of other
	Oiş	garnzadori		above (see instructions))		document?	1	Suppor	i (see msuuciions)
					Yes	No			
(A)				· · · · · · · · · · · · · · · · · · ·				·	
(B)									·
(C)							-		
D)									. <u> </u>
E)								 	
otal									

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 quali	v under the tests	listed below	please complete Part II.)	

Sec	ction A. Public Support						
Cale	endar 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	778,554	1,129,62
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	778,554	1,129,62
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons			200			
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		- مامر و فی این م				
C	Add lines 7a and 7b		Tolly my	} _			
8	Public support. (Subtract line 7c from line 6.)	,	版 /	क्षुंगें .	r y		1,129,627
	tion B. Total Support	7.35	Lik Jan				
Galei 9	ndar year (or fiscal year beginning in) Amounts from line 6	(a) 2015	(b) 2016 1 61,633	(c) 2017 103, 556	(d) 2018 82,328	(e) 2019 778, 554	(f) Total 1,129,627
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	177	N. C. C. C. C. C. C. C. C. C. C. C. C. C.			189	366
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	in the second se					
С	Add lines 10a and 10b	177				189	366
11	Net income from unrelated business activities not included in line 10b; 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.)						
	Total support (Add lines 9, 10c, 11, and 12)	103,733	61,633	103,556	82,328	778,743	1,129,993
	First five years. If the Form 990 is for the org organization, check this box and stop here	anızatıon's fırst, s	econd, third, fou	urth, or fifth tax yea	ar as a section 5	501(c)(3)	▶ []
	ion C. Computation of Public Sup						
	Public support percentage for 2019 (line 8, co		15	99.97%			
	Public support percentage from 2018 Schedu				<u> </u>	16	%
_	ion D. Computation of Investment						
	Investment income percentage for 2019 (line	<u> </u> -	17	0.03%			
							%
9a	33 1 /3% support tests 2019. If the organization is not more than 33 $^{1/3}$ %, check this box and	ation did not ched	k the box on lin	e 14, and line 15 i	s more than 33	73 %, and line	רקו ,
b	331/3% support tests 2018. If the organiza	ation did not chec	k a box on line	14 or line 19a, and	d line 16 is more	e than 33 ¹ /3%, ar	. ► M
	line 18 is not more than $33^{1/3}$ %, check this box						. ▶ 📋
D !	Private foundation. If the organization did no	t check a box on	line 14, 19a, or	19b, check this bo	x and see instru	uctions	▶ 🗍

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

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

Employer identification number

THE HEARTBEAT OF THE CITY

06-1757851

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



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SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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Inspection

2019 Open to Public

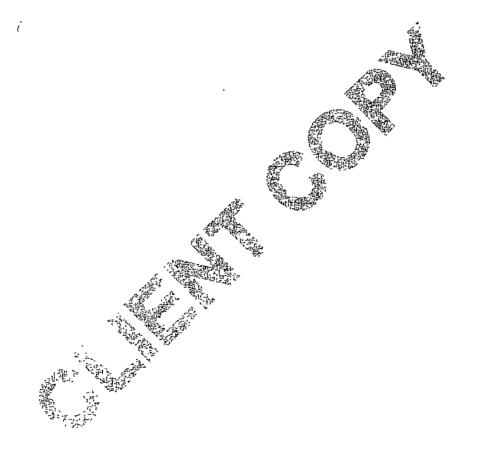
Name of the organization

THE HEARTBEAT OF THE CITY

Employer identification number

06-1757851

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



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