616



			res	NO
` 1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1	X	
2	is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			.,
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			v
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
J	assessments, or similar amounts as defined in Revenue Procedure 98–19? If "Yes," complete Schedule C, Part III \mathbb{N}/\mathbb{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		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			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted			
	endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			ĺ
	VII, VIII, IX, or X as applicable.			<u> </u>
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			.,
	complete Schedule D, Part VI	11a		X
D	Did the organization report an amount for investments other securities in Part X, line 12 that is 5% or more	445	i	Х
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_^_
C	Did the organization report an amount for investments program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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	110		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
	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			
	Schedule D, Parts XI and XII	12a		Х
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		Χ
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			v
45	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	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	13		
16	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		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		Х
	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		Χ
FDA	19 9903 BWF 990 Form Software Copyright 1996 – 2020 HRB Tax Group, Inc	Form 9	990 (2	2019)

Par	Checklist of Required Schedules (continued)			T
· 22	Did the organization report more than \$5,000 of grants or other acceptance to or for democts and audicula on	$\overline{}$	Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			١,
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22		<u> </u>
23		ĺ		ŀ
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	22		١,
240		23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	240		١,
	through 24d and complete Schedule K. If "No," go to line 25a	24a	 	X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? N/A	24b		├
С				1
	to defease any tax-exempt bonds?	24c		├
	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			١.,
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
þ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			l
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			١
	If "Yes," complete Schedule L, Part I	25b	ļ	X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current		1	
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,		l	۲,
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		<u> </u>	
20				
_	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		X
þ	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	, !		
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	!		
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	:		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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		l 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 O	38		X
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
- 4	Check if Schedule O contains a response or note to any line in this Part V			Γ
	Constitution of the contract o		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		,	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			l
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			

1c

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		5 m	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 1	297	25(3)	
þ	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)	1300	3.5	82%
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		_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,	İ		•
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country	AUR CH		100
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	190	- 1	755
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886–T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
b	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	70.	19 19 A	P 48.
' a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	4.7		, V
u	and services provided to the payor?	7a	SEAR	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? N./A	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
_	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	W1-2		****
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Χ
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Χ
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098–C?	7h		Χ
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	2	E1 \(\frac{1}{2}\)	20
	sponsoring organization have excess business holdings at any time during the year?	8		Χ
9	Sponsoring organizations maintaining donor advised funds.		Kalia Maria	
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	i _be~ ı	X
10	Section 501(c)(7) organizations. Enter	1.7	地	羰
a	Initiation fees and capital contributions included on Part VIII, line 12 · · · · · · · · · · · · · · · · · ·	4		
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]	3000		2
11	Section 501(c)(12) organizations. Enter Gross income from members or shareholders	233	1	ga ji
a b	Gross income from other sources (Do not net amounts due or paid to other sources	1.64		
J	against amounts due or received from them.)	1	***	A ₂ xX
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	استخلست	X
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	\vdash		:3K
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		3.5
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.	334	(J. 74)	4.
b	Enter the amount of reserves the organization is required to maintain by the states in which	2.5	2	1
	the organization is licensed to issue qualified health plans	17.5		4.4
С	Enter the amount of reserves on hand	3.34	334	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schodule O \cdot	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.	10 m	15. E	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O	256.5	81.2	24.2

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 Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year \cdots . 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. Enter the number of voting members included on line 1a, above, who are independent . . . 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 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? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 6 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? Χ 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X The governing body? 8a а Each committee with authority to act on behalf of the governing body? b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No Χ 10a Did the organization have local chapters, branches, or affiliates? 10a 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? $\dots N/A$ 10b X 11a part a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Χ 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12¢ 13 14 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization 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 with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed \(\bigset\) OH Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Other (explain in Schedule O) Own website Another's website

Form **990** (2019)

19

20

financial statements available to the public during the tax year.

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and

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

Part VII	Compensation of	Officers,	Directors,	Trustees,	Key En	nployees,	Highest	Compensate	∍d
	Employees, and li	ndepende	ent Contrac	ctors					

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 organization nor any related organization compensated any current officer, director, or trustee.								rector, or trustee.		
(A)	(B)		(C) Position				(D)	(E)	(F)	
Name and title	Average hours per week		box, un	check less pe	more th	nan one both an trustee)		Reportable compensation	Reportable compensation from related	Estimated amount of
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
BEVERLY GRAVES	40.00	X						30,000	0	0
EXECUTIVE DIRECTOR										
RALPH WILLIAMS	10.00	X						0	0	0
EXECUTIVE DIRECTOR										
LISA WILLIAMS	10.00			×			i	0	0	0
PRESIDENT			ļ							
RODNEY MAGNUM	5.00			×		ŀ		0	0	0
VICE PRESIDENT				×	ļ					
MELISSA DAVIS	5.00			^				0	0	0
SECRETARY				×			ļ		0	0
DEBBIE DUNCAN TREASURER	5.00			^	1			0	U	U
	=									_

Form **990** (2019)

Part	VII Section A. O	fficers, Directors	, Truste	es, K	еу Еп	nploye	es, and	High	est Compensated E	mployees (continue	d)
•	(A) Name and title	(B) Average	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable	(E) Reportable	(F) Estimated amount of
		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)	other compensation from the organization and related organizations
									-		
-											
				•							_
1b c	Subtotal	ion sheets to Pa	rt VII, Se	ection	 1 A				30,000		
d	Total (add lines 1b a							•	30,000		
2	Total number of indivi	duals (including b	ut not lir	nited	to thos	se liste	d above) who	received more than	\$100,000 of	
	reportable compensat	tion from the orga	nızatıon	<u> </u>							
3	Did the organization li	-						-	-	ed	Yes No
4	employee on line 1a? For any individual liste	-									
7	organization and relat										. 4 X
5	Did any person listed										
	for services rendered	to the organizatio	n? If "Ye	s," co	mplete	Sche	dule J fo	r sucl	n person		5 X
	on B. Independent Con			_							
1	Complete this table fo	-									27 VO25
	compensation from th	e organization. He	eport cor	mpens	ation	tor the	calenda	ır year	(B)	the organization's t	(C)
	Nar	ne and business a	address						Description of se	rvices	Compensation
							-	_			
											
									 		
2	Total number of indepreceived more than \$			_				e listed	d above) who	' •	

		Check if Schedule O co	ontains	a respo	nse or	note to any line in the	nis Part VIII			
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
nts	1a	Federated campaigns		[1a		造物产产品			
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues		· · · · · [·	1b					
ß, (С	Fundraising events .			1c					
a ii	d	Related organizations		[1d					
ě.E	е	Government grants (contr	ribution	ıs) . 🗀	1e					
iž iž S	f	All other contributions, gif	fts, grar	nts, &		•				
ള		similar amounts not include	ded ab	ove '	1f	21,437			"快速"	
g z	g	Noncash contributions include	ed in line	s 1a-1f	1g \$	_				
_ <u>Ç</u> £	h	Total. Add lines 1a-1f.				▶	21,437	Profession of the Contract of	经展行的	
						Business Code		MANUEL TO		
e S	2a	SLEEPING SOUN					17,090			
Program Service Revenue	b		HOOI	ıS -			4,895			
Sugar	С						270		<u> </u>	
eve	d						2,129		L	
5 E	`e				<u>umu</u>		1 400	400	,	
•	†	All other program service			•		24,784	8/3_86 279=69 89; \$45,32725946; 4,372	2 p. 5 6 cm, 72 ki 5 2 ki , cm,	m MCE the Conference of the Co
	⊢ <u> </u>	Total. Add lines 2a-2f				· · · · · · · •	24,764		是四個國際	李文章《新教》
	3	Investment income (include	ding div	vidends,	intere	st, and	189	189		
,	١.	other similar amounts)						103		
	4	Income from investment of	of tax-e	exempt b	ona p	_		<u> </u>		
	5	Royalties		/\ Daal	•	, ▶	MARCH STATE OF STATE	Display Control	A STANCE OF THE PARTY.	**************************************
		Cross roots	6-	(ı) Real		(II) Personal			STORY PRO	
		Gross rents Less rental expenses	6a 6b						1000	
,	l		6c							
	d		ــــــــــــــــــــــــــــــــــــــ	<u>_</u>		▶	ACCEPTANT CONTRACTOR OF THE SECOND	Walter Company	\$5 6 4 4 4 19 7 19 14 15 14 19 14 14 14 14 14 14 14 14 14 14 14 14 14	THE MESTING TOWNS PARE
	"	Net remainiconne or (1055	· —) Securit		(II) Other	· · · · · · · · · · · · · · · · · · ·	MELANTA CONTRACTOR	131206444444C	
	7a	Gross amount from sales) Gecuiii	1100	(ii) Otriei				
		of assets other than inventory	_{7a}			, 750,000				
	n	Less cost or other basis	'" 							
	~	and sales expenses	7b			17,856				
		Gain or (loss)	7c			732,144				
	l	Net gain or (loss)					732,144	The same of the same of the	Salvata No. attach. Contract Date	Col and the Second of Con-
	l	Gross income from fundra	aising e	events						
a)	"	(not including \$								
Ž		of contributions reported	on line	1c).	7					
eve		See Part IV, line 18			. 8a	•				
Œ	ь	Less direct expenses .			. 8b	•				
Other Revenue	С	Net income or (loss) from	fundra	ising eve	ents	▶	100 May 100 Ma			
0		Gross income from gamin							WELL STATES	
	ļ	See Part IV, line 19			9a					
	b	Less direct expenses			9b					
•	С	Net income or (loss) from	gamin	g activitie	es	., .,▶				
	10a	Gross sales of inventory, I	less							
		returns and allowances .			10a					
*	b	Less cost of goods sold			10b					
	C	Net income or (loss) from	sales c	finvent	ory		0			2
σ`						Business Code	是認識的學習	新學院或形	治學是	作品等於
Miscellaneous Revenue	11a					•				
ane	b		_				_			
iscellane Revenue	c									
Mis R.		All other revenue			• • •			and an area of the second	No. 1998 St. of the American March	Topa /JESE / CLIANIC CONT.
		Total. Add lines 11a-11d			<u> </u>	▶		X MEN TO		Note: Barrie
	12	Total revenue Sociente					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 (B) Program service (A) Total expenses (D) Do not include amounts reported on lines 6b, 7b, Management and Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ·斯· (2014年) Grants and other assistance to domestic 153,000 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, Benefits paid to or for members THE TRUE TO THE CONTRACTOR OF THE Compensation of current officers, directors, 43,872 43,872 trustees, and key employees 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 126 126 10 Payroll taxes 11 Fees for services (nonemployees) 2,555 2,555 b 275 Accounting Lobbying . . . THE PROPERTY OF THE PARTY THE Professional fundraising services. See Part IV, line 17 ... Investment management fees ... f 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 18,023 18,023 16 Occupancy 3,060 3,060 17 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 11,92 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.) MISC 6,956 6.956 CAMP SMORE b 707 701 DINNERS c 21,219 21,219 SLEEPING SOUND d 9,406 9.461 e All other expenses 279,421 219,251 60,170 25 Total functional expenses. Add lines 1 through 24e 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,		5.7.5	TENESCE MARY
		trustee, key employee, creator or founder, substantial contributor, or 35%		1	
	1	controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			CONTRACTOR OF THE SECOND
		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		V9.5	THE STATE OF THE S
		other basis. Complete Part VI of Schedule D 10a 310, 128		100	
	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	
	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,	The state of the s	**	CAME CAN ESTATE
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%		1	
jab		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	59	26	0
		Organizations that follow FASB ASC 958, check here ▶	PARTIE WALKET	5 35 cd	
ès		and complete lines 27, 28, 32, and 33.			
auc	27	Net assets without donor restrictions · · · · · · · · · · · · · · · · · · ·		27	
Ba	28	Net assets with donor restrictions		28	
힏		Organizations that do not follow FASB ASC 958, check here	THE TRANSPORT OF	2	CALL STATE TO SAID
ī.		and complete lines 29 through 33.			
Ď	29	Capital stock or trust principal, or current funds		29	
sets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds $\ldots \ldots$	71,487	31	576,419
Net Assets or Fund Balances	32	Total net assets or fund balances	71,487	32	576,419
	33	Total liabilities and net assets/fund balances	71,546	33	576,419
FDA	19	99011 BWF 990 Form Software Copyright 1996 – 2020 HRB Tax Group, Inc			Form 990 (2019)

1 01111	THE HEARIBEAT OF THE CITY 00-1/5/001		ray	C 12
Par	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)		778	,554
2	Total expenses (must equal Part IX, column (A), line 25)		279	,421
3	Revenue less expenses Subtract line 2 from line 1		499	,133
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		71	,487
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain in Schedule O)		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))		576	,419
Part	XII Financial Statements and Reporting			_
	Check if Schedule O contains a response or note to any line in this Part XII			
	<u> </u>		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	ŀ		
	Schedule O.			
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			
	Separate basis Consolidated basis Both consolidated and separate basis			
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			
	separate basis, consolidated basis, or both	İ		
	Separate basis Consolidated basis Both consolidated and separate basis			
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			
	Schedule O.			
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			
FDA	19 99012 BWF 990 Form Software Copyright 1996 – 2020 HRB Tax Group, Inc	Form	990 (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

Employer identification number Name of the organization THE 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). 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). 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 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.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 \times 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.) 11 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. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (vi) Amount of other (iv) Is the organization (ii) EIN (iii) Type of organization (V) Amount of monetary (i) Name of supported listed in your governing document? (described on lines 1-10 support (see instructions) support (see instructions) organization above (see instructions)) Yes No (A) (B) (C) (D) (E)

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2019

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	tion A. Public Support							
Cale	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		778,554	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					L		
3	Gross receipts from activities that are not an unrelated trade or business under section 513 \cdot \cdot \cdot \cdot							
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	1,129,627
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							
C	Add lines 7a and 7b · · · · · · · · · · · · · · · · · ·							1,129,627
8	Public support. (Subtract line 7c from line 6)	L	-		,			1,123,027
	tion B. Total Support	(=) 0045	(b) 0046	(=) 0047	(d) 2018	(0)	2010	(f) Total
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	82,328	(e) 2019 778, 554		1,129,627
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	177					189	366
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
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							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						770 743	7 120 003
13	Total support. (Add lines 9, 10c, 11, and 12)	103,733	61,633	103,556	82,328		778,743	1,129,993
14	First five years. If the Form 990 is for the or organization, check this box and stop here			urth, or fifth tax y		501(c)(3)	▶ 🛚
<u>Sec</u>	tion C. Computation of Public Sup							00 07 0
15	Public support percentage for 2019 (line 8, c				• • •	15		99.97%
16	Public support percentage from 2018 Sched				•••••	16		%
	tion D. Computation of Investmen			0 (0)		4-		0 02 %
17	Investment income percentage for 2019 (line					17		0.03%
18	Investment income percentage from 2018 Sc				l l	18	and line	
19a	$33^{1}/3\%$ support tests 2019. If the organiant is not more than $33^{1/3}\%$, check this box at	nd stop here. Th	e organization qu	ualifies as a publ	icly supported o	rganıza	tion .	· • 🖺
þ	331/3% support tests 2018. If the organic							
20	line 18 is not more than 33 ^{1/3} %, check this b	=						····【H
20	Private foundation. If the organization did n	ot check a box of	1 IINE 14, 19a, or	isp, check this i	oox and see inst	uction	<u> </u>	

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.

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

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