Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 2018 Open to Public

Department of the Treasury Internal Revenue Service

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

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

Inspection

A	ror tn	e 2018 calendar year, or tax year beginning 000 1, 2010 and	ending 0	ON 30, 2013						
В	Check if applicab	C Name of organization		D Employer identific	cation number					
	Addre	e MENDING HEARTS		William Willia	encouring contract of the COM STATE					
	Name	Doing business as		73-1	697900					
	Initial return		Room/suite	E Telephone number						
	Final				385-1696					
	terminated	ACTUAL TO SEE A SECURITION OF		G Gross receipts \$ 2,921,389.						
_	return	NASHVILLE, IN 3/220		H(a) Is this a group return						
L	tion pendi	F Name and address of principal officer: Raffill 1815	7	for subordinates? Yes X No						
-	•	SAME AS C ABOVE		H(b) Are all subordinates in	Manager Southern Transfer of Property Control					
		empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) o	or 527		list. (see instructions)					
		te: MENDINGHEARSINC.ORG	1	H(c) Group exemption						
	art I	f organization: X Corporation Trust Association Other	L Year	of formation; 2004 N	1 State of legal domicile: TN					
P	T	Summary	OUTDE	CHELMED HO	DE VID					
ģ	1	Briefly describe the organization's mission or most significant activities: TO PI	TOLLOR	BUETIEK' UC	TIDD TNC					
Governance		HEALING TO WOMEN WHO ARE HOMELESS DUE TO								
ern	2	Check this box if the organization discontinued its operations or dispos		10200	8 8					
30,	3			3 4	8					
		Number of independent voting members of the governing body (Part VI, line 1b)			38					
ies	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)			50					
Activities &	6	Total number of volunteers (estimate if necessary)			0.					
Aci	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		Prop. 1	0.					
8	b	Net unrelated business taxable income from Form 990-T, line 38								
		O = 1.21 - 12		Prior Year 1,371,788.	2,705,080.					
ne	8	Contributions and grants (Part VIII, line 1h)		432,374.	191,676.					
Revenue	9	Program service revenue (Part VIII, line 2g)		105.	165.					
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.					
	1 0000	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,804,267.	2,896,921.					
8	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.	0.					
	1 -000	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.					
	14	Benefits paid to or for members (Part IX, column (A), line 4)		860,581.	878,464.					
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e)		0.00,301.	0.					
en	10a	Total fundraising expenses (Part IX, column (D), line 25) 54, 08	30.							
Exc	47	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		638,304.	856,180.					
	1.2	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,498,885.	1,734,644.					
		Revenue less expenses. Subtract line 18 from line 12		305,382.	1,162,277.					
		Nevertue less expenses. Subtract line 10 from line 12		ginning of Current Year	End of Year					
ts or	20	Total assets (Part X, line 16)	100	2,584,089.	3,712,388.					
Asset	20	Total liabilities (Part X, line 16)	·····	729,892.	697,208.					
let.	22	Net assets or fund balances. Subtract line 21 from line 20		1,854,197.	3,015,180.					
P	art II	Signature Block		-/						
2017		alties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	knowledge and belief, it is					
		ct, and complete. Declaration of preparer (other than officer) is based on all information of wh								
		Kotne Treen		05	112/2020					
Sig	n	Signature of officer		Date						
He		Katrinia Frierson, President/CE	0							
	3	Type or print name and title								
		Print/Type preparer's name Preparer's signature			X PTIN					
Pai	d	CATHY WERTHAN CATHY WERTHAN	0	5/12/20 self-employ						
Pre	parer	Firm's name MARCUM LLP		Firm's EIN ▶	11-1986323					
Use	Only	Firm's address 401 COMMERCE STREET, SUITE 1250								
		NASHVILLE, TN 37219-2446		Phone no. (6						
Ma	v the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No					

Form 990 (2018)

Form 990 (2018) MENDING HEAR
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
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	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		_X_
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 temporarily restricted endowments, permanent			
	endowments, or 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, 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	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
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		X
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			47
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	37	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
57.E3	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
11.01	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	401		v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
020	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		Х
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		- 21
15		15		Х
16	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 assistance to			- 23
10		16		Х
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	10		21
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		Х
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		-21
18		18	Х	
19	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10	- 4.4	
19		19		х
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
20a b		20a		
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
41	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
	government out active, conditing ty, into 11 II Tes, Complete ochequie I, Parts Fario II		000	

Form	990 (2018) MENDING HEARTS 73-1697	900	Р	age 4
Pai	t IV 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			
	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 organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	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 through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			l
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26	X	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		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
	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	<u> </u>	
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	ļ	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?		-	V.,
D-	Note. All Form 990 filers are required to complete Schedule O	38	X	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V		T	\perp
		(1) (1) (1) (1)	Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter ·0· if not applicable 1a 11		100	1
b	Enter the number of Forms W-2G included in line 1a, Enter -0- if not applicable	J	LIPS SHE	

832004 12-31-18

 ${\bf c} \quad \hbox{Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming} \\$

(gambling) winnings to prize winners?

Form	990 (2018) MENDING HEARTS	73-1697	900	Р	age 5							
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)											
		1 1		Yes	No							
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2.0										
	filed for the calendar year ending with or within the year covered by this return	2a 38		**	Marie 1							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b	Х	-							
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				37							
	AND THE RESIDENCE OF THE PROPERTY OF THE PROPE		3a		X							
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		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)?											
b	If "Yes," enter the name of the foreign country: ▶											
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	55 55			v							
			5a	-	X							
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac		5b		Δ							
	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		٥-		Х							
	any contributions that were not tax deductible as charitable contributions?		6a	-	Λ							
b	If "Yes," did the organization include with every solicitation an express statement that such contribution		Ol-									
_	were not tax deductible?		6b		ione.							
7	Organizations that may receive deductible contributions under section 170(c).	deep availed to the naver	7.	Х								
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv		7a	X								
			7b	Δ.								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		7-		X							
1002	to file Form 8282?		7c	Select	11							
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	7e		Х							
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7f		X							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra If the organization received a contribution of qualified intellectual property, did the organization file For		7g		44							
g	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		79 7h		-							
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained											
8			8	(P.E.P.)	autions.							
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.		0									
			9a	300000	MIR.							
a b			9b									
10	Section 501(c)(7) organizations. Enter:		0.0		8E.							
а	Initiation fees and capital contributions included on Part VIII, line 12	10a										
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b										
11	Section 501(c)(12) organizations. Enter:	100										
'' a	Gross income from members or shareholders	11a										
	Gross income from other sources (Do not net amounts due or paid to other sources against	114										
- 1	amounts due or received from them.)	11b										
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a									
		12b										
13	Section 501(c)(29) qualified nonprofit health insurance issuers.											
	Is the organization licensed to issue qualified health plans in more than one state?		13a									
1000	Note. See the instructions for additional information the organization must report on Schedule O.											
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	13b										
С	Enter the amount of reserves on hand	13c										
			14a		X							
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule		14b									
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner											
.~	excess parachute payment(s) during the year?		15		Х							
	If "Yes," see instructions and file Form 4720, Schedule N.											
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X							
45	If "Yes," complete Form 4720, Schedule O.		Hapter 1	8.11								
-			F	. 000	/2010							

Form 990 (2018) MENDING HEARTS

Part VI Governance, Management, and Disclosure
For each "Yes" response to lines 2 through 7b below, and for a "No" response or changes in Schedule O. See instructions. to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	to line ba, ab, or rob below, describe the unburnistances, processes, or changes in constant of the unburnistances.			
-	Check if Schedule O contains a response or note to any line in this Part VI	*****		X
Sec	tion A. Governing Body and Management			Γ.,
	Enter the number of voting members of the governing body at the end of the tax year		Yes	No
1a	Effect the harmon of voting members of the governing body at the order of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
12	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0. Enter the number of voting members included in line 1a, above, who are independent.			
b	Enter the number of voting members included in the ray above, the are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	2	Х	
	officer, director, trustee, or key employee?	2	A	<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	١,		Х
140	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			X
6	Did the organization have members or stockholders?	6	-	- 17
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	-		Х
127	more members of the governing body?	7a		Δ.
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	-		v
	persons other than the governing body?	7b	16_F2T	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		v	
а	The governing body?	8a	X	-
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			37
_	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		T.	Г
5250		T	Yes	-
	Did the organization have local chapters, branches, or affiliates?	10a	-	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	37	
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	an firehan
b		I AMERICA	37	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		37	
	in Schedule O how this was done	12c	X	-
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	Medites
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?			
а	The organization's CEO, Executive Director, or top management official	15a	X	37
b	Other officers or key employees of the organization	15b		X
	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		1401	37
	taxable entity during the year?	16a	Haller -	X
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		A Committee	etanjar
_	exempt status with respect to such arrangements?	16b	L	L
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed TN	1.1		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)	s only)	avalla	bie
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain in Schedule O)	ı e		
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	tinand	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	TRACIE HINSON - 6153851696			
	PO BOX 280236, NASHVILLE, TN 37228		. 000	(2018)
0000-	. 10.01.10	Forr	11 (2) (2) (1)	KILIZI

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

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

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

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.

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

Check this box if neither the organization (A)	on nor any related ((B)	or any related organization compensat						ed any current officer, di (D)	rector, or trustee. (E)	(F)	
(A) Name and Title	Average			Pos	ition	lij.		Reportable	(=) Reportable	(F) Estimated	
Name and Title	hours per	(do box	not cl	heck i	ck more than one person is both an			compensation	compensation	amount of	
	week	offic	cer an	dad	recto	r/trust	ee)	from	from related	other	
	(list any	ector						the	organizations	compensation	
	hours for	or dir	9			ated		organization	(W-2/1099-MISC)	from the	
	related	ustee	truste		a x	bens		(W-2/1099-MISC)		organization and related	
	organizations below	ual tri	ional		ploye	t com	0.000			organizations	
	line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations	
(1) KRISTY SEATON	3.00	=	=	0		T 0	u.				
DIRECTOR		X		Х				0.	0.	0.	
(2) RYAN KOVACH	3.00										
VICE CHAIR		X		X				0.	0.	0.	
(3) NICOLE WRIGHT	3.00										
TREASURER		X		X				0.	0.	0.	
(4) CHRISTINA ROBERTS	3.00										
SCRETARY		X						0.	0.	0.	
(5) BILL DALIUS	3.00							12			
DIRECTOR		X					_	0.	0.	0.	
(6) JIM THILTGEN	3.00										
DIRECTOR		X			_	_		0.	0.	0.	
(7) ELIZABETH BAUMGARTEN	3.00									0	
DIRECTOR		X		-		_		0.	0.	0.	
(8) DUKE TERRELL JR	3.00									0	
DIRECTOR	10.00	X						0.	0.	0.	
(9) KATRINA FRIERSON	40.00			37				77 600	0.	2 420	
EXECUTIVE DIRECTOR	40.00	-	_	X	_			77,609.	0.	3,428.	
(10) CHARLOTTE FRIERSON	40.00			х				79,230.	0.	0.	
VICE PRESIDENT		-		Λ	-			19,230.	0.	0.	
					-		-				
		-	-		-	_	-				
		1									
		-					-				
									}		
		_				_					
		1									
		\vdash									
		Ι.									
		1									

Form 990 (2018)

Pal	T VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	t C					
	(A)	(B)	D 10						(D)	(E)		(F)	
	Name and title	Average	Average Position (do not check more than one box, unless person is both an						Reportable	Reportable		Estima	
		week					s both r/trus		compensation from	compensation from related	- 1	amour othe	
		(list any	ctor						the	organizations	co	mpens	
		hours for	or direc				ted		organization	(W-2/1099-MISC)		from t	he
		related organizations	stee o	trustee		a.	pensa		(W-2/1099-MISC)			rganiz	
		below	ual tru	lional		ploye	t com					ınd rela ganiza	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			"	garnze	itions
-													,
							_						
		ļ											
											1		
												-	
									156,839.	0	-	2	428.
1b	Sub-total								0.	0		٥,	0.
9	Total from continuation sheets to Part VI Total (add lines 1b and 1c)								156,839.	Ö		3.	428.
2	Total number of individuals (including but n							_					
	compensation from the organization									*		Yes	0 s No
3	Did the organization list any former officer,	director, or tru	uste	e, ke	y en	nplo	yee,	or	highest compensated er	nployee on		10.	
	line 1a? If "Yes," complete Schedule J for s										_ 3		X
4	For any individual listed on line 1a, is the su										8187	2500	1,,
_	and related organizations greater than \$150										4		X
5	Did any person listed on line 1a receive or a										. 5	di Danisa	X
Sec	rendered to the organization? If "Yes," contion B. Independent Contractors	рјете оспедин	e <i>J 1</i>	Or St	ICH J	oers	OH						1
1	Complete this table for your five highest co		5.0								sation	from	
	the organization. Report compensation for (A)	the calendar ye	ear e	endir	ng w	ith c	or wi	thin	the organization's tax y	ear.		(C)	
	Name and business	address	N	INC	3				Description of s	services	Com	pensat	ion
-								-					
		- Coular Silvetono						_	eu				
				×									
**********				i								- manual e con-	
2	Total number of independent contractors (i \$100,000 of compensation from the organi		ot lir	nite	d to	thos)	-	ted	above) who received me	ore than			
	+ 100,000 of compondutor from the organi										For	m 990	(2018)

Form 990 (2018) MENDING
Part VIII Statement of Revenue

			Check if Schedule O contai	ins a response o	or note to any line	in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
SS	1 :	а	Federated campaigns	1a	70,957.				
an			Membership dues						
호임			Fundraising events		193,126.				
ffs, A			Related organizations		250,220				
ig ig			Government grants (contributio		281,824.				
Sir				,	201,024.				
iệ a	1		All other contributions, gifts, grants		159,173.				
들됨			similar amounts not included above	Control of the contro					
Contributions, Gifts, Grants and Other Similar Amounts			Noncash contributions included in lines 1a			705 000			
OB		h	Total. Add lines 1a-1f			2,705,080.			
			DEGITORM DELIGNIE		Business Code	107 010	107 010		
Se	2		RESIDENT REVENUE		623990	107,019.	107,019.		
e Zi	I	b	INSURANCE REVENU	JE	623990	84,657.	84,657.		
วัง เมื่อ		С	· · · · · · · · · · · · · · · · · · ·						
ran Sev		d							
Program Service Revenue		е	to the state of th						
ھ ا	1		All other program service reven						
\rightarrow			Total. Add lines 2a-2f			191,676.			1 15/81 (4) 11/10/11/19
	3		Investment income (including d						4.55
			other similar amounts)			165.			165.
- 1	4		Income from investment of tax-	exempt bond p	roceeds				
	5		Royalties		>				
			L	(i) Real	(ii) Personal				
	6	a	Gross rents						
- 1	1	b	Less: rental expenses						
		С	Rental income or (loss)						
	,	d	Net rental income or (loss)						
	7	а	Gross amount from sales of	(i) Securities	(ii) Other				
			assets other than inventory						
	1	b	Less: cost or other basis						
- 1			and sales expenses						
		С	Gain or (loss)						
			Net gain or (loss)						
0	8		Gross income from fundraising						
enue			including \$193,12	26 • of	8				
eye			contributions reported on line 1	c). See					
Other Re			Part IV, line 18	a	24,468.				
the		b	Less: direct expenses		24,468.				
0			Net income or (loss) from fundr			0.			
			Gross income from gaming act						
			Part IV, line 19	a					
		b	Less: direct expenses						
			Net income or (loss) from gamin						
	10	а	Gross sales of inventory, less re	eturns					
			and allowances	a					
		b	Less: cost of goods sold						
			Net income or (loss) from sales						
			Miscellaneous Revenue		Business Code				
Γ	11	а							
		b							
		С							
		d	All other revenue						
- 1			Total. Add lines 11a-11d						
						2,896,921.	191,676.	0	. 165.

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 expenses (**D**) Fundraising (A) Total expenses Do not include amounts reported on lines 6b, Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 10,856. trustees, and key employees 117,320. 75,889. 204,065. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 254,450. 39,144. 580,249. 286,655 Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 30,868. 30,868. Other employee benefits 28,285. 30,917. 4,080. 63,282. Payroll taxes 10 Fees for services (non-employees): 11 a Management b Legal 200. 200. Accounting d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 242,828. 242,478. 350. column (A) amount, list line 11g expenses on Sch O.) 730. 730. 12 Advertising and promotion 23,548. 17,172. 6,376. 13 Office expenses 26,807. 26,807. 14 Information technology 15 Royalties 186,815. 175,565 11,250. 16 Occupancy 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 30,344. 30,344. 20 Payments to affiliates 21 100,642. 100,642. Depreciation, depletion, and amortization 22 75,638. 75,638. Insurance 23 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 69,200. 66,410. 2,790. PROGRAM EXPENSES 33,360. 33,360. TAXES & FEES 25,932. c REPAIRS & MAINT. 25,932. 15,442. d EQUIP. RENTAL & MAINT. 15,442. 8,342. 24,694. 16,352. e All other expenses 1,734,644. 674,051. 54,080. 1,006,513. Total functional expenses. Add lines 1 through 24e 25 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)

		Check if Schedule O contains a response or note to any line in this Part X	(A)		(B)
	V		Beginning of year		End of year
	1	Cash - non-interest-bearing	145,605.	1	179,842
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	94,952.	4	68,402
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ts		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
Ä	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 3,755,077.			
	b	basis. Complete Part VI of Schedule D Less: accumulated depreciation 10a 3,755,077. 416,309.	2,161,929. 1,425.	10c	3,338,768
	11	Investments · publicly traded securities	1,425.	11	132
	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	180,178.	15	125,244
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,584,089.	16	3,712,388
	17	Accounts payable and accrued expenses	280,364.	17	197,984
	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	
S	22	Loans and other payables to current and former officers, directors, trustees,			
litie		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	2,350. 496,274.
	23	Secured mortgages and notes payable to unrelated third parties	448,928.	23	496,274
	24	Unsecured notes and loans payable to unrelated third parties	Jacobson and Company of the Company	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	600.	25	600
	26	Total liabilities. Add lines 17 through 25	729,892.	26	697,208
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
Se		complete lines 27 through 29, and lines 33 and 34.	4 554 054		0.054.000
anc	27	Unrestricted net assets	1,754,971.	27	2,954,980
3ala	28	Temporarily restricted net assets	99,226.	28	60,200
P P	29	Permanently restricted net assets	musicules and desirable and desirable and	29	
Ξ		Organizations that do not follow SFAS 117 (ASC 958), check here			
ō		and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	1 054 105	32	2 015 100
Z	33	Total net assets or fund balances	1,854,197.	33	3,015,180
	34	Total liabilities and net assets/fund balances	2,584,089.	34	3,712,388. Form 990 (2018

832011 12-31-18

Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI		*********						
			Date Service/	esser market	ran in				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,89						
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,73						
3	Revenue less expenses. Subtract line 2 from line 1	3	1,16						
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))								
5	AS THE THE THREE TO SERVE AS A COST OF THE THREE TO SERVE THE THREE THRE								
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			0.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,								
	column (B))	10	3,01	5,1	80.				
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII								
				Yes	No				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.							
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:			6 1 E	delin.				
	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:								
	X Separate basis Consolidated basis Both consolidated and separate basis								
С	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?		2c		X				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit							
	Act and OMB Circular A-133?		За		X				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit							
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b						
			Form	990	(2018)				

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

Open to Public Inspection

Nan	me of the organization Employer identification number													
100			ING HEARTS						3-1697900					
Pa	rt I	Reason for Public (Charity Status (All organizations must co	omplete thi	is part.) Se	e instructions	3.						
The	organ	ization is not a private found	lation because it is: (f	For lines 1 through 12, c	heck only	one box.)								
1		A church, convention of ch	urches, or associatio	n of churches described	l in sectio	n 170(b)(1)(A)(i).							
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 99	90-EZ).)								
3		A hospital or a cooperative	hospital service orga	anization described in s	ection 170	(b)(1)(A)(ii	i).							
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,					
		city, and state:												
5		An organization operated for	or the benefit of a col	lege or university owned	d or operate	ed by a go	vernmental u	nit describe	ed in					
		section 170(b)(1)(A)(iv). (C	Complete Part II.)											
6		A federal, state, or local government	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).							
7	X	An organization that norma	lly receives a substar	ntial part of its support f	rom a gove	ernmental	unit or from th	ne general p	oublic 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.)												
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	nction with a	land-grant	college					
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or					
		university:		Marine V										
10		An organization that norma	Illy receives: (1) more	than 33 1/3% of its sup	port from c	ontributio	ns, membersl	nip fees, an	d gross receipts from					
		activities related to its exen	npt functions - subjec	ct to certain exceptions,	and (2) no	more thar	33 1/3% of it	ts support f	from gross investment					
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	om busines	ses acqui	red by the org	janization a	fter June 30, 1975.					
		See section 509(a)(2). (Co	mplete Part III.)											
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50)9(a)(4).							
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	ne function	ns of, or to ca	rry out the	purposes of one or					
		more publicly supported or							Check the box in					
	_	lines 12a through 12d that												
а				CONTRACTOR OF CONTRACTOR AND AND ADDRESS OF CONTRACTOR AND ADDRESS OF	MANAGE SANCTO SECTION OF THE SANCTON									
		the supported organization			majority o	f the direc	tors or truste	es of the su	ipporting					
and of common	_	organization. You must o							•					
b														
		control or management o			ame perso	ns that co	ntrol or mana	ge the supp	ported					
	_	organization(s). You mus				******	17 11		1 20					
С	L	☐ Type III functionally inte						lly integrate	ed witn,					
520	r -	its supported organization	AND CONTRACTOR OF THE PROPERTY					tad araani	ration(a)					
d		Type III non-functionally												
		that is not functionally int requirement (see instruct						anallenin	/eness					
_	Г	Check this box if the orga						II. Typo III						
е	_	functionally integrated, or					Type i, Type	ii, Type iii						
f	Ente	er the number of supported of			0 0									
,		vide the following information							L					
9		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount o	f monetary	(vi) Amount of other					
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)					
				abovo (odo monachono)										
				5										
					<u> </u>									
				3,55,745										
			Aliyes osalikon kandunik											
Tota	1				Maria de Maria	Waller (Essis)								

Schedule A (Form 990 or 990-EZ) 2018 MENDING HEARTS 73-1697

| Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not	1400000	1052006	1040005	1271700	2705000	7706700
	include any "unusual grants.")	1408032.	1053806.	1248086.	1371788.	2705080.	7786792.
2	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities						
-	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1408032.	1053806.	1248086.	1371788.	2705080.	7786792.
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						288,518.
	Public support. Subtract line 5 from line 4.						7498274.
	ction B. Total Support	-			7.50		
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015 1053806.	(c) 2016 1248086.	(d) 2017 1371788.	(e) 2018 2705080.	(f) Total 7786792.
	Amounts from line 4	1408032.	1023800.	1248086.	13/1/00.	2703080.	1100194.
8	Gross income from interest,						
	dividends, payments received on					1	
	securities loans, rents, royalties,				105.	165.	270.
^	and income from similar sources Net income from unrelated business				103.	100.	2,0.
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						7787062.
	Gross receipts from related activities,	etc. (see instruction	ons)			12 1	,452,301.
13	First five years. If the Form 990 is for	r the organization's	first, second, thir	d, fourth, or fifth ta	x year as a section	n 501(c)(3)	
C	organization, check this box and stor	here		*************			>
	ction C. Computation of Publi					Lat	96.29 %
	Public support percentage for 2018 (I		5			14	0.2 0.0
	Public support percentage from 2017					15	
16a	33 1/3% support test - 2018. If the control is a support test - 2018 is the control in the control is a support test - 2018.						
1	stop here. The organization qualifies 33 1/3% support test - 2017. If the o						
D	and stop here. The organization qual						
170	10% -facts-and-circumstances test						
11d	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
h	10% -facts-and-circumstances test						
	more, and if the organization meets the						
	organization meets the "facts-and-circ						▶ □
18	Private foundation. If the organization						
				2		edule A (Form 990	

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

MENTOTAKO HEADINO

Employer identification number 73-1697900

OMB No. 1545-0047

Pai	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds	or Accounts Complete if the			
Pai			Complete if the			
	organization answered "Yes" on Form 990, Part IV, line	(a) Donor advised funds	(b) Funds and other accounts			
		(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in w					
	are the organization's property, subject to the organization's e					
6	Did the organization inform all grantees, donors, and donor ad					
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose				
	impermissible private benefit?					
Pai	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990,	Part IV, line 7.			
1	Purpose(s) of conservation easements held by the organizatio	n (check all that apply).				
	Preservation of land for public use (e.g., recreation or ec	ducation) Preservation of a his	storically important land area			
	Protection of natural habitat	Preservation of a ce	rtified historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	of a conservation easement on the last			
	day of the tax year.		Held at the End of the Tax Year			
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements		2b			
С	Number of conservation easements on a certified historic stru	cture included in (a)	2c			
d	Number of conservation easements included in (c) acquired at	fter 7/25/06, and not on a historic struct	ture			
	listed in the National Register		2d			
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated by th	e organization during the tax			
	year ▶					
4	Number of states where property subject to conservation ease	ement is located	2			
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of				
	violations, and enforcement of the conservation easements it	holds?	Yes No			
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing cor	servation easements during the year			
						
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing conserv	ation easements during the year			
	▶ \$					
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	0(h)(4)(B)(i)			
	and section 170(h)(4)(B)(ii)?		Yes No			
9	In Part XIII, describe how the organization reports conservatio	n easements in its revenue and expense	e statement, and balance sheet, and			
.55	include, if applicable, the text of the footnote to the organization	on's financial statements that describes	the organization's accounting for			
	conservation easements.					
Pai	t III Organizations Maintaining Collections of		ther Similar Assets.			
	Complete if the organization answered "Yes" on Form					
1a	If the organization elected, as permitted under SFAS 116 (ASC					
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII,					
	the text of the footnote to its financial statements that describ	es these items.				
b	If the organization elected, as permitted under SFAS 116 (ASC	C 958), to report in its revenue statemer	nt and balance sheet works of art, historical			
	treasures, or other similar assets held for public exhibition, ed	ucation, or research in furtherance of pu	ublic service, provide the following amounts			
	relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1					
			(\$400) 1000			
2	If the organization received or held works of art, historical trea	sures, or other similar assets for financi	al gain, provide			
	the following amounts required to be reported under SFAS 11	6 (ASC 958) relating to these items:				
а	Revenue included on Form 990, Part VIII, line 1					
b	Assets included in Form 990, Part X					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2018

MENDING HEARTS Schedule D (Form 990) 2018 Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (including name of security) (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) Financial derivatives (2) Closely-held equity interests (A) (C) (D) (E) (F) (G) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (c) Method of valuation: Cost or end-of-year market value (a) Description of investment (b) Book value (1) (2) (3) (4)(5) (6)(7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2)(3) (4) (5)(6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value	
(1) Federal in	ncome taxes		
(2) DEPOS	SITS	600.	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	▶ 600.	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) 2018 Schedule D (Form 990) 2018 MENDING HEARTS 73Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1			1	2,895,627.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		i de la	
a		-1,294.		
b		2b		
c		2c		
d		2d		
e	Add lines 2a through 2d		2e	-1,294.
3	Subtract line 2e from line 1		3	2,896,921.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			· · · · · · · · · · · · · · · · · · ·
a		la		
b	ADDRESS OF THE STATE OF THE STA	lb		
c	Add lines 4a and 4b		4c	0.
5	Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	2,896,921.
Pai	rt XII Reconciliation of Expenses per Audited Financial Statements	With Expenses per F	eturn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements		1	1,734,644.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		3012 302	
а	A COMPANIAN DESCRIPTION OF THE CONTROL OF THE CONTR	2a		
b	1:	2b		
С		2c		
d		2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	1,734,644.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	la		
b	Other (Describe in Part XIII.)	lb		
С	Construction of the Constr		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	1,734,644.
Pai	rt XIII Supplemental Information.			
Provi	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lin	nes 1b and 2b; Part V, line 4	; Part X	, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional	l information.		
VI_000000				
PAF	RT X, LINE 2:			
THE	E ORGANIZTION IS A NONPROFIT ORGANIZATION EXEM	MPT FORM INCOM	E TA	XES UNDER
an.	NETON FOLICA (2) OF EUR THERRING PRINTING CORE	AND MILE ODGAN	T 17 3 11	17.037 7.0
SEC	CTION 501(C)(3) OF THE INTERNAL REVENUE CODE,	AND THE ORGAN	IZAT	TON IS
OT 7	AGGIRTID AG AN ODGANITAMION MUAM IG NOM A DDII	TAME HOUSE	NT 70 C	DEETMED
CLI	ASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIV	VATE FOUNDATIO	N AS	DEFINED
7.37	CHOMION FOO(3) OF MILE THEODIST DEVICENCE CODE	THE ACCORDANCE	T.7 T (T	III (17.3.15)
<u>TI/</u>	SECTION 509(A) OF THE INTERNAL REVENUE CODE.	IN ACCORDANCE	MTJ	H GAAP,
2572		AND GRAND THE	OME	m 3 37
MAI	NAGMENT EVALUATEES THE ORGANIZATION'S FEDERAL	AND STATE INC	OME	TAX
D 17 (THE AMORE HE THE ROSEMENTS TO TRUITE IN THE STREET	TAL MAN DOCUMED	NT (1 T	IOD
REC	GULATORY FILING POSITIONS TO IDENTIFY UNCERTAINTY	IN TAX POSITIO	NS F	OR
001	TOTAL DE LUISENER DE REGORD AN AGONTER I	TATDIT TEU OD D	TOOT	000 7
COL	ISIDERATION OF WHETHER TO RECORD AN ACCRUED L	TATRILLA OK D	TSCI	OSE A
חסמ	DENIGHTAT I TARTI MIN MANAGAMENTO 1124 AMON TREMETET	ED AN MADEDTAT	TTXT/	יאד א חומדאי
FO.	TENTIAL LIABILTIY. MANAGMENT HAS NOT IDENTIFIE	ED AN WALEKTYP	OWC	EKTAIN
max	A DOCUMENTONIC MILLION DECLIED DENIANCES CONTROL DI	EGOGNITHTTON 3G	OB	TIINID 20
$\frac{1}{1}$	Y POSITIONS THAT REQUIRE FINANCIAL STATMENT RE	ECOGNITIION AS	OF.	JOME 30,

REGULATORY FILINGS ARE SUBJECT TO EXAMINATION BY THE APPLICABLE TAXING OR Schedule D (Form 990) 2018

2019 AND 2018. THE ORGANIZATIONS FEDERAL AND STATE INCOME TAX AND

Schedule D (Form 990) 2018

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization Employer identification number 73-1697900 MENDING HEARTS Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990 or 990-EZ) 2018

73-1697900 Page 2 Schedule G (Form 990 or 990-EZ) 2018 MENDING HEARTS Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events ANNUAL NONE (add col. (a) through BREAKFAST col. (c)) (event type) (total number) (event type) 217,594. 217,594. 1 Gross receipts 193,126. 193,126. 2 Less: Contributions 24,468. 3 Gross income (line 1 minus line 2) 24,468. 4 Cash prizes 5 Noncash prizes Direct Expenses 12,676. 12,676. 6 Rent/facility costs 2,100. 2,100. 7 Food and beverages 8,000. 8,000. 8 Entertainment 1,692. 1,692. 9 Other direct expenses 24,468. 10 Direct expense summary. Add lines 4 through 9 in column (d) 0. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III | Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue col. (a) through col. (c)) bingo/progressive bingo Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes 6 Volunteer labor No Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain:

Schedule G (Form 990 or 990-EZ) 2018

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

b If "Yes," explain:

832082 10-03-18

Schedule G (Form 990 or 990-EZ) 2018 MENDING HEARTS	73-1697900 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other experiences and trust of the second	entity formed
to administer charitable gaming?	
13 Indicate the percentage of gaming activity conducted in:	
	13a %
a The organization's facility	
b An outside facility	······
14 Enter the name and address of the person who prepares the organization's gaming/special events be	boks and records:
Name	
Address >	- compared the compared to the
15a Does the organization have a contract with a third party from whom the organization receives gaming	g revenue? Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$	and the amount
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party:	
und der dennet vinnigen steinigen steinigen der der den den den der	
Name	
Address >	
16 Gaming manager information:	
W.S. De	
Name	
Gaming manager compensation > \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming procee	eds to
retain the state gaming license?	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
b Enter the amount of distributions required under state law to be distributed to other exempt organizations.	***************************************
HELD INVESTIGATION OF THE PROPERTY OF THE PROP	ations of spent in the
organization's own exempt activities during the tax year \$\)\$ Supplemental Information. Provide the explanations required by Part I, line 2b, column 1.	(%) (() d Dd III E 0 Ob 10b
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instruction	ns.

832083 10-03-18

Schedule G	(Form 990 or 990-FZ)	MENDING HEARTS	73-1697900	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Inforr	nation (continued)		
		(continued)		
•			and the second s	
				-

Schedule G (Form 990 or 990-EZ)

SCHEDULE L

Transactions With Interested Persons

(Form 990 or 990-EZ)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047
2018

Open To Public Inspection

Name of the organization							21/20/20/20		identi		n nur	nber
	ENDING H						-		9790	0 0		
The state of the s		1/2	700000000		on 501(c)(4), and 501							
TO ALL THE STATE OF THE STATE O					rt IV, line 25a or 25b,	, or Form 990-EZ, Pa	art V, I	ne 40	b.	(4)	Carra	tod?
(a) Name of disqualified pe	erson (b) F	Relationship betw person and or							(d) Corrected Yes No			
		P	J	101.701						+ "	,5	140
						2022						
										-	-	
2 Enter the amount of tax in	and the state of			au diaa	valified paragna duri	ng the year under						
					uailleu persons duri			▶ \$				
3 Enter the amount of tax, if								▶ \$				
							KEALERINIRE	× -				
Part II Loans to and												
					Part V, line 38a or F	orm 990, Part IV, lin	e 26; o	or if th	e orgar	nizatio	n	
reported an amou			1	2. oan to or	(-) Oviete al	(n) Deleges due	la	\ ln	(h) Apr	roved	(i) W	ritton
	(b) Relationship with organization	(c) Purpose of loan	fron	n the zation?	(e) Original principal amount	(f) Balance due) In ault?	(h) App by boa comm	erd or	agree	ment?
ADDROVED CONTROL OF CONTROL AND CONTROL AND CONTROL OF CONTROL AND CONTROL OF CONTROL AND CONTROL OF CONTROL AND C	Hallysia 1900 Castalas approved			From	• • • • • • • • • • • • • • • • • • •		Yes	No	Yes	No	Yes	No
KATRINA FRIERSO	SEE PT V	SEE PT V			31,375.	2,350.		Х	Х			Х
							-	_				
							-					
	-			-			-	-				
	-					7/						
Total	B	- 4'A' 1-4		d Day	> \$	2,350.			ļii i			
Part III Grants or Ass		227										
(a) Name of interested pe			C 00		(c) Amount of	(d) Type	e of		le	Purn	ose o	•
(a) Name of interested po	erson	(b) Relationship interested pers			assistance	assistar				assist		
		the organiza	ation									
Name of the last o												
			12									
										·		

SEE PART V FOR CONTINUATIONS

 $\ensuremath{\mathsf{LHA}}$ For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2018

Schedule L (Form 990 or 990-EZ) 2018 MEND Part IV Business Transactions Inv	OING HEARTS olving Interested Persons.		73-1697	1900	Page 2	
	ered "Yes" on Form 990, Part IV, line 28a, 2	8b. or 28c.				
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing o organization's revenues?		
				Yes	No	
				-	ļ	
Part V Supplemental Information	16					
1.595	esponses to questions on Schedule L (see	instructions).				
SCHEDULE L, PART II, LOA	NS TO AND FROM INTERES	TED PERSON	S:			
(A) NAME OF PERSON: KATR	2					
		DIDECTOR				
(B) RELATIONSHIP WITH OR	GANIZATION: EXECUTIVE	DIRECTOR				
(C) PURPOSE OF LOAN: REP	AYMENT OF REPAIRS AND	MATERIALS '	THAT ED PAII	FOR		
PERSONALLY						
(D) LOAN TO OR FROM ORGA	NIZATION? = TO					
(E) ORIGINAL PRINCIPAL A	MOUNT \$ 31,375. (F) E	BALANCE DUE	\$ 2,350.			
(G) LOAN IN DEFAULT? = N	0					
(H) APPROVED BY BOARD OR	COMMITTEE? = YES					
(I) WRITTEN AGREEMENT? =						
	2					
		Visit Visit Constitution of the Constitution o				
				- Selection		
		N. V. C.				

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

MENDING HEARTS

Employer identification number 73-1697900

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
DISORDERS, MENTAL OR EMOTIONAL DISORDERS.
FORM 990, PART VI, SECTION A, LINE 2:
KATRINA FRIERSON AND CHARLOTTE FRIERSON HAVE A FAMILY RELATIONSHIP.
FORM 990, PART VI, SECTION B, LINE 11B:
990 IS DISTRIBUTED TO THE FULL BOARD ONCE THE FINANCE COMMITTEE HAS
REVIEWED AND ALL ARE GIVEN AN OPPORTUNITY TO ASK ANY QUESTIONS FOR
CLARIFICATION BEFORE FILING WITH THE INTERNAL REVENUE SERVICE.
FORM 990, PART VI, SECTION B, LINE 12C:
THE BOARD PERIODICALLY REVIEWS THE BOARD GUIDELINE BOOKS AND TRANSACTIONS
WHICH MAY FALL UNDER THIS POLICY.
FORM 990, PART VI, SECTION B, LINE 15A:
THE EXECUTIVE COMMITTEE DOES AN ANNUAL EVALUATION OF THE CEO AND SALARY
COMPARISON IS DONE WITH LIKE ORGANIZATIONS AND REVIEWED BY THE FULL BOARD.
FORM 990, PART VI, SECTION C, LINE 19:
FINANCIAL STATEMENTS ARE AVAILABLE FOR REVIEW UPON REQUEST. ANNUALLY AT THE
ANNUAL BREAKFAST THE ORGANIZATION PRESENTS THEIR CURRENT FINANCIALS TO THE
GENERAL PUBLIC WHICH INCLUDES POSITING ONLINE AT THEIR WEBSITE AND OTHER
CHARITY RELATED WEBSITES.

FORM 990, PART IX, LINE 11G, OTHER FEES:

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

Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

Schedule O (Form 990 or 990-EZ) (2018) Name of the organization MENDING HEARTS	Employer identification number 73-1697900			
CONTRACT SERVICES:				
PROGRAM SERVICE EXPENSES	242,478.			
MANAGEMENT AND GENERAL EXPENSES	350.			
FUNDRAISING EXPENSES	0.			
TOTAL EXPENSES	242,828.			
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	242,828.			