	_		** PUBLIC DISCLOSURE COPY Return of Organization Exempt Fror		ncome Tax	OMB No. 1545-0047
Form <b>990</b> Department of the Treasury Internal Revenue Service			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code			2022
			Do not enter social security numbers on this form as it ma	Open to Public		
Inter	nal Reve	nue Service	Go to www.irs.gov/Form990 for instructions and the lat			Inspection
<u>A</u>	or th			gJ	UN 30, 2023	
B	Check if applicab	le: <b>C</b> Name of	organization		D Employer identifica	tion number
	Addre	ge MEND				
	Name Chang	pe Doing bu	siness as		73-169790	0
	Initial	E Telephone number				
	Final return		DX 280236		615-385-1	
					<b>G</b> Gross receipts \$	4,758,971.
	return	NASH	VILLE, TN 37228		H(a) Is this a group retu	
	Applica- tion pending GANE A G. A DOVE					Yes X No
	SAME AS C ABOVE					
				527	,	st. See instructions
	Nebsi	f organization:	INGHEARTSINC.ORG X Corporation Trust Association Other L	Veen	H(c) Group exemption	number State of legal domicile: <b>TN</b>
	art I	Summary		Year		State of legal dofflicile: 1 IN
	1		e the organization's mission or most significant activities: HELP WON	MEN	RESTORE THE	IR LIVES
e	·		DICTION THROUGH TREATMENT PROGRAMS.			
Governance	2	Check this box	S.			
ver	3		if the organization discontinued its operations or disposed of ng members of the governing body (Part VI, line 1a)			10
පී	4		4	10		
ې مې	5		of individuals employed in calendar year 2022 (Part V, line 2a)			49
/itie	6		of volunteers (estimate if necessary)		50	
Activities &	7 a		business revenue from Part VIII, column (C), line 12		0.	
	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11			0.
					Prior Year	Current Year
Ð	8	Contributions	and grants (Part VIII, line 1h)		3,195,181.	4,062,622.
evenue	9	Program service	e revenue (Part VIII, line 2g)		625,719.	690,273.
Rev	10	Investment inc	ome (Part VIII, column (A), lines 3, 4, and 7d)		350.	6,076.
	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-11,586.	0.
	12		add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,809,664.	4,758,971.
	13		hilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14		o or for members (Part IX, column (A), line 4)		1,601,225.	
ŝes	15	Salaries, other	compensation, employee benefits (Part IX, column (A), lines 5-10)		1,001,225.	1,845,257.
ens	16a	Professional fu	ndraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses					1,619,360.	1,958,607.
_			s (Part IX, column (A), lines 11a-11d, 11f-24e) s. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,220,585.	3,803,864.
	18   19				589,079.	<u>955,107.</u>
-La		nevenue less (	expenses. Subtract line 18 from line 12	Bed	ginning of Current Year	End of Year
Net Assets or	20	Total assets (P	art X, line 16)		5,569,699.	7,002,696.
ASSE	21		(Part X, line 26)		552,046.	1,029,936.
Net,	22		und balances. Subtract line 21 from line 20		5,017,653.	5,972,760.
	art II	Signature				
Und	er pena	alties of perjury, I	declare that I have examined this return, including accompanying schedules and st	tateme	nts, and to the best of my k	nowledge and belief, it is

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer			Date						
-	KATRINIA FRIERSON, PRESIDI	ENT & CEO								
	Type or print name and title									
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN						
Paid	FRANCES E. LEAHY	FRANCES E. L								
Preparer	Firm's name KRAFTCPAS PLLC			Firm's EIN 62-0713250						
Use Only	e Only Firm's address 555 GREAT CIRCLE ROAD									
	NASHVILLE, TN 372	28		Phone no. 615-242-7351						
May the II	RS discuss this return with the preparer shown abo	ve? See instructions		X Yes No						

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2022)

		CARTS, INC.		73-169	7900	Page
Pai	t III Statement of Program Service	-				
	Check if Schedule O contains a response	se or note to any line in th	is Part III			. X
1	Briefly describe the organization's mission:					
	WE HELP WOMEN RESTORE T				TERM	
	TREATMENT PROGRAM THAT					
	COMMUNITY ENVIRONMENT -			Y TO PAY. WE	HELPEI	)
	440 WOMEN DURING THE CU	RRENT FISCAL	YEAR.			
2	Did the organization undertake any significant	program services during	the year which were not liste	ed on the		
	prior Form 990 or 990-EZ?				Yes	XN
	If "Yes," describe these new services on Sche	edule O.				
3	Did the organization cease conducting, or ma	ke significant changes in I	now it conducts, any program	n services?	Yes	XN
	If "Yes," describe these changes on Schedule					
4	Describe the organization's program service a	accomplishments for each	of its three largest program	services, as measured by	expenses.	
	Section 501(c)(3) and 501(c)(4) organizations	-		•	-	d
	revenue, if any, for each program service repo		Ū	,	. ,	
4a		3,224. including grants	of \$	) (Revenue \$	231,2	271.
	RESIDENTIAL TREATMENT C					
	SERVING WOMEN WITH SUBS					
	OUR HIGHLY STRUCTURED P	ROGRAM SERVES	CLIENTS WITH	THE PRIMARY P	TIRPOSE	2
	OF RESTORATION FROM ALC					-
	DISORDERS TO LEVELS OF					7
	GOAL OF THIS PROGRAM IS					
	OF CARE AND/OR REINTEGR					)
	SERVICES INCLUDE INDIVI				חמ	
	INTENSIVE CASE MANAGEME		-			
	BASED GROUPS.	INI, IKAUMA KE	COVERI GROUPS,	AND OTHER EV	TDENCE	ענ
	BASED GROUPS.					
	PROGRAM FOCUSES ON ADDR DEPENDENCIES OF THE IND FOLLOWING THERAPEUTIC P FACILITATED INDIVIDUAL /CO-OCCURRING EDUCATION GROUPS. THIS TREATMENT NORMAL DAY-TO-DAY ACTIV	IVIDUAL CLIEN ROCESSES: EVI AND GROUP THE LECTURES, AN PROGRAM ENABL	T THROUGH INVO DENCED BASED G RAPIES, FAMILY D EXPERIENTIAL ES CLIENTS TO	LVEMENT IN TH ROUPS, 12 STE THERAPY, ADD AND SKILL-BU CONTINUE WITH	E P ICTION ILDING THEIF	3
	COMMUNITY RESOURCES IF	THEY RESIDE A	T MENDING HEAR	TS.		
4c	(Code: ) (Expenses \$	including grants	of \$	) (Revenue \$		
44	Other program convises /Decevibe on Schedul	<u> </u>				
-iu	Other program services (Describe on Schedul		) (Revenue \$		)	
4e	(Expenses \$ inclue Total program service expenses	ding grants of \$ <b>2,989,582.</b>	) (Hevenue \$		)	
-10	וטנמו אוטטומווו שלו אוטל פאאפוושלט	2,505,502.			Form <b>9</b> 9	<b>90</b> (2013
32001	12-13-22	SEE SCHEDULE	O FOR CONTINU	ATION(S)		1202
		2		( - /		
04	03 781331 24023-24023	-	.05080 MENDING	HEARTS, INC.	:	2402

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 Form 990 (2022)
 MENDING HEARTS, INC.

 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? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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 Rev. Proc. 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	<u> </u>		<u> </u>
Ŭ	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			<u> </u>
5	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
10	If "Yes," complete Schedule D, Part IV	3		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		x
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
	Part VI	11a	Х	<u> </u>
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 X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X 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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
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		x
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		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			<u> </u>
		19		x
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
		20a		<u> </u>
21	It "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		<u> </u>
21		04		x
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	000	

232003 12-13-22

3 2022.05080 MENDING HEARTS, INC.

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 MENDING HEARTS, INC.
 73-1697900
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 Part IV
 Checklist of Required Schedules (continued)
 Ves
 No

			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	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
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			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	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		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N. Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
-	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 22			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
-	(gambling) winnings to prize winners?	1c	Х	
232004	4 12-13-22			(2022)
	1			、 - <i>≃−)</i>

Form	990 (2022) MENDING HEARTS, INC. t V Statements Regarding Other IRS Filings and Tax Compliance (continued)	73-1697	900	P	<sub>age</sub> 5
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			100	110
	filed for the calendar year ending with or within the year covered by this return	2a 49			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	account)?	4a		X
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 A	ccounts (FBAR).	_		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b 5c		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		50		
6a		e organization solicit	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contribution				
~	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	vices provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required			
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	ontract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by the	0		
•	sponsoring organization have excess business holdings at any time during the year?		8		
9	<b>Sponsoring organizations maintaining donor advised funds.</b> Did the sponsoring organization make any taxable distributions under section 4966?		00		
a b			9a 9b		
10	Section 501(c)(7) organizations. Enter:		55		
a	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	1		
11	Section 501(c)(12) organizations. Enter:		1		
а	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	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	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	<b>Note:</b> 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	401			
	organization is licensed to issue qualified health plans	13b	-		
	Enter the amount of reserves on hand	13c	14a		x
14a b			14a		
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				<u> </u>
	excess parachute payment(s) during the year?		15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.				_
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t income?	16		Х
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				
232005	i 12-13-22		Form	9 <b>90</b>	(2022)

5 2022.05080 MENDING HEARTS, INC. 24023-21

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 MENDING HEARTS, INC.
 73-1697900
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 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 on Schedule O. See instructions.

Check in	f Scheo	dule (	) con	tains a respo	nse or note to any line in this Part VI	
	-	_			_	

X

Sec	tion A. Governing Body and Management					
			1 10		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	10			
	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 0.		1.0			
b	Enter the number of voting members included on line 1a, above, who are independent		10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	ip with	any other			
	officer, director, trustee, or key employee?			2		X X
3	Did the organization delegate control over management duties customarily performed by or under the					
				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a					
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s					v
-	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-	•	v	
a	The governing body?			8a	X X	
b	Each committee with authority to act on behalf of the governing body?			8b	Δ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					v
800	organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue	<u>Code.)</u>		Vee	Na
10-	Did the exercise time level shortens by a short on efflicter 0			40-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?			<u>10a</u>		
D	If "Yes," did the organization have written policies and procedures governing the activities of such c			104		
110			ro filing the form?	10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ly belo		<u>11a</u>	<u></u>	
b 120	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			12a	Х	
12a	Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i>			12a 12b	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i>			120	- 11	
С	on Schedule O how this was done	, .		12c	х	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approv					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		aoponaone			
а	The organization's CEO, Executive Director, or top management official			15a	Х	
	Other officers or key employees of the organization			15b		x
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment w	rith a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga		-			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed $\_{ m TN}$					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 990	-T (section 501(c)(3)	only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website X Another's website X Upon request Other (explai	in on So	chedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c			l financ	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 bo	oks an	d records			
	KATRINIA FRIERSON - 615-385-1696					
	PO BOX 280236, NASHVILLE, TN 37228					
232006	12-13-22			Form	990	(2022)
	6					

2022.05080 MENDING HEARTS, INC.

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Form 990 (2022) MENDING HEARTS, INC.	73-1697900	Page 7						
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated								
Employees, and Independent Contractors								
Check if Schedule O contains a response or note to any line in this Part VII								
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
<ul> <li>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.</li> <li>List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.</li> </ul>								

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEĆ) 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 the 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.

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	Positic (do not check mor					Reportable	Reportable	Estimated
	hours per	box	, unles cer an	ss per	rson i	s both	an	compensation	compensation	amount of
	week (list any							from the	from related organizations	other compensation
	hours for	Individual trustee or director				_		organization	(W-2/1099-MISC/	from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	ial tru		oyee	om pe		1099-NEC)	,	and related
	below	/idual	In stitutional trustee	er	Key employee	lest co	ner			organizations
	line)	Indiv	Insti	Officer	Key	Highest compensated employee	Former			
(1) KATRINIA FRIERSON	40.00									
PRESIDENT & CEO				Х				199,366.	0.	15,972.
(2) HEATHER MCBEE	40.00									
EXECUTIVE DIRECTOR				Х				87,093.	0.	5,719.
(3) TRACIE HINSON	40.00									
<u>coo</u>				Х				67,590.	0.	10,400.
(4) YVONNE SULLIVAN	0.75									
CHAIR		Х		Х				0.	0.	0.
(5) HEATHER BARBOUR	0.40									
VICE CHAIR		Х		Х				0.	0.	0.
(6) RACHEL GERRING	0.60									
TREASURER		Х		Х				0.	0.	0.
(7) DEB MACFARLAN ENRIGHT	0.60									
SECRETARY		Х		Х				0.	0.	0.
(8) ELIZABETH BAUMGARTEN	0.30									
DIRECTOR		Х						0.	0.	0.
(9) ABBY SPARKS	0.40									
DIRECTOR		Х						0.	0.	0.
(10) KIM JAMES	0.40									
DIRECTOR		х						0.	0.	0.
(11) HALEY ZAPOLSKI	0.50									
DIRECTOR	0.40	Х						0.	0.	0.
(12) GINGER WELLS	0.40								•	
DIRECTOR	0.00	Х						0.	0.	0.
(13) BRYAN HECKMAN	0.20								•	
DIRECTOR		Х						0.	0.	0.
		-								
						-				
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Form 990 (2022)

## 08370403 781331 24023-24023

Form 990 (2022) MENDING	HEARTS,	IN	c.						73-16	597 <u>9</u>	00	Page <b>8</b>
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(do not ch hours per week officer and					son i recto	than c s both r/trust	an	(D) Reportable compensation from the organization	(E) Reportable compensatio from related organizations (W-2/1099-MIS	s	Estin amo of compe	( <b>F)</b> mated bunt of ther ensation m the
(list any hours for related organizations below line)						Former	(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		and	nization related izations	
		-										
		-										
		-										
									20	,091.		
1b Subtotal354,049.0.c Total from continuation sheets to Part VII, Section A0.0.d Total (add lines 1b and 1c)354,049.0.										<u>,091.</u> ,091.		
2 Total number of individuals (including but n									000 of reportable		52	<u>, 0910</u> 1
compensation from the organization											Y	/es No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	-			•	-			• •			3	X
4 For any individual listed on line 1a, is the su and related organizations greater than \$150	um of reportabl	e co	mpe	ensat	tion	and	oth	er compensation from t	he organization		4	x
5 Did any person listed on line 1a receive or a	accrue comper	nsatio	, on fr	om a	any	unre	late	ed organization or individ	lual for services		5	x
rendered to the organization? If "Yes." con Section B. Independent Contractors	npiete Schedule	e J to	or sl	icn r	bers	on .				····· I	5	
1 Complete this table for your five highest co the organization. Report compensation for	-									ensati	on from	ı
(A) (B)							C	(C) ompens				
THE UNIVERSITY OF MEMPHIS, PO BOX 1000, DEPARTMENT 313, MEMPHIS, TN 38148-0313 GRANT EVALUATOR								215	,499.			
SEROLED SITTER HOMECARE A 1106 ED TEMPLE BLVD, NASH					07			MEDICAL DETO NURSING SERV				,458.
2 Total number of independent contractors (i \$100,000 of compensation from the organi	•	ot lin	niteo	to t	thos 2		ted	above) who received mo	ore than			20
										I	orm 99	90 (2022)

232008 12-13-22

		(2022) MENDING HEART	S, INC.			73-1697	900 Page <b>9</b>
Pa	rt VI	II Statement of Revenue					
		Check if Schedule O contains a response of	or note to any lin		(5)	(2)	
				<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
ŝ	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	k						
ng B	c						
iffts ar A	c	Related organizations 1d					
s, G mila	e	Government grants (contributions)	655,964.				
r Si	f	All other contributions, gifts, grants, and					
ibut the			406,658.				
d O	ç	Noncash contributions included in lines 1a-1f	29,735.				
<u> </u>	ł	Total. Add lines 1a-1f		4,062,622.			
		DDOGDAN INGUDANCE DEIN	Business Code	450.000	450.000		
ice	2 a		623990 623990	459,002. 231,271.	459,002. 231,271.		
erv ue	k		023990	<u> </u>	<u> </u>		
Program Service Revenue	C						
gra Re	•						
Pro	f						
_		<b>—</b>		690,273.			
	3	Investment income (including dividends, interes					
		other similar amounts)		6,076.			6,076.
	4	Income from investment of tax-exempt bond pi					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	k						
	C						
	C	(					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory <b>7a</b>					
Ð	Ľ	<ul> <li>Less: cost or other basis and sales expenses</li> <li>7b</li> </ul>					
evenue		and sales expenses 7b c Gain or (loss) 7c					
		I Net gain or (loss)	L				
Other R		Gross income from fundraising events (not including \$ of					
0		contributions reported on line 1c). See					
		Part IV, line 18					
	k						
	c						
	9 a	Gross income from gaming activities. See					
		Part IV, line 19 9a					
	k	b Less: direct expenses9b					
	C						
	10 a	Gross sales of inventory, less returns					
	-	and allowances 10a					
		Less: cost of goods sold					
-+	(	Net income or (loss) from sales of inventory	Business Code				
sn	11 a		Eddiness Odde				
neo	l i i c						
Miscellaneous Revenue							
Be		All other revenue					
Σ		• Total. Add lines 11a-11d					
	12	Total revenue. See instructions		4,758,971.	690,273.	0.	6,076.
23200	9 12-1						Form <b>990</b> (2022

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<sup>9</sup> 

	Check il Schedule O contains a respon	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	410,780.	106,448.	217,432.	86,900.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1 0 6 7 0 4 0	4 . 6 6		
7	Other salaries and wages	1,267,849.	1,069,370.	134,778.	63,701.
8	Pension plan accruals and contributions (include		4		
	section 401(k) and 403(b) employer contributions)	3,334.	1,920.	1,414.	
9	Other employee benefits	48,191.	28,318.	17,060.	2,813.
10	Payroll taxes	115,103.	87,037.	17,780.	10,286.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	0 7 1 0 6		0.7.100	
С	Accounting	27,196.		27,196.	
d	, ,				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	C71 20C		14.000	F F 20
	column (A), amount, list line 11g expenses on Sch O.)	671,396.	650,908.	14,960.	5,528.
12	Advertising and promotion	13,181.	22 520	6,590.	6,591.
13	Office expenses	52,141. 68,951.	23,520.	23,959.	4,662.
14	Information technology	00,951.	49,048.	14,343.	5,560.
15	Royalties	201 140	217 100	24 027	
16		381,149. 34,800.	347,122. 21,690.	<u>34,027.</u> 13,110.	
17	Travel	34,000.	21,090.	13,110.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	23,420.	23,420.		
20	Interest	43,440.	43,440.		
21	Payments to affiliates	180,179.	149,289.	30,890.	
22	Depreciation, depletion, and amortization	82,736.	51,702.	31,034.	
23 24	Insurance Other expenses, Itemize expenses not covered	02,750.	51,102.	51,054.	
24	above. (List miscellaneous expenses not covered line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	RESIDENT SERVICES	270,360.	270,360.		
b	SUPPLIES	55,147.	49,634.		5,513.
c	STAFF DEVELOPMENT	43,705.	32,779.	10,926.	•
d	FOOD AND BEVERAGE	31,987.	21,598.	10,389.	
e	All other expenses	22,259.	5,419.	4,278.	12,562.
25	Total functional expenses. Add lines 1 through 24e	3,803,864.	2,989,582.	610,166.	204,116.
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)				
					000

Form 990 (2022)

MENDING HEARTS, INC. 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

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X

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MENDING HEARTS, INC.

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

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

(A) (B) Beginning of year End of year 142,262. 285,030. 1 1 Cash - non-interest-bearing 798,379. 771,654. 2 Savings and temporary cash investments 2 118,508. 189,343. Pledges and grants receivable, net 3 3 50,579. 271,000. 4 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, 5 trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disgualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 7 8 Inventories for sale or use 8 24,313. 9 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other 6,049,429. basis. Complete Part VI of Schedule D \_\_\_\_\_ 10a 973,043. 4,446,721. 5,076,386. b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 39,975. 358,245. 15 15 Other assets. See Part IV, line 11 5,569,699. 7,002,696. 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 16 305,709. 83,930. Accounts payable and accrued expenses 17 17 18 18 Grants payable 46,591. 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 421,525. 364,842. Secured mortgages and notes payable to unrelated third parties 23 23 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 0. 25 359,385. of Schedule D 1,029,936. 552,046. 26 26 Total liabilities. Add lines 17 through 25 X Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 5,870,902. 4,872,509. 27 27 Net assets without donor restrictions Net assets with donor restrictions 145,144. 101,858. 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29

7,002,696. Form **990** (2022)

24023-21

5,972,760.

30

31

32

33

5,017,653.

5,569,699.

Form 990 (2022)
Part X | Balance Sheet

Assets

Liabilities

Net Assets or Fund Balances

30

31

32

33

Form	990 (2022) MENDING HEARTS, INC.	73-	1697900	Pa	<sub>qe</sub> 12				
Pa	rt XI Reconciliation of Net Assets				4				
	Check if Schedule O contains a response or note to any line in this Part XI								
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,75	8,9	71.				
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,80	3,8	64.				
3									
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,01	7,6	53.				
5	Net unrealized gains (losses) on investments	5							
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
	column (B))	10	5,97	2,7	60.				
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII				X				
				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 on Schedule	О.							
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			x					
b	b Were the organization's financial statements audited by an independent accountant?								
	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 on Sche	edule O							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the								
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<u>3a</u>	Х	<u> </u>				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X 000					

Form **990** (2022)

232012 12-13-22

Department of the Treasury Internal Revenue Service

(Form 990)

## **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.

2022
Open to Public Inspection

OMB No. 1545-0047

1

Name	ame of the organization Employer identification number									
-			ING HEARTS					7	3-1697900	
Par	tI	Reason for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.		
The o	rgan	zation is not a private found	ation because it is: (I	For lines 1 through 12, c	heck only	one box.)				
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2		A school described in section	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forn	า 990).)					
3 [		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4 [		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,								
-		city, and state:								
5 [		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in								
-		section 170(b)(1)(A)(iv). (Complete Part II.)								
6 [		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).			
7 [	X	An organization that norma	-	ntial part of its support fi	rom a gove	ernmental	unit or from th	ne general j	oublic described in	
г	_	section 170(b)(1)(A)(vi). (C								
8 [		A community trust describe								
9 [		An agricultural research org				-		-	•	
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	e or	
<b>10</b>		university:	II							
<b>10</b> [		An organization that norma								
		activities related to its exem income and unrelated busin		-					-	
		See section 509(a)(2). (Cor		(iess section of r tax) ite		ses acqui	red by the org	anization a		
11 [		An organization organized a		vely to test for public sa	fety See	section 50	<b>19(a)(</b> 4)			
12	=	An organization organized a						rry out the	nurnoses of one or	
		more publicly supported or	-	•	-			•		
		lines 12a through 12d that	-							
а		<b>Type I.</b> A supporting orga	• •					-	giving	
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority c	of the direc	tors or trustee	es of the su	upporting	
		organization. You must o	complete Part IV, Se	ections A and B.						
b		] Type II. A supporting org	anization supervised	or controlled in connect	tion with its	s supporte	ed organizatio	n(s), by hav	ving	
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported	
		organization(s). You mus	t complete Part IV,	Sections A and C.						
с		<b>Type III functionally inte</b>	grated. A supporting	g organization operated	in connect	tion with, a	and functional	ly integrate	ed with,	
		its supported organization	n(s) (see instructions)	). You must complete l	Part IV, Se	ections A,	D, and E.			
d		<b>Type III non-functionally</b>	integrated. A supp	porting organization oper	ated in co	nnection v	vith its suppor	ted organiz	zation(s)	
		that is not functionally int	•	<b>e</b> ,			•	an attentiv	/eness	
		requirement (see instructi	,	•						
е	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									
<u>     g</u>		Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of	monetary	(vi) Amount of other	
		organization		(described on lines 1-10	in your governi Yes	No	support (see ir	structions)	support (see instructions)	
				above (see instructions))						
Total									<u> </u>	
							1		I	

MENDING HEARTS, INC.

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.)

260	Section A. Public Support							
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	2705080.	2930281.	2416138.	3195181.	4062622.	15309302.	
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	2705080.	2930281.	2416138.	3195181.	4062622	15309302.	
	Total. Add lines 1 through 3	2705080.	2930201.	2410130.	3195101.	4002022.	15309302.	
5	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)							
6	Public support. Subtract line 5 from line 4.						15309302.	
	ction B. Total Support						13303302.	
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
	Amounts from line 4	2705080.	2930281.	2416138.	3195181.	4062622.	15309302.	
	Gross income from interest,							
-	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	165.	177.	304.	350.	6,076.	7,072.	
9	Net income from unrelated business							
	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.)			202,197.			202,197.	
11	Total support. Add lines 7 through 10						15518571.	
12	Gross receipts from related activities,	etc. (see instructio	ons)			12 2	,383,382.	
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, t	fourth, or fifth tax y	/ear as a section 5	01(c)(3)		
	organization, check this box and stop							
Sec	ction C. Computation of Publi	ic Support Per	centage					
14	Public support percentage for 2022 (I	line 6, column (f), d	ivided by line 11, c	olumn (f))		14	<u>98.65 %</u>	
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	98.41 %	
<b>1</b> 6a	6a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and							
	stop here. The organization qualifies as a publicly supported organization							
b	b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box							
	and stop here. The organization qualifies as a publicly supported organization							
17a	17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,							
	and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization							
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization							
b	b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or							
	more, and if the organization meets the							
	organization meets the facts-and-circu				• •			
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a			
						Schedule A	(Form 990) 2022	

232022 12-09-22

	Schedule A (	Form 9	990)	202
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MENDING HEARTS, INC.

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.)

Section A. Public Sup	port						
Calendar year (or fiscal year be	eginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
1 Gifts, grants, contributio	ons, and						
membership fees receiv	/ed. (Do not						
include any "unusual gr	ants.")						
2 Gross receipts from adr merchandise sold or se formed, or facilities furn any activity that is relate organization's tax-exem	rvices per- lished in ed to the						
3 Gross receipts from act							
are not an unrelated tra							
iness under section 513							
4 Tax revenues levied for							
ization's benefit and eitl	°						
or expended on its beha							
5 The value of services or							
furnished by a governm							
the organization withou	t charge						
6 Total. Add lines 1 throu							
7a Amounts included on lir							
3 received from disgual							
<b>b</b> Amounts included on lines 2 and from other than disqualified pers exceed the greater of \$5,000 or amount on line 13 for the year	d 3 received sons that 1% of the						
<b>c</b> Add lines 7a and 7b							
8 Public support. (Subtract li	I						
Section B. Total Supp	ort						
Calendar year (or fiscal year be	eginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
9 Amounts from line 6							
<b>10a</b> Gross income from inte dividends, payments re- securities loans, rents, r and income from similar	rest, ceived on royalties,						
<b>b</b> Unrelated business taxable							
(less section 511 taxes) fro acquired after June 30, 193							
c Add lines 10a and 10b							
11 Net income from unrela activities not included o whether or not the busin regularly carried on	ted business on line 10b,						
12 Other income. Do not ir or loss from the sale of assets (Explain in Part V	capital						
<b>13 Total support.</b> (Add lines 9,	<i>'</i>						
14 First 5 years. If the For		e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) orgai	nization,
check this box and <b>sto</b>		0		-			·
Section C. Computati							
15 Public support percenta	age for 2022 (li	ne 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percenta	•					16	%
Section D. Computati						• •	· · · ·
17 Investment income per				ine 13. column (f))		17	%
18 Investment income per						18	%
19a 33 1/3% support tests						· · · · · · · · · · · · · · · · · · ·	
more than 33 1/3%, che							
b 33 1/3% support tests							3%, and
line 18 is not more than							
20 Private foundation. If t							
232023 12-09-22			· · , · •				dule A (Form 990) 2022
			1 5				. ,

2022.05080 MENDING HEARTS, INC.

24023-21

MENDING HEARTS, INC.

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

## Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

## Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990) 2022

	(Form 990) 2022	MENDING	
Part IV	Supporting Or	ganizations (contin	ued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			

INC.

organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised	d. or controlle	d the suppo	orting organ	ization.	
Section C. T	vpe II Sup	porting C	Drganizat	lions	

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed
 Image: Control or management of the support of the support of the same persons that control or managed
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Section D. All Type III Supporting Organizations
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			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

## Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the	e Integral Part Test during the year	(see instructions).
•			

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

<b>c</b> [		The organization supported a governmental entity.	Describe in Part VI how	you supported a governm	nental entity (see instruction <u>s).</u>
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17

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.** 

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.* 232025 12-09-22

3b | | Schedule A (Form 990) 2022

2a

2b

3a

Yes No

## 08370403 781331 24023-24023

2022.05080 MENDING HEARTS, INC.

	All other Type III non-functionally integrated supporting organizations mus	t complete	e Sections A through E.	-
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount				Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	lly integrat	ed Type III supporting orga	inization (see
	instructions)	-		

Schedule A (Form 990) 2022

232026 12-09-22

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instructions.

Schedule A (Form 990) 2022

1

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

08370403 781331 24023-24023

d Excess from 2021 e Excess from 2022

Schedule A (Form 990) 2022

24023-21

**Current Year** Section D - Distributions 1 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported 2 organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 3 4 Amounts paid to acquire exempt-use assets 4 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 6 6 7 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 9 9 Distributable amount for 2022 from Section C, line 6 10 Line 8 amount divided by line 9 amount 10 (i) (ii) (iii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Amount for 2022 Pre-2022 Distributable amount for 2022 from Section C, line 6 1 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2022 a From 2017 **b** From 2018 c From 2019 d From 2020 e From 2021 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2022 distributable amount i Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2022 from Section D, line 7: \$ a Applied to underdistributions of prior years b Applied to 2022 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2023. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2018 b Excess from 2019 c Excess from 2020

INC.

Schedule A (Form 990) 2022 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

MENDING	HEARTS
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<u>chedule A (</u>	Form 990) 2022	MENDING H	IEARTS,	INC.		73-1697900 Pag
	Part IV, Section A, lines 1	, 2, 30, 3c, 4b, 4c, 5 , lines 2 and 3; Part I	oa, 6, 9a, 9b, V, Section E,	9c, 11a, 11b, and lines 1c, 2a, 2b, 3	a, and 3b; Part V, line 1	17a or 17b; Part III, line 12; lines 1 and 2; Part IV, Section C, ; Part V, Section B, line 1e; Part V, additional information.

## \*\* PUBLIC DISCLOSURE COPY

# Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

73-1697900

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(Earm 000)

Department of the Treasury Internal Revenue Service

Schedule B

Name of the organization

MENDING	HEARTS,	INC.
Organization type (check one):		

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

### **General Rule**

📙 For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \_\_\_\_\_\_\$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2022)

#### Schedule B (Form 990) (2022)

MENDING HEARTS, INC.

Name of organization

Employer identification number

Page 2

73-1697900

#### Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 2,458,483. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 2 X Person Payroll 348,762. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 545,783. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

08370403 781331 24023-24023 2022.05080 MENDING HEARTS, INC.

Schedule I	B (Form	990)	(2022)
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Name of organization

Page 3

Employer identification number

73-1697900

## MENDING HEARTS, INC.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

art II	<b>Noncash Property</b> (see instructions). Use duplicate copies of Part	Il if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

2022.05080 MENDING HEARTS, INC.

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24023-21

Name of or	rganization		Employer identification number
TENDIN	NG HEARTS, INC.		73-1697900
Part III	Exclusively religious, charitable, etc., contributi	) through (e) and the following line entry. charitable, etc., contributions of <b>\$1,000 or less</b>	on 501(c)(7), (8), or (10) that total more than \$1,000 for the yea
(a) No. from			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
-		(e) Transfer of gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) Na			1
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
23454 11-15	i-22	24	Schedule B (Form 990) (20

2022.05080 MENDING HEARTS, INC. 24023-21

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.							
	ment of the Treasury I Revenue Service	م Go to www.irs.gov/Form99	Attach to Form 990. In for instructions and the	ne latest information.		Open to Inspecti	
	e of the organizatio					er identification	n number
Par	t I Organiza	ntions Maintaining Donor Advise		imilar Funds or Ac			
1 01		n answered "Yes" on Form 990, Part IV, lir			counts.	Complete II ti	le
			(a) Donor advise	ed funds (	<b>b)</b> Funds a	nd other accou	nts
1	Total number at er	nd of year					
2		f contributions to (during year)					
3	00 0	f grants from (during year)					
4		end of year					
5	Did the organizatio	on inform all donors and donor advisors in	writing that the assets he	eld in donor advised fund	s		
	are the organizatio	n's property, subject to the organization's	exclusive legal control?			Yes	No No
6	•	on inform all grantees, donors, and donor a	<b>v v</b>		•		
		oses and not for the benefit of the donor o			•		<u> </u>
Par	impermissible priva	ate benefit?				. Yes	No
				s" on Form 990, Part IV,	line 7.		
1		ervation easements held by the organizati of land for public use (for example, recrea		Preservation of a histo	rically imp	ortant land area	
		f natural habitat		Preservation of a certi			L
		of open space				Structure	
2		through 2d if the organization held a quali	fied conservation contrib	ution in the form of a cor	servation	easement on th	e last
	day of the tax year	<b>o o</b> .				d at the End of th	
а	Total number of co	onservation easements			2a		
b					2b		
с	Number of conserv	vation easements on a certified historic str	ucture included in (a)		2c		
d	Number of conserv	vation easements included in (c) acquired a	after July 25,2006, and n	ot on a			
	historic structure li	sted in the National Register			2d		
3		vation easements modified, transferred, rel	leased, extinguished, or t	erminated by the organiz	zation durir	ng the tax	
4	year	 where property subject to conservation eas	sement is located				
5		tion have a written policy regarding the pe		tion, handling of			
-		orcement of the conservation easements i				Yes	No
6		r hours devoted to monitoring, inspecting,					ear
7	Amount of expense	es incurred in monitoring, inspecting, hand	dling of violations, and en	forcing conservation eas	ements du	Iring the year	
8		vation easement reported on line 2(d) abov					<b></b>
•		(4)(B)(ii)?				Yes	No
9	-	be how the organization reports conservati I include, if applicable, the text of the footr		•		e the	
		ounting for conservation easements.	iote to the organization s			3 110	
Par	t III Organiza	ations Maintaining Collections of	f Art, Historical Tre	asures, or Other S	imilar As	ssets.	
		the organization answered "Yes" on Form					
1a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its reve	enue statement and bala	nce sheet	works	
	of art, historical tre	asures, or other similar assets held for pul	olic exhibition, education	, or research in furtheran	ce of publi	с	
	service, provide in	Part XIII the text of the footnote to its final	ncial statements that des	cribes these items.			
b	If the organization	elected, as permitted under FASB ASC 95	i8, to report in its revenue	e statement and balance	sheet wor	ks of	
	art, historical treas	ures, or other similar assets held for public	exhibition, education, or	r research in furtherance	of public s	service,	
	•	ng amounts relating to these items:					
		ded on Form 990, Part VIII, line 1					
-		d in Form 990, Part X					
2	•	received or held works of art, historical tre		•	provide		
-	-	Ints required to be reported under FASB A	-		۴		
		on Form 990, Part VIII, line 1					
	Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions for Form 990.				edule D (Form	990) 2022	

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2022.05080	MENDING	HEARTS,	INC.	24023-21

Part IIII       Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)         3       Using the organization acquisition, accession, and other records, check any of the following that make significant use of its collection terms (check all that apply):       d       Loan or exchange program         b       Sholarly research       0       Other       Other       Image: Sholarly research         c       Provide accipation of not use generations       0       Other       Image: Sholarly research       No         Part I is accipation of acquisition of the organization solution or other intermediates ap and the organization accession.       Yes       No         Part I is a bind and chart and a control of the organization accession.       Yes       No         Part I is a bind organization and custofial Arrangements. Complete if the organization answered Yes* on Form 980, Part IV, line 9, or reported an anount on Form 980, Part X, line 21.       Yes       No         b       I 'Yes," explain the arrangement in Part XIII and complete the following table:       Amount       Isting tables.       Yes       No         b       I 'Yes," explain the arrangement in Part XIII Check here I the explanation include an amount on Form 980, Part X, line 21, for secrow or custodial account liability?       Yes       No         b       I 'Yes," explain the arrangement in Part XIII. Check here I the explanation in haso been provided on Part XIII       Provide acti			HEARTS, II		orical Tro	2511105 0	r Othou	r Simila	73-16	97900	) Pa	ge <b>2</b>
collection terms (check all that apply):       a       Policie exhibition       d       Loan or exchange program         b       Scholarly research       e       Other		·								(contin	ued)	
a       Public exhibition       d       Can or exchange program         b       Scholary research       0       Other	3		on, and other record	s, cneck	any of the f	ollowing that	t make si	ignificant l	use of its			
b       Scholary research       e       Other         c       Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.         5       During the year, dd the organization solicit or receive donations of art, historical treasures, or other similar assets       to be solid to raise funds rather than to be maintained as part of the organization collection?       Yes       No         Part W       Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 980, Part X, line 21.       Yes       No         b       If Yes, "explain the arrangement in Part XIII and complete the tollowing table:       Amount       To         c       Beginning balance       It       It       It       Amount       It         a list be organization and any tother in Part XIII and complete the tollowing table:       Amount       It       It         c       Beginning balance       It       It       It       It       It         a bit the organization include an amount ton Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If Yes, "explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Provide the estimated parts abak. (e) Four years back. (e) Four years back.       If Yes, "on part years back.         a Other expenditures for facilities       Id	2			. — .	oan or ove	hango progr	-m					
C Preservation for future generations     Provide a description of the organization is collections and explain how they further the organization's exempt purpose in Part XII.     During the year, did the organization is collections and explain how they further the organization's exempt purpose in Part XII.     During the year, did the organization is collection?     Yes No     PertIV Secret and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 900, Part IV, line 9, or     reported an amount on Form 900, Part X, line 21.     Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 980, Part X2     Interment on Part XII and complete the following table:			-									
Provide a description of the organization's collections and explain how they further the organization's exempt purgoes in Part XIII.     During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets     to be add to raise funds rather than to be maintained as part of the organization's collection?     Part W Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or     reported an amount on Form 990, Part X, line 21.     Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 990, Part X2     Beginning balance     Lee additions during the year     Lee additis during during during during during during during during during d			e		Juner							
5       During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets       to be solit to raise funds rather than to be maintained as part of the organization is collection?       No.         Part IV       Escrow and Outstodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or       reported an amount on Form 990, Part X ine 21.       If a lis the organization angent. Instake, custodian or other intermediary for contributions or other assets not included       on Form 990, Part XP.       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount       Id         c       Beginning balance       Id       Id       Id       Id         d       Additions during the year       Id	_		alloctions and ovalai	a how the	ov furthor th	o organizatio	n'e over	not ouroo	so in Port	VIII		
To be sold to raise funds rather than to be maintained as part of the organization accellations = ["Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.           Ta is the organization an agent, fusdee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.         A set the organization an agent, fusdee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.         A mount           c         Beginning balance         10         10           d         Additions during the year         11         11         11           2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?         Ves         No           b         If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII         Image: Check Ch												
Part IV       Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         Ia       Is the organization an agent, trustee, custodial an or other intermediary for contributions or other assets not included on Form 990, Part X?       Ves       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Image: Complete intermediary for contributions or other assets not included on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         b       If "Yes," explain the arrangement in Part XII.       Image: Complete intermediary for escrow or custodial account liability?       Ves       No         b       If "Yes," explain the arrangement in Part XII.       Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back (d) Three years back in the explanation has been provided on Part XIII       Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back in the prior year balance       (b) Four years back in the intermediary in the prior year is a bord designated or quasi-endownent	5					-				Ves		No
reported an amount on Form 930, Part X, line 21.         1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 930, Part X?       Yes       No         b       If 'Yes,'' explain the arrangement in Part XIII and complete the following table:       Amount       1e         c       Beginning balance       1d       1e       1e         d       Additions during the year       1e       1e       1e         2       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If 'Yes,'' explain the arrangement in Part XIII. Check here if the erganization answered 'Yes'' on Form 980, Part IV, line 10.       Yes       No         Part V       Endowment Funds. Complete if the organization answered 'Yes'' on Form 980, Part IV, line 10.       Image: the part of the current year (b) Prior year (c) Two years back (c) Two years back (c) Four years back (c)	Par									_		NO
1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Ves       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount       Image: Complete the following table:       Image: Complete the following table:       Amount       Image: Complete the comparison of following table:       Image: Complete the comparison of following table:       Image: Complete the comparison of following table:       Image: Complete the complete the comparison of following table:       Image: Complete the comparison					organizatio	in answered	103 011	1 0111 000	, i aitiv,	110 0, 01		
on Form 990, Part X?       Yes       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount         c       Beginning balance       1d         d       Additions during the year       1d         e       Distributions during the year       1d         d       Additions during the year       1d         d       Dist the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account flability?       Yes       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       (e) Four years back if (e) Four years	1a	· · · · ·		liary for c	ontributions	s or other as	sets not i	included				
b       If "Yes," explain the arrangement in Part XIII and complete the following table:	iu			•						Ves		No
c       Beginning balance       Id         d       Additions during the year       Id         e       Distributions during the year       Id         2       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         2       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation nase been provided on Part XIII.       Image: Check here if the organization answered "Yes" on Form 990, Part IV, line 10.         Fant V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       Image: Check here if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       Image: Check here if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       Image: Check here if the organization that are held and administered for the organizations       Image: Check here if the organization is endowment if the organization is endowment tunds.         2       Provide the estimated percentage of the current year end balance (line 1g, column (a) held as:       Image: Check here if the organization is endowment tunds.         2       Provide the estimated percentage of the current year end balance (line 1g, column (a) held as:       Image: Check	b								∟			110
d Additions during the year       1d         e Distributions during the year       1e         f Ending balance       1f         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b If 'Yes,' explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII       Yes       No         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.       (e) Four years back         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Four years back         b Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Four years back         c Arants or scholarships       (a) Current year       (b) Prior year       (c) Two years back       (d) Four years back         g End of year balance       (a) Current year end balance (line 1g, column (a) held as:       abcard designated or quasi-endowment       %         b Permanent endowment       %       %       Form endowment       %         The percentages on lines 2a, 2b, and 2 schould equal 100%.       3a Are there endowment funds not in the possession of the organization that are held and administered for the organizations       3a(u)       3a(u)       3a(u)       3a(u)       3a(u)       3a(u)	~			lioning to						Amount		
d Additions during the year       1d         e Distributions during the year       1e         f Ending balance       1f         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b If 'Yes,' explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII       Yes       No         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.       (e) Four years back         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Four years back         b Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Four years back         c Arants or scholarships       (a) Current year       (b) Prior year       (c) Two years back       (d) Four years back         g End of year balance       (a) Current year end balance (line 1g, column (a) held as:       abcard designated or quasi-endowment       %         b Permanent endowment       %       %       Form endowment       %         The percentages on lines 2a, 2b, and 2 schould equal 100%.       3a Are there endowment funds not in the possession of the organization that are held and administered for the organizations       3a(u)       3a(u)       3a(u)       3a(u)       3a(u)       3a(u)	с	Beginning balance						1c				
e       Distributions during the year       1e         f       Ending balance       1f         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         a       Grants or scholarships       (d) Current year       (e) Two years back       (e) Four years back         e       Other expenditures for facilities       (d) Four years back       (e) Four years back       (e) Four years back         g       End of year balance       (f) Administrative expenses       (f) Administrative expensea       (f) Admi												
f       Ending balance       If         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If "Yes; explain the arrangement in Part XIII. Check here if the explanation has been provided on Part IV, line 10.       Yes       No         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       No       Additional strips												
2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If 'Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Yes       No         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 10.       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         6       Other expenditures for facilities       (a) Current year end balance (line 1g, column (a)) held as:       a       Board designated or quasi-endowment       %         7       For designated or quasi-endowment       %       %       The percentages on lines 2a, 2b, and 2c should equal 100%.       Sa Are there endowment funds.       Sa Are there endowment funds.       Sa Aint balancin answered 'Yes' on Form 990, Part X, line 10.												
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 390, Part IV, line 10.         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c Net investment earnings, gains, and losses       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         f Administrative expenses       (a) Current year end balance (line 1g, column (a)) held as:       (a) Complete if the organization that are held and administered for the organization by:       (b) Primanent endowment       %         f Term endowment       %       %       Mere endowment funds not in the possession of the organization that are held and administered for the organization by:       (i) Unrelated organizations       3a(i)         (i) Unrelated organizations       (a) Cost or other       (b) Cost or other       (c) Accumulated       (d) Book value         b If "Yes" on line 3a(ii), are the related organizations is endowment funds.       (b) Cost or other       (b) Accumulated       (c) App. 9										Yes		No
Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Net investment earnings, gains, and losses       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         d       Grants or scholarships       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         e       Other expenditures for facilities       (a) Current year       (d) Two years back       (d) Two years back       (e) Four years back         f       Administrative expenses       (a) Control year       (a) Control year       (d) Two years back       <		-						• • • • • • • • • • • • • • • • • • • •				
(a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance								10.				
b       Contributions									/ears back	(e) Four	years t	oack
b       Contributions	1a	Beginning of year balance										
c       Net investment earnings, gains, and losses       Image: Construction of the earnings of the earning												
d Grants or scholarships												
e       Other expenditures for facilities and programs												
and programs												
f       Administrative expenses												
g End of year balance	f											
2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:         a       Board designated or quasi-endowment%         b       Permanent endowment%         c       Term endowment%         The percentages on lines 2a, 2b, and 2c should equal 100%.         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iii) Related organizations listed as required on Schedule R?</li> <li>(i) Land, Buildings, and Equipment.</li> </ul> Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (other)         basis (investment)       basis (other)         basis (investment)       639, 997.         basis (investment)       639, 997.         basis (other)												
b       Permanent endowment%         c       Term endowment%         The percentages on lines 2a, 2b, and 2c should equal 100%.         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	-		rent year end balance	e (line 1g	, column (a)	) held as:						
b       Permanent endowment%         c       Term endowment%         The percentages on lines 2a, 2b, and 2c should equal 100%.         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	а	Board designated or quasi-endowment		%		•						
The percentages on lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iiii) Related organizations</li> <li>(iiii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iiii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iii) Related organization answered "Yes" on Schedule R?</li> <li>(iii) Land, Buildings, and Equipment.</li> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> <li>(iii) Description of property</li> <li>(iii) Cost or other basis (other)</li> <li>(iii) Basis (investment)</li> <li>(iii) Basis (other)</li> <li>(iii) Basis (other)</li></ul>	b											
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations is endowment funds.</li> </ul> <ul> <li>(iii) Land, Buildings, and Equipment.</li> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> </ul> <ul> <li>(a) Cost or other basis (investment)</li> <li>(b) Cost or other basis (other)</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value</li> <li>(d) Book value</li> <li>(a) Cost or other basis (other)</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value</li> <li>(d) Equipment</li> <li>(d) Equipment</li> <li>(d) Equipment</li> <li>(d) Equipment<td>с</td><td>Term endowment</td><td>%</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></li></ul>	с	Term endowment	%									
organization by:       Yes       No         (i)       Unrelated organizations       3a(i)       3b       3c       3b       3c       <		The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
(i) Unrelated organizations       3a(i)         (ii) Related organizations       3a(ii)         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XII the intended uses of the organization's endowment funds.       3b         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a Land       639,997.       639,997.         b Buildings       4,309,939.       821,726.       3,488,213.         c Leasehold improvements       444,212.       35,546.       8,666.         e Other       1,055,281.       115,771.       939,510.	3a	Are there endowment funds not in the posse	ssion of the organiza	ation that	are held ar	nd administer	red for th	e		_		
(ii) Related organizations       3a(ii)         3a(ii)         3a(ii)         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?         4 Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation         1a Land       639,997.       639,997.         b Buildings       4,309,939.       821,726.       3,488,213.         c Leasehold improvements         d Equipment		organization by:									Yes	No
(ii) Related organizations       3a(ii)         3a(ii)         3a(ii)         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?         4 Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation         1a Land       639,997.       639,997.         b Buildings       4,309,939.       821,726.       3,488,213.         c Leasehold improvements         d Equipment		(i) Unrelated organizations								3a(i)		
b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land       639,997.       639,997.         b       Buildings       4,309,939.       821,726.       3,488,213.         c       Leasehold improvements       44,212.       35,546.       8,666.         e       Other       1,055,281.       115,771.       939,510.										3a(ii)		
Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land       639,997.       639,997.       639,997.         b       Buildings       4,309,939.       821,726.       3,488,213.         c       Leasehold improvements	b									Зb		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.Description of property(a) Cost or other basis (investment)(c) Accumulated depreciation(d) Book value1a Land639,997.639,997.b Buildings4,309,939.821,726.3,488,213.c Leasehold improvements44,212.35,546.8,666.e Other1,055,281.115,771.939,510.	4			wment fu	unds.							
Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1a Land639,997.639,997.639,997.b Buildings4,309,939.821,726.3,488,213.c Leasehold improvements	Par											
basis (investment)         basis (other)         depreciation           1a Land         639,997.         639,997.           b Buildings         4,309,939.         821,726.         3,488,213.           c Leasehold improvements		Complete if the organization answere	d "Yes" on Form 990	), Part IV,	, line 11a. S	ee Form 990	, Part X,	line 10.				
b Buildings       4,309,939.       821,726.       3,488,213.         c Leasehold improvements       44,212.       35,546.       8,666.         e Other       1,055,281.       115,771.       939,510.		Description of property			• •				ed	(d) Bool	value	)
b Buildings       4,309,939.       821,726.       3,488,213.         c Leasehold improvements       44,212.       35,546.       8,666.         e Other       1,055,281.       115,771.       939,510.	1a	Land			63	9,997.				639	9,99	97.
c Leasehold improvements         44,212.         35,546.         8,666.           e Other         1,055,281.         115,771.         939,510.					4,30	9,939.		821,7	26.	3,488	3,21	3.
d Equipment         44,212.         35,546.         8,666.           e Other         1,055,281.         115,771.         939,510.												
e Other					4	4,212.						
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)					1,05	5,281.		115,7				
	Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colum	n (B), line 1	)c.)				5,076	5,38	86.

Schedule D (Form 990) 2022

Part VII	Investments -	Other Securitie	20	
Schedule D (	(Form 990) 2022	MENDING	HEARTS,	INC

(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			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
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.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market 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"		11d. See Form 990, Part X, line 15.	
Complete if the organization answered "Yes" ( (a)	Description	11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) (1) OPERATING LEASES, ROU ASSE	Description	11d. See Form 990, Part X, line 15.	(b) Book value 358,245
Complete if the organization answered "Yes" (a) (a) (1) OPERATING LEASES, ROU ASSE (2)	Description	e 11d. See Form 990, Part X, line 15.	
Complete if the organization answered "Yes" (a) (1) OPERATING LEASES, ROU ASSE (2) (3)	Description	e 11d. See Form 990, Part X, line 15.	
Complete if the organization answered "Yes" ( (a) (1) OPERATING LEASES, ROU ASSE (2) (3) (4)	Description	11d. See Form 990, Part X, line 15.	
Complete if the organization answered "Yes" ( (a) (1) OPERATING LEASES, ROU ASSE (2) (3) (4) (5)	Description	11d. See Form 990, Part X, line 15.	
Complete if the organization answered "Yes" ( (a) (1) OPERATING LEASES, ROU ASSE (2) (3) (4) (5) (6)	Description	11d. See Form 990, Part X, line 15.	
Complete if the organization answered "Yes" ( (a) (1) OPERATING LEASES, ROU ASSE (2) (3) (4) (5) (6) (7)	Description	e 11d. See Form 990, Part X, line 15.	
Complete if the organization answered "Yes" ( (a) (1) OPERATING LEASES, ROU ASSE (2) (3) (4) (5) (6) (7) (8)	Description	11d. See Form 990, Part X, line 15.	
Complete if the organization answered "Yes" ( (a) (1) OPERATING LEASES, ROU ASSE (2) (3) (4) (5) (6) (7) (8) (9)	Description ETS		358,245
Complete if the organization answered "Yes" ( (a) (1) OPERATING LEASES, ROU ASSE (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	Description ETS		
Complete if the organization answered "Yes" ( (a) (1) OPERATING LEASES, ROU ASSE (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (	Description ETS		358,245
Complete if the organization answered "Yes" ( (a) (1) OPERATING LEASES, ROU ASSE (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" ( 1. (a) Description of liability	Description ETS		358,245
Complete if the organization answered "Yes" ( (a) (1) OPERATING LEASES, ROU ASSE (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" ( 1. (a) Description of liability (1) Federal income taxes	Description ETS		358,245 358,245 (b) Book value
Complete if the organization answered "Yes" ( (a) (1) OPERATING LEASES, ROU ASSE (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" ( 1. (a) Description of liability (1) Federal income taxes (2) PAYROLL LIABILITIES	Description <b>ETS</b> 9 15.) on Form 990, Part IV, line		358,245 358,245 (b) Book value 725
Complete if the organization answered "Yes" ( (a) (1) OPERATING LEASES, ROU ASSE (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" ( 1. (a) Description of liability (1) Federal income taxes	Description <b>ETS</b> 9 15.) on Form 990, Part IV, line		358,245 358,245 (b) Book value
Complete if the organization answered "Yes" ( (a) (1) OPERATING LEASES, ROU ASSE (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" ( 1. (a) Description of liability (1) Federal income taxes (2) PAYROLL LIABILITIES	Description <b>ETS</b> 9 15.) on Form 990, Part IV, line		358,245 358,245 (b) Book value 725
Complete if the organization answered "Yes" ( (a) (1) OPERATING LEASES, ROU ASSE (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" ( 1. (a) Description of liability (1) Federal income taxes (2) PAYROLL LIABILITIES (3) OPERATING LEASE LIABILITIE	Description <b>ETS</b> 9 15.) on Form 990, Part IV, line		358,245 358,245 (b) Book value 725
Complete if the organization answered "Yes" ( (a) (1) OPERATING LEASES, ROU ASSE (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" ( 1. (a) Description of liability (1) Federal income taxes (2) PAYROLL LIABILITIES (3) OPERATING LEASE LIABILITIE (4)	Description <b>ETS</b> 9 15.) on Form 990, Part IV, line		358,245 358,245 (b) Book value 725
Complete if the organization answered "Yes" ( (a) (1) OPERATING LEASES, ROU ASSE (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" ( 1. (a) Description of liability (1) Federal income taxes (2) PAYROLL LIABILITIES (3) OPERATING LEASE LIABILITIE (4) (5)	Description <b>ETS</b> 9 15.) on Form 990, Part IV, line		358,245 358,245 (b) Book value 725
Complete if the organization answered "Yes" ( (a) (1) OPERATING LEASES, ROU ASSE (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" ( 1. (a) Description of liability (1) Federal income taxes (2) PAYROLL LIABILITIES (3) OPERATING LEASE LIABILITIE (4) (5) (6)	Description <b>ETS</b> 9 15.) on Form 990, Part IV, line		358,245 358,245 (b) Book value 725
Complete if the organization answered "Yes" ( (a) (1) OPERATING LEASES, ROU ASSE (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" ( 1. (a) Description of liability (1) Federal income taxes (2) PAYROLL LIABILITIES (3) OPERATING LEASE LIABILITIE (4) (5) (6) (7)	Description <b>ETS</b> 9 15.) on Form 990, Part IV, line		358,245 358,245 (b) Book value 725

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2022

Sche	dule D (Form 990) 2022 MENDING HEARTS, INC.		73-1	L697900 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With Reven	ue per Return.	<u> </u>
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	1.		
1	Total revenue, gains, and other support per audited financial statements			4,758,971.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities			
с	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines <b>2a</b> through <b>2d</b>		2e	0.
3	Subtract line 2e from line 1		3	4,758,971.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	. 4b		
с	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			4,758,971.
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	ents With Expe	nses per Return	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	1.		
1	Total expenses and losses per audited financial statements		1	3,803,864.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	. 2b		
с	Other losses	_ <b>2</b> c		
d	Other (Describe in Part XIII.)	. 2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			3,803,864.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	. 4b		
с	Add lines 4a and 4b			0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			3,803,864.
Pa	t XIII Supplemental Information.			

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

## PART X, LINE 2:

MANAGEMENT PERFORMS AN EVALUATION OF ALL INCOME TAX POSITIONS TAKEN OR
EXPECTED TO BE TAKEN IN THE COURSE OF PREPARING MENDING HEARTS' INCOME TAX
RETURNS TO DETERMINE WHETHER THE INCOME TAX POSITIONS MEET A "MORE LIKELY
THAN NOT" STANDARD OF BEING SUSTAINED UNDER EXAMINATION BY THE APPLICABLE
TAXING AUTHORITIES. MANAGEMENT HAS PERFORMED ITS EVALUATION OF ALL INCOME
TAX POSITIONS TAKEN ON ALL OPEN INCOME TAX RETURNS AND HAS DETERMINED THAT
THERE WERE NO POSITIONS TAKEN THAT DO NOT MEET THE "MORE LIKELY THAN NOT"
STANDARD. ACCORDINGLY, THERE ARE NO PROVISIONS FOR INCOME TAXES, PENALTIES
OR INTEREST RECEIVABLE OR PAYABLE RELATING TO UNCERTAIN INCOME TAX
POSITIONS IN THE ACCOMPANYING FINANCIAL STATEMENTS.

	(continued)	
		Schedule D (Form 990) 2022
232055 09-01-22		

192000 00-01-22

SCI	IEDULE J	Compensati	on Information	1	OMB No. 1	1545-004	47
(For	rm 990)	For certain Officers, Directors, Tr		2022			
			ted Employees red "Yes" on Form 990, Part IV, line 23.		<b>ZU</b>	22	-
Depar	ment of the Treasury		o Form 990.	_	Open to		ic
Interna	I Revenue Service		structions and the latest information.		Inspe		
Nam	e of the organizatior			Employer ic			mber
De		MENDING HEARTS, INC.		73-1	69790	0	
Pa		Regarding Compensation					
4.			felles in the sector sector lists of an Essen			Yes	No
1a		ate box(es) if the organization provided any of the		990,			
		ine 1a. Complete Part III to provide any relevant in	• •				
	First-class or c		Housing allowance or residence for perso Payments for business use of personal re-				
		ation and gross-up payments	Health or social club dues or initiation fee				
		pending account	Personal services (such as maid, chauffel				
h	If any of the boxes (	on line 1a are checked, did the organization follow	a written policy regarding payment or				
~	•	rovision of all of the expenses described above? I			1b		
2		require substantiation prior to reimbursing or allo					
		s, including the CEO/Executive Director, regarding			2		
	,						
3	Indicate which, if ar	y, of the following the organization used to establ	ish the compensation of the organization's				
		ctor. Check all that apply. Do not check any boxe					
	establish compensa	tion of the CEO/Executive Director, but explain in	Part III.				
	Compensation	committee	Written employment contract				
	Independent c	ompensation consultant	Compensation survey or study				
	Form 990 of of	her organizations	Approval by the board or compensation c	ommittee			
4	During the year, did	any person listed on Form 990, Part VII, Section /	A, line 1a, with respect to the filing				
	organization or a rel	ated organization:					
		e payment or change-of-control payment?			. <b>4a</b>		X
		eive payment from a supplemental nonqualified re			<b>4b</b>		x
С		eive payment from an equity-based compensation	•		<b>4c</b>		X
	If "Yes" to any of lin	es 4a-c, list the persons and provide the applicabl	e amounts for each item in Part III.				
	<b>.</b>						
_	•	(3), 501(c)(4), and 501(c)(29) organizations mus	-				
5		n Form 990, Part VII, Section A, line 1a, did the or	ganization pay or accrue any compensatio	n			
-	contingent on the re				5-		y
a ⊾	Any related argenta	ntion?			. <u>5a</u>	1	X X
u		ation? r 5b, describe in Part III.			. <u>5b</u>		
6		n Form 990, Part VII, Section A, line 1a, did the or	ganization nav or accrue any componentio	n			
0	contingent on the n		gamzation pay or accrue any compensatio				
а	•	et carnings of.			6a		x
h	Any related organiz	ation?			6b		X
~		r 6b, describe in Part III.					
7		n Form 990, Part VII, Section A, line 1a, did the or	ganization provide any nonfixed payments				
		es 5 and 6? If "Yes," describe in Part III			7	х	
		reported on Form 990, Part VII, paid or accrued pu					
	,	. , , , , , , , , , ,					37
	initial contract exce	otion described in Regulations section 53.4958-4(	a)(3)? If "Yes," describe in Part III		8		X
		C .			8		X
		d the organization also follow the rebuttable presu			8 9		X

232111 10-18-22

73-1697900

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		<b>(B)</b> Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) KATRINIA FRIERSON	(i)	176,288.	23,078.	0.	5,104.	10,868.	215,338.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(i) (ii)							
	(i)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

## PART I, LINE 7:

THE ORGANIZATION'S CEO, KATRINIA FRIERSON, RECEIVED A DISCRETIONARY BONUS.

#### THE AMOUNT OF HER BONUS WAS DETERMINED THROUGH BOARD REVIEW.

Schedule J (Form 990) 2022

SCHED	ULE I	V
(Form 9	90)	

# **Noncash Contributions**

OMB No. 1545-0047

**Open to Public** 

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

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Other

mopeotion			
Employer	identification number		

.

Name of the	organization
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#### MENDING HEARTS TNC

	MENDING HEAR		73-1697900			
Pa	rt I Types of Property					
		<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed	<b>(c)</b> Noncash contribution amounts reported on Form 990, Part VIII, line 1g	no	(d) Method of determining ncash contribution amounts
1	Art - Works of art					
2	Art - Historical treasures					
3	Art - Fractional interests					
4	Books and publications					
5	Clothing and household goods					
6	Cars and other vehicles	X	1	29,735.	FAIR	A MARKET VALUE
7	Boats and planes					
8	Intellectual property					
9	Securities - Publicly traded					
10	Securities - Closely held stock					
11	Securities - Partnership, LLC, or					
	trust interests					
12	Securities - Miscellaneous					
13	Qualified conservation contribution -					
	Historic structures					
14	Qualified conservation contribution - Other $\ldots$					
15	Real estate - Residential					
16	Real estate - Commercial					
17	Real estate - Other					
18	Collectibles					
19	Food inventory					
20	Drugs and medical supplies					
21	Taxidermy					
22	Historical artifacts					
23	Scientific specimens					
24	Archeological artifacts					
25	Other ()					
26	Other ()					
27	Other ()					

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it			
	must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for			
	exempt purposes for the entire holding period?			X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?			X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		x
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,			
	describe in Part II.			
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

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Schedule M (Form 990) 2022 MENDING HEARTS, INC.

73-1697900 Page 2

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

COLUMN (B) AMOUNT IS THE NUMBER OF CONTRIBUTORS AND CONTRIBUTIONS.

FORM 990, SCHEDULE M, PAGE 1, LINE 6

DURING THE YEAR ENDING JUNE 30, 2023, MENDING HEARTS WAS THE RECIPIENT

OF A DONATED FORD F-150 TRUCK VALUED AT \$29,735, BASED ON ITS FAIR

VALUE FOR SIMILAR VEHICLES. THE TRUCK IS INCLUDED IN PROPERTY AND

EQUIPMENT AND IS BEING UTILIZED IN MENDING HEARTS' DAILY OPERATIONS.

Schedule M (Form 990) 2022

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34 2022.05080 MENDING HEARTS, INC. 24023-21 SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



MENDING HEARTS, INC.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

WE HAVE A PEER SUPPORT COMMUNITY WITH RECOVERY HOUSING WHICH PROVIDES A

SAFE AND SECURE LIVING ENVIRONMENT WHERE EVERY RESIDENT IS A ROLE MODEL

FOR THE RESIDENTS ENTERING THE PROGRAM AFTER THEM. RESIDENTS ENTERING

THE PROGRAM ARE INTRODUCED TO A CULTURE OF ACCOUNTABILITY FOR

THEMSELVES AND THEIR PEERS. GROUPS AND CLASSES CONSIST OF: EVIDENCED

BASED SELF-CARE, SELF-ESTEEM, GED/COMPUTER/RESUME CLASSES, CAMPUS NA/AA

MEETINGS, FINANCIAL PLANNING, CRIMINAL THINKING GROUP, AND RE-ENTRY

PROGRAM. DURING THIS PHASE, WOMEN ARE WORKING, SAVING MONEY, AND

REPAIRING/BUILDING RELATIONSHIPS WITH THEIR CHILDREN AND FAMILY. A CASE

MANAGER WILL BE ASSIGNED TO EACH RESIDENT TO ADDRESS INDIVIDUAL NEEDS

TO ENHANCE ACCESS TO COMMUNITY RESOURCES.

PARTIAL HOSPITALIZATION PROGRAM - SERVING WOMEN WITH SUBSTANCE ABUSE AND MENTAL HEALTH DISORDERS. THIS INTENSIVE PROGRAM ALLOWS A CLIENT TO RESIDE IN THEIR OWN HOME AND COMMUTE TO TREATMENT FIVE DAYS EACH WEEK.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS PREPARED BY AN OUTSIDE ACCOUNTING FIRM WITH INFORMATION

OBTAINED FROM MANAGEMENT. THE RETURN IS REVIEWED BY MANAGEMENT AND THE

FINANCE COMMITTEE. FINALLY, A COMPLETE COPY OF THE RETURN IS PROVIDED TO

THE FULL BOARD WHO 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:

 MENDING
 HEARTS
 EXPECTS
 OUR
 BOARD
 MEMBERS
 TO
 CONDUCT
 BUSINESS
 ACCORDING
 TO

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 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2022

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Schedule O (Form 990) 2022	Page <b>2</b>
Name of the organization	Employer identification number
MENDING HEARTS, INC.	73-1697900
THE HIGHEST ETHICAL STANDARDS OF CONDUCT. BOARD MEMBERS AR	E EXPECTED TO
DEVOTE THEIR BEST EFFORTS TO THE INTERESTS OF MENDING HEAR	TS. BUSINESS
DEALINGS THAT APPEAR TO CREATE A CONFLICT BETWEEN THE INTE	REST OF MENDING
HEARTS AND A BOARD MEMBER ARE UNACCEPTABLE. MENDING HEARTS	RECOGNIZES THE
RIGHT OF BOARD MEMBERS TO ENGAGE IN ACTIVITIES OUTSIDE OF	THEIR SERVICE TO
THE ORGANIZATION WHICH ARE OF A PRIVATE NATURE AND UNRELAT	ED TO OUR
BUSINESS. HOWEVER, THE BOARD MEMBER MUST DISCLOSE ANY POSS	IBLE CONFLICTS OF
INTEREST SO THAT MENDING HEARTS MAY ASSESS AND PREVENT POT	ENTIAL CONFLICTS
OF INTEREST. A POTENTIAL OR ACTUAL CONFLICT OF INTEREST OC	CURS WHENEVER A
BOARD MEMBER IS IN A POSITION TO INFLUENCE A DECISION THAT	MAY RESULT IN A
PERSONAL GAIN FOR THE BOARD MEMBER OR AN IMMEDIATE FAMILY	MEMBER (I.E.,
SPOUSE OR SIGNIFICANT OTHER, CHILDREN, PARENTS, SIBLINGS)	AS A RESULT OF
MENDING HEARTS' BUSINESS DEALINGS. A BOARD MEMBER MUST PRO	MPTLY DISCLOSE
ACTUAL OR POTENTIAL CONFLICTS OF INTEREST, IN WRITING, TO	THE EXECUTIVE
DIRECTOR OR THE BOARD CHAIRPERSON.	

FORM 990, PART VI, SECTION B, LINE 15A:

PERIODICALLY, THE EXECUTIVE COMMITTEE PERFORMS AN EVALUATION OF THE CEO AND DETERMINES CHANGES IN COMPENSATION. COMPENSATION CHANGES ARE BASED ON MARKET CONDITIONS AND COMPARABLE ORGANIZATION PRACTICES. CEO COMPENSATION CHANGES ARE THEN VETTED AND FINALIZED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 19:

FINANCIAL STATEMENTS ARE AVAILABLE FOR REVIEW UPON REQUEST, DISTRIBUTED

ANNUALLY VIA A FORMALLY DOCUMENTED ANNUAL REPORT, AND MADE AVAILABLE ON

CHARITY-RELATED WEBSITES SUCH AS GIVING MATTERS.

FORM	990,	PART	IX,	LINE	11G,	OTHER	FEES:	
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Schedule O (Form 990) 2022

Name of the organization MENDING HEARTS, INC.	Employer identification number 73-1697900
CONTRACT SERVICES:	
PROGRAM SERVICE EXPENSES	650,908.
MANAGEMENT AND GENERAL EXPENSES	14,960.
FUNDRAISING EXPENSES	5,528.
TOTAL EXPENSES	671,396.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	671,396.
FORM 990, PART XII, LINE 2C:	
MENDING HEARTS, INC. DID NOT CHANGE ITS OVERSIGHT PORCESS	OR SELECTION
PROCESS DURING THE TAX YEAR.	