

# \*\* PUBLIC DISCLOSURE COPY \*\* Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

A F	or the	2022 calendar year, or tax year beginning AP	R 1, 2022 and	ending 1	MAR 31, 2023			
<b>B</b> c	heck if oplicable	C Name of organization			D Employer ide	entific	ation number	
	Addres							
	Name change				81-4595	320		
	Initial return	Number and street (or P.O. box if mail is not deli-	mber					
	]Final return/	4949 MARIE P. DEBARTOLO WAY	-480	08				
	termin- ated	City or town, state or province, country, and 2	<b>G</b> Gross receipts \$		989,580.			
	Amend return	SANTA CLARA, CA 95054			H(a) Is this a gro	up re	turn	
	Application	nates?	? Yes X No					
	pendin	SAME AS C ABOVE			H(b) Are all subordin	ates ind	cluded? Yes No	
<u>1 T</u>	ax-exe	empt status: X 501(c)(3) 501(c) ( )	(insert no.) 4947(a)(1)	or 527	If "No," atta	ch a l	list. See instructions	
J۷	Vebsit	e: WWW.GOLDENHEARTFUND.ORG			H(c) Group exen	nptior	n number	
K F	orm of	organization: X Corporation Trust Ass	ociation Other	L Year	of formation: 2016	М	State of legal domicile: CA	
Pa	rt I	Summary						
	1	Briefly describe the organization's mission or most s	significant activities: TO RAI	SE FUNDS	TO PROVIDE RE	LIEF	•	
JCe		TO DISADVANTAGED AND DISTRESSED FORMER						
rna	2	Check this box if the organization discon	tinued its operations or dispos	sed of more	e than 25% of its ne	t ass	ets.	
Ş	3	Number of voting members of the governing body (F	Part VI, line 1a)			3	9	
Ğ		Number of independent voting members of the gove				4	9	
တ္		Total number of individuals employed in calendar ye				5	5	
)ţį	6	Total number of volunteers (estimate if necessary)				6	20	
Activities & Governance		Total unrelated business revenue from Part VIII, colu				7a	0.	
_		Net unrelated business taxable income from Form 9				7b	0.	
					Prior Year		Current Year	
d)	8	Contributions and grants (Part VIII, line 1h)			397,0	51.	394,104.	
Revenue						0.	0.	
eve	10	nvestment income (Part VIII, column (A), lines 3, 4,	and 7d)		83,4	02.	47,411.	
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c,	92.	-184,640.				
		Total revenue - add lines 8 through 11 (must equal F		464,7	61.	256,875.		
	13	Grants and similar amounts paid (Part IX, column (A	), lines 1-3)		30,5	98.	103,793.	
		Benefits paid to or for members (Part IX, column (A)	0.	0,				
s		Salaries, other compensation, employee benefits (P	59.	489,246.				
Expenses		Professional fundraising fees (Part IX, column (A), lir				0.	0,	
be.		Total fundraising expenses (Part IX, column (D), line						
ы		Other expenses (Part IX, column (A), lines 11a-11d,			159,8	52.	399,316.	
		Total expenses. Add lines 13-17 (must equal Part IX			317,6		992,355.	
		Revenue less expenses. Subtract line 18 from line 1	2		147,1	52.	-735,480.	
Net Assets or Fund Balances				В	eginning of Current Y	ear	End of Year	
sets	20	Total assets (Part X, line 16)			2,304,9	77.	1,370,708.	
t Ass	21	Total liabilities (Part X, line 26)			2,3	73.	38,775.	
Fed	22	Net assets or fund balances. Subtract line 21 from l	ine 20		2,302,6	04.	1,331,933.	
Pa	rt II	Signature Block						
		ties of perjury, I declare that I have examined this return, i			•	of my	knowledge and belief, it is	
true,	correc	t, and complete. Declaration of preparer (other than officer	) is based on all information of wh	nich preparei	r has any knowledge.			
Sign	١	Signature of officer			Date			
Her	•	RONALD FERRARI, PRESIDENT						
		Type or print name and title						
		Print/Type preparer's name	Preparer's signature		Date Che	ck	PTIN	
Paid			BRIAN YACKER	<u> </u>	08/15/24 self-	employe		
Prep	1	Firm's name BAKER TILLY ADVISORY GROUP	•		Firm's EIN	1 3	39-0859910	
Use	Only	Firm's address 18500 VON KARMAN AVE, 10TH	FLOOR					
		IRVINE, CA 92612			Phone no	949.	.222.2999	
May	the IF	S discuss this return with the preparer shown abov	e? See instructions				X Yes No	

Page 2 GOLDEN HEART FUND 81-4595320 Form 990 (2022)

Pai	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	TO RAISE FUNDS TO PROVIDE RELIEF TO DISADVANTAGED AND DISTRESSED	
	FORMER FOOTBALL PLAYERS AND THEIR FAMILIES NATIONWIDE, INCLUDING BUT	
	NOT LIMITED TO THE SUPPORT AND FUNDING FOR MENTAL AND PHYSICAL HEALTH,	
	DISASTER RECOVERY, OR OTHER PERSONAL FINANCIAL HARDSHIP.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	,	Yes X No
•	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by e	avnenses
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exp	
	revenue, if any, for each program service reported.	perises, and
40		
4a	(Code:) (Expenses \$640,245. including grants of \$103,793. ) (Revenue \$\$  GRANTS MADE PURSUANT TO THE ORGANIZATION'S MISSION TO AID FORMER	)
	FOOTBALL PLAYERS AND THEIR FAMILIES SEEKING RELIEF FROM PERSONAL	
	HARDSHIP, INCLUDING BUT NOT LIMITED TO BASIC LIVING EXPENSES, SHELTER	
	AND HOUSING, MENTAL HEALTH TREATMENT, OTHER MEDICAL CARE AND FUNERAL	
	EXPENSES.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	)
4c	(Code:) (Expenses \$	)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$	)
4e	Total program service expenses 640,245.	
		Form <b>990</b> (2022)

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# Form 990 (2022) GOLDEN HEART FUND 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		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	<u> </u>		
Ŭ	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	١		
U		_		x
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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		Х
14a	Did the constitution maintain on office constitution and the state of the Helbert Obstace	14a		x
b	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
D	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	170		<del>-</del>
13		15		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		<del></del>
16		46		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			x
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	4.	v	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			,,
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		Х

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Part IV   Checklist of Required Schedules (contin	nued)
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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 21 "IV "res," complete Schedule   Parts I and III   23 Did the organization awaver "Yes" to Part IXI, Section A, line 3, 4, or 5, about compensation of the organizations current and former offices, directors, trustases, key employees, and highest compensated employees? "I "yes," complete Schedule   23 X   24 Did the organization have at severempt 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 IV "I "Ye "go to line 25a   24b   2				Yes	No
Did the organization answer "Yes" to Part VII, Section A, line 3.4 or 0.5 about compensation of the organization sourrent and former offices, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part IV 1962, "complete Schedule I, Part IV 1962," or 1962 Schedule I, Part IV 1963, "or 1962 Schedule II, Part IV 1963, "or 1962 Schedule II, Part IV 1963, por 1964 Schedule II, Part IV 1963, por 1964 Schedule II, Part IV 1964, por 1964 Schedule II, Par	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
and former officers, directors, trustess, key employees, and highest compensated employees? If "Yes," complete Schedule K. If "No." por to lime 28 as exempt bond issue with an outstanding principal amount of more than \$10,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," inswer lines 24b through 24d and complete Schedule K. If "No." por to lime 28 as exempt bonds beyond a temporary period exception?  24a Did the organization minest any proceeds of tax-exempt bonds beyond a temporary period exception?  25b Bection 501(c)3, 501(c)4), and 501(c)29 organizations. Did the organization engage in an excess benefit transaction with a dispusified person during the year?  25c Section 501(c)3, 501(c)4), and 501(c)29 organizations. Did the organization engage in an excess benefit transaction with a dispusified person during the year?  25c Section 501(c)3, 501(c)4), and 501(c)29 organizations. Did the organization engage in an excess benefit transaction with a dispusified person during the year?  25b Section 501(c)3, 501(c)4), and 501(c)29 organizations. Did the organization engage in an excess benefit transaction with a dispusified person in a prior year, and that the transaction with a dispusified person in a prior prior.  25c Section 501(c)3, 501(c)4, and 501(c)29 organizations prior formes 990 or 996-527 if "Yes," complete Schedule L. Part I  25d 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 employee creator or founder, substantial contributor or employee thereof or any current or former officer, director, substantial contributor or employees thereof a grant selection committee member, or to a 35% controlled entity for not reported as a part or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor? If "Yes," complete Schedule L. Part IV .  25d Did t		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
Schedule / La 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 25e.  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization marks and an escrow account other than a refunding except any tax-exempt bonds?  Did the organization marks and an escrow account other than a refunding except any time during the year?  Did the organization and any and 501(c)(29) organizations. Did the organization during the year?  Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I be 1 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 sprior forms 990 or 990 EZ? If "Yes," complete Schedule L, Part I be 1 the organization organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction in provide a grant or other assistance to any current or former officer, director, furector, business transaction and that the transaction in provide a grant or other assistance to any current or former officer, director, busides, key employee, creator or forunder, substantial contributor, or 35% controlled entity finduling an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IV was the former officer, director, trustee, key employee threed, is gard selection contributions (see the Schedule L, Part IV instructions for applicabl	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
All 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? (**I**ex,** answer lines 24b through 24d and complete Schedule K** I**Ne*, **pot alive 25a**  b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  24b		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
stated 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  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  24b  Did the organization maintain an escrow account other than a refunding escrow at any time during the year?  24c  Did the organization and a sa an 'on behalf of "issuer for bonds outstanding at any time during the year?  24d  25a Section 501(3), 501(4)(4) and 501(4)(29) organizations. Did the organization angues in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part I  25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part I  25b Is the organization export any amount on Part X, line 5 or 22, for receivables from or payables to any current or former efficer, 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  25b Is the organization provide a grant or other assistance 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 Is the schedule and the part of a business transaction with one of the following parties (see the Schedule L. Part III Is a schedule and the part of the schedule and the schedule and the part of the schedule and th			23	Х	<del></del>
Schedule K. If "No." on to line 25a 24b 12b 10th the organization meant any proceeds of tax-exempt bonds beyond a temporary period exception?  c Did the organization marks any proceeds of tax-exempt bonds beyond a temporary period exception?  d Did the organization marks an excrow account other than a refunding escrow at any time during the year to delease any tax-exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d 25a Section 801(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a discussified person during the year? // *Yes," complete Schedule L, Part I	24a				
bill the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  bill the organization maintain an escrow account other than a retunding escrow at any time during the year?  did bit the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?  24d did bit the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?  25d Section 50(16)3, 501(16)4, and 501(16)29 organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? ("Yes," complete Schedule L, Part I bis 16+ organization awave that it engaged in an excess benefit transaction with a disqualified person during the year? ("Yes," complete Schedule L, Part I bis 16+ organization awave 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 II bit 16+ organization or portion of the separation or former officer, director, trustee, key employee, creator or former office					l
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24a	_				<u> </u>
any tax-exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d   25a   Section 50(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? ""Yes," complete Schedule L, Part 1  25b   Is the organization aware that the negaged in an excess benefit transaction with a disqualified person during the year? ""Yes," complete Schedule L, Part 1  25c   Standard Carlot			24b		
d Did the organization act as an *On behalf of *Issuer for bonds outstanding at any time during the year?  2346 Section 501(CSI), 501(CH), and 501(CH), and 501(CH) organizations to bit the organization engage in an excess benefit transaction with a disqualified person during the year? # "Yes," complete Schedule L, Part I  25a	С				
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 25b					
transaction with a disqualified person during the year / If "Yes," complete Schedule L, Part I 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-E27   If "Yes," complete Schedule L, Part I   25b   X   25b   2			240		
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-E27; #'Yes," complete Schedule I, Part II	<b>2</b> 5a		252		x
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? # "Yes," complete Schedule I, Part I   25b   X    26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of rainily member of any of these persons? # "Yes," complete Schedule I, Part II   26	h		25a		
Schedule L, Part I  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  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  28 Was the organization and part to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):  a A current of former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV.  28 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.  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  29 J X  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M, Part I.  30 Did the organization inquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.  31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-28 rift yies," complete Schedule R, Part V, Iine 1  31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-37 If "Yes," complete Schedule R, Part V, Iine 1  32 J Was the organization on even the organization make an	b				
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, frustee, 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 III 27 X X 25 Us the organization provide a grant or other assistance to any current or former officer, director, frustee, 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 IV, instructions for applicable filing thresholds, conditions, and exceptions:  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28b X X 10 A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b X 29 Did the organization or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule II, Part IV 28b X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule II, Part IV 28b X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule II, Part IV 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule II, Part IV 30 Did the organization seli, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule II, Part II 31 Did the organization on 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701.2 and 301.7701.37 If "Yes," complete Schedule II, Part II, III, or IV, and Part V, line 1 34 Did the organization ordanization receive any payment from or engage in any transactio			25h		Х
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 III	26	•	200		
controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II to the organization provide a grant or other assistance to any ourner 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 instructions for applicable flinig thresholds, conditions, and exceptions:  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV					
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 II.   28			26		Х
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? "It "Yes," complete Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV.  b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.  c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b7. If "Yes," complete Schedule L, Part IV.  28a	27				
entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.  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 fling thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV.  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):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?   "Yes," complete Schedule L, Part IV  b A family member of any individual described in line 28a?   b A family member of any individual described in line 28a?   b A family member of any individual described in line 28a?   b A family member of any individual described in line 28a?   c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?   g 28b			27		Х
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?   "Yes," complete Schedule L, Part IV.  A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?   "Yes," complete Schedule L, Part IV.  28b X  C A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?  "Yes," complete Schedule L, Part IV.  28c X  29 Did the organization receive more than \$25,000 in non-cash contributions?  "Yes," complete Schedule M.  29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions?   30 X  31 Did the organization liquidate, terminate, or dissolve and cease operations?   31 Pid the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?   32 If "Yes," complete Schedule N, Part I II.  33 Did the organization won 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?   33 If "Yes," complete Schedule R, Part I II.  34 Was the organization related to any tax-exempt or taxable entity?   35 If "Yes," complete Schedule R, Part II, III., or IV, and Part V, line 1  36 Section 501c()(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?   35 If "Yes," complete Schedule R, Part V, line 2  36 Section 501c()(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?   37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?   38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?   39 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?   Yes, "complete Schedule O contains a response or note to any line in this Part V  Yes It as the member of Forms W-26	28	, , ,			
"Yes," complete Schedule L, Part IV  28a		instructions for applicable filing thresholds, conditions, and exceptions):			
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV  c 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	а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? ##  "Yes," complete Schedule L, Part IV  29 Did the organization receive more than \$25,000 in non-cash contributions? ## "Yes," complete Schedule M  29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? ## "Yes," complete Schedule M  30 X  31 Did the organization liquidate, terminate, or dissolve and cease operations? ## "Yes," complete Schedule N, Part I  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? ## "Yes," complete Schedule N, Part I  32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? ## "Yes," complete Schedule R, Part I  33 Did the organization related to any tax-exempt or taxable entity? ## "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  34 Was the organization have a controlled entity within the meaning of section 512(b)(13)?  35 Dif "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)? #" "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? ## "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization son Schedule O for Part VI, line 1  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? ## "Yes," complete Schedule R, Part V, line 2  38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 files are required to complete Schedule O on the spannation of the spannation of the spannati		"Yes," complete Schedule L, Part IV	28a		X
"Yes," complete Schedule L, Part IV  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  29 X  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  30 X  31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  31 X  32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I  32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  33 X  34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  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 V, II in so 1 a related organization  and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V, II in so 1 a related organization  and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V, II in so 1 a related organization  A X  38 Did the organization complete Schedule O and provide explanations on Schedule O for	b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
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Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31	30				
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Schedule N, Part II  32			31		
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	32				v
sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33	22		32		
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	33		22		x
Part V, line 1  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  35b	34		33		
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Note: All Form 990 filers are required to complete Schedule O  Part 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  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
Part 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  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	38				
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  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	Par	Note: All Form 990 filers are required to complete Schedule O  t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable     1a     9       b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable     1b     0       c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming					
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming				Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	_	Effect the flumber reported in box 6 of 1 offit 1000. Effect 6 if flot applicable			
	b	Little the humber of Forms w-2d included of fine ra. Little -0-11 not applicable			
toamounor windings to onze winders?	С	(gambling) winnings to prize winners?	1c	Х	

232004 12-13-22

Form 990	(2022)	HEART FUND				81-4595320	Р	age 5
Part V	Statements Regardin	g Other IRS	Filings and	Tax Compliance	(continued)			
							Yes	No
					1			

			$\overline{}$		110					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return	<b>2</b> a 5								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х						
3а			3a		Х					
	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O									
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	•	4a		x					
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?									
b	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 Ad	, ,	_		v					
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	O	5a		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction for the line Form 1996 To		5b							
_	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c							
6a			6a		x					
h	any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions.		- Oa		<del></del>					
b	were not tax deductible?		6b							
7	Organizations that may receive deductible contributions under section 170(c).	•••••	OD							
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		х					
		vicco providou to tilo payor.	7b							
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was									
-	to file Form 8282?	1	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 co	ontract?	7e		х					
f										
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?									
h	<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?									
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
	sponsoring organization have excess business holdings at any time during the year?									
9	Sponsoring organizations maintaining donor advised funds.									
а	a Did the sponsoring organization make any taxable distributions under section 4966?									
b			9b							
10	Section 501(c)(7) organizations. Enter:	l I								
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	4							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	4							
11	Section 501(c)(12) organizations. Enter:	44.								
a	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	amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	•	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	IZU							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120	1							
	Is the organization licensed to issue qualified health plans in more than one state?		13a							
	Note: See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans	13b								
С	Enter the amount of reserves on hand	13c								
14a			14a		Х					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	e O	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner									
	excess parachute payment(s) during the year?									
	If "Yes," see the instructions and file Form 4720, Schedule N.									
16	ls the organization an educational institution subject to the section 4968 excise tax on net investment income?									
	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 act									
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17							
	If "Yes," complete Form 6069.									

232005 12-13-22

GOLDEN HEART FUND Page 6 Form 990 (2022)

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 if Schedule O contains a response or note to any line in this Part VI			X					
Sec	tion A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year								
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.								
b	b Enter the number of voting members included on line 1a, above, who are independent 1b								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other								
	officer, director, trustee, or key employee?	2		Х					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision								
	of officers, directors, trustees, or key employees to a management company or other person?	3		х					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х					
6	Did the organization have members or stockholders?	6		Х					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or								
	more members of the governing body?	7a		х					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or								
	persons other than the governing body?	7b		х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
а	The governing body?	8a	Х						
b	Each committee with authority to act on behalf of the governing body?	8b	Х						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the								
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	•		•					
	(IIII COSIO DE LOGICO III SI I		Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х					
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х						
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х						
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х						
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe								
	on Schedule O how this was done	12c	Х						
13	Did the organization have a written whistleblower policy?	13	Х						
14	Did the organization have a written document retention and destruction policy?	14	Х						
15	Did the process for determining compensation of the following persons include a review and approval by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a	X						
	Other officers or key employees of the organization	15b		Х					
	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 arrangement with a								
	taxable entity during the year?	16a		Х					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's								
	exempt status with respect to such arrangements?	16b							
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed CA								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only)	availal	ble					
	for public inspection. Indicate how you made these available. Check all that apply.								
	Own website Another's website X Upon request Other (explain on Schedule O)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d 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 books and records								
	THE ORGANIZATION - (408) 986-4808								
	4949 MARIE P. DEBARTOLO WAY, SANTA CLARA, CA 95054								

Form 990 (2022) GOLDEN HEART FUND 81-4595320 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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See 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-NEC) 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							<u>ısat</u>			
(A)	(B)	(C) Position						(D)	(E)	(F)
Name and title	Average		(do not check m			than		Reportable	Reportable	Estimated
	hours per week		box, unless person is both an officer and a director/trustee)					compensation from	compensation	amount of other
	(list any	tor						the	from related organizations	compensation
	hours for	direc				, p		organization	(W-2/1099-MISC/	from the
	related	tee or	ıstee			ensate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Itrus	nal tri		loyee	om p		1099-NEC)		and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(4)	line)	<u>n</u>	i s	#0	, Ke	e Eig	For			
(1) KILLJAN ANDERSON	40.00	-								
EXECUTIVE DIRECTOR				Х		┝		176,000.	0.	0.
(2) RONALD FERRARI	5.00									
CHAIR		Х		Х		<u> </u>		0.	0.	0.
(3) HARRIS BARTON	5.00									
VICE CHAIR		Х		Х		┝		0.	0.	0.
(4) RONNIE LOTT	5.00									
SECRETARY		Х		Х		┝		0.	0.	0.
(5) BRENT JONES	5.00	-							_	_
TREASURER		Х		Х		<u> </u>		0.	0.	0.
(6) AL GUIDO	2.00	-							_	_
DIRECTOR		Х				_		0.	0.	0.
(7) VALERIE PANOU	2.00	1								
DIRECTOR		Х				_		0.	0.	0.
(8) DWAINE BOARD	2.00	_								
DIRECTOR		Х				<u> </u>		0.	0.	0.
(9) JUNIOR BRYANT	2.00	_								
DIRECTOR		Х				<u> </u>		0.	0.	0.
(10) SCOTT BLACKBURN	2.00	-							_	_
DIRECTOR		Х				<u> </u>		0.	0.	0.
		-								
						<u> </u>				
		-								
						┝				
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			l		ļ.		l			000

Form 990		FUND								81-459532	0	Pa	age 8
Part VI	Section A. Officers, Directors, Trus	stees, Key Emp	loy	ees,	and	l Hig	ghes	t Co	ompensated Employee	s (continued)			
	(A)  Name and title  Average hours per week					c) ition more rson is		one n an	(D) Reportable compensation from	(E)  Reportable compensation from related	am	(F) timate nount o other	
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	froorgand	pensatom the anization relate the same anization in the same aniza	e on ed
1b Sul	ototal al from continuation sheets to Part V								176,000.	0.			0.
2 Tot	al (add lines 1b and 1c)  al number of individuals (including but rapensation from the organization								176,000. ceived more than \$100,	0. 000 of reportable			0.
<b>3</b> Did	the organization list any <b>former</b> officer  1a? If "Yes," complete Schedule J for s		-	•	·	•		•	hest compensated emp		3	Yes	No X

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual ...... 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services

#### rendered to the organization? If "Yes." complete Schedule J for such person **Section B. Independent Contractors**

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)		(0)
Name and business address	(B) Description of services	(C) Compensation
CAUSEMIC, LLC		
2034 N KILLINGSWORTH ST, PORTLAND, OR 97217	DIGITAL MARKETING	167,228.
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	
\$100,000 of compensation from the organization		

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Form 990 (2022) GOLDEN HEAD
Part VIII Statement of Revenue

			Check if Schedule O contains a	response o	or note to any lin	e in this Part VIII			
					,	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
SS	1	_	Federated campaigns	1a					
ant			Membership dues	1b					
S S			Fundraising events	1c	258,548.				
Contributions, Gifts, Grants and Other Similar Amounts			Related organizations	1d	200,020.				
ons,			Government grants (contributions)	1e					
utio er (		T	All other contributions, gifts, grants, and		125 556				
ĕŧ			similar amounts not included above $\dots$	1f	135,556.				
ont		_	Noncash contributions included in lines 1a-1f	1g  \$		204 104			
<u>0</u> 8		n	Total. Add lines 1a-1f			394,104.			
					Business Code				
ce	2	а							
ervi		b							
S		С							
ran Sev		d							_
Program Service Revenue		е							
<u>-</u>		f	All other program service revenue						
		g	Total. Add lines 2a-2f						
	3		Investment income (including divide	nds, intere	st, and				
			other similar amounts)			35,349.			35,349.
	4		Income from investment of tax-exem						
	5		Royalties						
			(1	) Real	(ii) Personal				
	6	а	Gross rents 6a						
			Less: rental expenses 6b						
			Rental income or (loss) 6c						
			Not rental income or (less)						
				ecurities	(ii) Other				
	-	_		548,411.					
		h	Less: cost or other basis	•					
ō		~		36,349.					
enn		c		12,062.					
ě			Net gain or (loss)			12,062.			12,062.
her Revenue			Gross income from fundraising events (r						,
Oth	0	а	including \$ 258,548.						
١			contributions reported on line 1c). S	-					
			•	I	11,716.				
		<b>L</b>	Part IV, line 18		196,356.				
			Less: direct expenses			-184,640.			-184,640.
			Net income or (loss) from fundraising			102,010.			101,010.
	9	d	Gross income from gaming activities						
			Part IV, line 19						
			Less: direct expenses						
			Net income or (loss) from gaming ac						
	10	а	Gross sales of inventory, less returns						
			and allowances						
			Less: cost of goods sold						
$\rightarrow$		С	Net income or (loss) from sales of in-	ventory					
က္					Business Code				
e e	11	а							
Miscellaneous Revenue		b							
cell Sev		С							
Ais		d	All other revenue						
		е	Total. Add lines 11a-11d						
	12		Total revenue. See instructions			256,875.	0.	0.	-137,229.

232009 12-13-22

81-4595320

### 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 respons	(A)	(B)	(C)	(D)
	include amounts reported on lines 6b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	rants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
	irants and other assistance to domestic idividuals. See Part IV, line 22	103,793.	103,793.		
	rants and other assistance to foreign	·			
	rganizations, foreign governments, and foreign				
	idividuals. See Part IV, lines 15 and 16				
	enefits paid to or for members				
	compensation of current officers, directors,				
tr	ustees, and key employees	170,000.	144,500.	4,971.	20,529
	ompensation not included above to disqualified				
ре	ersons (as defined under section 4958(f)(1)) and				
ре	ersons described in section 4958(c)(3)(B)				
7 0	ther salaries and wages	264,928.	172,203.	52,986.	39,739
<b>8</b> Pe	ension plan accruals and contributions (include				
	ection 401(k) and 403(b) employer contributions)				
9 0	ther employee benefits	24,047.	15,631.	4,809.	3,607
<b>0</b> P	ayroll taxes	30,271.	25,731.	476.	4,064
	ees for services (nonemployees):				
a M	lanagement				
	egal	300.		300.	
	ccounting	34,601.		34,601.	
	obbying				
	rofessional fundraising services. See Part IV, line 17	12.155		10.100	
	vestment management fees	12,155.		12,155.	
_	other. (If line 11g amount exceeds 10% of line 25,	011 671	165 400	01 511	04 536
	blumn (A), amount, list line 11g expenses on Sch O.)	211,671.	165,428.	21,511.	24,732 7,119
	dvertising and promotion	7,119.	4 072	22 102	6,124
	office expenses	33,288. 451.	4,972.	22,192.	23
	nformation technology	451.	303.	45.	23
	oyalties	4,545.	3,864.	609.	72
	ccupancy	32,880.	152.	8,783.	23,945
	ravel	32,000.	132.	0,703.	25,945
	ayments of travel or entertainment expenses				
	or any federal, state, or local public officials	2,109.			2,109
	onferences, conventions, and meetings	2,103.			2,102
	ayments to affiliates				
	epreciation, depletion, and amortization				
	NOLIWAN A A	19,824.		19,824.	
	ther expenses. Itemize expenses not covered	,		,	
at Iir	Dove. (List miscellaneous expenses on line 24e. If the 24e amount exceeds 10% of line 25, column (A), mount, list line 24e expenses on Schedule O.)				
	IFTS AND APPRECIATION	23,427.		23,427.	
_	UES AND SUBSCRIPTIONS	9,829.	24.	6,793.	3,012
_	QUIPMENT	4,193.	3,564.	629.	•
_	EALS	2,924.		2,285.	639
e A	Il other expenses				
	otal functional expenses. Add lines 1 through 24e	992,355.	640,245.	216,396.	135,714
	pint costs. Complete this line only if the organization				
	eported in column (B) joint costs from a combined				
	ducational campaign and fundraising solicitation.				
CI	heck here if following SOP 98-2 (ASC 958-720)				

rm 990 (2022) GOLDEN HEART FUND 81-4595320 Page **11** 

Form 990 (2022)
Part X Balance Sheet

		Check if Schedule O contains a response or note	e to any line in this Part X			
		•		<b>(A)</b> Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		129,679.	1	401,235.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or				
		trustee, key employee, creator or founder, subst	· · · · ·			
		controlled entity or family member of any of thes	· ·		5	
	6	Loans and other receivables from other disqualif				
		under section 4958(f)(1)), and persons described	· ·		6	
G	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
As	9	Prepaid expenses and deferred charges		6,332.	9	3,694.
		Land, buildings, and equipment: cost or other		·		·
		basis. Complete Part VI of Schedule D	10a			
	Ь	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities		2,143,966.	11	965,779.
	12	Investments - other securities. See Part IV, line 1		25,000.	12	· · · · · · · · · · · · · · · · · · ·
	13	Investments - program-related. See Part IV, line 1	,	13		
	14	Intangible assets			14	
	15			15		
	16	Other assets. See Part IV, line 11		2,304,977.	16	1,370,708.
	17	Accounts payable and accrued expenses	2,373.	17	38,775.	
	18	Grants payable	,	18	· · · · · · · · · · · · · · · · · · ·	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete F			21	
	22	Loans and other payables to any current or form				
Liabilities		trustee, key employee, creator or founder, subst				
ij		controlled entity or family member of any of thes	· ·		22	
Ë	23	Secured mortgages and notes payable to unrela			23	
	24	Unsecured notes and loans payable to unrelated			24	
	25	Other liabilities (including federal income tax, pay				
		parties, and other liabilities not included on lines				
		of Schedule D	' ' ' I		25	
	26	Total liabilities. Add lines 17 through 25		2,373.	26	38,775.
		Organizations that follow FASB ASC 958, che	ck here X	,		·
es		and complete lines 27, 28, 32, and 33.				
anc	27			2,302,604.	27	1,331,933.
3ali	28	Net assets with donor restrictions		·	28	· · ·
þ	-	Organizations that do not follow FASB ASC 9			_	
Ξ		and complete lines 29 through 33.				
þ	29	Capital stock or trust principal, or current funds			29	
ets	30	Paid-in or capital surplus, or land, building, or eq			30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc	T T		31	
et	32	Total net assets or fund balances		2,302,604.	32	1,331,933.
~	33	Total liabilities and net assets/fund balances		2,304,977.	33	1,370,708.

Form 990 (2022) GOLDEN HEART FUND 81-4595320 Page **12** 

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		256,	
2	Total expenses (must equal Part IX, column (A), line 25)	2		992,	355.
3	Revenue less expenses. Subtract line 2 from line 1	3	-	735,	480.
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4				604.
5	Net unrealized gains (losses) on investments	5	-	210,	191.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		-25,	000.
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	1	331,	933.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Ш
			$\Box$	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	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
	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:				
	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		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
За	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?				Х
b	<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2022)

232012 12-13-22

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

## **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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

GOLDEN HEART FUND 81-4595320 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Schedule A (Form 990) 2022 GOLDEN HEART FUND 81-4595320 Page 2

## 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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 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.")	55,090.	312,883.	93,937.	397,051.	394,104.	1,253,065.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	55,090.	312,883.	93,937.	397,051.	394,104.	1,253,065.
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)						166,675.
6	Public support. Subtract line 5 from line 4.						1,086,390.
	ction B. Total Support						, , ,
	endar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	55,090.	312,883.	93,937.	397,051.	394,104.	1,253,065.
	Gross income from interest,	,	,	,	,	,	
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	6,499.	43,993.	45,017.	55,254.	35,349.	186,112.
۵	Net income from unrelated business	, 255.	20,550.	10,0171	00,201.	00,025.	
9							
	activities, whether or not the						
40	business is regularly carried on			+			
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						1,439,177.
	<b>Total support.</b> Add lines 7 through 10	-1- / !	>			40	175,147.
	Gross receipts from related activities,	•				12	1/3,14/.
13	First 5 years. If the Form 990 is for th	· ·		•		. , . ,	
80	organization, check this box and stor						
	Public support percentage for 2022 (li			olumn (f\)		14	75.49 %
						15	75.49 %
	Public support percentage from 2021						
100	a 33 1/3% support test - 2022. If the c						
	stop here. The organization qualifies						
ľ	33 1/3% support test - 2021. If the constant test are the constant test and test are the constant test are the constant test and test are the constant tes	•		•		•	
47.	and <b>stop here.</b> The organization qual						
1/8	10% -facts-and-circumstances test	_					
	and if the organization meets the facts			-	•	I how the organiza	ation
_	meets the facts-and-circumstances te	-	•				
k	o 10% -facts-and-circumstances test	_					0% or
	more, and if the organization meets the				-		
	organization meets the facts-and-circu						
18	Private foundation. If the organization	n did not check a b	ox on line 13, 16a,	16b, 17a, or 17b,	check this box ar		Form 990\ 2022

Schedule A (Form 990) 2022

## Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	ļ					
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the	ļ					
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses	ļ					
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, f	ourth, or fifth tax y	year as a section 5	01(c)(3) organization	on,
	ction C. Computation of Publi					<del></del>	
	Public support percentage for 2022 (I			olumn (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves					T .= I	
	7 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17						
	Investment income percentage from			Para et 4		0.1/00/	%
19a	33 1/3% support tests - 2022. If the						/ is not
-	more than 33 1/3%, check this box ar						L
b	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	ns box and see ins	tructions	

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Schedule A (Form 990) 2022

Schedule A (Form 990) 2022 GOLDEN HEART FUND 81-4595320 Page **4** 

## 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.)

	Yes	No
1		
2		
За		
- Gu		
3b		
36		
20		
3c		
4-		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
8		
0-		
9a		
01-		
9b		
9c		
10a		
10b		

Par	TIV Supporting Organizations (continued)			
			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		
	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		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
	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? If "No," describe in <b>Part VI</b> 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			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	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,			
Sact	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
OCOL	tion of Type it oupporting organizations		V	NI.
4	Ware a majority of the examination's divectors by twistons during the toy year also a majority of the divectors		Yes	No
	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 the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations	•		
	<i>7</i> • •		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			
Caat	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
	Check the box next to the method that the organization used to satisfy the 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.		,	
с 2	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins Activities Test. Answer lines 2a and 2b below.	truction	yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		162	NO
	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.	2a		
	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.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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.	3a		
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.	3b		

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Schedule A (Form 990) 2022

Schedule A (Form 990) 2022 GOLDEN HEART FUND 81-4595320 Page **6** 

Pa	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations				
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 ( explain in I	Part VI). See instructions.	
	All other Type III non-functionally integrated supporting organizations must	complete	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			
Sect	ion 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):				
a	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
c	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			
Sect	ion 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	7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see				

Schedule A (Form 990) 2022

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	on D - Distributions			Current Year		
1	Amounts paid to supported organizations to accomplish exer	mpt purposes	1			
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity		2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3			
4	Amounts paid to acquire exempt-use assets	4				
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5			
6	Other distributions (describe in Part VI). See instructions.		6			
7	Total annual distributions. Add lines 1 through 6.		7			
8	Distributions to attentive supported organizations to which the	ne organization is responsive				
	(provide details in Part VI). See instructions.		8			
9	Distributable amount for 2022 from Section C, line 6		9			
10	Line 8 amount divided by line 9 amount		10			
		(i)	(ii)	(iii)		
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2022	Distributable Amount for 2022		
_1_	Distributable amount for 2022 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2022 (reason-					
	able 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					
е	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:					
а	Excess from 2018					
b	Excess from 2019					
с	Excess from 2020					
d	Excess from 2021					
е	Excess from 2022					

Schedule A (Form 990) 2022

232028 12-09-22 Schedule A (Form 990) 2022

## Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

## **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

Employer identification number

G	81-4595320	
Organization type (check	cone):	
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	
	n is covered by the <b>General Rule</b> or a <b>Special Rule.</b> (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special R	ule. See instructions.
General Rule		
-	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor	•
Special Rules		
sections 509(a)( contributor, duri	ion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% suppor 1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, a ng the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i EZ, line 1. Complete Parts I and II.	and that received from any one
contributor, duri	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from ng the year, total contributions of more than \$1,000 exclusively for religious, charitable, sational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (b) instead of the contributor name and address), II, and III.	scientific,
year, contributio is checked, ente purpose. Don't o	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from one exclusively for religious, charitable, etc., purposes, but no such contributions totaled for here the total contributions that were received during the year for an exclusively religion complete any of the parts unless the <b>General Rule</b> applies to this organization because table, etc., contributions totaling \$5,000 or more during the year	more than \$1,000. If this box rus, charitable, etc., it received <i>nonexclusively</i>
answer "No" on Part IV, li	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (ne 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-P ling requirements of Schedule B (Form 990).	•
 L⊣A For Paperwork Redu	ction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990) (2022)

Name of organization	Employer identification number
GOLDEN HEART FUND	81-4595320

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$58,835.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$25,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. <u>4</u>	Name, address, and ZIP + 4	\$25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
GOLDEN HEART FUND	81-4595320

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	Nume, address, and Zii + +	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 10	Name, address, and ZIP + 4	\$ 10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$\$000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

81-4595320

art II Noi	ncash Property (see instructions). Use duplicate copies of P	art II 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) lo. om art l	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) lo. om art l	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) o. om ort I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) o. om rt I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<b>\$</b>	
a) lo. om irt l	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-			
		<b>S</b>	1

Name of organization **Employer identification number** GOLDEN HEART FUND 81 - 4595320Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (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, and 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, and 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, and 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, and ZIP + 4 Relationship of transferor to transferee

# SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization  GOLDEN HEAD  GOLDEN HEAD	RT FUND					81-459532	ntification number
	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not
required to complete this part  1 Indicate whether the organization rais  a Mail solicitations	sed funds through any of the followin			Check all that apply.			
b Internet and email solicitations c Phone solicitations		tion of	gover	nment grants			
<ul><li>d In-person solicitations</li><li>2 a Did the organization have a written or</li></ul>					toos	or	
key employees listed in Form 990, P  b If "Yes," list the 10 highest paid indiv compensated at least \$5,000 by the	art VII) or entity in connection with prividuals or entities (fundraisers) pursu	rofessi	onal fu	undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	to (d	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total							
3 List all states in which the organizatio or licensing.	n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is e	exempt from re	gistration

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

Schedule G (Form 990) 2022

GOLDEN HEART FUND Schedule G (Form 990) 2022 Page 2 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events DWIGHT CLARK (add col. (a) through LEGACY SERIES GOLDEN HEART RUN col. (c)) (event type) (event type) (total number) 101,856. 163,093. 270,264. 5,315 1 Gross receipts 2 Less: Contributions 163,093 95,455. 258,548. Gross income (line 1 minus line 2) 6,401. 5,315. 11,716. 4 Cash prizes 5 Noncash prizes Direct Expenses 28,856. 8,286. Rent/facility costs 37,142. 8,394 39,429. 47,823. 7 Food and beverages 8 Entertainment 25,047. 66,119. 20,225 111,391. Other direct expenses 196,356. **10** Direct expense summary. Add lines 4 through 9 in column (d) -184,640. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add (b) Pull tabs/instant (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: \_

Schedule G (Form 990) 2022

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

b If "Yes," explain: \_

232082 10-27-22

Schedule G (Form 990) 2022 GOLDEN HEART FUND	31-4595320	Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes	No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
to administer charitable gaming?	Yes	☐ No
13 Indicate the percentage of gaming activity conducted in:		
a The organization's facility	13a	%
<b>b</b> An outside facility		%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
Name		
Address		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization	nt	
of gaming revenue retained by the third party \$  c If "Yes," enter name and address of the third party:		
Name		
Address		
16 Gaming manager information:		
Name		
Gaming manager compensation \$		
Description of services provided		
Director/officer Employee Independent contractor		
17 Mandatory distributions:		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to		<b>—</b>
retain the state gaming license?	L Yes	∟ No
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	е	
organization's own exempt activities during the tax year \$		
<b>Supplemental Information.</b> Provide the explanations required by Part I, line 2b, columns (iii) and (v); and 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	d Part III, lines 9,	9b, 10b,

Schedule G (Form 990) GOLDEN HEART FUND	81-4595320	Page 4
Schedule G (Form 990) GOLDEN HEART FUND  Part IV Supplemental Information (continued)		

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

# **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public

Inspection

Schedule I (Form 990) 2022

Name of the organization							Employer identification number
Part I General Information on Grants a							81-4595320
Does the organization maintain records criteria used to award the grants or assis     Describe in Part IV the organization's pro	to substantiate the				-		
Part II Grants and Other Assistance to recipient that received more than					anization answered "\	es" on Form 990, Part	t IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3) a	-	<del>-</del>	e line 1 table				
3 Enter total number of other organization	s listed in the line	1 table					

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

GOLDEN HEART FUND 81-4595320 Schedule I (Form 990) 2022 Page 2 Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of non-(f) Description of noncash assistance recipients cash grant cash assistance FINANCIAL SUPPORT 25 0 103,793. Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. PART I, LINE 2: WITH THE EXCEPTION OF FOOD AND DAILY EXPENSES. ALL GRANTS ARE PAID DIRECTLY TO THE VENDORS. RECEIPTS OR INVOICES MUST BE PROVIDED. ADDITIONALLY. EACH CANDIDATE HAS FREQUENT CONTACT WITH A SPECIFIC BOARD MEMBER OR BOARD-DESIGNATED CONTRACTOR TO ENSURE THE SERVICE PLAN IS FOLLOWED.

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### SCHEDULE J (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

GOLDEN HEART FUND

GOLDEN HEART FUND

B1-4595320

Part I Questions Regarding Compensation

	att   Queenene negaraning compensation			
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.    First-class or charter travel		Yes	No
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
b	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.  Compensation committee  Written employment contract  Independent compensation consultant  Compensation survey or study  Form 990 of other organizations  Approval by the board or compensation committee  During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:  Receive a severance payment or change-of-control payment?  Participate in or receive payment from a supplemental nonqualified retirement plan?	4a 4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
5	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
6	If "Yes" on line 5a or 5b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		X
7	If "Yes" on line 6a or 6b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2022

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.

		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred (D) Nontaxable benefits		(E) Total of columns (B)(i)-(D)	in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) KILLJAN ANDERSON	(i)	160,000.	16,000.	0.	0.	0.	176,000.	0.	
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
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### **SCHEDULE O** (Form 990)

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.

Department of the Treasury Internal Revenue Service

Name of the organization

**Employer identification number** 

GOLDEN HEART FUND	81-4595320						
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:							
FAMILIES NATIONWIDE, INCLUDING BUT NOT LIMITED TO THE SUPPORT AND							
FUNDING FOR MENTAL AND PHYSICAL HEALTH, DISASTER RECOVERY, OR OTHER	PUNDING FOR MENTAL AND PHYSICAL HEALTH, DISASTER RECOVERY, OR OTHER						
PERSONAL FINANCIAL HARDSHIP.							
FORM 990, PART VI, SECTION B, LINE 11B:							
ALL BOARD MEMBERS RECEIVE A COMPLETE COPY OF FORM 990 PRIOR TO FILING.							
FORM 990, PART VI, SECTION B, LINE 12C:							
PURSUANT TO THE ORGANIZATION'S CONFLICT OF INTEREST POLICY, EACH TRUSTEE,							
CORPORATE OFFICER, KEY EMPLOYEE OR OTHER PERSON DEEMED TO EXERCISE							
SUBSTANTIAL INFLUENCE OVER THE ORGANIZATION RECEIVES A COPY OF THE POLICY							
AND MUST ANNUALLY DISCLOSE ANY ACTUAL OR POTENTIAL CONFLICTS OF INTEREST.							
FORM 990, PART VI, SECTION B, LINE 15A:							
THE ORGANIZATION'S BOARD OF DIRECTORS REVIEWS AND APPROVES THE							
COMPENSATION.							
FORM 990, PART VI, SECTION C, LINE 19:							
AVAILABLE UPON REQUEST.							
FORM 990, PART IX, LINE 11G, OTHER FEES:							
DIGITAL MARKETING AGENCY:							
PROGRAM SERVICE EXPENSES 142,144.							
MANAGEMENT AND GENERAL EXPENSES 16,723.							
FUNDRAISING EXPENSES 8,361.	_						

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022		Page 2
Name of the organization  GOLDEN HEART FUND		Employer identification number 81-4595320
TOTAL EXPENSES	167,228.	
HR SUPPORT:		
PROGRAM SERVICE EXPENSES	10,200.	
MANAGEMENT AND GENERAL EXPENSES	1,200.	
FUNDRAISING EXPENSES	600.	
TOTAL EXPENSES	12,000.	
STATE REGISTRATION SERVICES:		
PROGRAM SERVICE EXPENSES	4,208.	
MANAGEMENT AND GENERAL EXPENSES	495.	
FUNDRAISING EXPENSES	248.	
TOTAL EXPENSES	4,951.	
FINANCIAL ADVISOR:		
PROGRAM SERVICE EXPENSES	2,380.	
MANAGEMENT AND GENERAL EXPENSES	280.	
FUNDRAISING EXPENSES	140.	
TOTAL EXPENSES	2,800.	
CHEERLEADER SERVICES:		
PROGRAM SERVICE EXPENSES	2,253.	
MANAGEMENT AND GENERAL EXPENSES	265.	
FUNDRAISING EXPENSES	133.	
TOTAL EXPENSES	2,651.	
MARCOM CONTRACT SERVICES:		
PROGRAM SERVICE EXPENSES	1,934.	
232212 10-28-22		Schedule O (Form 990) 2022

Schedule O (Form 990) 2022		Page 2
Name of the organization  GOLDEN HEART FUND		Employer identification number 81-4595320
MANAGEMENT AND GENERAL EXPENSES	228.	
FUNDRAISING EXPENSES	114.	
TOTAL EXPENSES	2,276.	
BACKGROUND CHECKS:		
PROGRAM SERVICE EXPENSES	922.	
MANAGEMENT AND GENERAL EXPENSES	108.	
FUNDRAISING EXPENSES	54.	
TOTAL EXPENSES	1,084.	
PHOTOGRAPHY:		
PROGRAM SERVICE EXPENSES	1,254.	
MANAGEMENT AND GENERAL EXPENSES	148.	
FUNDRAISING EXPENSES	74.	
TOTAL EXPENSES	1,476.	
NOTARY SERVICES:		
PROGRAM SERVICE EXPENSES	106.	
MANAGEMENT AND GENERAL EXPENSES	13.	
FUNDRAISING EXPENSES	6.	
TOTAL EXPENSES	125.	
OUTSIDE SERVICES:		
PROGRAM SERVICE EXPENSES	27.	
MANAGEMENT AND GENERAL EXPENSES	3.	
FUNDRAISING EXPENSES	2.	
TOTAL EXPENSES	32.	

Schedule O (Form 990) 2022 232212 10-28-22

Schedule O (Form 990) 2022 Page 2 Name of the organization **Employer identification number** GOLDEN HEART FUND 81-4595320 PAYROLL PROCESSING FEES: PROGRAM SERVICE EXPENSES 0. 2,048. MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES TOTAL EXPENSES 2,048. APPEARANCE FEE: PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES 15,000. TOTAL EXPENSES 15,000. TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 211,671.