

** 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.

<u>A</u>	For the	2023 calendar year, or tax year beginning AF	PR 1, 2023 and	ending M	IAR 31, 2024					
В	Check if	C Name of organization			D Employer ident	tification number				
	→ Addres	s								
F	change				81-459532	20				
H	change	Doing business as Number and street (or P.0. box if mail is not del	ivered to etreet address)	Room/suite	1					
	return Final_	4949 MARIE P. DEBARTOLO WAY	ivered to street address)	NUUIII/Suite	E Telephone number (408) 986-4808					
	Ireturn/ termin- ated		7IP or foreign postal code	G Gross receipts \$ 1,363,851.						
	Ameno		zii oi ioroigii pootai oodo		H(a) Is this a group					
	Application		JAN ANDERSON		for subordinal					
_	pendin	SAME AS C ABOVE				es included? Yes No				
Τ.	Tax-exe	mpt status: X 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1)	or 527		n a list. See instructions				
	Websit		,		H(c) Group exemp	tion number				
K	Form of	organization: X Corporation Trust As	sociation Other	L Year	of formation: 2016	M State of legal domicile: CA				
P	art I	Summary								
an an	1	Briefly describe the organization's mission or most	significant activities: TO RAI	SE FUNDS	TO PROVIDE RELI	[EF				
Governance		TO DISADVANTAGED AND DISTRESSED FORMER	R FOOTBALL PLAYERS AND	THEIR						
rns	2		ntinued its operations or dispos		1	1				
Š	3	Number of voting members of the governing body (9				
		Number of independent voting members of the gov				4 9				
<u>e</u> s	5	Total number of individuals employed in calendar y				5 6				
Activities &	6	Total number of volunteers (estimate if necessary)				6 20				
Ą	7 a	Total unrelated business revenue from Part VIII, col				7a 0.				
_	b	Net unrelated business taxable income from Form 9	990-1, Part I, line 11	·····	Prior Year	7b 0. Current Year				
		Contributions and grants (Dort VIII line 1b)		-	394,104					
ne	8	Contributions and grants (Part VIII, line 1h)				0. 0.				
Revenue	9	Program service revenue (Part VIII, line 2g) nvestment income (Part VIII, column (A), lines 3, 4,	and 7d)		47,411					
Be	10 11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			-184,640					
	1	Fotal revenue - add lines 8 through 11 (must equal		256,875						
_		Grants and similar amounts paid (Part IX, column (A			103,793					
		Benefits paid to or for members (Part IX, column (A				0. 0.				
ú	15	Salaries, other compensation, employee benefits (F			489,246	6. 441,833.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), li			(0. 0.				
ρer	b	Total fundraising expenses (Part IX, column (D), line								
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d,	11f-24e)		399,316	6. 310,772.				
		Total expenses. Add lines 13-17 (must equal Part I)			992,355					
	19	Revenue less expenses. Subtract line 18 from line	12		-735,480	0374,422.				
Net Assets or	g			Ве	eginning of Current Yea					
sets	20	Total assets (Part X, line 16)			1,370,708					
at As	21	Total liabilities (Part X, line 26)			38,775					
کّ	22 art II	Net assets or fund balances. Subtract line 21 from Signature Block	line 20		1,331,933	3. 928,673.				
		1 -				and ballet it is				
		ties of perjury, I declare that I have examined this return, ;, and complete. Declaration of preparer (other than office				my knowledge and beller, it is				
tiue	, сопес	, and complete. Decialation of preparer (other than office	1) is based on an information of wi	iicii preparei	ilas ally kilowieuge.					
Sig	n	Signature of officer			I Date					
Hei		RONALD FERRARI, CHAIR								
110		Type or print name and title								
		Print/Type preparer's name	Preparer's signature	Τ	Date Check	PTIN				
Pai	d		BRIAN YACKER	lo)2/11/25 if self-em	P00401346				
	parer	Firm's name BAKER TILLY ADVISORY GROUP			Firm's EIN	our employee				
	Only	Firm's address 18500 VON KARMAN AVE, 10TH	H FLOOR		THITOLIN					
_		IRVINE, CA 92612			Phone no.9	49.222.2999				
Ma	y the IF	S discuss this return with the preparer shown above	ve? See instructions			X Yes No				

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Pa	art 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	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	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 experiments are program services.	vnenses
•	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.	erises, ariu
 4а	160 100	
40	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. THROUGH OUR EXTENSIVE AND GROWING STRATEGIC RELATIONSHIPS	
	WITH THE NFL, NFLPA, PLAYER CARE ORGANIZATIONS, AND OUR VALUED	
	CORPORATE PARTNERS, OUR NONPROFIT SUCCESSFULLY UNLOCKED AN ADDITIONAL	
	\$45,193 WORTH OF "INDIRECT SUPPORT." WHILE THIS SUPPORT IS NOT	
	REFLECTED IN OUR BOTTOM LINE, IT HAS HAD A TANGIBLE IMPACTIMPROVING THE	
	LIVES OF OUR PLAYERS AND THEIR FAMILIES BY PROVIDING CRITICAL RESOURCES	
	BEYOND OUR DIRECT PROGRAMS.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)	
4u		1
4e	450, 100	
10	Total program service expenses	Form 990 (2023)
		. 5 (2020)

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Form 990 (2023) 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			
Ū	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,	l _		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		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more 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
Ь	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
_	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	110		
•	the organization's separate of consolidated infancial 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		x
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	- ' ' '		
ıza	, ,	40-		x
	Schedule D, Parts XI and XII	12a		
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	401		_v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		-
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate 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			l
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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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	i (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		103	110
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	ı
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			ı
	Schedule J	23	х	ı
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			ı
	Schedule K. If "No," go to line 25a	24a		Х
b	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 to defease			
	any tax-exempt bonds?	24c		ı
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			ı
		25b		х
26	Schedule L, Part I 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%			ı
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			ı
	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		х
28		21		
20	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 current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а		28a		х
h	"Yes," complete Schedule L, Part IV	28b		Х
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	00-		х
00	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			х
	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			17
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			ı
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			ı
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			ı
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	TV 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			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	10	х	_

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	990 (2	2023) GOLDEN HEART FUND	81-459532	0	Р	age 5
Par	t V	Statements Regarding Other IRS Filings and Tax Compliance (continued)				
					Yes	No
2a	Enter	the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed f	or the calendar year ending with or within the year covered by this return	2a 6			
b	If at le	east one is reported on line 2a, did the organization file all required federal employment tax return	s?	2b	Х	
За	Did th	ne organization have unrelated business gross income of \$1,000 or more during the year?		3a		Х
b	If "Ye	s," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule (O	3b		
4a	At any	y time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			
	financ	cial account in a foreign country (such as a bank account, securities account, or other financial ac	ccount)?	4a		Х
b	If "Ye	s," enter the name of the foreign country				
	See ir	nstructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FBAR).			
				5a		X
		ny taxable party notify the organization that it was or is a party to a prohibited tax shelter transac		5b		Х
С	If "Ye	s" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does	the organization have annual gross receipts that are normally greater than \$100,000, and did the	-			
	any c	ontributions that were not tax deductible as charitable contributions?		6a		X
b	If "Ye	s," did the organization include with every solicitation an express statement that such contribution	•			
	were	not tax deductible?		6b		
7	Orga	nizations that may receive deductible contributions under section 170(c).				
а		e organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	vices provided to the payor?	7a		X
b	If "Ye	s," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did th	ne organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	•			
		Form 8282?		7c		X
d	If "Ye	s," indicate the number of Forms 8282 filed during the year	7d			
е	Did th	ne organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ntract?	7e		X
f	Did th	ne organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	ct?	7f		Х
g		organization received a contribution of qualified intellectual property, did the organization file For		7g		
h		organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizat		7h		
8	-	soring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
	-			8		
9	-	soring organizations maintaining donor advised funds.				
а				9a		
				9b		
10		on 501(c)(7) organizations. Enter:	1			
		ion fees and capital contributions included on Part VIII, line 12	10a	4		
		s receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	4		
11	_	on 501(c)(12) organizations. Enter:	1			
		s income from members or shareholders	11a	4		
b		s income from other sources. (Do not net amounts due or paid to other sources against				
40		ints due or received from them.)	11b	10		
		on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
		s," enter the amount of tax-exempt interest received or accrued during the year	12b	-		
13		on 501(c)(29) qualified nonprofit health insurance issuers.		10-		
а		organization licensed to issue qualified health plans in more than one state?		13a		
		See the instructions for additional information the organization must report on Schedule O.				
a		the amount of reserves the organization is required to maintain by the states in which the	10h			
_		ization is licensed to issue qualified health plans	13b	1		
		the amount of reserves on hand [13c	14-		х
				14a		^
		s," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule		14b		
15		organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration payment(s) during the year?		45		x
		ss parachute payment(s) during the year?		15		_ A
16		s," see the instructions and file Form 4720, Schedule N.	incomo?	16		х
16		organization an educational institution subject to the section 4968 excise tax on net investment		16		
17		s," complete Form 4720, Schedule O.	ivitios			
17	Section	on 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act	IVILIES	I	Ì	I

If "Yes," complete Form 6069. Form **990** (2023) 332005 12-21-23

that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

GOLDEN HEART FUND Form 990 (2023)

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	1a		9							
	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	Enter the number of voting members included on line 1a, above, who are independent	1b		9							
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	2		Х				
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervision								
					3		X				
4											
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets?										
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 ap	point	one or								
	more members of the governing body?			. 7	a		X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st		•								
	persons other than the governing body?			. 7	b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-								
а	The governing body?				-	Х					
b	Each committee with authority to act on behalf of the governing body?			. 8	b	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached any officer.										
	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 Re-	<u>venue</u>	Code.)								
						Yes	No_				
	Did the organization have local chapters, branches, or affiliates?			. 10)a		Х				
b	If "Yes," did the organization have written policies and procedures governing the activities of such characteristics.										
	· · · · · · · · · · · · · · · · · · ·			10		х					
b											
12a	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7										
	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?										
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	,				x					
40	on Schedule O how this was done					X					
13	Did the organization have a written whistleblower policy?					X					
14	Did the organization have a written document retention and destruction policy?			. 1	4	Λ					
15	Did the process for determining compensation of the following persons include a review and approval	г Бу ігі	dependent								
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			45	.	х					
	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization						Х				
D	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			. 15	,						
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	nent w	vith a								
100	taxable entity during the year?			16	ia		Х				
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat										
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	-	· ·								
	exempt status with respect to such arrangements?			. 16	ib l						
Sec	tion C. Disclosure					- '					
17	List the states with which a copy of this Form 990 is required to be filedAL,AR,CA,CO,CT,FL,G.	A,HI	,IL,KS,KY,MA								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar			(3)s on	lv) a	vailah	ole				
	for public inspection. Indicate how you made these available. Check all that apply.		()	. , = =	,,						
	Own website Another's website X Upon request Other (explain	on So	chedule (0)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con			and fin	anci	al					
	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 boo	ks an	d records								
	THE ORGANIZATION - (408) 986-4808										
	4949 MARIE P. DEBARTOLO WAY, SANTA CLARA, CA 95054										
332006	12.21.23 SEE SCHEDULE O FOR FULL LIST OF STATES			E,	nrm 9	990	(2023)				

Form 990 (2023) 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.

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos	itior		one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	rson i	s bot	n an	compensation	compensation	amount of
	week	-	cer ar	id a d	irecto	r/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	or di	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the
	organizations	rustee	l trus		ee (ee	ubeu		1099-NEC)	1099-NEC)	organization and related
	below	dual t	ntiona	_	nploy	st cor	-	10001420)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KILLJAN ANDERSON	40.00	 	_	_		- <u>-</u> -	_			
EXECUTIVE DIRECTOR				х				170,000.	0.	0.
(2) RONALD FERRARI	5.00							·		
CHAIR		х		х				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				0.	0.	0.
(6) AL GUIDO	2.00									
DIRECTOR		х						0.	0.	0.
(7) VALERIE PANOU	2.00									
DIRECTOR		х						0.	0.	0.
(8) DWAINE BOARD	2.00									
DIRECTOR		х						0.	0.	0.
(9) JUNIOR BRYANT	2.00									
DIRECTOR		х						0.	0.	0.
(10) SCOTT BLACKBURN	2.00									
DIRECTOR		х						0.	0.	0.
		1								
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		1								
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Form 990 (2023) Page 8 GOLDEN HEART FUND 81-4595320

	/A\	(B)		,	((ompensated Employee	,			(E)	
	(A)	Average			Pos	•	ı		(D)	(E)		_	(F)	محا
	Name and title	hours per		not c	heck	more	than o		Reportable	Reportable			timat	
		week		, unle cer ar					compensation	compensation			nount	
		(list any	or						from	from related			other	
		hours for	irecto						the	organizations	、		pens	
		related	or d	98			ated		organization	(W-2/1099-MISC	/ر		om th	
		organizations	ustee	trust		gy.	bens		(W-2/1099-MISC/	1099-NEC)		_	aniza	
		below	ual tr	ional		ploye	t con		1099-NEC)				d rela	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizat	10115
			드	드	-O	ᢌ	포늄	윤			_			
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			1											
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			1											
lb	Subtotal								170,000.		0.			0
	Total from continuation sheets to Part V								0.		0.			0
	Total (add lines 1b and 1c)								170,000.		0.			0
	Total number of individuals (including but r								· · · · · · · · · · · · · · · · · · ·					
_		(O) ⊢						റ മ	ceived more than \$100	000 of reportable				
2		iot iiiiiitea to tri			u u.	ove) WII	o re	eceived more than \$100,	000 of reportable				
_	compensation from the organization	iot iiiiited to tii				JOVE.) WII	o re	ceived more than \$100,	000 of reportable			Yes	_
	compensation from the organization			····									Yes	
3	Did the organization list any former officer	, director, trust	ee, l	•	empl	oye	e, or	hig	hest compensated emp	oyee on		2	Yes	No
3	Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s	, director, trust	ee, l		empl	oye	e, or	hig	hest compensated emp	oyee on		3	Yes	_
}	Did the organization list any former officer line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i> For any individual listed on line 1a, is the so	, director, trust such individual um of reportabl	ee, k	 mpe	empl 	oyee	e, or	hig oth	hest compensated emp	oyee onne organization				No
	Did the organization list any former officer line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i> For any individual listed on line 1a, is the sa and related organizations greater than \$15	, director, trust such individual um of reportabl 0,000? If "Yes,	ee, k le co	mple	empl ensa	oyee tion	e, or and	hig oth	hest compensated emplers compensation from the compensation from t	oyee on ne organization		3	Yes	No
	Did the organization list any former officer line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s For any individual listed on line 1a, is the st and related organizations greater than \$15 Did any person listed on line 1a receive or	, director, trust such individual um of reportabl 0,000? If "Yes, accrue comper	ee, k	ompe omple on fr	empl ensa ete S	oyee tion Sche	e, or and edule	hig oth	hest compensated emplers compensation from the compensation from the compensation or individual control or ind	oyee on ne organization		4		X
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	Did the organization list any former officer line 1a? If "Yes," complete Schedule J for some some series and related organizations greater than \$15 Did any person listed on line 1a receive or rendered to the organization? If "Yes," contion B. Independent Contractors	, director, trust such individual um of reportabl 0,000? If "Yes, accrue comper aplete Schedul	ee, k e co " co nsati	ompe omple on fr	empl ensa ete S om	oyee tion Sche any	e, or and edule unre	hig oth J fo	hest compensated emplers compensation from the compensation from the compensation or individual compen	oyee on ne organization dual for services		5	Х	X
ec	Did the organization list any former officer line 1a? <i>If</i> "Yes," complete Schedule J for some for any individual listed on line 1a, is the sund related organizations greater than \$15 Did any person listed on line 1a receive or rendered to the organization? <i>If</i> "Yes," confidence of the organization? <i>If</i> "Yes," confidence or the organization?	, director, trust such individual um of reportabl 0,000? If "Yes, accrue comper aplete Schedul	ee, k e co " co nsati	ompe omple on fr	empl ensa ete S om	oyee tion Sche any	e, or and edule unre	hig oth J fo	hest compensated emplers compensation from the compensation from the compensation or individual compen	oyee on ne organization dual for services	 	5	Х	X
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ec	Did the organization list any former officer line 1a? If "Yes," complete Schedule J for some series or any individual listed on line 1a, is the some and related organizations greater than \$15 Did any person listed on line 1a receive or rendered to the organization? If "Yes," contion B. Independent Contractors Complete this table for your five highest contractors the organization. Report compensation for	, director, trust such individual um of reportabl 0,000? If "Yes, accrue comper applete Schedular ompensated ince	ee, le consati	ompe omple on fr or su ender	empl ensa ete S om uch u	oyee tion Sche any perso	e, or and edule unre	hig oth	hest compensated emplorer compensation from the compensation or individual ed organization or individual at received more than \$ the organization's tax y	oyee on ne organization dual for services 100,000 of compe		4 5	x om	X
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ec	Did the organization list any former officer line 1a? If "Yes," complete Schedule J for some series or any individual listed on line 1a, is the some and related organizations greater than \$15 Did any person listed on line 1a receive or rendered to the organization? If "Yes," contion B. Independent Contractors Complete this table for your five highest contractors. (A)	, director, trust such individual um of reportabl 0,000? If "Yes, accrue comper applete Schedular ompensated ince	ee, F	ompe omple on fr or su ender	empl ensa ete S om uch u	oyee tion Sche any perso	e, or and edule unre	hig oth	hest compensated empler compensation from the compensation or individual ed organization or individual at received more than the organization's tax y	oyee on ne organization dual for services 100,000 of compe		4 5 ion fro	x om	x
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ec	Did the organization list any former officer line 1a? If "Yes," complete Schedule J for some series or any individual listed on line 1a, is the some and related organizations greater than \$15 Did any person listed on line 1a receive or rendered to the organization? If "Yes," contion B. Independent Contractors Complete this table for your five highest contractors. (A)	, director, trust such individual um of reportabl 0,000? If "Yes, accrue comper applete Schedular ompensated ince	ee, F	ompe omple on fr or su ender	empl ensa ete S om uch u	oyee tion Sche any perso	e, or and edule unre	hig oth	hest compensated empler compensation from the compensation or individual ed organization or individual at received more than the organization's tax y	oyee on ne organization dual for services 100,000 of compe		4 5 ion fro	x om	x
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90	Did the organization list any former officer line 1a? If "Yes," complete Schedule J for some series or any individual listed on line 1a, is the some and related organizations greater than \$15 Did any person listed on line 1a receive or rendered to the organization? If "Yes," contion B. Independent Contractors Complete this table for your five highest contractors. (A)	, director, trust such individual um of reportabl 0,000? If "Yes, accrue comper applete Schedular ompensated ince	ee, F	ompe omple on fr or su ender	empl ensa ete S om uch u	oyee tion Sche any perso	e, or and edule unre	hig oth	hest compensated empler compensation from the compensation or individual ed organization or individual at received more than the organization's tax y	oyee on ne organization dual for services 100,000 of compe		4 5 ion fro	x om	X
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90	Did the organization list any former officer line 1a? If "Yes," complete Schedule J for some series or any individual listed on line 1a, is the some and related organizations greater than \$15 Did any person listed on line 1a receive or rendered to the organization? If "Yes," contion B. Independent Contractors Complete this table for your five highest contractors. (A)	, director, trust such individual um of reportabl 0,000? If "Yes, accrue compermplete Schedule ompensated incente calendar yes address	ee, F	ompe on fir or su nder endir	empl	oyeen tion Scheen any opersontration to the contration of the cont	and and unre	hig oth oth e J fo	hest compensated emplairer compensation from the organization or individual at received more than the organization's tax your (B) Description of s	oyee on ne organization dual for services 100,000 of competent. ervices		4 5 ion fro	x om	X

332008 12-21-23

81-4595320

Form 990 (2023) **Part VIII** Statement of Revenue

		Check if Schedule O co	onta	ins a resp	onse	or note to any lin	e in this Part VIII			
							(A)	(B)	(C)	(D)
							Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
								lunction revenue	business revenue	sections 512 - 514
SS	1 :	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts					1					
S S						346,217.				
Ţ\$,		Fundraising events				340,217.				
ia i		Related organizations								
ns, Sim		Government grants (contrib			-					
ë ë	f	All other contributions, gifts, g								
ig #		similar amounts not included a	abov	e 1f		91,266.				
d d	ç	Noncash contributions included in lin	nes 1	a-1f 1g	\$					
<u>පි</u>	r	Total. Add lines 1a-1f					437,483.			
						Business Code				
ø	2 a	ı								
Ş	b									
Ser	c									
E S										
gra Re	6									
Program Service Revenue			21/05	2110						
_		All other program service re								
\rightarrow		Total. Add lines 2a-2f								
	3	Investment income (includi	_			•	22 651			22 651
						33,651.			33,651.	
	4	1								
	5	Royalties								
				(i) Re	al	(ii) Personal				
	6 a	Gross rents	6a							
	b	Less: rental expenses	6b							
	c	Rental income or (loss)	6с							
	c	Net rental income or (loss)								
		Gross amount from sales of		(i) Secu	rities	(ii) Other				
		assets other than inventory	7a	882	,282.					
	ŀ	Less: cost or other basis								
<u>o</u>			7b	752	,456.					
nu	,		7c		,826.					
Revenue		Net gain or (loss)					129,826.			129,826.
		Gross income from fundraising					225,020.			227,020.
ther	0 6	including \$3	-	•						
٥										
		contributions reported on li		,		10 420				
		Part IV, line 18			١	10,420.				
					. —	154,772.	144.250			144 250
		Net income or (loss) from for					-144,352.			-144,352.
	9 a	Gross income from gaming								
		Part IV, line 19								
	b	Less: direct expenses			. 9b					
	c	Net income or (loss) from g	ami	ng activit	ies					
	10 a	Gross sales of inventory, le	ss r	eturns						
		and allowances			. 10a					
	b	Less: cost of goods sold								
	c	Net income or (loss) from s	ales	of invent	ory					
						Business Code				
snc	11 a	MISCELLANEOUS				900099	15.			15.
ine Due	k		-							
Miscellaneous Revenue	c									
SS B	c	All other revenue								
Σ	e	Total. Add lines 11a-11d					15.			
	12	Total revenue. See instruction					456,623.	0.	0.	19,140.
							•	•	•	

332009 12-21-23

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)
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
	Grants and other assistance to domestic individuals. See Part IV, line 22	78,440.	78,440.		
	Grants and other assistance to foreign	, -	, -		
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,				
	trustees, and key employees	164,688.	131,750.	16,469.	16,469
	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages	222,909.	119,917.	49,409.	53,583
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	25,085.	17,124.	5,977.	1,984
0	Payroll taxes	29,151.	18,963.	4,851.	5,337
1	Fees for services (nonemployees):				
а	Management				
b	Legal				
C	Accounting	48,007.		48,007.	
d	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	7,356.		7,356.	
_	Other. (If line 11g amount exceeds 10% of line 25,		_		
	column (A), amount, list line 11g expenses on Sch 0.)	127,335.	62,514.	30,652.	34,169
	Advertising and promotion	1,021.		490.	531
	Office expenses	40,725.	7,763.	13,030.	19,932
	Information technology				
	Royalties	2.004	0.45	2 557	
	Occupancy	3,804.	247.	3,557.	4 556
	Travel	16,518.	7,473.	4,267.	4,778
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
	Interest				
	Payments to affiliates Depreciation, depletion, and amortization				
	Inguirange	15,823.	9,266.	3,265.	3,292
	Other expenses. Itemize expenses not covered	20,020.	3,200	5,255.	0,25
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
	EVENT ENTRY FEES	24,462.	10,811.	393.	13,258
	GIFTS AND APPRECIATION	14,262.	2,370.	1,697.	10,195
	STAFF DEVELOPMENT	6,494.	1,457.	4,041.	996
	DUES AND SUBSCRIPTIONS	3,274.	176.	2,847.	251
e	All other expenses	1,691.	831.	210.	650
	Total functional expenses. Add lines 1 through 24e	831,045.	469,102.	196,518.	165,425
:6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

rm 990 (2023) GOLDEN HEART FUND 81-4595320 Page **11**

Form 990 (2023)
Part X Balance Sheet

		Check if Schedule O contains a response or not	e to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		401,235.	1	55,733.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	117.
	5	Loans and other receivables from any current or				
		trustee, key employee, creator or founder, subst	antial contributor, or 35%			
		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	
S	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
As	9	Prepaid expenses and deferred charges		3,694.	9	9,523.
		Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities		965,779.	11	893,014.
	12	Investments - other securities. See Part IV, line 1			12	
	13	Investments - program-related. See Part IV, line		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equa	1,370,708.	16	958,387.	
	17	Accounts payable and accrued expenses		38,775.	17	29,714.
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete F		21		
S	22	Loans and other payables to any current or form				
Liabilities		trustee, key employee, creator or founder, subst	antial contributor, or 35%			
abil		controlled entity or family member of any of thes	se persons		22	
Ë	23	Secured mortgages and notes payable to unrela	ted third parties		23	
	24	Unsecured notes and loans payable to unrelated	d third parties		24	
	25	Other liabilities (including federal income tax, page	yables to related third			
		parties, and other liabilities not included on lines	17-24). Complete Part X			
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		38,775.	26	29,714.
		Organizations that follow FASB ASC 958, che	ck here X			
ces		and complete lines 27, 28, 32, and 33.				
<u>a</u>	27	Net assets without donor restrictions		1,331,933.	27	928,673.
Ва	28	Net assets with donor restrictions			28	
pur		Organizations that do not follow FASB ASC 9	58, check here			
Ę		and complete lines 29 through 33.				
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds			29	
set	30	Paid-in or capital surplus, or land, building, or eq	uipment fund		30	
As	31	Retained earnings, endowment, accumulated in			31	
Ret	32	Total net assets or fund balances		1,331,933.	32	928,673.
	33	Total liabilities and net assets/fund balances		1,370,708.	33	958,387.

Form 990 (2023) GOLDEN HEART FUND 81-4595320 Page 12

	rt XI Reconciliation of Net Assets			ıα	,,
	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		456,	623.
2	Total expenses (must equal Part IX, column (A), line 25)	2		831,	045.
3	Revenue less expenses. Subtract line 2 from line 1	3	-374,422		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1		933.
5	Net unrealized gains (losses) on investments	5		-28,	838.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
_	column (B))	10		928,	673.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
2a	• • • • • • • • • • • • • • • • • • • •		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	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	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				v
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits?				1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	(0005)
			Form	330	(2023)

332012 12-21-23

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Nam	e of t	the organization					E	Employer	identification number
_			HEART FUND						81-4595320
Pa	rt I	Reason for Public (Charity Status.	(All organizations must o	omplete th	nis part.) S	See instructions.		
The	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, c	heck only	one box.)			
1	\sqsubseteq	A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	1)(A)(i).		
2	Ш	A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990).)				
3	Ш	A hospital or a cooperative	hospital service orga	anization described in se	ection 170)(b)(1)(A)(ii	ii).		
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	on 170(b)(1)(A)(i	ii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a col	llege or university owned	or operat	ed by a go	overnmental unit	t describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6	Ш	A federal, state, or local government	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	lly receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from the	general p	oublic described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8	Ш	A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a la	and-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of th	ne college	or
		university:							
10		An organization that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membership	fees, and	d gross receipts from
		activities related to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	support fr	rom gross investment
		income and unrelated busing	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the orga	nization a	fter June 30, 1975.
		See section 509(a)(2). (Con	mplete Part III.)						
11	Щ	An organization organized a	and operated exclusi	ively to test for public sa	fety. See	section 50	09(a)(4).		
12		An organization organized a	· ·	•	•				•
		more publicly supported or	-						Check the box on
		lines 12a through 12d that	• •			-		-	
а			· · · · · · · · · · · · · · · · · · ·		•	-			
		the supported organization			majority o	of the direc	ctors or trustees	of the su	pporting
		organization. You must o							
b			•				-		-
		control or management o			ame perso	ns that co	ntrol or manage	the supp	oorted
		organization(s). You mus							
С		☐ Type III functionally inte	= ::				•	integrate	a with,
		its supported organization		-					+:(a)
d		☐ Type III non-functionally	•				• •	•	* *
		that is not functionally int	-		•		-	ın attentiv	reness
_		requirement (see instructi Check this box if the orga	•	· · · · · · · · · · · · · · · · · ·				Type III	
е		functionally integrated, or					турет, турет,	туре ш	
	Ento	er the number of supported o			ig organiz	ation.			
		vide the following information	•	ed organization(s)					
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of m	nonetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	in your governi	No	support (see inst	tructions)	support (see instructions)
				above (see instructions))					
Tota	I								

Schedule A (Form 990) 2023 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						
	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and	(=,) == : =	(,	(-,	(-,	(5) = 5 = 5	(-)
	membership fees received. (Do not						
	include any "unusual grants.")	312,883.	93,937.	397,051.	394,104.	437,483.	1,635,458.
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	312,883.	93,937.	397,051.	394,104.	437,483.	1,635,458.
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)						238,745.
6	Public support. Subtract line 5 from line 4.						1,396,713.
	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	312,883.	93,937.	397,051.	394,104.	437,483.	1,635,458.
	Gross income from interest,	7 - 7	7 7 7 7 7 7	, , , , , , , ,	, , , , , ,		
Ü	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	43,993.	45,017.	55,254.	35,349.	33,651.	213,264.
۵	Net income from unrelated business	22,222	,	,	,		
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					15.	15.
44	assets (Explain in Part VI.)					13.	1,848,737.
	Total support. Add lines 7 through 10	ata (aga inatuustia	na)			12	175,147.
	Gross receipts from related activities, First 5 years. If the Form 990 is for the			with or fifth toy yo	•		1/3,11/.
13	•	J		,		()()	
Se	organization, check this box and stor ction C. Computation of Publi						
	•		<u>_</u>	olumn (f))		14	75.55 %
	Public support percentage for 2023 (li	, ,,,		.,,		15	75.55 %
	Public support percentage from 2022 a 33 1/3% support test - 2023. If the company is a support test - 2023.						
100							
	stop here. The organization qualifies 33 1/3% support test - 2022. If the organization of the control of the co						
•		•		•		•	
47.	and stop here. The organization qual						
1/8	a 10% -facts-and-circumstances test						
	and if the organization meets the facts			=		_	
	meets the facts-and-circumstances te						
ı	o 10% -facts-and-circumstances test						U% Or
	more, and if the organization meets the				-		
40	organization meets the facts-and-circu		-		•		H
18	Private foundation. If the organization	n dia not check a b	oux on line 13, 16a,	10D, 1/a, 0r 1/b,	check this dox ar		Form 990) 2023

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6 Gross income from interest,						
IUa	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired ofter June 20, 1075						
,	Add lines 10a and 10b						
	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						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for the	ne organization's fir	rst. second. third. 1	ourth, or fifth tax	vear as a section 5	01(c)(3) organizatio	on.
	check this box and stop here			· · · · · · · · · · · · · · · · · · ·			
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2023 (I	ine 8, column (f), d	ivided by line 13, o	column (f))		15	%
	Public support percentage from 2022					16	%
Se	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20)23 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2023. If the	organization did n	ot check the box o	on line 14, and line	15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qualit	fies as a publicly s	upported organiza	tion	
b	33 1/3% support tests - 2022. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	nd
	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	is box and see ins	tructions	

332023 12-21-23

Schedule A (Form 990) 2023

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		
_		
3a		
3b		
3с		
4a		
41.		
4b		
4-		
4c		
5a		
- Gu		
5b		
5c		
6		
J		
7		
7		
8		
9a		
9b		
9с		
10a		
iva		
40.		
10b		

	TT 5 5 (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		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI 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		
2	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,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	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	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	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		

332025 12-21-23

Schedule A (Form 990) 2023

<u>Schedule A (Form 990) 2023</u> GOLDEN HEART FUND 81-4595320 Page **6**

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on N	ov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	t complete S	Sections A through E.	
Secti	on 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		
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrated	d Type III supporting orga	anization (see

Schedule A (Form 990) 2023

instructions).

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Secti	ection 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	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 2023 from Section C, line 6			9				
10	Line 8 amount divided by line 9 amount			10				
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions	,	(iii) Distributable			
	,		Pre-2023		Amount for 2023			
1	Distributable amount for 2023 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2023 (reason-							
	able cause required - explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2023							
а	From 2018							
	From 2019							
	From 2020							
d	From 2021							
е	From 2022							
f	Total of lines 3a through 3e							
g	Applied to underdistributions of prior years							
h	Applied to 2023 distributable amount							
i	Carryover from 2018 not applied (see instructions)							
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2023 from Section D,							
	line 7: \$							
а	Applied to underdistributions of prior years							
b	Applied to 2023 distributable amount							
с	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2024. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
a	Excess from 2019							
b	Excess from 2020							
c	Excess from 2021							
d	Excess from 2022							
e	Excess from 2023							

Schedule A (Form 990) 2023

332028 12-21-23 Schedule A (Form 990) 2023

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2023

Employer identification number

G	OLDEN HEART FUND	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 not 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 General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ıle. See instructions.			
General Rule					
	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totalinny 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% support 1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, are 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.	nd that received from any one			
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$					
answer "No" on Part IV, li	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fine 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF ling requirements of Schedule B (Form 990).	• 1			
For Paperwork Reduction A	act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990) (2023)			

Name of organization

Employer identification number

81-4595320

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 2	Name, address, and ZIP + 4	### Total contributions	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
3		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No4	Name, address, and ZIP + 4	Total contributions \$\$ 35,000.	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
5	Haine, audiess, and EIF + +	\$ \$ 30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 6	Name, address, and ZIP + 4	* \$ 25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

81-4595320

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional 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	Name, address, and Zir + 4	\$\$	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)
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	rumo, addi 000, and Eli TT	\$\$	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

Part II	Noncash Property (see instructions). Use duplicate copies of Part 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) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received						
		\$							
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received						
		\$							
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received						
		\$							
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received						
		\$							
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received						

Name of o	organization			Employer identification number
GOLDEN H	HEART FUND			81-4595320
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, of Use duplicate copies of Part III if additional s	through (e) and the following line er charitable, etc., contributions of \$1,000 or	ntry. For organizations	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held
		(e) Transfer of g	ft	
	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held
		(e) Transfer of g	 ift	
	Transferee's name, address, a			ansferor to transferee
(a) No.			1	
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held
		(e) Transfer of g	ift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held
		(e) Transfer of g	ift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ansferor 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

2023

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 Indicate whether the organization rais Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations	eed funds through any of the following e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with prividuals or entities (fundraisers) pursua	tion of tion of fundra (includantes)	non-g gover aising ding of onal fu	overnment grants nment grants events ficers, directors, trus 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 (Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total							
List all states in which the organizatio or licensing.	on is registered or licensed to solicit c		utions	or has been notified	it is	exempt from re	gistration
3							
						<u> </u>	

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

Schedule G (Form 990) 2023

GOLDEN HEART FUND Schedule G (Form 990) 2023 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 (add col. (a) through DWIGHT CLARK GOLDEN HEART RUN col. (c)) (event type) (event type) (total number) 227,600 107,037. 22,000. 356,637. 1 Gross receipts 227,600 97,317. 21,300 346,217. 2 Less: Contributions **3** Gross income (line 1 minus line 2) 9,720. 700 10,420. 4 Cash prizes 5 Noncash prizes 18,156. 18,156. Direct Expenses 19,365. 6 Rent/facility costs 19,463. 9,480. 15,590. 4,328 29,398. 7 Food and beverages 8 Entertainment 23,243. 56,489. 8,023 87,755. 9 Other direct expenses 154,772. **10** Direct expense summary. Add lines 4 through 9 in column (d) -144,352. 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 (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 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: _ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain: _

Schedule G (Form 990) 2023

332082 09-13-23

Schedule G (Form 990) 20	O23 GOLDEN HEART FUND	1-4595320	Page 3
11 Does the organizatio	n conduct gaming activities with nonmembers?	Yes	☐ No
	grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	ble gaming?	Yes	No
	age of gaming activity conducted in:		
	cility	13a	%
	om, y		
	address of the person who prepares the organization's gaming/special events books and records:	[100]	
14 Enter the name and a	address of the person who prepares the organization's gaining/special events books and records.		
Maria			
Name			
Address			
15a Does the organizatio	n have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b If "Yes," enter the an	nount of gaming revenue received by the organization \$ and the amoun	t	
	etained by the third party \$		
c If "Yes," enter name	and address of the third party:		
Name			
Address			
16 Gaming manager info	ormation:		
oaming manager in	omation.		
Name			
Name			
0			
Gaming manager cor	mpensation \$		
Description of service	es provided		
Director/office	er Employee Independent contractor		
17 Mandatory distribution	ons:		
a Is the organization re	equired under state law to make charitable distributions from the gaming proceeds to		
retain the state gami	ng license?	Yes	☐ No
b Enter the amount of	distributions required under state law to be distributed to other exempt organizations or spent in the	е	
	exempt activities during the tax year \$		
	ental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III. lines 9.	9b. 10b.
	s, and 17b, as applicable. Also provide any additional information. See instructions.		0.0, .0.0,
100, 100, 10	, and 175, as applicable. Also provide any additional information. See instructions.		

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

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Public Inspection

Employer identification number

	GOLDEN HEART	FUND						81-4595320
Part I	General Information on Grants a	nd Assistance					•	
1 Doe	1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection							
crite	criteria used to award the grants or assistance?							X Yes No
2 Des	scribe in Part IV the organization's pro	ocedures for monit	oring the use of grant	funds in the United	d States.			
Part II	Grants and Other Assistance to					anization answered "Y	es" on Form 990, Part I	V, line 21, for any
	recipient that received more than S	\$5,000. Part II can	be duplicated if additi	onal space is need	ed.			
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
	er total number of section 501(c)(3) a	-						
	er total number of other organizations	s listed in the line 1	l table					

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

Schedule I (Form 990) 2023

GOLDEN HEART FUND 81-4595320 Schedule I (Form 990) 2023 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) (b) Number of (a) Type of grant or assistance (c) Amount of (d) Amount of non-(f) Description of noncash assistance recipients cash grant cash assistance FINANCIAL SUPPORT 0 78,440, 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.

2023

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

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

GOLDEN HEART FUND

Employer identification number 81-4595320

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	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 Housing allowance or residence for personal use			l
	Travel for companions Payments for business use of personal residence			l
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			l
				l
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		
3	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.			l
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
	During the very did on a parent listed on Forms 200. Book VIII. Coation A. line to with warmant to the filling			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			l
_		4a		х
a h	Receive a severance payment or change-of-control payment? Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
D		4c		X
·	Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	40		
	Tes to any or lines 4a-c, list the persons and provide the applicable amounts for each item in rear in.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	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		Х
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	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
	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	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		X
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		

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

Schedule J (Form 990) 2023

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

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

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

(A) Name and Title		(B) Breakdown of W	I-2 and/or 1099-MISo compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) KILLJAN ANDERSON	(i)	170,000.	0.	0.	0.	0.	170,000.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
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	(ii)							

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

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	
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, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:	
AL,AR,CA,CO,CT,FL,GA,HI,IL,KS,KY,MA,MD,ME,MI,MS,NC,ND,NH,NJ,NV,NY,OK,OR,PA	
RI,SC,TN,UT,WA,WI,WV,NM	
FORM 990, PART VI, SECTION C, LINE 19:	
AVAILABLE UPON REQUEST.	

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023		Page 2
Name of the organization GOLDEN HEART FUND		Employer identification number 81-4595320
CONSULTING:		
PROGRAM SERVICE EXPENSES	38,932.	
MANAGEMENT AND GENERAL EXPENSES	19,089.	
FUNDRAISING EXPENSES	21,280.	
TOTAL EXPENSES	79,301.	
DIGITAL MARKETING AGENCY:		
PROGRAM SERVICE EXPENSES	7,896.	
MANAGEMENT AND GENERAL EXPENSES	3,872.	
FUNDRAISING EXPENSES	4,316.	
TOTAL EXPENSES	16,084.	
HR SUPPORT:		
PROGRAM SERVICE EXPENSES	11,537.	
MANAGEMENT AND GENERAL EXPENSES	5,657.	
FUNDRAISING EXPENSES	6,306.	
TOTAL EXPENSES	23,500.	
STATE REGISTRATION SERVICES:		
PROGRAM SERVICE EXPENSES	3,412.	
MANAGEMENT AND GENERAL EXPENSES	1,673.	
FUNDRAISING EXPENSES	1,865.	
TOTAL EXPENSES	6,950.	
FINANCIAL COACHING:		
PROGRAM SERVICE EXPENSES	737.	
MANAGEMENT AND GENERAL EXPENSES	361.	
FUNDRAISING EXPENSES	402.	
332212 11-14-23	36	Schedule O (Form 990) 2023

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Schedule O (Form 990) 2023		Page 2
Name of the organization GOLDEN HEART FUND		Employer identification number 81-4595320
TOTAL EXPENSES	1,500.	
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	127,335.	