Pilc & Moseley, LLC 4312 Grove Avenue Richmond, VA 23221

Heart Havens, Inc. 7501 Boulder View Drive, 205 Richmond, VA 23225

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CLIENT'S COPY



Pilc & Moseley, LLC 4312 Grove Avenue Richmond, VA 23221

July 31, 2022

Heart Havens, Inc. 7501 Boulder View Drive 205 Richmond, VA 23225

Heart Havens, Inc.:

Enclosed is the organization's 2021 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Sincerely,

Ellen A. Moseley

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning	, 2021, and ending

2021

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records.Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

Heart Havens, Inc.

EIN or SSN 54-1823934

	•				
Name and title of of		Jennifer Boyden			
		Chief Executive	Officer		
Part I Ty	pe of Return and Ret	urn Information			
Form 5330 filers r or 10a below, and whichever is appl than one line in P	may enter dollars and cents. If the amount on that line for icable, blank (do not enter -0 art I.	using this Form 8879-TE and For all other forms, enter whole the return being filed with this .). But, if you entered -0- on the	e dollars only. If you check form was blank, then leave return, then enter -0- on t	the box on line 1a, 2a, 3a e line 1b, 2b, 3b, 4b, 5b, 6 he applicable line below. I	a, 4a, 5a, 6a, 7a, 8a, 9a b, 7b, 8b, 9b, or 10b, Oo not complete more
1a Form 990	Control of the contro	b Total revenue, if any (For	m 990, Part VIII, column (A), line 12) 1	ь <u>2,920,818.</u>
2a Form 990	D-EZ check here >	b Total revenue, if any (For	n 990-EZ, line 9)	2	?b
	20-POL check here	b Total tax (Form 1120-POL			Bb
	D-PF check here	b Tax based on investmen			
	68 check here	b Balance due (Form 8868,			ib
	D-T check here	b Total tax (Form 990-T, Pa	t III, line 4)	6	Sb
	20 check here	b Total tax (Form 4720, Par			
	27 check here	b FMV of assets at end of			Bb
	30 check here	b Tax due (Form 5330, Part)b
	38-CP check here	b Amount of credit payme		CP, Part III, line 22) 1	0b
	<u>~</u> _	ure Authorization of Of			
· ·	of perjury, I declare that LA	I am an officer of the above er			•
of entity)		edules and statements, and, t	, (EIN)		xamined a copy of the
entry to the financ financial institutio later than 2 busin payment of taxes	cial institution account indica in to debit the entry to this ac ess days prior to the paymer to receive confidential inforr ation number (PIN) as my sig	is. Treasury and its designated ted in the tax preparation soft count. To revoke a payment, left (settlement) date. I also authnation necessary to answer inconature for the electronic return	ware for payment of the fe must contact the U.S. Tre orize the financial institution puiries and resolve issues	deral taxes owed on this interest from the contract of the con	return, and the 1-888-353-4537 no ssing of the electronic nave selected a
	_{rize} Pilc & Mosel	ey, LLC		to enter my PIN	02455
		ERO firm name			Enter five numbers, but do not enter all zeros
with a s	state agency(ies) regulating c return's disclosure consent s		State program, I also auth	orize the aforementioned	ERO to enter my PIN
return. IRS Fed	If I have indicated within this d/State program, I will enter r	x with respect to the entity, I v return that a copy of the retur ny PIN on the return's disclosu	n is being filed with a state	agency(ies) regulating ch	narities as part of the
	erson subject to tax ertification and Authe	ntication		Date D	<u> </u>
	. Enter your six-digit electroni lowed by your five-digit self-s			602455 ter all zeros	
•	turn in accordance with the r	N, which is my signature on the equirements of Pub. 4163, Mo	•		
ERO's signature 🕨			Date	>	
		RO Must Retain This F bmit This Form to the			

102521 01-11-22

Form **8879-TE** (2021)

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) Type or print Heart Havens, Inc. 54-1823934 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 7501 Boulder View Drive, 205 return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. Richmond, VA 23225 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return Application Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 80 Form 4720 (individual) Form 4720 (other than individual) 09 03 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 07 Form 990-T (corporation) The Organization The books are in the care of ► 7501 Boulder View Drive, Suite 205 - Richmond, VA 23225 Telephone No. ► 804-237-6097 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)
 If this is for the whole group, check this box 🕨 💹 . If it is for part of the group, check this box 🕨 🔛 and attach a list with the names and TINs of all members the extension is for. November 15, 2022, to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: ► X calendar year 2021 or tax year beginning , and ending If the tax year entered in line 1 is for less than 12 months, check reason: L Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. За **b** If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

instructions.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment

Extended to November 15, 2022

Form **990**

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

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

Department of the Treasury
Internal Revenue Service

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

2021
Open to Public Inspection

A	רטו נוופ	e 202 i calendar year, or tax year beginning	and	enaing						
В	Check if applicable	C Name of organization			D Employer identifi	cation number				
	Addres	Heart Havens, Inc.								
	Name change	Doing business as			54-18239	34				
	Initial return	Number and street (or P.O. box if mail is not delivered to	n street address)	Room/suite	E Telephone numbe					
	Final return/	7501 Pouldor Wiew Drive		205	804-237-					
	termin ated		City or town, state or province, country, and ZIP or foreign postal code							
	Ameno		3 1		H(a) Is this a group re	eturn				
	Applic	F Name and address of principal officer: U CIIII I I	er Boyden		for subordinates					
	pendir	same as C above	_		H(b) Are all subordinates in					
$\overline{\Gamma}$	Tax-exe	empt status: X 501(c)(3) 501(c)()◀ (ins	sert no.) 4947(a)(1)	or 527	If "No," attach a	list. See instructions				
J	Websit	e: WWW.HEARTHAVENS.ORG			H(c) Group exemptio	n number 🕨				
K	Form of	organization: X Corporation Trust Association	on Other	L Year	of formation: 1996 N	A State of legal domicile: VA				
P		Summary								
0	1	Briefly describe the organization's mission or most signification	cant activities: Hear	t Have	ns empowers	adults				
Activities & Governance		with a developmental disabil:	ity to l ive	and th	rive in the	ir				
rna	2	Check this box if the organization discontinued	d its operations or dispo	sed of more	than 25% of its net as	ssets.				
ove.	3	Number of voting members of the governing body (Part V	/I, line 1a)		3	11				
ر م	4	Number of independent voting members of the governing				11				
es 6	5	Total number of individuals employed in calendar year 20	21 (Part V, line 2a)		5	99				
Ϋ́Ε	6	Total number of volunteers (estimate if necessary)			6	250				
Ç	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.				
_		Net unrelated business taxable income from Form 990-T,				0.				
					Prior Year	Current Year				
<u>•</u>	8	Contributions and grants (Part VIII, line 1h)			791,549.	338,002.				
eun	9	Program service revenue (Part VIII, line 2g)			2,427,770.	2,561,792.				
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7	d)		24,374.	12,776.				
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10	Oc, and 11e)		406,439.	8,248.				
	12	Total revenue - add lines 8 through 11 (must equal Part V	III, column (A), line 12)		3,650,132.	2,920,818.				
	13	Grants and similar amounts paid (Part IX, column (A), line	s 1-3)		0.	0.				
	14	Benefits paid to or for members (Part IX, column (A), line	4)		0.	0.				
es	15	Salaries, other compensation, employee benefits (Part IX	, column (A), lines 5-10)		2,254,677.	2,309,039.				
Expenses	16a	Salaries, other compensation, employee benefits (Part IX Professional fundraising fees (Part IX, column (A), line 11e Total fundraising expenses (Part IX, column (D), line 25)	e)	. <u>.</u> L	0.	0.				
ğ	b					- 44				
ш	1/	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24			758,949.					
		Total expenses. Add lines 13-17 (must equal Part IX, colu			3,013,626.					
	19	Revenue less expenses. Subtract line 18 from line 12			636,506.	-155,104.				
Net Assets or Fund Balances				Ве	ginning of Current Year	End of Year				
sset	20	Total assets (Part X, line 16)			3,195,077.	3,114,140.				
et A	21	Total liabilities (Part X, line 26)			316,275.	380,533.				
		Net assets or fund balances. Subtract line 21 from line 20)		2,878,802.	2,733,607.				
	art II	Signature Block				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
		Ities of perjury, I declare that I have examined this return, including				y knowledge and belief, it is				
true	, correc	t, and complete. Declaration of preparer (other than officer) is ba	sed on all information of w	nich preparer	nas any knowledge.					
		Signature of officer			I Date					
Sig		Jennifer Boyden, Chief Exe	ogutimo Offi	aor	Dute					
He	re	Type or print name and title	ecutive Offi	cer						
_		· · ·	aula airmatuus	П	Date Check	X PTIN				
Do!	ч	Print/Type preparer's name Ellen A. Moseley	er's signature	Ι,	if	D00441447				
Pai					self-employ	20-1826687				
	parer	Firm's name Pilc & Moseley, LLC Firm's address 4312 Grove Avenue			Firm's EIN	70-T070001				
USE	Only	Richmond, VA 23221			Dham 0 A	4-918-8490				
_					Phone no. 8 U					
Ma	y the IF	RS discuss this return with the preparer shown above? Se				X Yes No				

Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	Heart Havens empowers adults with a developmental disability to live
	and thrive in their communities.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
•	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	3 7 71 3
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 2,544,462 • including grants of \$) (Revenue \$ 2,570,040 •)
	As of December 31, 2021, Heart Havens operates 6 homes in Lynchburg,
	Richmond, Varina, Virginia Beach, Stuarts Draft, Chester and Ashland.
	All of the homes have the capacity to house four residents, who are
	fully supervised at all times with dedicated and experienced staff. A
	person-centered approach is utilized in service delivery. We serve
	individuals of any faith, race, age or gender.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
40	
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
40	Total program service expenses 2.544.462.

132002 12-09-21

Form 990 (2021) Heart Havens, Inc. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		х
_	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
5	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
0	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	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	Х	
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			l
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
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

132003 12-09-21

Form 990 (2021) Heart Havens, Inc. Part IV Checklist of Required Schedules (continued)

			Yes	No				
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on							
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х				
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current							
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete							
	Schedule J	23		Х				
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the							
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete							
	Schedule K. If "No," go to line 25a	24a		Х				
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b						
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease							
	any tax-exempt bonds?	24c						
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d						
25 a	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			.				
	Schedule L, Part I	25b		X				
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current							
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			X				
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26						
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,							
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		x				
20	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		22				
28	instructions for applicable filing thresholds, conditions, and exceptions):							
_	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>							
а	"Yes," complete Schedule L, Part IV	28a		x				
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X				
	c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If							
·	"Yes," complete Schedule L, Part IV	28c		х				
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х				
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation							
	contributions? If "Yes," complete Schedule M	30		Х				
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х				
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete							
	Schedule N, Part II	32		Х				
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations							
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х				
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and							
	Part V, line 1	34		Х				
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х				
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity							
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b						
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?							
	If "Yes," complete Schedule R, Part V, line 2	36		X				
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			37				
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X				
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		Х					
Par	Note: All Form 990 filers are required to complete Schedule O **T V Statements Regarding Other IRS Filings and Tax Compliance	38	^_	<u> </u>				
Га								
	Check if Schedule O contains a response or note to any line in this Part V			N _c				
4	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 11		Yes	No				
Id h	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	4						
D	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming							
C	(gambling) winnings to prize winners?	1c	Х					
	(gamessig) minimige to prize minimie.		000					

132004 12-09-21

Form 990 (2021) Heart Havens, Inc. Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No							
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,										
	filed for the calendar year ending with or within the year covered by this return 2a 99										
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Х								
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.										
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X							
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b									
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a										
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X							
b	If "Yes," enter the name of the foreign country ▶										
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).										
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X							
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х							
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c									
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			l							
	any contributions that were not tax deductible as charitable contributions?	6a		X							
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts										
	were not tax deductible?	6b									
7	Organizations that may receive deductible contributions under section 170(c).			37							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X							
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b									
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		X							
	to file Form 8282?	7c									
d	If "Yes," indicate the number of Forms 8282 filed during the year	7-		Х							
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g									
g h	If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?	79 7h									
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/11									
	sponsoring organization have excess business holdings at any time during the year?										
9	Sponsoring organizations maintaining donor advised funds.	8									
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a									
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b									
10	Section 501(c)(7) organizations. Enter:										
а	Initiation fees and capital contributions included on Part VIII, line 12										
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b										
11	Section 501(c)(12) organizations. Enter:										
а	Gross income from members or shareholders										
b	Gross income from other sources. (Do not net amounts due or paid to other sources against										
	amounts due or received from them.)										
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a									
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year										
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40									
а	Is the organization licensed to issue qualified health plans in more than one state?	13a									
	Note: See the instructions for additional information the organization must report on Schedule O.										
D	Enter the amount of reserves the organization is required to maintain by the states in which the										
_	organization is licensed to issue qualified health plans Enter the amount of reserves on hand 13b 13c										
		14a		Х							
	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b									
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	. 75									
	excess parachute payment(s) during the year?	15		х							
	If "Yes," see the instructions and file Form 4720, Schedule N.										
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х							
	If "Yes," complete Form 4720, Schedule O.										
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any										
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17									
	If "Yes," complete Form 6069.										

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 11			
	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 1			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a				
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed None			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only) availa	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finar	ncıal	
00	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records ► The Organization - 804-237-6097			
	7501 Boulder View Drive, Suite 205, Richmond, VA 23225			
	7301 Boulder view bilve, Buile 203, Richmond, VA 23223			

132006 12-09-21

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, 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

See the instructions for the order in which to list the persons above.

(A)	(B)	l	41 1120		C)	прс	ilou	(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is officer and a director/				compensation	compensation	amount of	
	week (list any	_						from the	from related organizations	other compensation
	hours for	r direc				ted		organization	(W-2/1099-MISC/	from the
	related	istee c	trustee		ao	pensa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tru	ional		ploye	t com		1099-NEC)		and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) Jennifer Boyden	40.00									
Chief Executive Officer				X				131,213.	0.	4,733.
(2) Shaun Smith	1.00									
Chair		Х		Х				0.	0.	0.
(3) Tom Saunders	1.00				`				_	_
Treasurer		Х		Х				0.	0.	0.
(4) Frank Macrina	1.00			_						•
Vice Chair	1 00	Х		Х				0.	0.	0.
(5) Bert Ramsay	1.00							•		0
EXCOM At-Large	1 00	Х						0.	0.	0.
(6) Johnnie Draughon	1.00	3,7						0	0	0
Director	1.00	Х						0.	0.	0.
(7) Edward T. Judkins	1.00	Х						0.	0.	0.
Director (8) Rev. Dr. Dorothy McNeer O'Quinn	1.00	^						0.	0.	
Director	1.00	Х						0.	0.	0.
(9) Danny Kesner	1.00							0.	0.	
Director	1,00	x						0.	0.	0.
(10) Anne McNeal	1.00									
Director		х						0.	0.	0.
(11) Jay Cowan	1.00									
Director		Х						0.	0.	0.
(12) Jennifer Perrow	1.00									
Director		Х						0.	0.	0.
(13) Lee Price	1.00									
At-Large Secretary		Х						0.	0.	0.
(14) Michael Steele	1.00									
At-Large		Х						0.	0.	0.
		L				_				

Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees.	, and	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A)	(B) (C) (D) (E)									(F)			
	Name and title	Average	(do	Position (do not check more than one				one	Reportable	able Reportable			stimate	∌d
		hours per	box	box, unless person is both an officer and a director/trustee)			is bot	h an	compensation	compensatio		ar	nount	of
		week				II ecit) / ii us	1	from	from related			other	
		(list any hours for	irecto					the	organization			pensa		
		related	or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MIS 1099-NEC)	sC/		om the anizat	
		organizations	ruste	l trus		ee	nbeu		1099-NEC)	1099-1120)			d relat	
		below	dual t	tiona	١. ا	yoldr	st cor	_	1033 1420)				anizati	
		line)	Individual trustee or director	Institutional trustee	Office r	Key employee	Highest compensated employee	Former						
			Ī											
			-											
-														
	Subtotal								131,213.		0.		4,7	33.
C	Subtotal Total from continuation sheets to Part V	II. Section A							0.		0.			0.
	Total (add lines 1b and 1c)								131,213.		0.		4,7	33.
2	Total number of individuals (including but n								eceived more than \$100	,000 of reportab	le			
	compensation from the organization													1
3	Did the organization list any former officer,	director trust	ee l	KAV 6	emn	love	ല	r hic	nhest compensated emr	lovee on			Yes	No
Ū	line 1a? If "Yes," complete Schedule J for s	•		•	•	•	-	_		•		3		Х
4	For any individual listed on line 1a, is the su	um of reportab												
	and related organizations greater than \$15											4		Х
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	=				-			ted organization or indivi			5		Х
Sec	tion B. Independent Contractors	 	.	0. 00		<i>p</i> 0								
1	Complete this table for your five highest co										npens	ation ·	from	
	the organization. Report compensation for (A)	the calendar y	ear	enai	ng v	vith	or w	rithir 	n the organization's tax y	year.			<u> </u>	
	Name and business	address	N	ONE	3				Description of s	ervices	С		nsatio	n
								\dashv						
	Total number of independent contractors (i	includina but n	ot li	mite	d to	tho	se li	ster	d above) who received m	ore than				
_	\$100,000 of compensation from the organi		"				0							
												Form	990 (t	2021)

Pa	rt V	Ш	_			5			
			Check if Schedule O contains a	a response	or note to any li	ne in this Part VIII (A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded
							function revenue		from tax under sections 512 - 514
υs	_	_	Followski dia amaza si ama	14-1					300000113 0 12 0 14
Contributions, Gifts, Grants and Other Similar Amounts			Federated campaigns			-			
קם פ			Membership dues			-			
fts, r A			Fundraising events	+		-			
, ila			Related organizations			_			
Sin			Government grants (contributions)	1e		_			
utic		Т	All other contributions, gifts, grants, and	1 1	338,002.				
trib Ott			similar amounts not included above		330,002.	-			
ou		_	Noncash contributions included in lines 1a-1f	1g \$		338,002.			
9		n	Total. Add lines 1a-1f			330,002.			
•	_	_	Virginia Medical	\aaia	Business Code 623990	2,267,954.	2 267 954		
/ice	2		Program Fees	TODIO	623990	293,838.	293,838.		
Ser			riogiam rees		023990	293,030.	293,030.		
m S		с							
gra Re		d							
Program Service Revenue		e	All able on the surface country						
_			All other program service revenue			2,561,792.			
	3	<u>9</u>	Total. Add lines 2a-2f Investment income (including divid			2,301,732.			
	3		other similar amounts)			12,776.			12,776.
	4		Income from investment of tax-exe						,
	5		Royalties						
	Ū			(i) Real	(ii) Personal				
	6	а	Gross rents 6a	()	()				
			Less: rental expenses 6b						
			Rental income or (loss) 6c						
			Nist wastel in a sure of the sel						
			` '—	Securities	(ii) Other				
	-		assets other than inventory 7a			-			
		b	Less: cost or other basis						
ne			and sales expenses						
Revenue		С	Gain or (loss) 7c						
Re			Net gain or (loss)						
Jer			Gross income from fundraising events (
₹			including \$	of					
			contributions reported on line 1c).	See					
			Part IV, line 18	8a					
		b	Less: direct expenses						
		С	Net income or (loss) from fundraisir	ng even <u>ts</u>					
	9	а	Gross income from gaming activities						
			Part IV, line 19	9a					
		b	Less: direct expenses	9b					
		С	Net income or (loss) from gaming a	ctivities	<u></u>				
	10	а	Gross sales of inventory, less return						
			and allowances	10a					
		b	Less: cost of goods sold	10b					
		С	Net income or (loss) from sales of in	nventory					
SZ			16 ² m m =		Business Code	0.040	0 040		
Miscellaneous Revenue	11		Misc revenue		900099	8,248.	8,248.		
llar		b							
Sce		C	All able and and						
Ξ			All other revenue			8,248.			
		е	Total Add lines 11a-11d			2,920,818.	2 570 040	0.	12,776.
	12		Total revenue. See instructions			<u> -,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	<u>-, , , , , , , , , , , , , , , , , , , </u>	1 0.	,,,,,,,

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 respon	se or note to any line in			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		схропосо	gorioral expenses	схропосо
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	135,946.	116,914.	14,954.	4,078
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,876,726.	1,613,984.	206,440.	56,302
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	136,970.	117,794.	15,067.	4,109
10	Payroll taxes	159,397.	137,081.	17,534.	4,782
11	Fees for services (nonemployees):				
а	Management				
b					
С	Accounting	9,350.		9,350.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	80,241.	22,576.	57,665.	
12	Advertising and promotion	15,376.			15,376
13	Office expenses	26,316.	10,203.	15,259.	854
14	Information technology	43,874.	30,935.	12,939.	
15	Royalties				
16	Occupancy	56,785.		45,428.	11,357
17	Travel	22,160.	13,296.	8,864.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	9.	9.		
21	Payments to affiliates	100 000	100 015		
22	Depreciation, depletion, and amortization	103,006.	100,946.	2,060.	0 505
23	Insurance	87,417.	70,895.	13,987.	2,535
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	O	108,325.	107,242.	1,083.	
b	Maintenance & Repairs	96,612.	95,638.	974.	
С	Utilities & Telecommuni	69,992.	65,093.	4,899.	
d	Training, Education & R	22,339.	20,229.	2,110.	
е	All other expenses	25,081.	21,627.	3,215.	239
25	Total functional expenses. Add lines 1 through 24e	3,075,922.	2,544,462.	431,828.	99,632
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Pa	Part X Balance Sheet						
	Check if Schedule O contains a response or note to any line in this Part X						
			(A) Beginning of year		(B) End of year		
	1	Cash - non-interest-bearing	673,934.	1	385,712.		
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net	121,452.	4	288,087.		
	5	Loans and other receivables from any current or former officer, director,					
		trustee, key employee, creator or founder, substantial contributor, or 35%					
		controlled entity or family member of any of these persons		5			
	6	Loans and other receivables from other disqualified persons (as defined					
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6			
ts	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use		8			
Ä	9	Prepaid expenses and deferred charges	14,304.	9	12,430.		
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D Less: accumulated depreciation 10a 2,814,039. 10b 1,371,102.					
	b	Less: accumulated depreciation 10b 1,371,102.	1,422,024.	10c	1,442,937.		
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line 11		12			
	13	Investments - program-related. See Part IV, line 11	955,826.	13	977,639.		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	7,537.	15	7,335.		
	16	Total assets. Add lines 1 through 15 (must equal line 33)	3,195,077.	16	3,114,140.		
	17	Accounts payable and accrued expenses	141,649.	17	219,533.		
	18	Grants payable		18			
	19	Deferred revenue	1,626.	19			
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21			
es	22	Loans and other payables to any current or former officer, director,					
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%					
jab		controlled entity or family member of any of these persons	1 = 2 2 2 2	22			
_	23	Secured mortgages and notes payable to unrelated third parties	173,000.	23	161,000.		
	24	Unsecured notes and loans payable to unrelated third parties		24			
	25	Other liabilities (including federal income tax, payables to related third					
		parties, and other liabilities not included on lines 17-24). Complete Part X					
		of Schedule D	216 005	25	200 522		
	26	Total liabilities. Add lines 17 through 25	316,275.	26	380,533.		
Ø		Organizations that follow FASB ASC 958, check here					
nce		and complete lines 27, 28, 32, and 33.	2 000 603		2 675 400		
ala	27	Net assets without donor restrictions	2,820,603.	27	2,675,408.		
В	28	Net assets with donor restrictions	58,199.	28	58,199.		
Ë		Organizations that do not follow FASB ASC 958, check here					
P.		and complete lines 29 through 33.					
ts (29	Capital stock or trust principal, or current funds		29			
SSE	30	Paid-in or capital surplus, or land, building, or equipment fund		30			
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds	0 070 000	31	0 700 607		
Ž	32	Total net assets or fund balances	2,878,802.	32	2,733,607.		
	33	Total liabilities and net assets/fund balances	3,195,077.	33	3,114,140.		

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
			_			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		92		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3	3,07		
3	Revenue less expenses. Subtract line 2 from line 1	3		-15		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2	2,87		
5	Net unrealized gains (losses) on investments	5			9,9	09.
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	2	73	3,6	07.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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 separat	e basis	s,			
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule	Ο.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	ıdit			
	Act and OMB Circular A-133?			За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>		3b		

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization Heart Havens, Inc. 54-1823934 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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

(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.)

2 Tax revenues levied for the organization'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	(f) Total 1825077.
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization'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	1825077.
membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge	
include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge	
ization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge	1825077.
or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge	1825077.
3 The value of services or facilities furnished by a governmental unit to the organization without charge	1825077.
furnished by a governmental unit to the organization without charge	1825077.
the organization without charge	1825077.
160 060 200 484 016 102 801 540 220 000 1	1825077.
4 Total. Add lines 1 through 3	1825077.
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,	
	812,180.
- 1 4.6.10 54.00 1.1	1012897.
Section B. Total Support	
Calendar year (or fiscal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 7 Amounts from line 4 169,869 309,474 216,183 791,549 338,002 1	(f) Total 1825077.
	1825077.
8 Gross income from interest,	
dividends, payments received on	
securities loans, rents, royalties, and income from similar sources 17,894. 3,985. 11,199. 24,374. 12,776.	70 220
	70,228.
9 Net income from unrelated business	
activities, whether or not the	
business is regularly carried on	
10 Other income. Do not include gain	
or loss from the sale of capital	
assets (Explain in Part VI.)	1895305.
	1,688.
12 Gross receipts from related activities, etc. (see instructions)	1,000.
Section C. Computation of Public Support Percentage	
	53.44 %
	56.37 %
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box a	
stop here. The organization qualifies as a publicly supported organization	ightharpoons X
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this	
and stop here. The organization qualifies as a publicly supported organization	>
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or	
and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization	tion
meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 100	0% or
more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the	
organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	▶∐
Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.	

Schedule A (Form 990) 2021

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.)

Se	ction A. Public Support	siew, piedee cerri	piete i dit ii.)				
	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and		` , ,	, ,	, ,		,,
	membership fees received. (Do not						
	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 organization's tax-exempt purpose						
3	Gross receipts from activities that						
Ŭ	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						
_	The value of services or facilities						
5							
	furnished by a governmental unit to the organization without charge						
_	· · · ·						<u> </u>
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
ı	3 received from disqualified persons				1		
,	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						_
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support				1	1	1
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						_
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	tion,
	check this box and stop here						>
	ction C. Computation of Publi						
15	Public support percentage for 2021 (li	ne 8, column (f),	divided by line 13,	column (f))		15	%
	Public support percentage from 2020					16	%
	ction D. Computation of Inves						
17	Investment income percentage for 202	21 (line 10c, colu	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2	. 020 Schedule A,	Part III, line 17			18	%
	a 33 1/3% support tests - 2021. If the					33 1/3%, and line	17 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly s	supported organiz	ation	▶□
k	33 1/3% support tests - 2020. If the	organization did ı	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	ck this box and s f	top here. The orga	nization qualifies	as a publicly supp	orted organization	
20	Private foundation. If the organization						

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on 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		
3D		
3с		
4a		
1 a		
4b		
4c		
5a		
- Ou		
5b		
5c		
6		
<u> </u>		
_		
7		
8		
9a		
9b		
9c		
100		
10a		
10b		

Par	TIV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	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			110
	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	•		
2	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			
	non or type in supporting organizations		Yes	No
4	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	140
1	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			
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	1		
000	uon B. 7th Type in 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		162	INO
•	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			
		1		
•	organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
2				
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	2		
2	the organization maintained a close and continuous working relationship with the supported organization(s).			
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	3		
Sec	supported organizations played in this regard. 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 yea(see instructions).			
· a	The organization satisfied the Activities Test. Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns)	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
	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.	-		
	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		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Org	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust c	on Nov. 20, 1970 (explain in F	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must of	comple	ete Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
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,	1		
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	/ integr	ated Type III supporting orga	anization (see

Schedule A (Form 990) 2021

instructions).

Sche	edule A (Form 990) 2021 Heart Havens, Inc.	5	4-1823934 Page 7
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (contin	nued)	
Sect	tion D - Distributions		Current Year
_1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported		
	organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
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 organization is responsive		
	(provide details in Part VI). See instructions.	8	
9	Distributable amount for 2021 from Section C, line 6	9	

	Biothibatable amount for 2021 from Gootion 6, line 6			10	
10					
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	ıs	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
c	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i_	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2017				
b	Excess from 2018				
c	Excess from 2019				
d	Excess from 2020				
<u>e</u>	Excess from 2021				

Schedule A (Form 990) 2021

132028 01-04-22 Schedule A (Form 990) 2021

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2021

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
Knights of Virginia	40,000.	2,094.
Dept. of Rail & Public Transportation	104,622.	66,716.
York River District Board of Missions	149,631.	111,725.
Ada M. Harlow Char.Trust	597,457.	559,551.
Janice N Tate Rev. Trust	110,000.	72,094.
Total Excess Contributions to Schedule A, Part II, Line 5		812,180.

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

2021

2021

OMB No. 1545-0047

Name of the organization

Heart Havens, Inc.

Employer identification number
54-1823934

Organization type (check one):					
Filers of:		Section:			
Form 990 or 990-EZ		X 501(c)(3) (enter number) organization			
		4947(a)(1) nonexempt charitable trust 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			
		covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.			
General	Rule				
		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.			
Special I	Rules				
	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.			
	contributor, during literary, or educatio	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, nal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.			
	year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the General Rule applies to this organization because it received nonexclusively, etc., contributions totaling \$5,000 or more during the year			
answer "	No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify requirements of Schedule B (Form 990).			

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

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021) Page **2**

Name of organization

Employer identification number

Heart	Havens,	Inc
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54-1823934

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1	Ada Moss & W.M Harlow Charitable Trust 9030 Stony Point Pkwy, Suite 300 Richmond, VA 23235	\$	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2	Janice N Tate Rev. Trust 7090 Covenant Woods Dr Apt 120 Mechanicsville, VA 23111	\$100,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3	Daniel Green 2000 Hunterwoods Drive High Point, NC 27265	\$	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person 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.)		
(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

Heart Havens, Inc.

54-1823934

(a) No. Tom Part I (b) Description of noncash property given (c) FMV (or estimate) (soe instructions.) (d) Date received (d) Date received (d) Date received (e) FMV (or estimate) (soe instructions.) (d) Date received (d) Date received (d) Date received (e) FMV (or estimate) (see instructions.) (d) Date received (d) Date received (d) Date received (e) FMV (or estimate) (see instructions.) (d) Date received (d) Date received (e) FMV (or estimate) (see instructions.) (d) Date received (e) FMV (or estimate) (see instructions.) (d) Date received (d) Date received (d) Date received (e) FMV (or estimate) (see instructions.) (d) Date received (e) FMV (or estimate) (see instructions.) (d) Date received (e) FMV (or estimate) (see instructions.) (d) Date received (e) FMV (or estimate) (see instructions.) (d) Date received	Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
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	No. from		FMV (or estimate)	l .
			\$	

Name of or	rganization				Employer identification number
Heart	Havens, Inc.				54-1823934
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional) through (e) and the following charitable, etc., contributions of \$1,	line entry For c	rganizations	that total more than \$1,000 for the yea
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held
		(e) Transfer	of gift		
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held
		(e) Transfer	of gift		
	Transferee's name, address, a	nd ZIP + 4	R	elationship of trai	nsferor to transferee
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		(e) Transfer	of gift		
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held
		(e) Transfer	of gift		
	Transferee's name, address, a			elationship of tra	nsferor to transferee

8113___1

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

Inspection

Name of the organization Employer identification number 54-1823934 Heart Havens, Inc. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year _____ Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year. a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide

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

the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

Schedule D (Form 990) 2021

Assets included in Form 990, Part X

Secrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Pai	t III Organizations Maintaining C	ollections of Ar	t, Historical Tre	easures, or O	ther Sim	ilar Asse	ts (continu	ied)
a Public exhibition d	3	Using the organization's acquisition, accession	on, and other records	s, check any of the	following that ma	ke significa	nt use of its		
b Scholarly research e Other □ Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Provide a description of the organization solicit or receive donations of art, historical treasures, or other similar assests to be sold to make further than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Ia Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XX, line 21. Ia Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XX line 21. In If "Yes," explain the arrangement in Part XIII and complete the following table: □ Beginning balance □ Caldiditions during the year □ In It Is Used the organization include an amount on Form 990, Part X, line 21, for secrow or guistodial account liability? □ Ves □ No □ If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII □ Part V Endowment Funds. Complete if the organization navwered "Yes" on Form 990, Part X, line 10,		collection items (check all that apply):							
c	а	Public exhibition	d	Loan or excl	nange program				
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assests to be sold to raise funds rather than to be maintained as part of the organization's collection? Foreign and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XX, line 21. 1b If Yes, *explain the arrangement in Part XIII and complete the following table: C Beginning balance C Beginning balance C Beginning balance C Both organization include an amount on Form 990, Part X, line 21, for secrow or disstodial account liability? Ves No b If "Yes,* explain the arrangement in Part XIII. Check her if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Call Current year (b) Prior year (b) Prior year (b) Prior years back (d) Time years back (e) Four years back and organization answered Pres' on Form 990, Part IV, line 10. Contributions C Net investment earnings, gains, and losses of Complete if the organization answered Pres' on Form 990, Part IV, line 10. C Net investment earnings, gains, and losses of Garantings, gains,	b	Scholarly research	е	Other					
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solf to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an angent, flustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Is Is the organization answered "Yes" on Form 990, Part X, line 9, or reported an amount on Form 990, Part X Inc. 1 Inc.	С	Preservation for future generations							
to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b If "Yes," explain the arrangement in Part XIII and complete the following table: Complete the following table:	4	Provide a description of the organization's co	llections and explair	how they further th	ne organization's	exempt pur	pose in Par	t XIII.	
Secrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 10. Seginning balance	5	During the year, did the organization solicit or	receive donations of	of art, historical treas	sures, or other sir	nilar assets		_	
Teleported an amount on Form 990, Part X, line 21. Yes No No No No No No No N									U No
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Pai			te if the organization	n answered "Yes'	on Form 9	90, Part IV,	line 9, or	
on Form 990, Part X? or Beginning balance d Additions during the year e Distributions during the year f Ending balance f Endowment Funds. Complete if the explanation has been provided on Part XIII part V Endowment Funds. Complete if the explanation answered "Yes" on Form 990, Part V, line 10. F Endowment Funds, Complete if the explanation answered "Yes" on Form 990, Part V, line 10. F Endowment Funds, Complete if the explanation answered "Yes" on Form 990, Part V, line 10. F Endowment Funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations ii) Related organizations f Ves No 3a(i) X 3a(i) X 3a(i) X 3a(i) X 3a(i) X 3a(ii) Related organizations D Endowment Indus not in the possession of the organization that are held and administered for the organization by: D In Part XIII the intended uses of the organization is endowment thids. D In Part XIII the intended uses of the organization is endowment thids. D In Part XIII the intended uses of the organization on Schedule R? D In Part XIII the intended uses of the organization is endowment thids. D In Part XIII the intended uses of the organization is endowment thids. D In Part XIII the intended uses of the organization is endowment thids. D In Part XIII the intended uses of the organization is endowment thids. D In Part XIII the intended uses of the organization is endowment thids. D In Part XIII the i									
b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance	1a							7	
C Beginning balance							L	Yes	∟ No
C Beginning balance 1 C	b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing table:			1		
d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10. Part V Endowment Funds. Complete if the organization in swered "Yes" on Form 990, Part X, line 10. Part V Endowment Funds. Complete if the organization in swered "Yes" on Form 990, Part X, line 10. Part V Endowment Funds. Complete if the organization in swered "Yes" on Form 990, Part X, line 10. Part V Endowment Funds on Funds Fu								Amount	
e Distributions during the year									
f Ending balance 11									
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or dustodial account liability?							- -		
Describe in Part XIII Check here if the explanation has been provided on Part XIII Check here if the explanation has been provided on Part XIII Check here if the organization answered "Yes" on Form 990, Part IV, line 10. Call Check here if the organization showered Call Check here if the organization Call Check here if the explanation Call Check here if the explanation Call Check here if the explanation Call		Ending balance						1	
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four yea		•					└	」Yes	⊢ No
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 58,199. 58,199. 58,199. 52,699. 52,199. 52,199. 50,000. 5									
1a Beginning of year balance 58,199. 58,199. 58,199. 52,699. 52,199. b Contributions 5,500. 5,500. 500. c Net investment earnings, gains, and losses of Grants or scholarships 5,741. 15,744. 15,744. e Other expenditures for facilities and programs 5,741. 15,744. 15,744. f Administrative expenses 9 End of year balance 58,199. 58,199. 58,199. 58,199. 58,199. 52,699. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ► 9% 96 76.741. 76.744. 77.744. 77.744. 77.744. 77.744. 77.744.<	Pai	t v Endowment Funds. Complete if					o voare back	(a) Four	voare back
b Contributions		Parismin a of consultation of				`·		(e) rour	
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d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment Depart vi 10 10 10 10 10 10 10 1									
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and programs f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ b Permanent endowment ▶ 100 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations b If "Yes" on line 3a(ii), are the related organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 267,735. 267,735. 267,735. b Buildings 1,412,983. 670,587. 742,396. c Leasehold improvements d Equipment 738,941. 591,231. 147,710.									
f Administrative expenses g End of year balance 58,199. 58,199. 58,199. 58,199. 52,699. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	е						E 7/1		15 7//
g End of year balance							3,741.		15,744.
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 96 Fermanent endowment ▶ 96 The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Relat			EQ 100	EQ 100	E0 10	<u> </u>	E0 100		F2 600
a Board designated or quasi-endowment ▶ 100		-		,		<u> </u>	30,199.		32,099.
b Permanent endowment ▶		•	ent year end balance)) neid as:				
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iv) In the intended uses of the organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 267 , 735 • 267 , 735			0/	_%					
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Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation	4								I
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation	Pai								
ta Land 267,735. 267,735. b Buildings 1,412,983. 670,587. 742,396. c Leasehold improvements 394,380. 109,284. 285,096. d Equipment 738,941. 591,231. 147,710. e Other 109,284. 109,284. 109,284.				, Part IV, line 11a. S	ee Form 990, Par	t X, line 10.			
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c Leasehold improvements 394,380. 109,284. 285,096. d Equipment 738,941. 591,231. 147,710. e Other						670,	587.		
d Equipment 738,941. 591,231. 147,710. e Other									
e Other									
	е								
				X, column (B), line 1	0c.)		🕨	1,442	,937.

Schedule D (Form 990) 2021

Part VII Investments - Other Securities.	•		Tage C
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-	year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F) (G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-	year market value
(1) Certificates of Deposit	876,345.	End-of-Year Market V	alue
(2) Mutual Funds	101,294.	End-of-Year Market V	alue
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	077 (20		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.	977,639.		
Part IX Other Assets. Complete if the organization answered "Yes"	on Form 000 Port IV line:	11d See Form 000 Dort V line 15	
	Description	Tru: See Form 990, Part X, line 15.	(b) Book value
	Bescription		(b) Book value
<u>(1)</u> (2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)	>	
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	25)		
2. Liability for uncertain tax positions. In Part XIII, provide			reports the
organization's liability for uncertain tax positions under			

Schedule D (Form 990) 2021

Scne	edule D (Form 990) 2021 Hear C Havens, Inc.			J = .	TOZJJJ4 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stater	nents With	Revenue per R	eturr	١.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	2,948,979.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	9,909.		
b	Donated services and use of facilities	2b	18,252.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	28,161.
3	Subtract line 2e from line 1			3	2,920,818.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,920,818.
Pa	rt XII Reconciliation of Expenses per Audited Financial State		Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1	Total expenses and losses per audited financial statements			1	3,094,174.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	4 1			
а	Donated services and use of facilities	2a	18,252.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	18,252.
3	Subtract line 2e from line 1			3	3,075,922.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			_
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	3,075,922.
	rt XIII Supplemental Information.				

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

Part V, line 4:

The Organization's Endowment consists of \$58,199 of gifts received for the ongoing maintenance and operations of the Heart Havens homes. It is the Organization's intention that these funds be used to support these specific purposes in perpetuity.

Part X, Line 2:

The Organization follows generally accepted accounting principles regarding "Accounting for Uncertain Tax Positions". This provides detailed guidance for financial statement recognition, measurement, and disclosure of uncertain tax positions recognized in the Organization's financial statements. It requires an entity to recognize the financial statement

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or Form 990-EZ.

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

2021
Open to Public Inspection

Name of the organization

Heart Havens, Inc.

Employer identification number 54-1823934

Form 990, Part I, Line 1, Description of Organization Mission: communities.

Form 990, Part VI, Section B, line 11b:

The Form 990 was provided to the client for review and approval by board members and management prior to processing.

Form 990, Part VI, Section B, Line 12c:

The board members are required to submit a form documenting any conflicts of interest that may exist. If there are changes to the board outside of regular elections, any new members are required to submit their forms when they begin serving on the board.

Form 990, Part VI, Section B, Line 15:

The Board approves a budget annually, which includes the salaries for all employees, including executives and management.

Form 990, Part VI, Section C, Line 19:

The Organization's Form 990's can be found at www.hearthavens.org,

www.guidestar.org or can be made available upon request. The

Organization's Form 1023 and conflict of interest statement are available upon request. Financial statements can be found at www.hearthavens.org.

Other governing documents are available upon request.

Form 990, Part XII, Line 2c:

The Finance Committee is responsible for oversight of financial

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

Schedule O (Form 990) 2021

Name of the organization Heart Havens, Inc.	Employer identification number 54-1823934
statements, the audit, and independent accountant.	