EXTENDED TO NOVEMBER 15, 2021

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

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



A For the 2020 calendar year, or tax year beginning and ending B Cracet if applicable: C Name of organization D Employer identification numl Address STARTING HEARTS 27-3008262 Pattern Doing business as 27-3008262 Number and street (or P.0. box if mail is not delivered to street address) Room/suite E Telephone number Fielder 100 WEST BEAVER CREEK BLVD., #219 G Gross receipts \$ 4 AVON, CO 81620 H(a) Is this a group return for subordinates included? Pending F Name and address of principal officer: ALAN HIMELFARB H(b) Are all subordinates? H(b) Are all subordinates? I Tax-exempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527 J Website: WWW.STARTINGHEARTS.ORG H(c) Group exemption number H(b) Are all subordinates? H(c) Group exemption number R Form of organization: X corporation Trust Association Other L Year of formation: 2010 M State of legs Part I Summary I Briefly describe the organization's mission or most significant activities: TO SAVE THE LIVES OF SUDDEN 2 Check this box if the organization discontinued its operations or disposed of	46,118. Yes X No Yes No tructions ≥ al domicile: CO
applicable: Change STARTING HEARTS Change Doing business as 27 - 3008262 Initial Preturn Initial Room/suite E Telephone number I 100 WEST BEAVER CREEK BLVD., #219 (970) 763 - 5306 City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 4 Address H(a) Is this a group return for subordinates included? Applica- F Name and address of principal officer: ALAN HIMELFARB H(a) Is this a group return for subordinates? I Tax-exempt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or 527 J Website: WWW STARTINGHEARTS ORG H(c) Group exemption number H(c) Group exemption number H(c) Group exemption number Part I Summary 1 Priofly describe the exemption in group area or most significant extinition: TO SAVE THE LIVES OE SUDDEN	46,118. Yes X No Yes No tructions ≥ al domicile: CO
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Part I Summary	
1 Priofly describe the exceptionic mission or most significant activities: TO SAVE THE LIVES OF SUDDEN	
1 Briefly describe the organization's mission or most significant activities: TO SAVE THE LIVES OF SUDDEN 2 CARDIAC ARREST VICTIMS.	[
E CARDIAC ARREST VICTIMS.	
§ 2 Check this box > if the organization discontinued its operations or disposed of more than 25% of its net assets.	
3 Number of voting members of the governing body (Part VI, line 1a)	4
4 Number of independent voting members of the governing body (Part VI, line 1b) 4	1
5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5	0
6 Total number of volunteers (estimate if necessary) 6	0
7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	0.
	ent Year
8Contributions and grants (Part VIII, line 1h)284,650.29Program service revenue (Part VIII, line 2g)95,964.1	93,908.
	33.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 55. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 10, 996.	18,411.
	31,561.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 391,665.4 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0.	0.
	0.
	32,493.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 197,050.2 16a Professional fundraising fees (Part IX, column (A), line 11e) 4,014. b Total fundraising expenses (Part IX, column (D), line 25) 510. 17 Other expenses (Part IX, column (D), line 25) 191,586	0.
b Total fundraising expenses (Part IX, column (D), line 25) ► 510 •	
Image: Second relationship expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 191,586.2	40,225.
	72,718.
	41,157.
	of Year
20 Total assets (Part X, line 16) 425,729. 6	09,172.
21 Total liabilities (Part X, line 26) 51,549. 2	76,149.
22 Net assets or fund balances. Subtract line 21 from line 20	33,023.
Part II Signature Block	

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer		Date
Here		IVE DIRECTOR	
	Type or print name and title		
	Print/Type preparer's name	Preparer's signature Dat	e Check PTIN
Paid	PAUL J. BACKES, CPA		^{if} self-employed P00175605
Preparer Firm's name MCMAHAN AND ASSOCIATES, L.L.C.			Firm's EIN ▶ 84–1509269
Use Only	Firm's address P.O. BOX 5850		
	AVON, CO 81620		Phone no. (970) 845-8800
May the II	RS discuss this return with the preparer shown abo	ove? See instructions	X Yes No
032001 12-2	23-20 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.	Form 990 (2020)

	1 990 (2020) STARTING HEARTS	27-3008262	Page 2
Pa	rt III Statement of Program Service Accomplishments		
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:	<u></u>	<u> L</u>
	TO SAVE THE LIVES OF SUDDEN CARDIAC ARREST VICTIMS.		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?		XNo
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program servi	ces? Yes	XNo
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program service	as massured by expenses	
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to		
	revenue, if any, for each program service reported.	110	
4a	(Code:) (Expenses \$ 352,141. including grants of \$) (TO PROVIDE FREE EDUCATION ABOUT THE SIGNS OF SUDDEN C		209.)
	ADMINISTRATION OF DEFIBRILLATION AND CARDIOPULMONARY		
	ACCESS TO AUTOMATED EXTERNAL DEIBRILLATORS. AND IMPLE		
	RESPONSE STRATEGIES.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)	`	
4e	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ► 352,141.)	
		Form 9	90 (2020)
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Form	990	(2020)

Form 990 (2020) STARTING HEARTS
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			37
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
	similar amounts as defined in Revenue Procedure 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		x
0	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
0	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	8		
9				
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	9		x
10	If "Yes," complete Schedule D, Part IV	9		
10	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, VII, IX, or X	10		
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	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	114		
~	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
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		X
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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i>	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10	х	
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		┨───
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	10		x
20-	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a 20b	ļ	
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		<u> </u>
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
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Form **990** (2020)

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STARTING HEARTS

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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			v
	Schedule K. If "No," go to line 25a	24a		X
	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		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		x
h	transaction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</i>	258		- 23
D	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	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			37
	contributions? If "Yes," complete Schedule M	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete Schedule N, Part II</i>	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
~~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	20		x
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
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 in Schedule O for Part VI, lines 11b and 19?	37		
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par			<u> </u>	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 15			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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Part V

020) STARTING HEARTS 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 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	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			v
	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).	F -		х
5a	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 5c		
C 6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50		
6a	any contributions that were not tax deductible as charitable contributions?	6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ua		
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.5		
'a	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		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
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:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
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:			
a	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
10-	amounts due or received from them.)	10-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
р 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	Note: See the instructions for additional information the organization must report on Schedule O.	15a		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
5	organization is licensed to issue qualified health plans 13b			
c	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
	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			
-	excess parachute payment(s) during the year?	15		x
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2020)

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STARTING HEARTS

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

X

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.

1-	Enter the number of veting members of the governing hady at the and of the taxwar	1	4	Yes	+
ıa	Enter the number of voting members of the governing body at the end of the tax year	1a	-		
	If there are material differences in voting rights among members of the governing body, or if the governing body authority to an executive committee or similar committee, explain on Schedule O				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. Enter the number of voting members included on line 1a, above, who are independent	16	1		I
	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	1 b	4		I
	officer, director, trustee, or key employee?		2		l
3	Did the organization delegate control over management duties customarily performed by or under th	e direct supervision			Ι
	of officers, directors, trustees, or key employees to a management company or other person?		3		
4	Did the organization make any significant changes to its governing documents since the prior Form §	990 was filed?	. 4		
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?	. 5		
6	Did the organization have members or stockholders?		. 6		1
	Did the organization have members, stockholders, or other persons who had the power to elect or a more members of the governing body?		. 7a		
	Are any governance decisions of the organization reserved to (or subject to approval by) members, s				T
	persons other than the governing body?		. 7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by the following:			
	The governing body?			X	1
b	Each committee with authority to act on behalf of the governing body?		. 8b	X	ļ
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read				l
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		. 9		
ect	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue Code.)			1
_			-	Yes	
	Did the organization have local chapters, branches, or affiliates?		. 10a		
	If "Yes," did the organization have written policies and procedures governing the activities of such cl				
	and branches to ensure their operations are consistent with the organization's exempt purposes?				+
	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y before filing the form?	11a	X	╡
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		40-		I
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>				┨
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y		12b		╉
			12c		
	in Schedule O how this was done				┨
	Did the organization have a written document retention and destruction policy?				╉
	Did the process for determining compensation of the following persons include a review and approva				t
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				I
а	The organization's CEO, Executive Director, or top management official		15a	x	l
	Other officers or key employees of the organization		15b	X	t
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				t
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange				
	taxable entity during the year?		. <u>16a</u>		╡
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in joint work we are appropriate under applicable federal tax low, and take stops to safeguard the evaluation of the stops of the st				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orgal exempt status with respect to such arrangements?		16b		I
	exempt status with respect to such arrangements?			I	1
	List the states with which a copy of this Form 990 is required to be filed NONE				
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990-T (Section 501(c)	(3)s only	/) avai	ila
	for public inspection. Indicate how you made these available. Check all that apply.	,	.,,	,	
		on Schedule O)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	,	and fina	ncial	
	statements available to the public during the tax year.	· · · · · · · · · · · · · · · · · · ·			
20	State the name, address, and telephone number of the person who possesses the organization's bo THE ORGANIZATION - (970) $763-5306$	oks and records 🕨			
					_
	100 WEST BEAVER CREEK BLVD., #219, AVON, CO 81620				

Part VII	Compensation of Officers,	Directors, T	rustees, Key	Employees,	Highest	Compensated
	Employees, and Independe	ent Contracto	ors			

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 instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B) (C)				(D)	(E)	(F)			
Name and title	Average hours per week	box	ficer and a director/trustee)		Reportable compensation from	Reportable compensation from related	Estimated amount of other			
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) ALAN HIMELFARB	40.00									_
EXECUTIVE DIRECTOR				Х				86,500.	0.	0.
(2) MIKE MCGEE	20.00									
DIRECTOR		X						22,356.	0.	0.
(3) JANET NEWMAN	0.50									
DIRECTOR		X						17,850.	0.	0.
(4) BIRCH BARRON	0.50									_
DIRECTOR		Х						0.	0.	0.
		-								
		-								
		-								
		-								
		-								
		-								
										- 000

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Par			ploy	ees			ghe	st C		es (continued)				
	(A) Name and title	(B) Average hours per week	box offic	not c , unle	ss pe	i tion more rson i	than is bot pr/trus	n an	(D) Reportable compensation from	(E) Reportable compensatio from related		an	(F) stimate nount other	of
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization: (W-2/1099-MIS		fr org and	pensa om the anizat d relat anizatie	e ion ed
1b	Subtotal						<u> </u>		126,706.		0.			0.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c) Total number of individuals (including but no								0 • 126 , 706 •	000 of reportabl	0. 0.			0.
	compensation from the organization			nore			5, 111						Maa	0
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i>	-			•	-		Ŭ	phest compensated emp	-		3	Yes	No X
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a),000? If "Yes,	" co	mple	ete S	Sche	edule	e J f	for such individual			4		X
	rendered to the organization? If "Yes," com					-			-			5		Х
<u> </u>	tion B. Independent Contractors Complete this table for your five highest con	npensated inc	depe	ende	ent c	ontr	racto	ors t	hat received more than	\$100,000 of com	pens	ation f	rom	
	the organization. Report compensation for t	he calendar y	ear e	endi	ng v	/ith	or w	ithir I	n the organization's tax (B)	year.		(0	<u>.</u>	
	Name and business	address	NC	ONE	2			_	Description of s	ervices	С		nsatio	n
								_						
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lii	nite	d to		se lis)	stec	above) who received n	nore than		Form	990 (2	2020)

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(B) (C) (A) (D) Revenuè excluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts **1** a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d 205,460. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 88,448. similar amounts not included above 1f g Noncash contributions included in lines 1a-1f 1g \$ 293,908. h Total. Add lines 1a-1f ► **Business Code** 79,716. 79,716. 621610 2 a AED SALES Program Service Revenue 27,469. **b** AED SERVICE & MAINTENA 621610 27,469. 621610 TEACHING 12,024. 12,024. С d е f All other program service revenue 119,209. g Total. Add lines 2a-2f . ► Investment income (including dividends, interest, and 3 33 33. other similar amounts) ► 4 Income from investment of tax-exempt bond proceeds ► 5 Royalties ► (i) Real (ii) Personal 6 a Gross rents 6a **b** Less: rental expenses ... 6b c Rental income or (loss) 6c ► d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory 7a b Less: cost or other basis Other Revenue 7b and sales expenses **c** Gain or (loss) 7c d Net gain or (loss) ► 8 a Gross income from fundraising events (not of including \$ contributions reported on line 1c). See 32,968. Part IV, line 18 8a 14,557. **b** Less: direct expenses 8b 18,411. 18,411. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9a **b** Less: direct expenses 9b c Net income or (loss) from gaming activities ► 10 a Gross sales of inventory, less returns and allowances 10a **b** Less: cost of goods sold 10b c Net income or (loss) from sales of inventory ► **Business Code** Miscellaneous Revenue 11 a b С d All other revenue ► e Total. Add lines 11a-11d 18,444. 119,209. 0. 431,561. Total revenue. See instructions 12 Form 990 (2020)

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Form 990 (2020)

STARTING HEARTS

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

Part VIII Statement of Revenue STARTING HEARTS

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
2	and domestic governments. See Part IV, line 21 Grants and other assistance to domestic				
2	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
Ŭ	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	115,535.	115,535.		
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	116,958.	65,000.	51,958.	
8	Pension plan accruals and contributions (include		-		
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b		11,864.		11,864.	
с		4,931.		4,931.	
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 0.)				
12	Advertising and promotion	28,215.	28,215.		
13	Office expenses	31,349.	3,324.	28,025.	
14	Information technology	15,673.		15,673.	
15	Royalties				
16	Occupancy				
17	Travel	9,135.	7,858.	1,277.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates		<u> </u>		
22	Depreciation, depletion, and amortization	12,465.	6,233.	6,232.	
23					
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.)	79,532.	79,532.		
a	COGS BAD DEBT EXPENSE	15,000.	15,000.		
b	CARES REGISTRY LICENSIN	15,000.	15,000.		
с	PROGRAM DEVELOPMENT	6,171.	6,171.		
d		10,890.	10,273.	107.	510
e or	· · · · · · · · · · · · · · · · · · ·	472,718.	352,141.	120,067.	510
25	Total functional expenses. Add lines 1 through 24e	4/4,/10.	552,141.	120,00/.	510
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)				Form 990 (202

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STARTING HEARTS

		Check if Schedule O contains a response or not	e to any	line in this Part X			
		· ·			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			50,122.	1	46,136.
	2	Savings and temporary cash investments			158,084.	2	269,339.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		52,780.	4	60,619.	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disquali					
		under section 4958(f)(1)), and persons describe		6			
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			11,409.	8	7,309.
Ä	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other	I I	Γ			
		basis. Complete Part VI of Schedule D	10a	<u>182,256.</u> 51,315.			
	b	Less: accumulated depreciation	143,406.	10c	130,941.		
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets		14	89,200.		
	15	Other assets. See Part IV, line 11	9,928.	15	5,628.		
	16	Total assets. Add lines 1 through 15 (must equ			425,729.	16	609,172.
	17	Accounts payable and accrued expenses			17	4,079.	
	18	Grants payable		18			
	19	Deferred revenue	51,549.	19	55,080.		
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete			21		
es	22	Loans and other payables to any current or forn	ner offic	er, director,			
Liabilities		trustee, key employee, creator or founder, subs	tantial c	ontributor, or 35%			
iab		controlled entity or family member of any of thes	se perso	ons		22	
_	23	Secured mortgages and notes payable to unrela	ated thir	d parties		23	216,990.
	24	Unsecured notes and loans payable to unrelate	d third p	arties		24	
	25	Other liabilities (including federal income tax, pa	yables t	o related third			
		parties, and other liabilities not included on lines	; 17-24).	Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			51,549.	26	276,149.
ŝ		Organizations that follow FASB ASC 958, che	ck here	•▶□			
JCe		and complete lines 27, 28, 32, and 33.					
alaı	27	Net assets without donor restrictions				27	
а В	28	Net assets with donor restrictions				28	
Ë		Organizations that do not follow FASB ASC 9	58, che	ck here 🕨 🔽			
orF		and complete lines 29 through 33.			^		
ets (29	Capital stock or trust principal, or current funds			0.	29	0.
SSG	30	Paid-in or capital surplus, or land, building, or ec			0.	30	0.
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in			-1,585.	31	-41,157.
ž	32	Total net assets or fund balances			374,180.	32	333,023.
	33	Total liabilities and net assets/fund balances			425,729.	33	609,172.
							Form 990 (2020)

Form **990** (2020)

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Part X Balance Sheet

Form 990 (2020)

Form	990 (2020) STARTING HEARTS	27-	3008262	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			61.
2	Total expenses (must equal Part IX, column (A), line 25)	2	472	<u>2,7</u>	18.
3	Revenue less expenses. Subtract line 2 from line 1	3			57.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	374	<u>1,1</u>	80.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6	47	7,9	47.
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-47	7,9	47.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	333	3,0	23.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Cash Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
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		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	0	lit		
	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 requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				
			Form	990 ((2020)

SCHEDULE A

Department of the Treasury

(Form 990 or 990-EZ)

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.

	OMB No. 1545-0047
	2020
	Open to Public Inspection
r	identification number

Name of the organization Employents Employents 27 – 30.08.26.2 Part 1 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization in to a privite function because it is (Form 81 to organization or no bar). The organization is not privite function. The organization is not privite functions. The organization is not privite functions. The organization organization described in section 170(b) (T(A)(ii)). A school described in section 170(b) (T(A)(ii)). A medical research organization described in section 170(b) (T(A)(iii)). Enter the hospital's name, city, and state: A morganization perside for the benefit of a college or university owned or operated by a governmental unit described in section 170(b) (T(A)(ii)). Chool (Chool (Intern	al Revei	nue Service		Go to www.irs.gov	/Form990 for instruction	ons and th	ne latest i	nformation.		Inspection				
Part II Reason for Public Charity Status, (All organizations must complete this part) see instructions. The organization is of a private foundation because it is: (For lines 1 through 12, check only one box). A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A chool described in section 170(b)(1)(A)(ii). A chool described in section 170(b)(1)(A)(ii). A chool described in section 170(b)(1)(A)(iii). A medical research organization observated in conjunction with a hospital described in section 170(b)(1)(A)(iii). A morganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(V). 6 A rederal; state, or local government lip	Nam	ne of t	the organizati		TTNG HEART	S									
The organization is not a private foundation because it is: (For Ines 1 through 12, check only one box.) A school described in section 170(b)(1)(A)(ii), A school described in section 170(b)(1)(A)(ii), A school described in section 170(b)(1)(A)(ii), A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii), A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii), A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii), A hospital or a cooperative hospital is envice organization described in section 170(b)(1)(A)(iii), A hospital state, or local government or governmental unit described in section 170(b)(1)(A)(ii), A hospital state, or local government or governmental unit described in section 170(b)(1)(A)(ii), A hospital state, or local government or governmental unit described in section 170(b)(1)(A)(ii), A norganization that normally receives a substantial part of its support from a governmental unit described in section 170(b)(1)(A)(ii), Complete Part II), A norganization 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 gore investment income and uncellated business taxable hore (loss esciton 504(a)(2). See section 509(a)(2), Complete Part III, III) A norganization 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 organization schole state or local governated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organization scholes A and B. Type I. A supporting organization scholes A and B. Type I. A supporting organization active de exclusively for the benefit of, to perform the functional y integrated. The organization receives A	Pa	rt I	Reason				omplete th	nis part) S	ee instructio		, 5000202				
1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii). 2 A school described in section 170(b)(1)(A)(iii), (Attach Schedule E) (Form 990 or 990 er 990 E7)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). Enter the hospital's name, clty, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(b). 7 M organization that domain or governmental unit described in section 170(b)(1)(A)(b). 7 M organization that domainally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(v). (Complete Part II.) 9 An argunization deformally receives (1) more than 33 1/3% of its support from contributions, membership exampt functions, subject to cartina ecologitation and compositive stream income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization organization organization degnization degnizion degnizio degnizio degnization degnizio degnization degnizatio															
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 14

Schedule A (Form 990 or 990 EZ) 2020 STARTING HEARTS

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	141,083.	261,938.	278,445.	284,650.	293,908.	1,260,024.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	141,083.	261,938.	278,445.	284,650.	293,908.	1,260,024.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						1,260,024.
	ction B. Total Support						_,
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	141,083.	261,938.	278,445.	284,650.	293,908.	1,260,024.
	Gross income from interest,	,					_,
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources		20.	34.	55.	33.	142.
٥	Net income from unrelated business		201				
9							
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						1,260,166.
	Total support. Add lines 7 through 10	ata (asa inaturrati				12	468,002.
	Gross receipts from related activities,	·	,				400,002.
13	First 5 years. If the Form 990 is for th	•			•		
500	organization, check this box and stor ction C. Computation of Publ	ic Support Pa	rcontago				
				oolump (f))		14	99.99 %
	Public support percentage for 2020 (14	<u>99.99 %</u> 99.99 %
	Public support percentage from 2019 33 1/3% support test - 2020. If the c						
108		•				•	
la la	stop here. The organization qualifies						
D	33 1/3% support test - 2019. If the c						
47-	and stop here. The organization qual						
1/a	10% -facts-and-circumstances tes						
	and if the organization meets the fact			-		-	
	meets the facts-and-circumstances te	•	•	· · ·	•	47	
b	10% -facts-and-circumstances tes						IU% Or
	more, and if the organization meets the						
	organization meets the facts-and-circ		-				₹⊣
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b		nd see instruction:	

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990 EZ) 2020 STARTING HEARTS

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020) (f) Total
1	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						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-	·					
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities	,					
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and	·					
	3 received from disgualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020) (f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)		1	1	1		
	First 5 years. If the Form 990 is for th	e organization's f	I first second third	fourth or fifth tax	vear as a section	1501(c)(3) or a	
••	check this box and stop here	e organization e i					
Sec	ction C. Computation of Publi	ic Support Pe	ercentage				
	Public support percentage for 2020 (li		-	column (f))		15	%
	Public support percentage from 2019					16	%
	ction D. Computation of Invest					1.01	
	Investment income percentage for 20		-)	17	%
	Investment income percentage from 2				·	18	%
	33 1/3% support tests - 2020. If the						
	more than 33 1/3%, check this box ar						
h	33 1/3% support tests - 2019. If the						/3%, and
~	line 18 is not more than 33 1/3%, che	•					
20	Private foundation. If the organization						
	23 01-25-21						m 990 or 990-EZ) 2020
JU2U1				16	30		

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3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box 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 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **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 in 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 in 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.)

032024 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

17

Part IV Supporting Organizations (continued)

1

2

Т

Yes No

		Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?			
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
11c below, the governing body of a supported organization?	11a		
b A family member of a person described in line 11a above?	11b		
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
detail in Part VI.	11c		1
Section B. Type I Supporting Organizations			
		Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			

	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	
2	Did the organization operate for the benefit of any supported organization other than the supported	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C.	Type II Supporting Organizations	

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		

Section D. All Type III Supporting Organizations	
	-

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

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the 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. *Complete* **line 3** *below.*
- c _____ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

032025 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

2a

2b

За

3b

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Schedule A (Form 990 or 990-EZ) 2020 STARTING HEARTS

 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations
 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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,			
	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-functional	Illy integrate	ad Type III supporting or	anization (see

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2020

032026 01-25-21

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _{(continu}	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe		1		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.	,		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	าร	(iii) Distributable Amount for 2020
			110 2020		
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
с	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 STARTING HEARTS

Part VI	Part IV, Section A, lines 1, 2, 3b, 3c, 4l line 1; Part IV, Section D, lines 2 and 3 Section D, lines 5, 6, and 8; and Part V (See instructions.)	5, 4c, 5a, 6, 9a, 9b, 9c, 11a, 1 ⁻ ; Part IV, Section E, lines 1c, 2 ^r , Section E, lines 2, 5, and 6. <i>I</i>	1b, and 11c; Part IV, Section a, 2b, 3a, and 3b; Part V, lir Also complete this part for a	line 17a or 17b; Part III, line 12; n B, lines 1 and 2; Part IV, Section C, ne 1; Part V, Section B, line 1e; Part V, any additional information.
032028 01-25-2	21		1	Schedule A (Form 990 or 990-EZ)
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Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one)

Schedule of Contributors

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

OMB No. 1545-0047

2020

Employer identification number

27-	30	08	26	2
4/	50	00	20	- 2

••• 3===	
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

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

General Rule

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

Special Rules

- X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
 - For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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

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

Name of organization

Employer identification number

STARTING HEARTS

27-3008262

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4 TOBY AND MORTON M. MOWER, M.D. 2400 E CHERRY CREEK SOUTH DR DENVER, CO 80209	Total contributions \$ 25,000.	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	JOE ILLICK AND GINA BROWNING 550 E. ALAMEDA STREET SANTA FE, NM 87501	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	COLORADO GIVES 5855 WADSWORTH BYPASS, UNIT A ARVADA, CO 80003	\$8,744.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll On 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.)
023452 11-2	5-20	Schedule B (Form	990, 990-EZ, or 990-PF) (202

2020.04020 STARTING HEARTS

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Schedule B	(Form	990,	990-EZ,	or 990-PF)	(2020)
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Name of organization

Employer identification number

STARTING HEARTS

27-3008262

No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Name of o	rganization		Employer identification numbe					
START	ING HEARTS		27-3008262					
Part III		a) through (e) and the following line entry , charitable, etc., contributions of \$1,000 or le	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the y					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
-		(e) Transfer of gift						
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee					
(a) No								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
ſ	(e) Transfer of gift							
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Ī		(e) Transfer of gift	•					
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee					
(a) No								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of gift						
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee					
023454 11-25	5-20	25	Schedule B (Form 990, 990-EZ, or 990-PF) (20					

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form	990)
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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.



Name of the organization

STARTING	HEARTS
0 11111110	

Employer identification number 27 - 3008262

Pa			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6. (a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	((,
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value of grants norm (during year)		
5	Did the organization inform all donors and donor advisors in v	writing that the assets hold in donor advisor	d funds
5	are the organization's property, subject to the organization's	-	
6			
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor of		·
Pa	t II Conservation Easements. Complete if the org		
1	Purpose(s) of conservation easements held by the organization	· · · · · · · · · · · · · · · · · · ·	
	Preservation of land for public use (for example, recreat	·	historically important land area
	Protection of natural habitat	Preservation of a	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the o	organization during the tax
	year		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervation easements during the year
	▶		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation	on easements during the year
	►\$		
8	Does each conservation easement reported on line 2(d) abov	• • • •	
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	-	
	balance sheet, and include, if applicable, the text of the footn	note to the organization's financial statemer	nts that describes the
Des	organization's accounting for conservation easements.		
Pa	t III Organizations Maintaining Collections of	-	her Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95		
	of art, historical treasures, or other similar assets held for pub		•
	service, provide in Part XIII the text of the footnote to its finan		
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furthe	erance of public service,
	provide the following amounts relating to these items:		N .
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical trea		gain, provide
	the following amounts required to be reported under FASB A	-	
а	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2020
03205	1 12-01-20		

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Sche	dule D (Form 990) 2020 STARTIN	G HEARTS					27	7-30	08262	Pa	ige 2
Par	t III Organizations Maintaining C	Collections of A	rt, Histo	orical Tr	easures, or	Other	Similar	Asse	ts (contin	ued)	
3	Using the organization's acquisition, access	ion, and other record	ds, check	any of the	following that i	make sigi	nificant us	e of its			
	collection items (check all that apply):										
а	Public exhibition	c	1 🔛 Lo	oan or exc	hange program	ו					
b	Scholarly research	e	• ∐o	ther							
с	c Preservation for future generations										
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 assets										
	to be sold to raise funds rather than to be m							L	Yes		No
Par	t IV Escrow and Custodial Arran		ete if the c	organizatio	n answered "Y	es" on Fo	orm 990, F	Part IV,	line 9, or		
	reported an amount on Form 990, Pa	art X, line 21.									
1a	Is the organization an agent, trustee, custod								-		1
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing ta	ble:							
									Amount		
	Beginning balance						1c				
	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f		1.4		
	Did the organization include an amount on F								Yes		∣No
Par	If "Yes," explain the arrangement in Part XIII]
Fai	t V Endowment Funds. Complete							ra haali	(-) Four	Vooro	haali
4		(a) Current year	(D) Pri	or year	(c) Two years		Three year	SDACK	(e) roui	yearsi	Jack
1a 5	Beginning of year balance										
D	Contributions										
C A	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
£	and programs										
	Administrative expenses										
g 2	End of year balance Provide the estimated percentage of the cur			column (r)) hold as:						
- -	Board designated or quasi-endowment	Tent year end balant	%								
a h	Permanent endowment	%									
с С		%									
U	The percentages on lines 2a, 2b, and 2c sho	-									
3a	Are there endowment funds not in the posse		ation that	are held a	nd administere	d for the	organizati	ion			
ou	by:						organizati		Г	Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations										
b	If "Yes" on line 3a(ii), are the related organization								3b		
4	Describe in Part XIII the intended uses of the								L	-	
Par	t VI Land, Buildings, and Equipn	nent.									
	Complete if the organization answere	ed "Yes" on Form 99	0, Part IV,	line 11a. S	See Form 990, I	Part X, lir	ne 10.				
	Description of property	(a) Cost or o		.,	or other		umulated		(d) Book	value	3
		basis (investi	ment)	basis	(other)	depre	eciation				
	Land	100	251			- 1	2 750	-	- 117	<u> </u>	
	Buildings		431.			1	2,756	·•	113	3,49	70 •
	Leasehold improvements	F C							1 -	7 /	16
	Equipment		005.				38,559	' •	Т.	7,44	±0.
	Other			· (D) // 1					120		11
Iotal	Add lines 1a through 1e. (Column (d) must e	equai ⊢orm 990, Part	X, columi	п (В), line 1	UC.)				13(),94	±⊥•

Schedule D (Form 990) 2020

032052 12-01-20

Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(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)		

(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total, (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col	lumn (b) must equal Form 990, Part X, col. (B) line 15.)	
Part X	Other Liabilities.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25	
1.	(a) Description of liability	(b) Book value

	() =
(1) Federal 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 the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

Schedule D (Form 990) 2020

032053 12-01-20

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Sche	dule D (Form 990) 2020 STARTING HEARTS		27-3008262 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With Reve	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	. 2a	
b	Donated services and use of facilities	_ 2b	
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
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		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	-	enses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		
1	Total expenses and losses per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	. 2a	
b	Prior year adjustments	. 2b	
С	Other losses	. 2c	
d	Other (Describe in Part XIII.)	. 2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
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		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		
Pa	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.

SCHEDULE G Supplemental Information Regarding Fundraising or Gaming Activities							vities	OMB No. 1545-0047	
(Form 990 or 990-EZ)	D-EZ) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.								
Department of the Treasury			Open to Public Inspection						
Internal Revenue Service Name of the organization									
STARTING HEARTS 27-30									
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.									
a Aail solicitat b Internet and c Phone solici d In-person so	ions email solicitations tations licitations		tion of tion of fundra	non-g gover iising	overnment grants nment grants events		s, or		
• • •	highest paid indiv	art VII) or entity in connection with p viduals or entities (fundraisers) purs organization.			-		undraiser is to		
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c or con contribu	aiser ustody trol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization	
			Yes	No					
		on is registered or licensed to solicit	contrib	b utions	s or has been notified	d it is	exempt from r	egistration	
HA For Paperwork P	eduction Act Not	ice, see the Instructions for Form	990 ~	990-1	=7 4	Scho	dule C (Earm (990 or 990-EZ) 2020	
		100, 300 the mound of 101 FORM	330 Ur	330-1	```````````````````````````````````	JOINE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

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Schedule G (Form 990 or 990-EZ) 2020 STARTING HEARTS

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributio s income on Form 990-F7, lines 1 and 6b. I ist events with gross n \$5 000 and a nointo ootor the

		of fundraising event contributions and gr	USS INCOME ON FORM 990	EZ, III ES T ATTU OD. LIST	events with gross receip	ols greater than \$5,000.			
Revenue			(a) Event #1 A NIGHT OF HEROES	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through			
			(event type)	(event type)		col. (c))			
				(0.0	(1010111201)				
	1	Gross receipts	30,466.		2,502.	32,968.			
	2	Less: Contributions							
	3	Gross income (line 1 minus line 2)	30,466.		2,502.	32,968.			
	4	Cash prizes							
ş	5	Noncash prizes							
Direct Expenses	6	Rent/facility costs							
irect E	7	Food and beverages							
	8	Entertainment							
	9	Other direct expenses	10 000		567.	14,557.			
		Direct expense summary. Add lines 4 through				14,557.			
Pa	11	Net income summary. Subtract line 10 from li				18,411.			
Га		Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1990, Part IV, line 19, or l	reported more than				
۵			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add			
Revenue				bingo/progressive bingo		col. (a) through col. (c))			
Be	1	Gross revenue							
ses	2	Cash prizes							
Direct Expenses	3	Noncash prizes							
Direct	4	Rent/facility costs							
	5	Other direct expenses							
			Yes%	Yes %	Yes%				
	6	Volunteer labor	No No	No No	No No				
	7 Direct expense summary. Add lines 2 through 5 in column (d)								
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)						
 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? 									
		No," explain:							
10~	Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?								
b If "Yes," explain:									
03208	32 1 [.]	1-25-20			Schedule G (For	rm 990 or 990-EZ) 2020			

<u>S</u> ch	edule G (Form 990 or 990-EZ) 2020 STARTING HEARTS	<u>27</u> -3	008262	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	No No
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility		13a	%
	An outside facility		13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and record			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amo	unt		
	of gaming revenue retained by the third party ▶ \$			
с	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
a				🗌 No
h	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent		103	
U	organization's own exempt activities during the tax year > \$	in the		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v)	and Pa	rt III lines Q	9h 10h
ıu	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	, anu ra	11 111, 111105 9	, 90, 100,
	Tob, Toc, To, and Trb, as applicable. Also provide any additional information. See instructions.			
03204	33 11-25-20 Schedule	G (Form	n 990 or 990)-EZ) 2020
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			Schedule G (Form 990 or 990-E2
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ Go to www.irs.gov/Form990 for the latest information.



Employer identification number 27-3008262

STARTING HEARTS

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

ORGANIZATION'S PROCESS TO REVIEW FORM 990 REVIEWED BY THE EXECUTIVE

DIRECTOR BEFORE BEING FILED.

FORM 990, PART VI, SECTION B, LINE 12:

COMPENSATION PROCESS FOR TOP OFFICIAL COMPENSATION IS DETERMINED BY THE

BOARD OF DIRECTORS AND IS BASED ON EXPERIENCE AND INDUSTRY STANDARDS.

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

COMPENSATION PROCESS FOR OFFICERS COMPENSATION IS DETERMINED BY THE BOARD

OF DIRECTORS AND IS BASED ON EXPERIENCE AND INDUSTRY STANDARDS.

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

GOVERNING DOCUMENTS DISCLOSURE EXPLANATION UPON REQUEST

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

IN-KIND LEGAL EXPENSE -28,339. IN-KIND DONATED INVENTORY -19,608. -47,947.

TOTAL TO FORM 990, PART XI, LINE 9

LHA For Paperwork Reduction Act Notice. see the Instructions for Form 990 or 990-EZ. 032211 11-20-20

Schedule O (Form 990 or 990-EZ) 2020