

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2022

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning , 2022 , and ending , 20	
B Check if applicable:	C
<input type="checkbox"/> Address change	HELPING ESTABLISH ASSISTANCE RESOURCE TEAM (HEART) 3800 WATT AVENUE SACRAMENTO, CA 95821
<input type="checkbox"/> Name change	
<input type="checkbox"/> Initial return	
<input type="checkbox"/> Final return/terminated	
<input type="checkbox"/> Amended return	
<input type="checkbox"/> Application pending	D Employer identification number 82-4529973
	E Telephone number (916) 623-5360
	G Gross receipts \$ 405,548.
	F Name and address of principal officer: MARY WRAY SAME AS C ABOVE
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J Website: WWW.HEARTS4VICTIMS.ORG	H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions.
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	H(c) Group exemption number
L Year of formation: 2018	M State of legal domicile: CA

Part I Summary			
	1	Briefly describe the organization's mission or most significant activities: <u>HEART ASSISTS CRIME VICTIMS AND CRIME VICTIM ADVOCATES/SERVICE PROVIDERS THROUGH DEVELOPMENT OF A FREE RESOURCE DATABASE AND ONLINE VICTIM CLAIM APPLICATION TOOLS.</u>	
Activities & Governance	2	Check this box <input type="checkbox"/> 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)	0
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	10
	6	Total number of volunteers (estimate if necessary)	3
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	405,548.
	9	Program service revenue (Part VIII, line 2g)	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	405,548.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)
14		Benefits paid to or for members (Part IX, column (A), line 4)	
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	218,976.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	
b		Total fundraising expenses (Part IX, column (D), line 25)	
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	54,718.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	273,694.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	131,854.
	20	Total assets (Part X, line 16)	13,240.
	21	Total liabilities (Part X, line 26)	19,249.
	22	Net assets or fund balances. Subtract line 21 from line 20	-6,009.

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 Here	Signature of officer _____ Date _____ MARY WRAY SECRETARY Type or print name and title
Paid Preparer Use Only	Print/Type preparer's name _____ Preparer's signature _____ Date _____ MICHELLE NELSON, CPA, CFE, MICHELLE NELSON, CPA, CFE, _____ Check <input type="checkbox"/> if PTIN self-employed P00453363
	Firm's name _____ Firm's EIN _____ NELSON & ASSOCIATES CPAS 20-0570323 Firm's address _____ 2230 LONGPORT CT STE 110 ELK GROVE, CA 95758
	Phone no. 916-299-6800