TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

DECEMBER 31, 2018

PREPARED FOR:

HUNT WITH HEART 1118 N MAIN ST NO. 2J PEARLAND, TX 77581

PREPARED BY:

AKIN, DOHERTY, KLEIN & FEUGE, P.C. 8610 N. NEW BRAUNFELS, SUITE 101 SAN ANTONIO, TX 78217

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-EO TO US BY MAY 15, 2019

Form	887	'9-	E	0
Form	001	<u> </u>		<u> </u>

IRS e-file Signature Authorization for an Exempt Organization

Department of the Treasury
Internal Revenue Service

For calendar year 2018, or fiscal year beginning , 2018, and ending

Go to www.irs.gov/Form8879EO for the latest information.

Do not send to the IRS. Keep for your records.

Name of exempt organization

Employer identification number

, 20

HUNT WITH HEART	45-4860019
Name and title of officer	
JO ANNE ELZNER	
CHAIRPERSON	
Part I Type of Return and Return Information (Whole Dollars Only)	
	· · · · ·

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	391,480.
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here b Balance Due (Form 8868, line 3c)	5b	

Part II **Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

X] I authorize	AKIN,	DOHERTY,	KLEIN	&	FEUGE,	P.C.		to enter my PIN	86100
				EF	RO fii	rm name				Enter five numbers, bu do not enter all zeros
	is being file	d with a sta	0	ulating chari	ties	,		have indicated within th tate program, I also aut		
	indicated w	vithin this re		f the return is	s bei	ing filed with	a state age	ization's tax year 2018 ency(ies) regulating char		
Officer's s	signature 🕨 _							Date		
Part I	II Cert	ification	and Authentic	ation						
ERO's E	FIN/PIN. En	ter your six-	digit electronic filir	ng identificat	ion					
number	(EFIN) followe	ed by your f	ive-digit self-select	ted PIN.			Ľ	70697486100 Do not enter all zeros		
confirm		mitting this	return in accordar					ically filed return for the , Modernized e-File (Mel	•	
ERO's sig	nature 🕨							Date 🕨		
			ERC	Must Re	tair	n This Forr	n - See I	Instructions		
			Do Not Subm	it This Fo	rm	to the IRS	Unless	Requested To Do	So	
LHA Fo	or Paperwork	Reduction	n Act Notice, see	instructions	5.				Fo	m 8879-EO (2018)
823051 10	-26-18									

Form 990
Department of the Treasury

Internal Revenue Service

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.

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



A	For th	e 2018 calendar year, or tax year beginning and	l ending			
Β	Check if applicab	e: C Name of organization		D Employer identific	cation number	
	Addre	HUNT WITH HEART				
	Name			45-48	860019	
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number		
	Final	1118 N MAIN ST	2J	210-2	260-3426	
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	494,142.	
	Amen	FEARLAND, IX //JOI		H(a) Is this a group re	turn	
	Applie	F Name and address of principal officer: 00 ANNE EDZNER		for subordinates	? Yes 🔀 No	
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No	
		empt status: $X = 501(c)(3) = 501(c)()$ (insert no.) 4947(a)(1)	or 527	If "No," attach a	list. (see instructions)	
		te: WWW.HUNTWITHHEART.ORG		H(c) Group exemption		
		f organization: X Corporation Trust Association Other	L Year	of formation: 2012 N	State of legal domicile: TX	
Pa	art I	Summary				
é	1	Briefly describe the organization's mission or most significant activities:	WITH	HEART STRIVE	<u>IS TO</u>	
Governance		EMPOWER AND ENHANCE THE LIVES OF YOUNG PE				
ern	2	Check this box if the organization discontinued its operations or dispo			-	
Š	3				6 6	
			ndent voting members of the governing body (Part VI, line 1b)			
ties	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)		<u> </u>		
Activities &	6	Total number of volunteers (estimate if necessary)			0.	
Ac	l ra	Net unrelated business taxable income from Form 990-T, line 38			0.	
			<u></u>	Prior Year	Current Year	
	8	Contributions and grants (Part VIII, line 1h)		193,435.	253,434.	
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.	
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		5.	4.	
č	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		100,179.	138,042.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		293,619.	391,480.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		8,087.	220.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.	
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		142,831.	80,996.	
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.	
Expenses	. ь	Total fundraising expenses (Part IX, column (D), line 25)	0.			
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		75,268.	129,539.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		226,186.	210,755.	
	19	Revenue less expenses. Subtract line 18 from line 12		67,433.	180,725.	
S OF			Be	ginning of Current Year	End of Year	
Assets	20	Total assets (Part X, line 16)		190,967.	373,639.	
3t As	1	Total liabilities (Part X, line 26)		3,543.	5,490.	
Ĭ		Net assets or fund balances. Subtract line 21 from line 20		187,424.	368,149.	
P	art 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	JO ANNE ELZNER, CHAIRP	ERSON						
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date Check PTIN					
Paid	JASON NELSON		self-employed P01253806					
Preparer	Firm's name 🕒 AKIN, DOHERTY, K	LEIN & FEUGE, P.C.	Firm's EIN 74-2606559					
Use Only	Only Firm's address 8610 N. NEW BRAUNFELS, SUITE 101							
	SAN ANTONIO, TX 78217 Phone no. (210) 829–13							
May the I	May the IRS discuss this return with the preparer shown above? (see instructions)							
832001 12-3	12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018)							

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2018) HUNT WITH HEART	45-4860019 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	······
	EMPOWERING AND ENHANCING THE LIVES OF YOUNG PEOPLE BA	TTLING SEVERE
	ILLNESS THROUGH THE POWER OF THE OUTDOORS.	
2	Did the organization undertake any significant program services during the year which were not listed on t	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program serv	rices? Yes X No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program service	es as measured 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.	
4a	(Code:) (Expenses \$ 189,671. including grants of \$ 220.)	
	CAMP BEAVER CREEK (CBC) CAMP BEAVER CREEK IS A WEEKE EXPERIENCE FOR CHILDREN BATTLING SEVERE ILLNESS START	
	THROUGHOUT THE WEEKEND, CAMPERS HAVE THE CHANCE TO TA	
	AND FISH. AFTER CAMP BEAVER CREEK, MORE OPPORTUNITIES	
	FISHING AROUND TEXAS ARE MADE AVAILABLE.	
4b	(Code:) (Expenses \$ including grants of \$) CAMP LA PESCA (CLP): CAMP LA PESCA IS A WEEKEND-LONG	(Revenue \$)
	IN PORT O'CONNOR, TX FOR CHILDREN BATTLING SEVERE ILL	
	AGE 10. THROUGHOUT THE WEEKEND, CAMPERS HAVE THE OPPO	
	OFFSHORE, IN THE BAY, AND FROM THE PIER. CAMP LA PESC	
	POINT INTO THE ORGANIZATION, AFTER WHICH CAMPERS WILL OPPORTUNITIES FOR FISHING THROUGHOUT THE YEAR.	HAVE MORE
	OFFORIONITIES FOR FISHING THROUGHOUT THE TEAR.	
4c	(Code:) (Expenses \$ including grants of \$)	(Revenue \$)
	ADDITIONAL OUTDOOR EXPERIENCES HUNT WITH HEART IS NO	
	EXPERIENCE. THROUGHOUT THE YEAR, OPPORTUNITIES FOR EN	
	HUNT WITH HEART KIDS ARE MADE AVAILABLE TO PROVIDE CH THE EXPERIENCES.	ANCES TO BOND OVER
	INE EXPERIENCES.	
4d	Other program services (Describe in Schedule O.)	
4.0	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ► 189,671.)
40	Total program service expenses 189,671.	Form 990 (2018)
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	2	

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Form	990	(2018)	
	330	(2010)	

 Form 990 (2018)
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 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	X	
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			
	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			37
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	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,	_		v
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
•	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			v
10	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	10		x
44	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
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			
•	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a		11a		x
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a		
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
Ŭ	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	1.10		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		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	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? /f "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	
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Form 990 (2018) HUNT WITH HEART
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	23		x
24a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	25		
2.14	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			v
07	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? 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	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X 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			v
35 ~	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	354		- 23
U	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	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?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included 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	4.	х	
00000	(gambling) winnings to prize winners?	1c		<u> </u> (2018)
o32004	↓ 12-31-18	FULL	550	(2010)

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Form	990 (2018) HUNT WITH HEART 45-4860	019	P	_{age} 5						
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)									
			Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return 2a 2a									
b	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?									
	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	a Did the organization have unrelated business gross income of \$1,000 or more during the year?									
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b								
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х						
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).									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х						
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c								
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit									
	any contributions that were not tax deductible as charitable contributions?	6a		Х						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts									
	were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b								
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
	to file Form 8282?	7c		X						
d	If "Yes," indicate the number of Forms 8282 filed during the year7d									
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:									
а	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:									
	Gross income from members or shareholders 11a									
b	Gross income from other sources (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)									
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?	13a								
	Note. See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans 13b									
С	Enter the amount of reserves on hand									
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X						
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in 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.			v						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X						
	If "Yes," complete Form 4720, Schedule O.		000							

Form **990** (2018)

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_	1990 (2018) HUNT WITH HEART 45-486			Page
Pa	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for	a "No" i	respon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
Sec	Check if Schedule O contains a response or note to any line in this Part VI tion A. Governing Body and Management			
	tion A. doverning body and management		Yes	
10	Enter the number of voting members of the governing body at the end of the tax year 1a	6	105	ľ
Ia	If there are material differences in voting rights among members of the governing body, or if the governing	-		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
h		6		
b	Enter the number of voting members included in line 1a, above, who are independent [1b] Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	4		
2		2		
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision			+
3	of officers, directors, or 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?			t
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			
6				t
о 7а	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	. 0		ť
1 a		70		
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	<u>7a</u>		+ ·
D		7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			ť
a		8a	x	E
a b	The governing body? Each committee with authority to act on behalf of the governing body?		X	+
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			+
9	organization's mailing address? If "Yes." provide the names and addresses in Schedule O	9		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	. 3		
	tion 21 onoise (This Section & requests information about policies not required by the internal Revenue Code.)		Yes	
10a	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 chapters, affiliates,	. 104		+
5	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		+
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			\uparrow
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	x	Г
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?			+
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes." describe</i>			+
Ŭ	in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?		X	+
14	Did the organization have a written document retention and destruction policy?		X	+
15	Did the process for determining compensation of the following persons include a review and approval by independent			t
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		
U	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	. 155		† i
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
IUa		16a		
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	104		ť
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		F
Sec	tion C. Disclosure			
17 ₁∘		2)0 0000	ovoilo	bla
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c))	SIS ONLY	avalla	DIE
	for public inspection. Indicate how you made these available. Check all that apply.			
10	Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd finan		
19		na inan	Jai	
20	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records ALLISON MERECKA – 281–753–1799			
	1118 N MAIN ST, SUITE 2J, PEARLAND, TX 77581			
		Г о	n 990	10
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	0 0 14 758098 4095.003 2018.03040 HUNT WITH HEART		л)9!
-03	2010.02040 HONI WIIN URAKI		40	13

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FOITT 990 (2			400001J	Page •
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Con	npensate	ed	
	Employees, and Independent Contractors			
	Check if Schedule O contains a response or note to any line in this Part VII			
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees			

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

עדאזת שדתם עבאסת

• 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per	(do box	not c	(Pos heck ss per	C) itior more rson i		one 1 an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer	Key employee	Highest compensated		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) JO ANNE ELZNER	10.00									_
CHAIRPERSON		Х		Х				0.	0.	0.
(2) JEFF MERECKA	3.00									-
TREASURER		Х		Х				0.	0.	0.
(3) SEAN MCCOY	4.00									
SECRETARY		Х		X				0.	0.	0.
(4) JASON CURRIE	0.00									
DIRECTOR	0.00	X						0.	0.	0.
(5) DR JEFF DREYER	0.00								0	•
DIRECTOR	0.00	X						0.	0.	0.
(6) MICHAEL CANADA	0.00								0	0
DIRECTOR		Х						0.	0.	0.
						-				
		1								
		ł								
		1								
		1								
		1								
		1								
		1								
832007 12-31-18										Form 990 (2018)

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	990 (2018) HUNT WITH	HEART								45-48	3600)19	Pa	age 8
Par	t VII Section A. Officers, Directors, Trust	tees, Key Emp	loye	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week (list apy	box, offic	not c unles	ss per	ition nore son i	than c s both r/trust	n an	(D) Reportable compensation from	(E) Reportable compensatio from related		an	(F) timate nount other	of
		(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-MIS		fr org and	pensa om the anizati d relate anizatio	e ion ed
	Sub total								0.		0.			0.
с	Sub-total Total from continuation sheets to Part VII	, Section A							0.		0.			0.
2 2	Total (add lines 1b and 1c)							o re	_	000 of reportable				
	compensation from the organization												Yes	0 No
3	Did the organization list any former officer,				-	•			•			2		x
4	line 1a? If "Yes," complete Schedule J for su For any individual listed on line 1a, is the su	m of reportable	e co	mpe	ensat	tion	and	oth	ner compensation from t	he organization		3		x
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	ccrue compen	satio	on fr	rom a	any	unre	elate	ed organization or individ	dual for services	_	4		
Sec	rendered to the organization? If "Yes." com tion B. Independent Contractors	plete Schedule	e J fo	or su	<u>ich p</u>	bers	on .					5		Х
1	Complete this table for your five highest con the organization. Report compensation for t	•	•							•	ensati	on fro	om	
	(A) Name and business)NE					(B) Description of s		Co	(C	;) nsatio	n
			110		-									·
2	Total number of independent contractors (ir	•	ot lin	nitec	d to t			ted	above) who received mo	ore than				
	\$100,000 of compensation from the organiz	zation 🕨				0)					-orm	990 (ź	2018)

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Form	n 99	0 (2	2018) HUNT	WITH HEAD	RT			45-4860	019 Page 9
Pa	rt V	/111	Statement of Rever	nue					
			Check if Schedule O cont	ains a response o	or note to any line				
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ស ស	1	а	Federated campaigns	1a					
ts, Grants Amounts			Membership dues						
, G			Fundraising events		52,178.				
Gifts, ilar An			Related organizations						
s, G			Government grants (contribut						
ron		f	All other contributions, gifts, gran	ts, and					
Contributions, Gift and Other Similar			similar amounts not included abo	ve 1f	<u>201,256.</u>				
d Tri		g	Noncash contributions included in lines	1a-1f: \$	71,400.				
aC		h	Total. Add lines 1a-1f		>	253,434.			
					Business Code				
e	2	а							
ervi		b							
n Se		С							
ran Sev		d							
Program Service Revenue		е							
Ъ			All other program service reve						
			Total. Add lines 2a-2f						
	3		Investment income (including			4			4
			other similar amounts)			4.			4.
	4		Income from investment of ta		n – – – – – – – – – – – – – – – – – – –				
	5		Royalties						
	6	_	Cross rents	(i) Real	(ii) Personal				
	0		Gross rents Less: rental expenses						
			Rental income or (loss)						
	7		Gross amount from sales of	(i) Securities	(ii) Other				
	'	u	assets other than inventory						
		b	Less: cost or other basis						
		~	and sales expenses						
		с	Gain or (loss)						
			Net gain or (loss)	L					
an	8		Gross income from fundraisin including \$ 52,1	g events (not					
Other Revenue			contributions reported on line						
Re			Part IV, line 18		238,762.				
ther		b	Less: direct expenses	b	98,952.				
ō			Net income or (loss) from fund		►	139,810.			139,810.
			Gross income from gaming ad	e e					
			Part IV, line 19	а					
		b	Less: direct expenses						
		с	Net income or (loss) from gam	ning activities	►				
	10	а	Gross sales of inventory, less						
			and allowances		1,942.				
		b	Less: cost of goods sold	b	3,710.				
		С	Net income or (loss) from sale	s of inventory	>	-1,768.			-1,768.
			Miscellaneous Revenu		Business Code				
	11								
		b							
		с							
			All other revenue						
	40		Total. Add lines 11a-11d			301 100	0.	0	138 046
	12		Total revenue. See instructions		►	391,480.	0.	υ.	138,046. Form 990 (2018)
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HUNT WITH HEART

D	Check if Schedule O contains a respons	e or note to any line in t (A)	(B)	(C)	[(D)
	ot include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	220.	220.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)		75 040		
7	Other salaries and wages	75,240.	75,240.		
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	E 766	E 766		
0	Payroll taxes	5,756.	5,756.		
1	Fees for services (non-employees):	22 402	22 402		
a	Management	33,482.	33,482.		
	Accounting				
d					
e	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.)	4,360.		4,360.	
2	Advertising and promotion	2,062.		2,062.	
3	Office expenses	2,002.		2,002.	
4 5	Information technology				
5 6	Royalties	3,408.		3,408.	
6 7	Occupancy	6,413.	6,397.	16.	
, 8	Payments of travel or entertainment expenses	0,110.	0,557.	100	
0	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	422.		422.	
9 0	· · · · ·	144			
1	Payments to affiliates				
י 2	Depreciation, depletion, and amortization				
2 3		9,868.	9,868.		
5 4	Other expenses. Itemize expenses not covered	270001	5,000.		
1	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	SUPPLIES	59,716.	58,653.	1,063.	
a b	DUES & SUBSCRIPTIONS	5,849.		5,849.	
5	VEHICLE EXPENSES	2,646.		2,646.	
d	PAYROLL EXPENSES	1,258.		1,258.	
	All other expenses	55.	55.		
5	Total functional expenses. Add lines 1 through 24e	210,755.	189,671.	21,084.	
5 6	Joint costs. Complete this line only if the organization		, , ,	, , , , , , , , , , , , , , , , , ,	
-	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

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Form 990 (2018)

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HUNT WITH HEART Part X Balance Sheet

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

(A) Beginning of year (B) End of year 170,201. 281,473. 1 1 Cash - non-interest-bearing Savings and temporary cash investments 2 2 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Loans and other receivables from other disgualified persons (as defined under 6 section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 7 7 Notes and loans receivable, net 8 8 Inventories for sale or use 9 9 Prepaid expenses and deferred charges **10a** Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D _____ 10a b Less: accumulated depreciation _____ 10b 10c 11 Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 20,766. 92,166. 15 Other assets. See Part IV, line 11 15 373,639 Total assets. Add lines 1 through 15 (must equal line 34) 190,967. 16 16 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 5,490. 3,543. 25 Schedule D 3,543. 5,490. 26 26 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here 🕨 🛄 and complete lines 27 through 29, and lines 33 and 34. 27 27 Unrestricted net assets 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here \blacktriangleright X and complete lines 30 through 34. Capital stock or trust principal, or current funds 0. 30 0. 30 0. 0. Paid-in or capital surplus, or land, building, or equipment fund 31 31 187,424. 32 368,149. 32 Retained earnings, endowment, accumulated income, or other funds 368,149. 187,424. Total net assets or fund balances 33 33 190,967. 373,639. 34 34 Total liabilities and net assets/fund balances

Form 990 (2018)

Form 990 (2018)

Assets

Liabilities

Net Assets or Fund Balances

	1990 (2018) HUNT WITH HEART	45-486	<u>0019</u>	Pag	_{je} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
			201		~ ^
1	Total revenue (must equal Part VIII, column (A), line 12)	1	391		
2	Total expenses (must equal Part IX, column (A), line 25)	2	210	<u> </u>	
3	Revenue less expenses. Subtract line 2 from line 1	3			25.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	187	, 4.	24.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		260) 1	10
Da	column (B)) rt XII Financial Statements and Reporting	10	300	3,14	49.
Га					
	Check if Schedule O contains a response or note to any line in this Part XII	·····	<u> </u>	Yes	No
	Access with a supervised to an access the Former 000. 🔽 Oceah 🗌 Access at 🗍 Other			165	
1	Accounting method used to prepare the Form 990: X Cash Council Other				
0-	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.	0-		х
za	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Λ
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
h			2b		х
a	Were the organization's financial statements audited by an independent accountant?		20		<u></u>
	consolidated basis, or both:	Dasis,			
	Separate basis Consolidated basis Both consolidated and separate basis				
~	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit			
U			2c		
	review, or compilation of its financial statements and selection of an independent accountant?		20		
30	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin				
Jd		•	3a		х
h	Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi		34		23
U U	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
-			_ SU		0010

Form **990** (2018)

832012 12-31-18

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
2018
Open to Public Inspection

Interr	al Rever	nue Service		Go to www.irs.go	v/Form990 for instruction	ons and th	ne latest i	nformation.		Inspection
Nan	ne of t	the organizati	on						Employer	r identification numbe
				WITH HEAR						5-4860019
Pa	irt I	Reason	for Public (Charity Status	(All organizations must co	omplete th	is part.) Se	e instructions	S.	
The	organ	ization is not a	a private found	ation because it is: ((For lines 1 through 12, c	heck only	one box.)			
1		A church, co	nvention of ch	urches, or association	on of churches described	l in sectio	on 170(b)([.]	I)(A)(i).		
2		A school des	cribed in sect i	ion 170(b)(1)(A)(ii).	(Attach Schedule E (Forn	n 990 or 9	90-EZ).)			
3		•			anization described in s					
4		A medical res	0	ation operated in co	njunction with a hospital	describec	l in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
5		•	-	or the benefit of a co	ollege or university owned	d or operat	ed by a go	vernmental u	nit describe	ed in
Ŭ		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)								
6			A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).							
7	\square	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in								
'		section 170(b)(1)(A)(vi). (Complete Part II.)								
8		-			(1)(A)(vi). (Complete Par	+ 11)				
9	\square	-			l in section 170(b)(1)(A)		ed in coniu	unction with a	land-grant	college
3		-	-		culture (see instructions).		-		-	•
			or a non-land-g	frant college of agric			name, city	, and state of	the college	5 01
10	X	university:	ion that norma	lly receives: (1) more	e than 33 1/3% of its sup	port from	contributio	ne momborel	ain foos ar	d gross receipts from
10	- 23				ct to certain exceptions,					
					e (less section 511 tax) fro					-
				mplete Part III.)			5565 acqui		jai lization a	aitei Julie 30, 1973.
11					ively to test for public sa	fatu Saa	section 5	10(2)(4)		
12	\square	-	-	-	sively for the benefit of, to	•			rny out the	purposes of one or
12		-	-	-	ed in section 509(a)(1)	-			•	
				-	of supporting organization					
-		7	-		supervised, or controlled		-		-	aivina
а					gularly appoint or elect a	•	-			
			-	complete Part IV, Se		i majonty t				apporting
b		¬ ~			d or controlled in connec	tion with it	o ourporte	doraonizatio	n(a) by ba	ling
N	·			-	anization vested in the s			-		-
			-	t complete Part IV,		ame perso	ns that co		ge the supp	bolled
		¬ ~	. ,	• •	ig organization operated	in connoc	tion with	and functional	ly intograte	od with
С			-		s). You must complete				ly integrate	su with,
d			-		porting organization oper				ted organi [.]	zation(s)
U		••	-	• •	zation generally must sat				•	
			•		mplete Part IV, Sections	-		-	anallenin	Veness
е			-	-	written determination fro					
U		—	Ũ		mally integrated supporti			турст, турс	n, rype m	
f	Ente		of supported c				ation.			
			• •	about the supporte	ad organization(s)					
		i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the org	anization listed ing document?	(v) Amount o	fmonetary	(vi) Amount of other
		organizatior	ı		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions
					above (see instructions))					
						1	1			
Tota	al									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 HUNT WITH HEART

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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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
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.						
	ction B. Total Support		•	•	•	•	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10							
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instruction	ns)			12	
	First five years. If the Form 990 is fo						
	organization, check this box and sto	0	, ,	, ,			
Sec	ction C. Computation of Publ	ic Support Per	centage				······ • ····
14	Public support percentage for 2018 (line 6, column (f) di	vided by line 11, c	olumn (f))		14	%
15	Public support percentage from 2017	Schedule A, Part	II, line 14	.,,		15	%
	33 1/3% support test - 2018. If the					ore, check this b	ox and
	stop here. The organization qualifies	as a publicly supp	orted organization				$\blacktriangleright \square$
b	33 1/3% support test - 2017. If the		-				
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	t - 2018. If the org	anization did not				
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			-	-	-	
b	10% -facts-and-circumstances test						
	more, and if the organization meets th	-					
	organization meets the "facts-and-circ						
18	Private foundation. If the organization		-		• • •		ns
				, , ,, e			0 or 990-E7) 2018

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 HUNT WITH HEART

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	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	13,383.	33,443.	95,691.	193,435.	129,856.	465,808.
	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	4,532.	2,079.	4,584.	1,485.	1,942.	14,622.
	Gross receipts from activities that	4,5521	2,075.	4,5040	1,4050	1,942.	11,022.
	are not an unrelated trade or bus-						
	iness under section 513	151 094	164 210.	128,634.	143 682.	290,940.	878,560.
	Tax revenues levied for the organ-	131,0310	101/2100	120,0010	110,0020	25075100	0707000
	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	169,009.	199,732.	228,909.	338,602.	422,738.	1358990.
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
-	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						0.
	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.) tion B. Total Support						1358990.
	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6	169,009.	199,732.	228,909.	338,602.	422,738.	1358990.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources				5.	4.	9.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b				5.	4.	9.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	169,009.	199,732.	228,909.	338,607.	422,742.	1358999.
14	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a sectior	1 501(c)(3) organiza	ition,
Sec	tion C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2018 (I	ine 8, column (f), di	ivided by line 13, c	olumn (f))			<u>100.00 %</u>
	Public support percentage from 2017					16	<u>100.00 %</u>
Sec	tion D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20)18 (line 10c, colun	nn (f), divided by lii	ne 13, column (f))		17	.00 %
	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2018. If the	organization did n	ot check the box o	on line 14, and line	15 is more than 3	3 1/3%, and line 17	
	more than 33 1/3%, check this box ar						►X
	33 1/3% support tests - 2017. If the						
	line 18 is not more than 33 1/3%, che						▶∐
20	Private foundation. If the organization	n did not check a l	box on line 14, 19a	a, or 19b, check th			
832023	3 10-11-18		15		Sche	edule A (Form 990	or 990-EZ) 2018

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1

Yes No

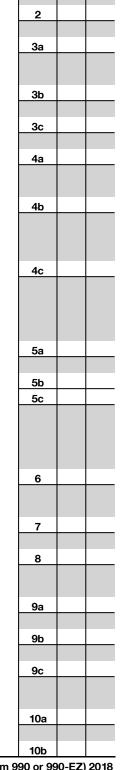
Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 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.)

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Schedule A (Form 990 or 990-EZ) 2018

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		100	110
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
a		11a		
h	below, the governing body of a supported organization?			
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. tion B. Type I Supporting Organizations	11c		
000			Vee	Na
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. <i>Complete</i> line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	uctions)		
2	Activities Test. Answer (a) and (b) below.	,	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
832025	5 10-11-18 Schedule A (Form 9		0-EZ)	2018

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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 1-1/2% 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 .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 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		

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

1

Schedule A (Form 990 or 990 EZ) 2018 HUNT WITH HEART 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.

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7

instructions).

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 HUNT WITH HEART

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.	5		
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
с	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
-	and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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Schedule A (Form 990 or 990-EZ) 2018 HUNT WITH HEART

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	(See instructions.)		

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

2018

Employer identification number

45-4860019

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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

X 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

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, charitable, etc., exclusively religious, 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.

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

HUNT WITH HEART

Employer identification number

45-4860019

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JIM AND JOANNE ELZNER 895 ROSASTONE HOUSTON, TX 77024	\$35,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	CURRIE FOUNDATION 1830 BEARD DRIVE SE GRAND RAPIDS, MI 49546	\$ <u>10,050.</u>	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	BEAVER CREEK RANCH 10659 US-79 GAUSE, TX 77857	\$38,000.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	RAMCO 900 HOUSTON AVE PASADENA , TX 77502	\$19,000.	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	DL MEACHAM CONSTRUCTION 2102 HOSKINS DR HOUSTON , TX 77080	\$20,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	SKY HIGH FOR ST. JUDES 9800 RICHMOND AVE #335 HOUSTON , TX 77042	\$ <u> 10,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

2018.03040 HUNT WITH HEART

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Schedule B (Form 990, 9<u>90-EZ, or 990-PF) (2018)</u>

Name of organization

HUNT WITH HEART

Employer identification number

45-4860019

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	ROCKY MOUNTAIN ELK FOUNDATION5705 GRANT CREEK RD PO BOX 8249MISSOULA , MT 59808	\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	DZMI-DAVID Z MAFRIGE INTERESTS 9219 KATY FREEWAY, STE 291 HOUSTON, TX 77024	\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	SPITZER INDUSTRIES 12141 WICKCHESTER LANE STE 750 HOUSTON , TX 77079	\$ <u>5,000.</u>	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
10	PARKS & WILDLIFE 350 N SAM HOUSTON PKWY E #100 HOUSTON, TX 77060	\$ <u>15,932.</u>	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
11	GREGG TANEY 5806 MAVIS LN PASADENA , TX 77505	\$14,400.	Person Payroll Noncash X (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.)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

2018.03040 HUNT WITH HEART

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Name of organization

Page **3**

HUNT WITH HEART

Employer identification number

45-4860019

art II	Noncash Property (see instructions). Use duplicate copies of Part II i	r additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	LODGING, FOOD, STAFF, ANIMALS, AND VARIOUS DONATIONS	_	
3		-	
		\$38,000.	04/14/18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	OFFICE SPACE AND VARIOUS DONATIONS	_	
		\$19,000.	01/01/18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1 1	POLARIS 4-WHEELER	_	
11		_	
		\$14,400.	12/01/18
(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
		-	
		_ \$	
3453 11-08	B-18	Schedule B (Form	990, 990-EZ, or 990-PF) (2

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2018.03040 HUNT WITH HEART

Page **4**

lame of org	anization		Employer identification number
IUNT W	ITH HEART		45-4860019
Part III	from any one contributor. Complete columns (a	a) through (e) and the following line e charitable, etc., contributions of \$1,000 c	section 501(c)(7), (8), or (10) that total more than \$1,000 for the year
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
· 	Transferee's name, address, a	(e) Transfer of g	pift 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
	Transferee's name, address, a	(e) Transfer of g	jift Relationship of transferor to transferee
(a) No. from	(h) D		
Part I .	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of g	lift
-	Transferee's name, address, a	nd 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
 -		(e) Transfer of g	
	Transferee's name, address, a		Relationship of transferor to transferee
23454 11-08-18	8		Schedule B (Form 990, 990-EZ, or 990-PF) (20

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SCHEDULE [)
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Department of the Treasury

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.



Internal Revenue Service Name of the organization

Employer	identification	number

. –				-
45-	ΛQ	60	N 1	0
4.)-	40	00	υL	2

	HUNT WITH HEART			45-4860019
Par	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	or Accou	unts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.		
		(a) Donor advised funds	(b) F	unds 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 at end of year			
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor advise	ed funds	
	are the organization's property, subject to the organization's e	-		Yes No
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or			
		· · · · ·	0	Yes No
Par				
1	Purpose(s) of conservation easements held by the organization		,	
-	Preservation of land for public use (e.g., recreation or e		orically imp	ortant land area
	Protection of natural habitat	Preservation of a cert	• •	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form o	of a conserv	vation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b				
c	Number of conservation easements on a certified historic stru			
	Number of conservation easements included in (c) acquired a			
	listed in the National Register			
3	Number of conservation easements modified, transferred, rele			
-	year ►	,,,	5	
4	Number of states where property subject to conservation eas	ement is located		
5	Does the organization have a written policy regarding the peri			
-	violations, and enforcement of the conservation easements it			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, I			
	►	5		5
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservat	ion easeme	ents during the year
	► \$	5		5
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(r	n)(4)(B)(i)	
				Yes No
9	In Part XIII, describe how the organization reports conservation			
	include, if applicable, the text of the footnote to the organizat			
	conservation easements.		Ū	, C
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Otl	ner Simil	ar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue statem	ent and ba	lance sheet works of art,
	historical treasures, or other similar assets held for public exh	ibition, education, or research in furtheran	ce of publi	c service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	bes these items.		
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement	and balanc	e sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ec	lucation, or research in furtherance of pub	lic service,	provide the following amounts
	relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1		►	• \$
				• \$
2	If the organization received or held works of art, historical trea			de
	the following amounts required to be reported under SFAS 1		-	
а	Revenue included on Form 990, Part VIII, line 1		►	• \$
	Assets included in Form 990, Part X			• \$
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2018
832051	10-29-18			-

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2018.03040	HUNT	WITH	HEART

Sche		TH HEART							60019	
Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	easures, o	r Other	Similar	Asset	s (continu	ed)
3	Using the organization's acquisition, accessi	on, and other record	s, checł	k any of the	following tha	t are a sigi	nificant u	se of its o	ollection it	ems
	(check all that apply):			-	-	-				
а	Public exhibition	c	i 🗌	Loan or exc	change progr	ams				
b	Scholarly research	e			0,0					
c	Preservation for future generations	-	·							
4	Provide a description of the organization's co	lections and explain	n how th	hav furthar t	he organizati	on's evem	nt nurnos	o in Part	XIII	
5	During the year, did the organization solicit of	-		-	-				7.III.	
5					-				Yes	No
Par	to be sold to raise funds rather than to be ma TIV Escrow and Custodial Arran									
I UI	reported an amount on Form 990, Pa			e organizatio	on answered	res on r	-0111 990	, Part IV,	line 9, or	
4-							ماريمامما			
1a	Is the organization an agent, trustee, custodi									
	on Form 990, Part X?							∟	Yes	No No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing	table:						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for	escrow or c	ustodial acco	ount liabilit	y?	L	Yes	No
	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete	if the organization an	swered	"Yes" on Fo	orm 990, Par	t IV, line 10).			
		(a) Current year	(b) F	Prior year	(c) Two yea	ars back 🛛 🕻	d) Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions									
с	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
-	and programs									
f	Administrative expenses									
g 2	End of year balance Provide the estimated percentage of the curr	L	l o (lino 1)	a colump (a)) hold as:					
		•		y, column (a	i)) Heiu as.					
a L	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
с	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	•								
3a	Are there endowment funds not in the posse	ssion of the organiza	ation tha	at are held a	nd administe	red for the	organiza	ition	Г	
	by:									<u>es No</u>
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization								3b	
4	Describe in Part XIII the intended uses of the	organization's endo	wment f	funds.						
Par	t VI Land, Buildings, and Equipm	ient.								
	Complete if the organization answere	d "Yes" on Form 990), Part IV	V, line 11a. S	See Form 990), Part X, li	ne 10.			
	Description of property	(a) Cost or o	other	(b) Cos	t or other	(c) Ac	cumulate	d	(d) Book	value
	-	basis (investr	nent)	basis	(other)	dep	reciation			
1a	Land									
	Buildings									
	Leasehold improvements			1						
	Equipment									
	Other			1						
	. Add lines 1a through 1e. (Column (d) must e		V oolur	nn (P) line 1	(0c)					0.
1010		<u>'yuai roini 990, Pan</u>	<u>, coiur</u>	<u>пп (р), ште т</u>	UC.J			Schodula	D (Form	
								ocneuule		2010

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(a) Description of security or category (inclu	n answered "Yes" on Form s	Book value		aluation: Cost or end-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E) (F)				
(F) (G)				
(G) (H)				
	ool (D) line 10)			
Total. (Col. (b) must equal Form 990, Part X, Part VIII Investments - Progra				
			11. 0. 5. 000 5	
(a) Description of investm	n answered "Yes" on Form 9	990, Part IV, line Book value		aluation: Cost or end-of-year market value
				adation. Cost of end-or-year market value
(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 organizatio	n answered "Yes" on Form 9		11d. See Form 990, F	
	(a) Descriptio	่า		(b) Book value
(1) HUNTING EQUIPMEN				18,276.
(2) FURNITURE, FIXTU		NT		2,490.
(3) NONCASH DONATION	S			71,400.
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990.	Part X, col. (B) line 15.)			
Part X Other Liabilities.				
	n answered "Yes" on Form 9	990, Part IV, line		990, Part X, line 25.
1. (a) Description	on of liability		(b) Book value	
(1) Federal income taxes				
(2) CHASE INK			4,795.	
(3) PAYROLL LIABILIT	IES		695.	
(4)				
(5)				
(6)				
(7)				
(')		1		
(8)				
			5,490.	

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2018

832053 10-29-18

Sche	dule D (Form 990) 2018 HUNT WITH HEART		45-4860019 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Sta	tements With Reven	
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.	
1	Total revenue, gains, and other support per audited financial statements		
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	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
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 St	atements With Exper	nses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.	
1	Total expenses and losses per audited financial statements		1
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 1	8.)	
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.

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SCHEDULE G	HEDULE G Supplemental Information Regarding Fundraising or Gaming Activities						ities	OMB No. 1545-0047	
(Form 990 or 990-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.							2018	
Department of the Treasury	_		Open to Public						
Internal Revenue Service		Go to www.irs.gov/Form990 for instructions and the latest information.							
Name of the organization		שתגבוו ווח						entification number	
Part I Fundrais		TH HEART					45-4860		
	complete this part	Complete if the organization ansv	vered "Y	es" or	1 Form 990, Part IV, I	ine i	7. Form 990-E	Z filers are not	
1 Indicate whether the	e organization rais	ed funds through any of the follow	ing activ	ities. (Check all that apply.				
a 🔄 Mail solicitat					overnment grants				
—	email solicitations				nment grants				
c Phone solici d In-person so		g [] Speci	al fundra	lising	events				
•		r oral agreement with any individua	al (includ	lina of	ficers directors trus	tees	or		
		art VII) or entity in connection with					Ye	s 🗌 No	
b If "Yes," list the 10	highest paid indiv	viduals or entities (fundraisers) purs	suant to	agreei	ments under which th	ne fur	ndraiser is to b	De	
compensated at le	ast \$5,000 by the	organization.							
			(iii) fundr	Did			Amount paid	(vi) Amount paid	
(i) Name and addres or entity (fund		(ii) Activity	fùndr have c or con	ustody	(iv) Gross receipts from activity		or retained by) fundraiser	to (or retained by)	
or entity (lune			contrib	utions?	non activity		ted in col. (i)	organization	
			Yes	No					
				<u> </u>				<u> </u>	
3 List all states in whi or licensing.	ch the organizatio	n is registered or licensed to solicit	t contrib	utions	or has been notified	it is (exempt from r	egistration	
								<u> </u>	
		ee eee the last metican for F	000	000 -	7	Sak -		000 000 E3 0040	
	eduction ACT NOti	ce, see the Instructions for Form	1 990 Or	ี่ฮ⊎0-E	Z. 3	sche	uule G (Form	990 or 990-EZ) 2018	

832081 10-03-18

Schedule G (Form 990 or 990 EZ) 2018 HUNT WITH HEART

45-4860019 Page 2

 Part II
 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

 (a) Event #1
 (b) Event #2
 (c) Other events

 HUNT WITH
 NONE
 (d) Total events (add col. (a) through col. (c))

 (event type)
 (event type)
 (total number)

Revenu	1	Gross receipts	139,925.	151,015.		290,940.		
ш	2	Less: Contributions	52,178.			52,178.		
	3	Gross income (line 1 minus line 2)	87,747.	151,015.		238,762.		
	4	Cash prizes						
Direct Expenses	5	Noncash prizes						
	6	Rent/facility costs						
	7	Food and beverages						
	8	Entertainment						
	9	Other direct expenses	65,404.	33,548.		98,952.		
	10	Direct expense summary. Add lines 4 through	9 in column (d)		►	<u>98,952.</u> 139,810.		
	11 Net income summary. Subtract line 10 from line 3, column (d)							

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than

\$15,000 on Form 990-EZ, line 6a.

enue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue					
ŝ	2	Cash prizes					
Direct Expenses	3	Noncash prizes					
irect E	4	Rent/facility costs					
	5	Other direct expenses					
	6	Volunteer labor	└── Yes % └── No	Yes%	└── Yes % └── 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)		>		
	ls t	ter the state(s) in which the organization condu he organization licensed to conduct gaming ac	tivities in each of these s	states?			
b	lf "	No," explain:					
		ere any of the organization's gaming licenses re Yes," explain:			/ear?	Yes No	
	_						

832082 10-03-18

Schedule G (Form 990 or 990-EZ) 2018

Sch	nedule G (Form 990 or 990-EZ) 2018 HUNT WITH HEART	45-4	860019	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:			
	a The organization's facility		13a	%
	o An outside facility		13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	S:		
	Name			
	Address 🕨			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No No
ł	o If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amo of gaming revenue retained by the third party ▶ \$	unt		
Ċ	$rac{1}{2}$ 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:			
â	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	No
ł	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	1 the		
Pa	organization's own exempt activities during the tax year s Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v);	and Par	lll lines Q	9h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	anuran	. III, III es 5,	55, 105,
8320	10-03-18 Schedule	G (Form	990 or 990	-EZ) 2018
	54			

T art IV	nunueu)	

Schedule G (Form 990 or 990-EZ)

832084 04-01-18

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States								
Department of the Treasury Internal Revenue Service								2018 Open to Public Inspection	
Name of the organization	HUNT WITH	HEART						Employer identification number 45-4860019	
Part I General Inform	ation on Grants a	nd Assistance							
1 Does the organization criteria used to award	the grants or assis	stance?	-			-			
2 Describe in Part IV the Part II Grants and Oth						onization annuared "N	′es" on Form 990, Par	t N/ line O1 for ony	
			be duplicated if addition			anization answered if	es on Form 990, Pan	t IV, line 21, for any	
1 (a) Name and address or governm	of organization	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
2 Enter total number of 3 Enter total number of LHA For Paperwork Redu	other organization	s listed in the line 1	table	e line 1 table				Schedule I (Form 990) (2018)	

Schedule I (Form 990) (2018)

HUNT WITH HEART

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
FUNERAL EXPENSES	1	107.	0.		
GROCERY PURCHASES	5	61.	0.		
PARKING FOR MEDICAL VISITS	0	52.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Employer	identification number
4	5-4860019

Name of the organization

	HUNT WITH HEART 45-4860019								
Pa	rt I Types of Property	_							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	n	(d) Method of de oncash contribu		•	s
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles	X	1	14,400.	FAI	R MARKET	VA	LUE	
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other $_{\dots}$								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other \blacktriangleright (LODGING, FOOD)	X	1			R MARKET			
26	Other \blacktriangleright (<u>USE OF OFFICE</u>)	X	1	19,000.	FAI.	R MARKET	VA	LUE	
27	Other ► ()								
28	Other ()								
29	Number of Forms 8283 received by the organiz								
	for which the organization completed Form 828	83, Part IV, [Donee Acknowledg	gement 29					
								Yes	No
30a	During the year, did the organization receive by								
	must hold for at least three years from the date								
	exempt purposes for the entire holding period?	?					30a		X
b	b If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?						<u> </u>		
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash								
	contributions?						32a		X
	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in c	olumn (c) foi	r a type of property	/ for which column (a) is chec	ked,				
	describe in Part II.								

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

Schedule M (Form 990) 2018

832141 10-18-18

Part II	Supplemen	tal Inform	ation. P	Provide the in
Schedule	M (Form 990) 201	8 HUNT	WITH	HEART

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

832142 10-18-18	Schedule M (Form 990) 2018

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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.



HUNT WITH HEART

45-4860019

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THREATENING OR LIFE ALTERING ILLNESS THROUGH OUTDOOR ACTIVITIES.

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

THE FEDERAL TAX RETURN FORM 990 IS PREPARED BY THE ORGANIZATION'S

INDEPENDANT CERTIFIED PUBLIC ACCOUNTING FIRM. IT IS THEN REVIEWED BY

REPRESENTATIVES OF THE BOARD FOR APPROVAL.

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

THE ORGANIZATION MAKES GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY,

AND FINANCIAL STATEMENTS ARE AVAILABE UPON REQUEST.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832211 10-10-18 Schedule O (Form 990 or 990-EZ) (2018)