Short Form Return of Organization Exempt From Income Tax

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

OMB No. 1545-1150 2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

<u> </u>	For the	2015 calenda	r year, or tax year beginning January 1, 2015	, 2015, and ending	Doc	ember	· 31 , 20 15
	Check if ap		C Name of organization	, zoro, and chang			entification number
	Address c		Hearts Knit Together		= =	-	7-1445665
=	Name cha		Number and street (or P.O. box, if mail is not delivered to street address)	Room/suite	E Tolor	ohone n	
	Initial retur	•	2200 South State Street	1.55(1,641.5	L Tele		
=		m/terminated	City or town, state or province, country, and ZIP or foreign postal code				1-598-3218
	Amended					up Exe	•
		·	Salt Lake City, Utah, 84115			nber 🕨	
G /	Account	ting Method:	☑ Cash ☐ Accrual Other (specify) ►	H	Check	▶ ∐ i	f the organization is not
	Vebsite		neartsknittogether.org		•		ach Scheduie B
				47(a)(1) or 527	(Form 9	90, 990	D-EZ, or 990-PF).
			— + -	Other			
			b to line 9 to determine gross receipts. If gross receipts are \$200		i assets		
(Pa	rt II, coli		are \$500,000 or more, file Form 990 instead of Form 990-EZ.			▶ \$	148,948.22
P	art I	Revenue	e, Expenses, and Changes in Net Assets or Fund	Balances (see the	instru	ctions	for Part I)
		Check if	the organization used Schedule O to respond to any qu	uestion in this Part I			<u> 🗆</u>
	1	Contribution	ns, gifts, grants, and similar amounts received			1	148,948.22
	2	Program se	rvice revenue including government fees and contracts			2	0
	3	Membershi	o dues and assessments			3	0
	4	Investment	income			4	0
	5a	Gross amou	unt from sale of assets other than inventory	5a	0	46 B	
	Ь		or other basis and sales expenses	5b	0		
	C		s) from sale of assets other than inventory (Subtract line 5	b from line 5a)		5c	0
	6	,	f fundraising events		35.05.4		
	а	-	me from gaming (attach Schedule G if greater that				
ē.	-	\$15,000) .		6a	0	\$2.5	
Revenue	b	Gross incor	ne from fundraising events (not including \$	0 of contribution	าร		
ě	~		ising events reported on line 1) (attach Schedule G if the			Gill Hox	
ш			gross income and contributions exceeds \$15,000)	6b	0		
	c		expenses from gaming and fundraising events	6c	0		
	d		or (loss) from gaming and fundraising events (add lines		btract		
	"	line 6c) .		6d	0		
	7a	•	of inventory, less returns and allowances	7a	0	240407/092338	
	l 'b		of goods sold	7b	0	200	
	c		or (loss) from sales of inventory (Subtract line 7b from line			7c	0
	8		ue (describe in Schedule O)			8	0
	9		iue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	148,948.22
—	10		similar amounts paid (list in Schedule O)	·		10	0
	11		id to or for members			11	0
(A)	12		ner compensation, and employee benefits			12	0
Se	13		If fees and other payments to independent contractors.			13	0
Expenses	14		, rent, utilities, and maintenance			14	0
Ä	15		blications, postage, and shipping			15	0
	16		nses (describe in Schedule O)			16	0
	17					17	148,948.22
	18	Evener or /	nses. Add lines 10 through 16	· · · · · · · · · · · · · · · · · · ·	<u> </u>	18	2,265.47
ets	19		or fund balances at beginning of year (from line 27, coli				2,200.47
SS	'3			· · · · · · · ·		19	258,265.05
Net Assets	20	=	ges in net assets or fund balances (explain in Schedule 0)			-	2,265.47
$\frac{8}{2}$	20		• • • • • • • • • • • • • • • • • • • •			20	260,530.52
	21	Met assets	or fund balances at end of year. Combine lines 18 through	140		21	200,030.52

 Page	2

Par	t II Balance Sheets (see the instructions	s for Part II)				
	Check if the organization used Schedu	le O to respond to a	ny question in this	Part II		🗆
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			3,891.05	22	6,156.52
23	Land and buildings				23	
24	Other assets (describe in Schedule O)			254,374		254,374
25	Total assets			258,265.05	-	260,530.52
26	,		j.		26	C
27	Net assets or fund balances (line 27 of colun			258,265.05	27	260,530.52
Pari						
	Check if the organization used Schedu				(Ben	Expenses uired for section
What	is the organization's primary exempt purpose?	provides hygience k	tits to various battere	ed women shelters	1	c)(3) and 501(c)(4)
as m	ribe the organization's program service accomp easured by expenses. In a clear and concise	manner, describe the			orga othe	nizations; optional for rs.)
<u></u>	ons benefited, and other relevant information for	each program title.				
28						
	/o / A					_
	(Grants \$) If this amoun	nt includes foreign gra	ants, check here .	▶ ⊔	28a	
29		•				
	(O			. m		
	(Grants \$) If this amour	nt includes foreign gra	ants, check here .	<u> ▶ 📖 </u>	29a	0
30						
	(Country the Country that the country th	-4 f1, -4			-	
		nt includes foreign gra			30a	<u> </u>
	Other program services (describe in Schedule O				A4-	
	(Grants \$) If this amour Total program service expenses (add lines 28a	nt includes foreign gra	arts, check here .	· · · • 📙	31a 32	- 0
Part						tions for Port IV
	Check if the organization used Schedu	·		•	151140	nions for Fart IV)
	Oncor it the organization about contour		(c) Reportable	(d) Health benefits,	Ť	· · · · <u>L</u>
	(a) Name and title	(b) Average hours per week	compensation	contributions to employe		
	.,	devoted to position	(Forms W-2/1099-MISC (if not paid, enter -0-)			ther compensation
Linda	Simmons, Executive Director			,	+	
		40			0	0
Maxir	ne Rasmussen			1	* 	~
		40			0	0
Brent	Clayton			-	1	
	y	0.5			0	0
Thom	nas Jensen				1	-
		0.5			0	0
Scott	Tucker					<u> · · · · · · · · · · · · · · · · · · </u>
		0.5			0	0
Mike	Rasmussen				-	
		0.5			0	0
		-			\top	
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			1	i	i	
					_	

was the organization a section 501c(x)4, 501c(x)5, or 501(x)(6) organization subject to section 603x(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III. 35c	Part	· · · · · · · · · · · · · · · · · · ·			
133 Did the organization ergage in any significant activity not previously reported to the IRS? If *Yes,* provide a detailed description of each activity in Schedule O. 134 Were any significant changes made to the organizing or governing documents? If *Yes,** attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. (see Instructions) 135a. Did the organization was unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 8e, and 7a, among others)? 136 If *Yes,** to line 35a, has the organization filled a Form 990-To the year? If *Yes,** complete schedule O. 137a If *Yes,** complete schedule or organization subject to section 603(e) notice organization activities (such as those requirements during the year? If *Yes,** complete Schedule O, Fart III . 137a If *Yes,** complete applicable parts of Schedule N. 137a If the amount of political expenditures, defect or indirect, as desoribed in the instructions ▶ 137a 137b Did the organization file Form 1120-POL for this year? 137c Bird transcut of political expenditures, defect or indirect, as desoribed in the instructions ▶ 137a 137a If *Yes,** complete schedule, I., Part II and enter the total amount involved 138b	-	Instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Pari		No.
copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule (D. gele instructions) 34	33		33	100	<i>✓</i>
10 th the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on line 2, 6a, and 7a, among others)? b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O c Was the organization a section 501 (c)(3), 501 (c)(6), or 501 (c)(6), or 501 (c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . 35 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete Schedule C, Part III . 36 Did the organization before the Form 1120-POL for this year? 37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 3a	34	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the	34		~
b If "Yes," to line 35a, has the organization self a Form 990-T for the year? If "No," provide an explanation in Schedule 0 c Wes the organization a section 501(3)(3), 501(3)(5) or 501(6)(6) organization subject to section 6033(6) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			\ \ \
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6034(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III. 50	b				1
during the year? If "Yes," complete applicable parts of Schedule N 7a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0 0 0 0 0 0 0 0 0		Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			~
b Did the organization file Form 1120-POL for this year? 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employes or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a	36		36		/
b bid the organization borrow from, or make any loans to, any officer, director, frustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? b f "Yes," complete Schedule L, Part II and enter the total amount involved	37a	Enter amount of political expenditures, direct or indirect, as described in the instructions > 37a 0) (227)	10000	100
any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? bit "Yes," complete Schedule L, Part II and enter the total amount involved			37b		1
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 00 39	38a		20-		
39 section 501(c)(7) organizations. Enter: a initiation fees and capital contributions included on line 9	h		.07.5111202-111	12.	V
a Initiation fees and capital contributions included on line 9 (aross receipts, included on line 9, for public use of club facilities		es auto-			
Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under; section 4911		The state of the s)	300	
section 4911	b	Gross receipts, included on line 9, for public use of club facilities]		
excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b C Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T Located at b 1984 Walker Farm Drive, Kaysville, Utah b 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)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the U.S.? 422	40a				
on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.	b	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year	40b		V
40c reimbursed by the organization .	c	on organization managers or disqualified persons during the year under sections 4912,			
transaction? If "Yes," complete Form 8886-T. 41 List the states with which a copy of this return is filed ▶ Utah 42 The organization's books are in care of ▶ Thomas Jensen Located at ▶ 1984 Walker Farm Drive, Kaysville, Utah 43 b 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)? 43 if "Yes," enter the name of the foreign country: ▶ 44 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year 45 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 46 Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 5 Did the organization receive any payments for indoor tanning services during the year? 5 Did the organization receive any payments for indoor tanning services during the year? 6 Did the organization receive any payments for indoor tanning services during the year? 6 Did the organization receive any payments for indoor tanning services during the year? 6 Did the organization receive any payments for indoor tanning services during the year? 6 Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 6 Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 6 Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 6 Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule	d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
Telephone no. ► Located at ► 1984 Walker Farm Drive, Kaysville, Utah 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)? If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). C At any time during the calendar year, did the organization maintain an office outside the U.S.?	е		40e		V
Located at ▶ 1984 Walker Farm Drive, Kaysville, Utah 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)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). C At any time during the calendar year, did the organization maintain an office outside the U.S.?	41	List the states with which a copy of this return is filed ▶ Utah	•		
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)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). C At any time during the calendar year, did the organization maintain an office outside the U.S.?	42a				7
a financial account in a foreign country (such as a bank account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). C At any time during the calendar year, did the organization maintain an office outside the U.S.?	1_		840		
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the U.S.?	D	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No ✓
Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the U.S.?					
c At any time during the calendar year, did the organization maintain an office outside the U.S.?				Security 15	
Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		✓
Pressure that the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	▶ □
Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		and enter the amount of tax-exempt interest received of accrued during the tax year		Yes	No
c Did the organization receive any payments for indoor tanning services during the year?	44a		44a		√
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	b		iline.	i i i i i i i i i i i i i i i i i i i	V
 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of 		If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			√
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	452	·			~
	_	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	igo aj li Histori	880 A	

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Form	990-EZ	(2015)	١

Here Thomas Jersen, Director Type or print name and title Prenare's signature Print Prenare's signature Print	46		ne organization engage, directly or it						Yes	NO
All section 501 (pi(s) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part V				•	, Part I			. 40	}	V
Ves No Ves Ves No Ves No Ves No Ves Ves Ves No Ves Ves Ves Ves Ves Ves No Ves Ves Ves Ves Ves No Ves Ves Ves Ves No Ves Ves Ves No Ves Ves Ves No Ves Ves Ves No Ves Ves No Ves Ves Ves No Ves Ves No Ves Ves Ves No Ves Ves Ves No Ves Ves Ves Ves Ves Ves No Ves Ves Ves Ves No Ves Ves Ves Ves Ves No Ves Ves Ves No Ves Ves Ves No Ves Ves Ves Ves No Ves Ves Ves Ves No Ves Ves Ves Ves Ves No Ves Ves Ves No Ves Ves Ves Ves Ves No Ves Ves Ves Ves Ves Ves Ves No Ves	Part		All section 501(c)(3) organization		estions 47–49b ar	nd 52, and	i complete th	e tables	for lin	es
47 Did the organization engage in lobbying activities or have a section 501(t) election in effect during the tax years if "Yes," complete Schedule C part is 47 ✓ 48 Is the organization as described in section 170(b)(1)(A)(t)' if "Yes," complete Schedule E 48 ✓ 480 Did the organization make any transfers to an exempt non-charitable related organization? 49a ✓ 48b ✓ 50 If "Yes," was the related organization			Check if the organization used Sc	hedule O to respond	I to any question i	n this Part	VI			<u>. </u>
If Total number of other employees paid over \$100,000	47				section 501(h) elec	ction in eff	ect during the			No
Did the organization make any transfers to an exempt non-charitable related organization? 39a V 15	40	•	•			 .t. Cabadul	 - -			-
b If "Yes," was the related organization a section 527 organization? Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and title of each employee (b) Average hours prevent devoted to position (c) Reportable compensation (c) Reportable comp	-		-		•				- 	V
Complete this table for the organization's five highest compensated employees (other than officers, directors, strustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." [6] Name and title of each employee [7] None [8] Name and title of each employees paid over \$100,000 . ► None [8] Name and title of each employees paid over \$100,000 . ► None [9] Name and business address of sech independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." [9] Name and business address of sech independent contractor [9] Name and business address of sech independent contractor [9] Name and business address of sech independent contractor [9] Type of service [9] Componsation [9] Organization of the received more than \$100,000 . ► None [9] Type of service [9] Organization of the received more than \$100,000 . ► None [9] Type of service [9] Organization of the received more than \$100,000 . ► None [9] Organization of the received more than \$100,000 . ► None [9] Type of service [9] Organization of the received more than \$100,000 . ► None [9] Organization of the received more than \$100,000 . ► None [9] Organization of the received more than \$100,000 . ► None [9] Organization of the received more than \$100,000 . ► None [9] Organization of the received more than \$100,000 . ► None [9] Organization of the received more than \$100,000 . ► None [9] Organization of the received more than \$100,000 . ► None [9] Organization of the received more than \$100,000 . ► None [9] Organization of the received more than \$100,000 . ► None [9] Organization of the received more than \$100,000 . ► None [9] Organization of the received more than \$100,000 . ► None [9] Organization of the received more than \$100,000 . ► None [9] Organization of the received more than \$100,000 . ► None [9] Organization of the received more than \$100,000 . ► None [9] Organization of the received more than			-						-	1
(a) Name and title of each employee	50				sated employees (other than	officers, direct			
f Total number of other employees paid over \$100,000 ▶ None 100,000 of compensation from the organization. If there is none, enter "None." (a) Name and business address of each independent contractor (b) Type of service (c) Compensation None d Total number of other independent contractor (b) Type of service (c) Compensation None Did the organization complete Schedule A? Note: All section 501(e)(3) organizations must attach a completed Schedule A. Note: All section 501(e)(3) organizations must attach a completed Schedule A. Note: All section 501(e)(3) organizations must attach a completed Schedule A. Note: All section 501(e)(3) organizations must attach a completed Schedule A. Note: All section 501(e)(3) organizations must attach a completed Schedule A. Note: All section 501(e)(3) organizations must attach a completed Schedule A. Note: All section 501(e)(3) organizations must attach a completed Schedule A. Note: All section 501(e)(3) organizations must attach a completed Schedule A. Note: All section 501(e)(3) organizations must attach a completed Schedule A. Note: All section 501(e)(3) organizations must attach a completed Schedule A. Note: All section 501(e)(3) organizations must attach a completed Schedule A. Note: All section 501(e)(3) organizations must attach a completed Schedule A. Note: All section 501(e)(3) organizations must attach a completed Schedule A. Note: All section 501(e)(3) organizations must attach a completed Schedule A. Note: All section 501(e)(3) organizations must attach a completed Schedule A. Note: All section 501(e)(3) organizations must attach a completed Schedule A. Note: All section 501(e)(3) organizations must attach a completed Schedule A. Note: All section 501(e)(3) organizations must attach a completed Schedule A. Note: All section 501(e)(3) organizations must attach a completed Schedule A. Note: All section 501(e)(3) organizations must attach a completed Schedule A. Note: All section 501(e)(3) organizations must attach a completed Schedule A. Note: All section 50		(a)	Name and title of each employee	hours per week	compensation	contribution	tions to employee lans, and deferred			
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and business address of each independent contractor (b) Type of service (c) Compensation None d Total number of other independent contractors each receiving over \$100,000 . ▶ None 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A Did the organization of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Print/Type or print name and title Preparer's signature Preparer's signature Preparer's signature Preparer's signature Preparer's signature Preparer's signature Prim's address ▶ Phone no.	None									
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and business address of each independent contractor (b) Type of service (c) Compensation None d Total number of other independent contractors each receiving over \$100,000 . ▶ None 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A Did the organization of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Print/Type or print name and title Preparer's signature Preparer's signature Preparer's signature Preparer's signature Preparer's signature Preparer's signature Prim's address ▶ Phone no.	-									
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and business address of each independent contractor (b) Type of service (c) Compensation None d Total number of other independent contractors each receiving over \$100,000 . ▶ None 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Prim's perpener's name Preparer's signature Preparer's signature Preparer's signature Preparer's signature Preparer's signature Prim's same Firm's same Firm's same Phone no.	-							• • • • • • • • • • • • • • • • • • • •		
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and business address of each independent contractor (b) Type of service (c) Compensation None d Total number of other independent contractors each receiving over \$100,000 . ▶ None 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Prim's perpener's name Preparer's signature Preparer's signature Preparer's signature Preparer's signature Preparer's signature Prim's same Firm's same Firm's same Phone no.										
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and business address of each independent contractor (b) Type of service (c) Compensation None d Total number of other independent contractors each receiving over \$100,000 . ▶ None 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Prim's perpener's name Preparer's signature Preparer's signature Preparer's signature Preparer's signature Preparer's signature Prim's same Firm's same Firm's same Phone no.								<u> </u>		
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and business address of each independent contractor (b) Type of service (c) Compensation None d Total number of other independent contractors each receiving over \$100,000 . ▶ None 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Prim's perpener's name Preparer's signature Preparer's signature Preparer's signature Preparer's signature Preparer's signature Prim's same Firm's same Firm's same Phone no.	f	Total	number of other employees paid ov	er \$100.000	. ► No	ne l				
d Total number of other independent contractors each receiving over \$100,000 . ► None 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A . ► Yes No 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 greparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Print/Type preparer's name Preparer's signature Preparer's signature Date Check if PTIN Firm's name ► Firm's RIN ► Firm's address ► Phone no.		Comp	plete this table for the organization	s five highest compe		ent contrac	 tors who eacl	n receive	d more	e than
d Total number of other independent contractors each receiving over \$100,000 . ▶ None 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A		\$100,	,000 of compensation from the orga	inization. If there is no	one, enter "None."					
d Total number of other independent contractors each receiving over \$100,000 . ▶ None 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A . ▶ Yes No Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Print/Type or print name and title Preparer Use Only Firm's name Firm's address ▶ Phone no.		(a)	Name and business address of each independ	dent contractor	(b) Type of	service	(c) Compens	ation	
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A	None									
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A										
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A										
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Sign Here Print/Type preparer's name Preparer's signature Prim's name Firm's address ► Plant correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 8 / 5 / 2016 Date Date Print/Type preparer's name Preparer's signature Print/Type preparer's name Prim's name Firm's name Prim's address ► Phone no.	52 		. t _ 4 _ 1			-	s must attacl		es 🔲	No
Sign Here Signature of officer Date								nowledge a	nd belief	, it is
Sign Here Signature of officer Date			I thouse Tousen	·			8/15/2	2016		
Paid Print/Type preparer's name Preparer's signature Date Check if self-employed PTIN Use Only Firm's name ► Firm's EIN ► Firm's address Phone no.	Sign Here		Signature of officer	n, Director						
Paid Preparer Use Only Firm's name Firm's address ► Phone no.			Type or print name and title						<u> </u>	
Use Only Firm's name ► Firm's EIN ► Firm's address ► Phone no. Phone no.	Paid Prep	arer	Print/Type preparer's name	Preparer's signature		Date		l if	·····	·
	•									
	Mayth	76 IBC	<u> </u>	r shown above? See	instructions		Phone no.	▶ 17 V		Nc.

SCHEDULE A (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.

Department of the Treasury Internal Revenue Service

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization Employer identification number							
Hearts Knit Together					47-14		
	Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.						
	rganization is not a private founda		-		-	-	
	☐ A church, convention of churc☐ A school described in section						
	A hospital or a cooperative ho						
4	A medical research organization	on operated in co					iii). Enter the
5	hospital's name, city, and state An organization operated for	the benefit of a	college or university	owned o	r operate	ed by a government	al unit described in
6	section 170(b)(1)(A)(iv). (Compared A federal, state, or local government)		mental unit described	l in sectio	on 170(b)	(1)(A)(v).	
7	An organization that normally described in section 170(b)(1)	receives a subst (A)(vi), (Complet	tantial part of its sup e Part II.)	port from			the general public
	A community trust described in						
	An organization that normally receipts from activities related support from gross investme acquired by the organization a	i to its exempt to nt income and fter June 30, 197	functions—subject to unrelated business f 75. See section 509(a	certain taxable ii 1)(2). (Cor	exception ncome (l nplete Pa	ns, and (2) no more ess section 511 ta: art III.)	than 331/3% of its
	An organization organized and	•	•	-			
11	An organization organized and one or more publicly supported the box in lines 11a through 11a	l organizations de	escribed in section 50	09(a)(1) o	r section	509(a)(2). See secti	on 509(a)(3). Check
а	☐ Type I. A supporting organiz the supported organization(s organization. You must com	ation operated, s) the power to re	supervised, or control egularly appoint or ele	led by its	supporte	ed organization(s), ty	pically by giving
b	☐ Type II. A supporting organize control or management of the organization(s). You must control to the organization (s).	e supporting org	anization vested in th				
С	☐ Type III functionally integral its supported organization(s)						y integrated with,
d	☐ Type III non-functionally in that is not functionally integrated requirement (see instructions).	ated. The organiz	zation generally must	satisfy a	distributi	on requirement and	
е	☐ Check this box if the organiz functionally integrated, or Ty						I, Type III
f	Enter the number of supported of	•					
g	Provide the following information		orted organization(s).		•	· · · · · · · · · · · · · · · · · · ·	
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above (see instructions))	Add 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			other support (see
				Yes	No		
(A)							
(B)							
(C)							
(D)					i i		
(E)							
					6515186		

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (a) 2011 (b) 2012 (c) 2013 (d) 2014 (f) Total Calendar year (or fiscal year beginning in) (e) 2015 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . revenues levied for organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge Total, Add lines 1 through 3. . . . The portion of total contributions by each person (other than governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total Amounts from line 4 Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10 11 12 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 14 Public support percentage from 2014 Schedule A, Part II, line 14 15 331/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test-2014. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test-2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

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

(Complete only if you checked the box on line 9 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.)

Sacti	on A. Public Support	y direct the te	osta liated bei	ow, ploade of	ompioco i air	11.)	
	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
Calen	Gifts, grants, contributions, and membership fees	(4) 2011	(0) 2012	(0) 2010	(4) 2014	(0) 2010	(1) 10101
•	received. (Do not include any "unusual grants.")					148,948.22	
2	Gross receipts from admissions, merchandise		-			140,740.22	
_	sold or services performed, or facilities					!	
	furnished in any activity that is related to the					0	
_	organization's tax-exempt purpose					- 4	
3	Gross receipts from activities that are not an unrelated trade or business under section 513		İ				
			<u> </u>			0	
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf		ļ		<u> </u>	0	
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge	<u></u>				0	
6	Total. Add lines 1 through 5					148,948.22	
7a	Amounts included on lines 1, 2, and 3				1		
	received from disqualified persons .					0	
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year		<u> </u>			0	
_	Add lines 7a and 7b	alaka alam bela sarka tara sa akada tarawa	I best to the graph of the control o	I in each increase and the company of the last to		0	
8	Public support. (Subtract line 7c from	aliana seneral				Constant of	
	line 6.)			CONTRACTOR		estectors that is all	
	on B. Total Support	·					
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6					148,948.22	
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources .					0	
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975					0	
	Add lines 10a and 10b		1			0	
11	Net income from unrelated business						
	activities not included in line 10b, whether					[
	or not the business is regularly carried on					0	
12	Other income. Do not include gain or				1		
	loss from the sale of capital assets						
	(Explain in Part VI.)					0	
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)		1	L	L	148,948.22	
14	First five years. If the Form 990 is for t	_	-				
	organization, check this box and stop he						► <u>v</u>
Secti	on C. Computation of Public Suppo						
15	Public support percentage for 2015 (line		-			15	%
16	Public support percentage from 2014 Sc			<u> </u>	<u></u>	16	%
	on D. Computation of Investment Ir					T 1	
17	Investment income percentage for 2015						%
18	Investment income percentage from 201					18	<u>%</u>
19a	331/3% support tests-2015. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests—2014. If the organi						
	line 18 is not more than 331/3%, check this		-				
20	Private foundation. If the organization of	iid not check a	box on line 14	l, 19a, or 19b,	check this box	and see instruc	ctions 🕨 🗌

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

	Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete P	art V	.)	
Secti	ion A. All Supporting Organizations		120	1
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.	1	Yes	No
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).	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.	За	976901	
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.	3 b		
	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.	3с	distri	10.8
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
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.	4b		
С	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.	4c		
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).	5a		
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?	5b	Business Business	
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? 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.	5c 6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).	7	28 SA 3	
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).	8	An in in	i dia sa
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.	9a		Berry B
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.	9b		170
С	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.	9c		
	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.	10a		22.23
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.)

10b

Part	Supporting Organizations (continued)	
		Yes No
11	Has the organization accepted a gift or contribution from any of the following persons?	are March 6
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a
b	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.	11c
Secti	on B. Type I Supporting Organizations	Isa Isa
		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,	20 365 3.3
	supervised, or controlled the supporting organization.	2
Secti	on C. Type II Supporting Organizations	
0000		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).	
Cooti		1
Secu	on 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	103 10
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	6 A 24 A 44
	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	
Ť	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
Secti	on E. Type III Functionally-Integrated Supporting Organizations	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instructions):
а	The organization satisfied the Activities Test. Complete line 2 below.	
þ	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 (s	see instructions).
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	SI SANT BUTTO THE BUILDING
	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,	ime la collega
	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	in des libres des des
	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. <i>Answer (a) and (b) below.</i>	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	216 2011 201
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organic	gan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must contain the property of the prop			
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		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see	Í.		Editor and Adel
instructions for short tax year or assets held for part of year):		a de la propieta de la compresión de la co	Expenses a line of
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	10		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2	gar, H. Charl Connection and Agriculture (1995), a complete and a position of the control of the	
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		
Section C - Distributable Amount	<u> </u>	end generalista versa i designata Granista della seria	Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	直接基础 医双侧突畸形术	
2 Enter 85% of line 1	2	TO SECURE AND A SE	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	and the object of the second	
4 Enter greater of line 2 or line 3	4		\$ 6 6 10 8 8
5 Income tax imposed in prior year	5	er entertrespondint für der Abere ich	
6 Distributable Amount, Subtract line 5 from line 4, unless subject to			§
emergency temporary reduction (see instructions)	6	2.4.5 (mag., 2.6.4.6)	
7 Check here if the current year is the organization's first as a non-functional	ly-in	tegrated Type III supportin	g organization (see
instructions).			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Section D - Distributions			Current Year		
1	Amounts paid to supported organizations to accomplish exempt purposes				
2					
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purposes of supported organizations				
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	(provide details in Part VI). See instructions.				
				<u> </u>	
9_					
10	10 Line 8 amount divided by Line 9 amount				
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015	
1	Distributable amount for 2015 from Section C, line 6				
	Underdistributions, if any, for years prior to 2015		DER MAN LES ANTES TELLIGITATION STATES (TESSON HARES PER PER PER AN ANTES AND A	第454章 4524 (406)	
	(reasonable cause required-see instructions)	Catalogue par higher			
3	Excess distributions carryover, if any, to 2015:				
a		Contact out to assign thing o	ni darahan menak	ubb Gigradese esti	
b		salancia bahar bahar ba			
С					
d	From 2013	A STATE OF THE STATE OF THE STATE OF	สาริสติสาร์สารีสารีสารีสาร์สาร์สาร์สาร์ส		
e	From 2014				
f	Total of lines 3a through e	but and the state of the state	at the first in the stant of the		
g	Applied to underdistributions of prior years			die State State de de la Colon	
<u>b</u>	Applied to 2015 distributable amount		. S. MARION HOUSENING o		
i	Carryover from 2010 not applied (see instructions)			eres applicable to the son the	
j	Remainder, Subtract lines 3g, 3h, and 3i from 3f.			di eli eli eli eli eli eli eli eli eli el	
4	Distributions for 2015 from Section		production and the	SAPLANIA (A SASSA)	
•	D, line 7: \$			of the state of the second	
а	Applied to underdistributions of prior years	taffordi na tidenaki kan dazir di pagnjiga daga da daga kan da da da			
	Applied to 2015 distributable amount		P 12 (2 II) 3 (3 C C C C C C C		
	Remainder, Subtract lines 4a and 4b from 4.		and a superior manage of the property		
5	Remaining underdistributions for years prior to 2015, if			A STATE OF THE STA	
	any. Subtract lines 3g and 4a from line 2 (if amount	an dimension are except		grapitalist of the Arthur 🖺	
	greater than zero, see instructions).	Cole of Colonies (4.6)			
6	Remaining underdistributions for 2015. Subtract lines 3h				
	and 4b from line 1 (if amount greater than zero, see	endelensommeren			
	instructions).		Christian Carres		
7	Excess distributions carryover to 2016. Add lines 3j		normalist (1908) (1942) (1972) (1975) (1986) (1986) (1986) (1986)	en del Se de de la Region de la Calenda de la Region de la Region de la Region	
	and 4c.				
8	Breakdown of line 7:				
a		n Comincial gorines di li descripto della Gallanda Regionale di la comincial di l	nigricia (Kristore (1980) policie). Usto il 1888 giorni		
b					
С	Excess from 2013	ar dur gertar greider			
d	Excess from 2014		Services of the control of the control of		
<u>е</u>	Excess from 2015				

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Receipt Number: 5568396

Amount Paid:

530.00

ARTICLES OF INCORPORATION

OF

HEARTS KNIT TOGETHER

a Utah non-profit corporation.

RECEIVED
JUL 2 8 2014

Utah Div. of Corp. & Comm. Code

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The undersigned adult natural person, acting as incorporator, hereby establishes a nonprofit corporation pursuant to the Utah Revised Nonprofit Corporation Act (the "Act") and adopts the following articles of incorporation:

ARTICLE I NAME

The name of the Corporation is Hearts Knit Together.

ARTICLE II DURATION

The Corporation shall have perpetual existence.

ARTICLE III PURPOSES

The specific purposes and objectives of the Corporation shall include but not be limited to the following:

- (a) The Corporation is organized as a nonprofit corporation and shall be operated exclusively for educational and charitable purposes within the meaning of section 501(c)(3) of the Internal Revenue Code.
 - (i) No part of the net earnings of the Corporation shall inure to the benefit of, or be distributable to its members, trustees, officers, or other persons, except that the Corporation shall be authorized and empowered to pay reasonable compensation for services rendered to the Corporation and to make payments and distributions in furtherance of the purposes set forth herein;
 - (ii) No substantial part of the activities of the Corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the Corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of any candidate for public office except as authorized under the Internal Revenue Code of 1954, as amended;
 - (iii) The Corporation shall not carry on any other activities not permitted to be carried on by a corporation exempt from Federal Income tax under Section 501(c)(3) of the Internal Revenue Code of 1954, as amended (or the corresponding provision of any future United States Internal Revenue law).

- (b) To act and operate exclusively as a nonprofit corporation pursuant to the laws of the State of Utah.
- (c) To provide support to, and promote self-reliance within, individuals who are in need due to circumstances of domestic violence, poverty, resettlement or other destabilizing life events.
- (d) To solicit and receive contributions, purchase, own and sell real and personal property, to make contracts, to invest corporate funds, to spend corporate funds for such purposes, and to engage in any activity in furtherance of, incidental to, or connected with any of the other purposes.
- (e) Such other powers as may be exercised by nonprofit organizations under the applicable laws of the State of Utah and are consistent with those powers described in the Utah Nonprofit Corporation and Cooperation Association Act, as amended and supplemented.

ARTICLE IV Membership

The Corporation shall not have any class of members or stock.

ARTICLE V Bylaws

The initial bylaws of the Corporation shall be as adopted by the board of trustees. Such trustees shall have power to alter, amend or repeal the bylaws and from time to time enforce and adopt new bylaws. Such bylaws may contain any provisions for the regulation or management of the affairs of the Corporation that are not inconsistent with the law or these Articles of Incorporation, as the same may from time to time be amended. However, no bylaw at any time in effect, and no amendment to these articles shall have the effect of giving any trustee or officer of this Corporation any proprietary interest in the Corporation's property or assets, whether during the term of the Corporation's existence or as an incident to its dissolution.

ARTICLE VI BOARD OF DIRECTORS

The number of trustees on the Board of Directors of the Corporation shall be three, or more than three, as fixed from time to time by the bylaws of the corporation. The number of trustees constituting the present Board of Directors of the corporation is three and the names and addresses of the persons who are to serve as trustees are:

<u>Name</u>	<u>Address</u>		
Linda Simmons	4124 Liberty Creek Drive		
	South Jordan City, Utah 84095		
H. Scott Tucker	4153 Olive Circle		
	Taylorsville, Utah 84123		
Brent J. Clayton	136 E South Temple, Ste. 1400		
	Salt Lake City, Utah 84111		

ARTICLE VII INCORPORATORS

The name and address of the incorporator is:

<u>Name</u>

Linda Simmons

<u>Address</u>

4124 Liberty Creek Drive South Jordan, Utah 84095

ARTICLE VIII REGISTERED OFFICE AND AGENT

The name and address of the Corporation's initial registered agent and office shall be:

Hirschi Steele & Baer, PLLC 136 E. South Temple, Ste. 1400 Salt Lake City, Utah 84111

Such office and agent may be changed at any time by the Board of Directors without amendment of these Articles of Incorporation.

ARTICLE IX PRINCIPAL PLACE OF BUSINESS

The initial principal place of business of this Corporation shall be 4124 Liberty Creek Drive South Jordan, Utah 84095. Such principal place of business may be changed at any time by the Board of Directors without amendment of these Articles of Incorporation. Furthermore, the business of this Corporation may be conducted in all counties of the State of Utah and in all states of the United States, and in all territories thereof, and in all foreign countries as the Board of Directors shall determine.

ARTICLE X <u>DECLARATION OF DISTRIBUTION OF ASSETS</u>

No part of the net earnings of the Corporation shall inure to the benefit of, or be distributable to its directors, officers, or other private persons, except that the Corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Article III hereof. No substantial part of the activities of the Corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of or in opposition to any candidate for public office. Notwithstanding any other provision of these Articles of Incorporation, the Corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code, as amended or supplemented, or (b) by a corporation, contributions to which are deductible under section 170(c)(2) of the Internal Revenue Code, as amended or supplemented.

ARTICLE XI DISSOLUTION

Upon the dissolution of the Corporation, assets shall be distributed for one or more exempt purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code, as amended or supplemented, or shall be distributed to the federal government or to a state or local government for a public purpose. Any such assets not so disposed of shall be disposed of by the District Court of the county in which the principal office of the Corporation is then located, exclusively for such purpose or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

In witness whereof, I, Linda Simmons have executed these Articles of Incorporation in duplicate this 28th day of July, 2014 and say that I am the incorporator herein; that I have read the above and foregoing Articles of Incorporation; know the contents thereof and that the same is true to the best of my knowledge and belief, expecting as to matters herein alleged upon information and belief and as to those matters I believe to be true.

Linda Simmons, Incorporato