Hawthorn, Waymouth & Carroll, L.L.P. 8545 United Plaza Blvd. - No. 200 Baton Rouge, LA 70809-9982

> Manners of the Heart, Inc. 763 North Boulevard Baton Rouge, LA 70802

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CLIENT'S COPY



March 2, 2020

Manners of the Heart, Inc. 763 North Boulevard Baton Rouge, LA 70802

Manners of the Heart, Inc.:

Enclosed is the organization's 2018 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-EO to us by May 15, 2020.

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

Respectfully yours,

Hawthorn, Waymouth & Carroll, L.L.P.

Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2018, or fiscal year beginning $\underline{JUL}1$, 2018, and ending $\underline{JUN}30$, 20 $\underline{19}$

Do not send to the IRS. Keep for your records.
 Go to www.irs.gov/Form8879EO for the latest information.

2018

Department of the Treasury Internal Revenue Service

Name of exempt organization

68-0531760

Employer identification number

Manners of the Heart, Inc.

Name and	title of officer	
Jill	Garner	
CEO		

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 X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	385,799.
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)	Зb	
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 Lauthorize Hawthorn, Waymouth & Carroll,	L.L.P. to enter my PIN 14280
ERO firm name	Enter five numbers, but do not enter all zeros
as my signature on the organization's tax year 2018 electronically filed is being filed with a state agency(ies) regulating charities as part of the enter my PIN on the return's disclosure consent screen.	
As an officer of the organization, I will enter my PIN as my signature or indicated within this return that a copy of the return is being filed with program, I will enter my PIN on the return's disclosure consent screen	a state agency(ies) regulating charities as part of the IRS Fed/State
Officer's signature 🕨	Date
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification	
number (EFIN) followed by your five-digit self-selected PIN.	72659414280 Do not enter all zeros
I certify that the above numeric entry is my PIN, which is my signature on the 20 confirm that I am submitting this return in accordance with the requirements of I <i>e-file</i> Providers for Business Returns.	, ,
ERO's signature 🕨	Date Date 03/02/20
ERO Must Retain This For Do Not Submit This Form to the IRS	
LHA For Paperwork Reduction Act Notice, see instructions.	Form 8879-EO (2018)

823051 10-26-18

			Extended to May 15, 202			
	0	90	Return of Organization Exempt Fro	om Ir	ncome Tax	OMB No. 1545-0047
Forr	n J	JU	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Cod	-		ΖυΙδ
		of the Treasury	Do not enter social security numbers on this form as it	-		Open to Public
		enue Service	► Go to www.irs.gov/Form990 for instructions and the ar year, or tax year beginning JUL 1, 2018 and endi		UN 30, 2019	Inspection
			f organization		D Employer identificat	ion numbor
D C a	heck if oplicab	le:	rorganization		D Employer identificat	ion number
	Addre Chang		ers of the Heart, Inc.			
]Name]chang	ge Doing b	usiness as		68-053	31760
]Initial return		, , ,	m/suite	E Telephone number	
	Final return termir	ő-	North Boulevard		(225)	383-3235
	ated]Amen	City or t	own, state or province, country, and ZIP or foreign postal code	ł	G Gross receipts \$	433,973.
	_return]Applio	_ Dato	n Rouge, LA 70802		H(a) Is this a group retur	
	⊥tiò'n pendi	IFNamea	nd address of principal officer:Jill Garner orth Boulevard, Baton Rouge, LA 708	802	for subordinates?	
<u> </u>		empt status:		502	H(b) Are all subordinates includ If "No," attach a list	
			mannersoftheheart.org		H(c) Group exemption n	
-		-			f formation: 2002 M Si	
_	rt I					ato or logal doment.
	1	Briefly describ	be the organization's mission or most significant activities: To stre	engtl	nen morals; i	mprove
nce		social	and emotional skills and increase re	espec	ctfulness in	children
erne	2	Check this bo	$x \blacktriangleright$ if the organization discontinued its operations or disposed of	of more	than 25% of its net asse	
jove	3	Number of vo	ting members of the governing body (Part VI, line 1a)			11
8 0			lependent voting members of the governing body (Part VI, line 1b)			11
ies			of individuals employed in calendar year 2018 (Part V, line 2a)			7
Activities & Governance			of volunteers (estimate if necessary)			40
Act			d business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated	business taxable income from Form 990-T, line 38	<u> </u>		0.
	•	Contributions	and grants (Dart) (III line 1h)		Prior Year 131,133.	Current Year 208,096.
Revenue			and grants (Part VIII, line 1h) ce revenue (Part VIII, line 2g)		62,448.	51,150.
evel			come (Part VIII, column (A), lines 3, 4, and 7d)		491.	601.
Å			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		180,497.	125,952.
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		374,569.	385,799.
			milar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid	to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10)		247,344.	229,198.
sus	16a	Professional f	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) \blacktriangleright 5, 247.		0.	0.
Expenses	b	Total fundrais	ing expenses (Part IX, column (D), line 25) \blacktriangleright 5, 247.	•		150 540
-			es (Part IX, column (A), lines 11a-11d, 11f-24e)		161,729.	159,540.
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)		409,073. -34,504.	388,738.
S	19	Revenue less	expenses. Subtract line 18 from line 12			-2,939.
Net Assets or Fund Balances	20	Total assets (I	Part X line 16)		inning of Current Year 356,069.	End of Year 345,098.
Asse Bal	20 21		Part X, line 16) . (Part X, line 26)		21,943.	13,912.
Net.	21		fund balances. Subtract line 21 from line 20		334,126.	331,186.
_	rt II	Signature			//	
		-	I declare that I have examined this return, including accompanying schedules and	l stateme	nts, and to the best of my kr	nowledge and belief, it is
			. Declaration of preparer (other than officer) is based on all information of which p			- /
		1	· · · ·			

Sign Here	Signature of officer Jill Garner, CEO			Date
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date	Check X PTIN
Paid	Louis C. McKnight	Louis C. McKn	ight	self-employed P00226905
Preparer	Firm's name 🕒 Hawthorn, Waymo	outh & Carroll,	L.L.P.	Firm's EIN 72-0464428
Use Only	Firm's address 💊 8545 United Pla	iza Blvd. – No.	200	
	Baton Rouge, LA	70809-9982		Phone no. 225 - 923 - 3000
May the II	RS discuss this return with the preparer shown a	above? (see instructions)		X Yes No
832001 12-3	1-18 LHA For Paperwork Reduction Act No	tice, see the separate instru	uctions.	Form 990 (2018)

12-31-18LHA For Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2018)See Schedule O for Organization Mission Statement Continuation

	990 (2018) Manners of the Heart, Inc.	68-0531760 Pa	age 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part II	I	X
1	Briefly describe the organization's mission: To strengthen morals, improve social and	emotional skills and	
	increase respectfulness in children and		
	character education programs.	Feel and the second sec	
2	Did the organization undertake any significant program services during the year		_
	prior Form 990 or 990-EZ?		No
-	If "Yes," describe these new services on Schedule O.	onducts, any program services?	п. .
3	Did the organization cease conducting, or make significant changes in how it co	onducts, any program services?	
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its th	ree largest program services, as measured by expenses	
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount		
	revenue, if any, for each program service reported.	-	
4a	(Code:) (Expenses \$ 218, 114 • including grants of \$) (Revenue \$ 109,17	
	The character education programs and cur		
	social and emotional needs of elementary		
	are designed to strengthen morals, impro		s,
	and increase respectfulness in elementar students.	ry through secondary level	
	students.		
	(Code:) (Expenses \$ 7,540 · including grants of \$) (Revenue \$ 36,15	0
4b	(Code:) (Expenses \$/,540. including grants of \$ They provide serivces to businesses. The		0.
	training sessions, keynote addresses, co		_
	learn programs.	<u> </u>	
4c	(Code:) (Expenses \$ 6,895. including grants of \$		0.
	The BRRESPECT program for the community		
	gives each citizen a weekly Good Deed to action each of us can do to increase the		
	focus on small and simple actions create		A
	Tocus on small and simple accions cleare	es a big movement.	
4d	Other program services (Describe in Schedule O.)		
4e	(Expenses \$ including grants of \$ Total program service expenses ► 232,549.) (Revenue \$	
10	Total program service expenses ► 232,549.	Form 990	(2018
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	2		
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Form 990 (2018)

Part IV Checklist of Required Schedules

Manners of the Heart, Inc.

			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	_		v
•	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			x
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		x
•	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	- /		
8	-	8		x
0	Schedule D, Part III	•		- 23
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	9		
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		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
	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			x
45	or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15		45		x
16	foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		- 23
16	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,	10		
.,	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		1	<u> </u>
.0	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		x
20a	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		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
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Form **990** (2018)

 Form 990 (2018)
 Manners of the Heart, Inc.

 Part IV
 Checklist of Required Schedules (continued)

22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
_	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If</i> "Yes," <i>answer lines 24b through 24d and complete</i>	240		x
h	Schedule K. If "No," go to line 25a	24a 24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	2.10		
	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		
5a	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? <i>If "Yes," complete Schedule L, Part I</i>	25b		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," 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> " <i>Yes</i> ," <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 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		X
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? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		x
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete Schedule N, Part II</i>	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
84	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			x
150	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
57	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? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		x
8	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	x	
Par	rt V Statements Regarding Other IRS Filings and Tax Compliance	30		I
	Check if Schedule O contains a response or note to any line in this Part V			
1-	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a		Yes	No
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b (5		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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10	4 302 794082 M14280 2018.06050 Manners of the Heart, Inc.	м1.	128	n 1
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Form 990	(2018)
Part V	Sta

				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	7			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority o	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 (F				
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	-	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization				37
	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 gift				
_	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).		_		v
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provid		7a		Х
			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required		7.		х
	to file Form 8282?		7c		Λ
	If "Yes," indicate the number of Forms 8282 filed during the year 7d		70		
e 4	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	F	7e 7f		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 a		7g		
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	r i i i i i i i i i i i i i i i i i i i	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		/11		
Ū	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?	r i i i i i i i i i i i i i i i i i i i	9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12 10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b				
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders 11a				
	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				
	Enter the amount of reserves on hand				v
	Did the organization receive any payments for indoor tanning services during the tax year?	r i i i i i i i i i i i i i i i i i i i	14a		Х
	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				v
	excess parachute payment(s) during the year?		15		Х
16	If "Yes," see instructions and file Form 4720, Schedule N.		10		х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		16		л
	If "Yes," complete Form 4720, Schedule O.				

Form **990** (2018)

832005 12-31-18

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Manners of the Heart, Inc.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

 Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of If there are material differences in voting rights among members of the governing body delegated broad authority to an executive committee or similar committee, b Enter the number of voting members included in line 1a, above, who are 2 Did any officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customs of officers, directors, or trustees, or key employees to a management of 2 Did the organization become aware during the year of a significant dive 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who more members of the governing body? b Are any governance decisions of the organization reserved to (or subject persons other than the governing body? b Are any governance decisions of the organization reserved to (or subject persons other than the governing body? b Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, so organization have local chapters, branches, or affiliates? 10a Did the organization nave local chapters, branches, or affiliates? 11b He organization provided a complete copy of this Form 990 to all the bescribe in Schedule O the process, if any, used by the organization of a more guarization have a written conflict of interest policy? If "No," grid by the organization have a written conflict of interest policy? If "No," grid by the organization have a written document retention and destruction in Schedule O how this was done. 13 Did the organization have a written document retention and destruction in Schedule O how this was done. 14 Did the organization have a written document retention and destruction is Schedule O how this was done. 15 Did	ody, or if the governing plain in Schedule 0. Independent ip or a business relation y performed by or un apany or other person nents since the prior f on of the organization and the power to elect to approval by) memb ions undertaken during ction A, who cannot s in Schedule 0 trequired by the Inter- sion's exempt purpose mbers of its governin eview this Form 990.	1b ionship with any other der the direct supervision form 990 was filed? in's assets? it or appoint one or bers, stockholders, or the year by the following: be reached at the trail Revenue Code.) uch chapters, affiliates, es?	on 3 4 5 6 7a 7b 8a 8b 9 9	Yes X X X Yes X X
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 Section 6104 requires an organization to make its Forms 1023 (1024 or 	None		E01(a)(0)	
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for public inspection. Indicate how you made these available. Check all	024-A if applicable), 9	90, and 990-T (Section		
Own website X Another's website Upon requ	D24-A if applicable), 9 at apply.			
9 Describe in Schedule O whether (and if so, how) the organization made	024-A if applicable), 9 at apply. t Other (e	xplain in Schedule O)		icial
statements available to the public during the tax year.	024-A if applicable), 9 at apply. t Other (e	xplain in Schedule O)	olicy, and fina	
0 State the name, address, and telephone number of the person who pos	024-A if applicable), 9 at apply. t Other (e s governing documen	<i>xplain in Schedule O)</i> ts, conflict of interest p		
The Organization - (225) 383-3235	024-A if applicable), 9 at apply. t Other (e s governing documen	<i>xplain in Schedule O)</i> ts, conflict of interest p		
763 North Boulevard, Baton Rouge, Li	024-A if applicable), 9 at apply. t Other (e s governing documen esses the organization	<i>xplain in Schedule O)</i> ts, conflict of interest p		
2006 12-31-18	024-A if applicable), 9 at apply. t Other (e s governing documen	<i>xplain in Schedule O)</i> ts, conflict of interest p	►	
40302 794082 M14280 2018.06050	024-A if applicable), 9 at apply. t Other (e s governing documen esses the organization	<i>xplain in Schedule O)</i> ts, conflict of interest p	►	n 990

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated
	Employees, and Independent Contractors
	Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

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

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

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

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

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

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

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	box	not c , unle	Pos heck ss pe d a d	itior more rson	than is bot	h an	(D) Reportable compensation	(E) Reportable compensation from related	(F) Estimated amount of
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Kevin Paul	1.00								0	0
Chairman	1 0 0	X		X				0.	0.	0.
(2) Joe Juban	1.00			v					0	0
Vice-Chairman	1 0 0	X		Х				0.	0.	0.
(3) Jenna Frederic Treasurer	1.00	x		x				0.	0.	0.
(4) Jacque Alex Pucheu	1.00							0.	0.	0.
Secretary	1.00	x		x				0.	0.	0.
(5) Wendy Paul	1.00									
Board Member		х						0.	0.	0.
(6) Nick Garner	1.00							•	• •	
Board Member		x						0.	0.	0.
(7) Michael Fels	1.00									
Board Member		x						0.	0.	0.
(8) D. John Davis, Jr.	1.00									
Board Member		X						0.	0.	0.
(9) Doug Kampen	1.00									
Board Member		Х						0.	0.	0.
(10) Adraine White	1.00									
Board Member		Х						0.	0.	0.
(11) Stuart Gilly	1.00							_	_	_
Board Member		х						0.	0.	0.
(12) Jill Garner	40.00								0	0
Executive Director				X				50,000.	0.	0.
		-		-	-					
		1								
		1								

7

_	990 (2018) Manners C									68-05	531	760	Pa	age 8
Par	t VII Section A. Officers, Directors, Trust		ploy	ees,			ghe	st C	Compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week	box offic	not cl , unle:	(C Posi heck r ss per d a di	tion ^{more} rson i	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensatio from related	on J	am	(F) timate ount other	of
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization: (W-2/1099-MIS		fro orga and	pensa om the anizati d relate nizatio	e ion ed
с	Sub-total Total from continuation sheets to Part VII Total (add lines 1b and 1c)	I, Section A							50,000. 0. 50,000.		0. 0. 0.			0. 0. 0.
2	Total number of individuals (including but no compensation from the organization	ot limited to th	iose	liste	ed at	oove	e) wł	no re	eceived more than \$100),000 of reportabl	ie			0
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for su	uch individual							-			3	Yes	No X
4 5	For any individual listed on line 1a, is the sum and related organizations greater than \$150 Did any person listed on line 1a receive or a	,000? If "Yes,	" co	mple	ete S	Sche	edule	ə J f	for such individual	-		4		X
Sec	rendered to the organization? If "Yes," comp tion B. Independent Contractors	olete Schedul	e J f	or sı	ıch j	oers	son .				<u></u>	5		X
1	Complete this table for your five highest cor the organization. Report compensation for t	-	-								Ipens	ation f	rom	
	(A) Name and business a	address	NC	ONE	2				(B) Description of s	ervices	C	(C comper		n
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	e e	ot lii	mite	d to	thos (stec	above) who received n	nore than		Form	990 (2018/

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		Check if Schedule O contains a response	or note to any lir	e in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns 1a					
lou Iou	b	Membership dues 1b					
An C	C	Fundraising events 1c					
lar İlar	d	Related organizations 10					
Sin,		Government grants (contributions) 1e					
erio	f	All other contributions, gifts, grants, and					
ēŧ		similar amounts not included above 1f	208,096.				
Contributions, Gifts, Grants and Other Similar Amounts	-	Noncash contributions included in lines 1a-1f: \$		000 000			
<u>ā</u> ŭ	h	Total. Add lines 1a-1f		208,096.			
		Greeking (Treeining Tree	Business Code		26 150		
lice	2 a		900099 900099	36,150. 15,000.	36,150. 15,000.		
ne j	b		900099	15,000.	15,000.		
E P	C						
Be	c						
Program Service Revenue	e f	All other program service revenue					
		Total. Add lines 2a-2f		51,150.			
	3	Investment income (including dividends, intere					
	-	other similar amounts)	,	601.			601.
	4	Income from investment of tax-exempt bond p					
	5	Royalties	🕨	482.	482.		
		(i) Real	(ii) Personal				
	6 a	Gross rents					
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory					
	b	Less: cost or other basis					
		and sales expenses					
		Gain or (loss)					
		Net gain or (loss)	>				
an	8 a	Gross income from fundraising events (not					
ven		including \$ of contributions reported on line 1c). See					
Be			55,642.				
Other Revenue	h	Part IV, line 18 a Less: direct expenses b	00 065				
ō			<u> </u>	31,777.			31,777.
		Gross income from gaming activities. See					
		Part IV, line 19 a					
	b	Less: direct expenses b					
		Net income or (loss) from gaming activities	>				
1		Gross sales of inventory, less returns					
		and allowances a	118,002.				
	b	Less: cost of goods sold b	24,309.				
	с	Net income or (loss) from sales of inventory	►	93,693.	93,693.		
		Miscellaneous Revenue	Business Code				
1	11 a						
	b		ļ				
	C		ļ				
	c						
		Total. Add lines 11a-11d		385,799.	145,325.	0.	32,378.
11	12	Total revenue. See instructions	🕨	505,199.	17J,J4J.	0.	Form 990 (2018

Manners of the Heart, Inc.

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Manners of the Heart, Inc. Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respons ot include amounts reported on lines 6b,	(A) Total expenses	(B)	(C) Management and	(D)
7b, 8	b, 9b, and 10b of Part VIII.	rotal expenses	Program service expenses	general expenses	Fundraising expenses
	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
	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				
	Compensation of current officers, directors,	-4	-4 4 - 4	50F	
	trustees, and key employees	51,779.	51,154.	625.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	161 466	07 067		1 / 2
	Other salaries and wages	161,466.	97,967.	63,356.	143
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
	Other employee benefits	15,953.	11,061.	4,892.	
	Payroll taxes	15,955.	11,001.	4,092.	
	Fees for services (non-employees):				
	Management	668.	288.	380.	
		17,150.	200.	17,150.	
		17,150.		17,150.	
	Lobbying Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
-	column (A) amount, list line 11g expenses on Sch O.)	22,968.	11,587.	11,381.	
	Advertising and promotion	22,224.	2,783.	19,441.	
	Office expenses	22,589.	13,722.	5,919.	2,948
	Information technology	37,258.	34,760.	342.	2,948 2,156
	Royalties				
	Occupancy	7,532.		7,532.	
	Travel	5,767.	5,665.	102.	
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,596.		1,596.	
23	Insurance	4,209.	120.	4,089.	
	Other expenses. Itemize expenses not covered 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.)				
	Dues and Subscriptions	8,102.	972.	7,130.	
b	Rentals	5,886.		5,886.	
с	Meals and Entertainment	2,320.	2,320.		
d	Bank Service Charges	782.		782.	
е	All other expenses	489.	150.	339.	
25	Total functional expenses. Add lines 1 through 24e	388,738.	232,549.	150,942.	5,247
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Figure if following SOP 98-2 (ASC 958-720)				

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Form **990** (2018)

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Form 990 (2018)
Part X	Balance She
	Check if Schedu

		Check if Schedule O contains a response or not	e to any line in this	s Part X			
		· · ·			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			301,352.	1	282,660.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			43,133.	4	17,013.
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensation	ated employees. C	omplete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualif					
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and	l contributing			
		employers and sponsoring organizations of sect	ion 501(c)(9) volun	tary			
ţ		employees' beneficiary organizations (see instr).	Complete Part II o	of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
<	8	Inventories for sale or use			6,755.	8	10,403.
	9	Prepaid expenses and deferred charges				9	5,862.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		45,076.			
	b	Less: accumulated depreciation	10b	18,115.	1,919.	10c	26,961.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets		2,910.	14	2,199.	
	15	Other assets. See Part IV, line 11				15	245 000
	16	Total assets. Add lines 1 through 15 (must equa			356,069.	16	345,098.
	17	Accounts payable and accrued expenses			5,244.	17	6,451.
	18	Grants payable	10 065	18	2 000		
	19	Deferred revenue			12,265.	19	2,000.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
Liabilities	22	Loans and other payables to current and former					
bilit		key employees, highest compensated employee				00	
Lia	00	Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela		F		23	
	24 25	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay parties, and other liabilities not included on lines					
					4,434.	25	5,461.
	26	Schedule D Total liabilities. Add lines 17 through 25		F	21,943.	25	13,912.
	20	Organizations that follow SFAS 117 (ASC 958)				20	
s		complete lines 27 through 29, and lines 33 and					
- uce	27	Unrestricted net assets			334,126.	27	331,186.
alai	28	Temporarily restricted net assets				28	
d B	29					29	
'n		Organizations that do not follow SFAS 117 (A					
۶.		and complete lines 30 through 34.					
ŝ	30	Capital stock or trust principal, or current funds				30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or eq				31	
et⊿	32	Retained earnings, endowment, accumulated inc		F		32	
ž	33	Total net assets or fund balances			334,126.	33	331,186.
	34	Total liabilities and net assets/fund balances			356,069.	34	345,098.

Form **990** (2018)

Form	990 (2018) Manners of the Heart, Inc.	68-053	1760	Paç	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			99.
2	Total expenses (must equal Part IX, column (A), line 25)	2			38.
3	Revenue less expenses. Subtract line 2 from line 1	3			39.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	334	1,1	26.
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			-1.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	331	L,1	86.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		·····		<u> </u>
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	te basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2018)

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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.

	OMB No. 1545-0047
	2018
	Open to Public Inspection
r	identification number

	partment of the Treasury ernal Revenue Service			► Go to www.irs.gov	Open to Public Inspection							
Nam	of	the organizat		do to www.ii3.go					Employer	identification number		
Itain		the organizat		ers of the	Heart, Inc.					8-0531760		
Par	+ 1	Reason			All organizations must co	omolete th	vis nart) S	oo instruction		0 0551700		
									13.			
Г	organ		-		(For lines 1 through 12, c							
1					on of churches describe		• • •	1)(A)(I).				
2					Attach Schedule E (Forn							
3 [-	-		anization described in se			-				
4 [-	ation operated in co	njunction with a hospita	l describe	d in sectio	on 170(b)(1)(/	A)(III). Enter	the hospital's name,		
_ [city, and stat	-									
5 [-	-		ollege or university owned	d or opera	ted by a g	overnmental	unit descrit	bed in		
г				Complete Part II.)								
6 L	37				mental unit described in							
7 [X				antial part of its support f	from a gov	vernmenta	l unit or from	the general	public described in		
r				omplete Part II.)								
8 l	_	-			(1)(A)(vi). (Complete Par							
9					l in section 170(b)(1)(A)(
			or a non-land-g	grant college of agric	culture (see instructions).	. Enter the	name, cit	y, and state o	of the colleg	je or		
r		university:										
10 [e than 33 1/3% of its sup							
		activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment										
					e (less section 511 tax) fr	om busine	esses acqu	uired by the c	organization	after June 30, 1975.		
г		See section 509(a)(2). (Complete Part III.)										
11		An organization organized and operated exclusively to test for public safety. See section 509(a)(4).										
12					sively for the benefit of, to							
					ed in section 509(a)(1) o					Check the box in		
		-			of supporting organizatio							
а					supervised, or controlled							
					egularly appoint or elect a	a majority	of the dire	ctors or trust	ees of the s	supporting		
		٦ ⁻		complete Part IV, Se								
b					d or controlled in connec							
			-		anization vested in the s	same perso	ons that co	ontrol or man	age the sup	oported		
		٦ ⁻		t complete Part IV,								
С					g organization operated				ally integrat	ed with,		
					s). You must complete l							
d					porting organization oper							
			-		zation generally must sa	-		-	nd an attent	iveness		
	_	- ·	-	-	nplete Part IV, Sections							
е			•		written determination fro			а Туре I, Тур	e II, Type III			
				• •	onally integrated support							
g			<u> </u>	n about the supporte		(iv) is the ora:	anization listed	() Amount	f man atom ((ui) Amount of other		
	(i) Name of supp organization 		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your govern	ing document?	(v) Amount of support (see	-	(vi) Amount of other support (see instructions)		
		organization	•		above (see instructions))	Yes	No					

 Total
 Image: Construction of the constru

Schedule A (Form 990 or 990-EZ) 2018 Manners of the Heart, Inc. Part II Support Schedule for Organizations Described in Sections 1

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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.")	120,204.	219,882.	109,162.	145,022.	208,096.	802,366.
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	120,204.	219,882.	109,162.	145,022.	208,096.	802,366.
	The portion of total contributions		_ ,		- , -		,
Ŭ	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)						
~							802,366.
	Public support. Subtract line 5 from line 4.						002,300.
		(-) 001 ((1-) 0015	(-) 0010	(-1) 0017	(-) 0010	(f) T_++_1
	ndar year (or fiscal year beginning in)	(a) 2014 120,204.	(b) 2015 219,882.	(c)2016 109,162.	(d) 2017 145,022.	(e) 2018 208,096.	(f) Total 802,366.
	Amounts from line 4	120,204.	219,002.	109,102.	145,022.	200,090.	002,500.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,		2 204	2 244	2 1 0 5	1 002	0 21 6
	and income from similar sources \dots		2,804.	2,244.	2,185.	1,083.	8,316.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						810,682.
12	Gross receipts from related activities,	, etc. (see instruction	ons)			12	251,318.
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
_	organization, check this box and stor	bhere					▶∟
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2018 (line 6, column (f) d	ivided by line 11, c	olumn (f))		14	98.97 %
	Public support percentage from 2017					15	98.73 %
16a	33 1/3% support test - 2018. If the c	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				► X
b	33 1/3% support test - 2017. If the c	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	lifies as a publicly s	supported organization	ation			▶∟
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	cts-and-circumstan	ces" test, check tł	nis box and stop h	ere. Explain in Pa	rt VI how the organ	ization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization	-	▶□
b	10% -facts-and-circumstances tes						
	more, and if the organization meets th	he "facts-and-circu	mstances" test, cl	neck this box and	stop here. Explain	in Part VI how the	
	organization meets the "facts-and-cire						
18	Private foundation. If the organization						
			,,	, ,,			

Schedule A (Form 990 or 990-EZ) 2018

832022 10-11-18

13240302 794082 M14280

Schedule /	A (Form 990	or 990-EZ) 2018	Manners	of	the	Heart,	Inc.	
Part III	Support	Schedule fo	r Organizati	ons I	Descri	bed in Sec	tion 509(a)(2)

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

Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e	e) 2018	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the							
	organization's tax-exempt purpose							
3	Gross receipts from activities that							
	are not an unrelated trade or bus- iness under section 513							
4	Tax revenues levied for the organ-							
	ization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities							
5	furnished by a governmental unit to							
_	the organization without charge							
	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and						I	
	3 received from disqualified persons				v			
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
c	Add lines 7a and 7b							
	Public support. (Subtract line 7c from line 6.)							
	ction B. Total Support				•			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(6	e) 2018	(f) Total
	Amounts from line 6	. ,				Ì		
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
b	Unrelated business taxable income							
	(less section 511 taxes) from businesses acquired after June 30, 1975							
	Add lines 10a and 10b							
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital							
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)							
	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax vear as a sectio	n 501(c)(3) organiz	ration.
	check this box and stop here	-			•		-/(-/ -/ 3	►
Sec	ction C. Computation of Publi	c Support Pe	ercentage					····· · · · · · · · · · · · · · · · ·
	Public support percentage for 2018 (li			column (f))		15		ç
	Public support percentage from 2017					16		
	ction D. Computation of Inves	· · · · · · · · · · · · · · · · · · ·						,
	Investment income percentage for 20					17		ç
	Investment income percentage from 2					18		
							/ and line 1	
199	33 1/3% support tests - 2018. If the	-						
	more than 33 $1/3\%$, check this box an	•	•				~ 00 1 /00/	
b	33 1/3% support tests - 2017. If the	•						
~~	line 18 is not more than 33 1/3%, chee							
	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check tl				
3202	23 10-11-18			1 5	Sch	edule /	Գ (⊦orm 990	0 or 990-EZ) 201
)302 794082 M14280	20	18,06050	15 Manners o:	f the Hear	rt	Inc.	м14280 1
ί4ι	/JOZ /JE002 MIEZOU							

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 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

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Schedule A (Form 990 or 990-EZ) 2018 Manners of the Heart, Inc. Part IV Supporting Organizations (continued)

			V -	NI -
44	Has the organization acconted a gift or contribution from any of the following personal		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
a	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		<u> </u>
	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		
	tion B. Type I Supporting Organizations			
			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	2		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeafsee instructions).			
' a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	:).	
2	Activities Test. Answer (a) and (b) below.	2010/10	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
-	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	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.			
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? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
832025	5 10-11-18 Schedule A (Form 9	90 or 99	0-EZ)	2018

13240302 794082 M14280

Schedule A	(Form 990 or 990-EZ) 2018	Manners	oi t	he Heai	ct, Inc.	
Part V	Type III Non-Functio	nally Integra	ated 50	9(a)(3) Su	pporting Or	ganizations

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

Section A - Adjusted Net In	come		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital g	gain	1		
2 Recoveries of prior-yea	r distributions	2		
3 Other gross income (se	e instructions)	3		
4 Add lines 1 through 3		4		
5 Depreciation and deple	tion	5		
6 Portion of operating ex	penses paid or incurred for production or			
collection of gross inco	me or for management, conservation, or			
maintenance of proper	ty held for production of income (see instructions)	6		
7 Other expenses (see in	structions)	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 v	value of all non-exempt-use assets (see			
instructions for short ta	x year or assets held for part of year):			
a Average monthly value	of securities	1 a		
b Average monthly cash	balances	1b		
c Fair market value of oth	ner non-exempt-use assets	1c		
d Total (add lines 1a, 1b,	and 1c)	1d		
e Discount claimed for b	lockage or other			
factors (explain in detai	il in Part VI):			
2 Acquisition indebtedne	ss applicable to non-exempt-use assets	2		
3 Subtract line 2 from line	e 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-exemption	ot-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035		6		
7 Recoveries of prior-yea	r distributions	7		
8 Minimum Asset Amou	Int (add line 7 to line 6)	8		
Section C - Distributable A	nount			Current Year
1 Adjusted net income for	r prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1		2		
3 Minimum asset amount	t for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 c	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 i	reduction (see instructions)	6		
	current year is the organization's first as a non-function	ally integra	ted Type III supporting or	anization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2018

832026 10-11-18

Par	V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (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 organizatior	IS	
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	he organization is responsive	9	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) 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			
а	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.			
6	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:			
а	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

832027 10-11-18

13240302 794082 M14280

Schedule A	(Form 990 or 990-E										31760 _{Pag}
Part VI	Supplemental Part IV, Section A, line 1; Part IV, Sec Section D, lines 5, (See instructions.)	Informa lines 1, 2, tion D, line	a tion. Prov 3b, 3c, 4b, 4 es 2 and 3; P	ide the 4c, 5a, 0 art IV, 8	explana 6, 9a, 9t Section I	tions required o, 9c, 11a, 11b E, lines 1c, 2a,	by Part II, line , and 11c; Par 2b, 3a, and 3	t IV, Sect o; Part V,	on B, lines 1 line 1; Part V	17b; Part III and 2; Part , Section B,	, line 12; IV, Section C, line 1e; Part V,
											
32028 10-11- ⁻	18					20			Schedule	A (Form 99	00 or 990-EZ) 2
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Schedule B

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

Name of the organization

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

Name of the organizatio	ווע	
	Manners of the Heart, Inc.	68-0531760
Manners of the Heart, Inc. 68-0531760 Organization type (check one): Filers of: Section: Form 990 or 990-EZ Sol1(c)(³) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation S27 political organization 501(c)(3) exempt private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 501(c)(3) exempt private foundation Gold 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) exempt private foundation Gold (C)(3) exempt private foundation 501(c)(3) exempt private foundation Check if your organization is covered by the General Rule or a Special Rule. Section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. Ceneral Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules 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		
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	
	·	Pula Saa instructions
Note. Only a section St		
General Rule		
Special Rules		
sections 509(a any one contri		a, or 16b, and that received from
year, total con	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from tributions of more than \$1,000 <i>exclusively</i> for religious, charitable, scientific, literary, or edu cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the	ucational purposes, or for the
year, contribui is checked, er purpose. Don'	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from tions <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributions totaled ater here the total contributions that were received during the year for an <i>exclusively</i> religio t complete any of the parts unless the General Rule applies to this organization because itable, etc., contributions totaling \$5,000 or more during the year	more than \$1,000. If this box us, charitable, etc., it received <i>nonexclusively</i>

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

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

Name of organization

Employer identification number

68-0531760

Manners of the Heart, Inc.

13240302 794082 M14280

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Mr. and Mrs, Gary Phillips 6020 Highland Rd Baton Rouge, LA 70808	\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Albemarle Foundation		Person X
	P.O. Box 3437	\$ 5,000.	Payroll Noncash
	Baton Rouge, LA 70821	· · · · · · · · ·	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Charles Lamar Family Foundation 5321 Corporate Boulevard Baton Rouge, LA 70808	\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Emerson and Barbara Kampen Foundation 615 N. Alabama Street, Suite 119 Indianapolis, IN 46204	\$35,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Nick Garner 7908 Copperfield Court Baton Rouge, LA 70808	\$29,900.	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
6	Steve Woodson P.O. Box 733	\$5,000.	Person X Payroll Noncash
	Plaquemine, LA 70765		(Complete Part II for noncash contributions.)
823452 11-0		Schedule B (Form	990, 990-EZ, or 990-PF) (2018)

Page 2

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Name of organization

68-0531760

Manners of the Heart, Inc.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	TJ Moran Family Foundation 3 Lakeway Centre Cort, Suite 200 Austin, TX 78734	\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	The Powell Group Fund <u>P.O. Box 788</u> Baton Rouge, LA 70821	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
823452 11-0	8-18	Schedule B (Form	990, 990-EZ, or 990-PF) (2018)

2018.06050 Manners of the Heart, Inc. M14280_1

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Name	of	organization

Employer identification number

68-0531760

Manners of the Heart, Inc.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

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Page 4

	s of the Heart, Inc.	diana ta anna di attana di 1971 di	anation E04(a)(7) (0) and (40) Hard and (1) where a
art III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a		section 501(c)(7), (8), or (10) that total more than \$1,000 for htry. For organizations
	completing Part III, enter the total of exclusively religious	, charitable, etc., contributions of \$1,000 or	r less for the year. (Enter this info. once.) ► \$
a) No.	Use duplicate copies of Part III if additiona	al space is needed.	
rom	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
_			
		(e) Transfer of gi	ft
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
	`````````````````````````````````		·
		[	
a) No.			
rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
			[
F		(e) Transfer of gi	ft
		()	
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
a) No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
a) No. From Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
rom	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
rom	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
rom	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
rom	(b) Purpose of gift	(c) Use of gift	
rom		(e) Transfer of gir	
rom	(b) Purpose of gift	(e) Transfer of gir	
rom		(e) Transfer of gir	
rom		(e) Transfer of gir	
rom Part I		(e) Transfer of gir	
i) No.		(e) Transfer of gir	
i) No.	Transferee's name, address, a	(e) Transfer of gir	ft Relationship of transferor to transferee
i) No.	Transferee's name, address, a	(e) Transfer of gir	ft Relationship of transferor to transferee
i) No.	Transferee's name, address, a	(e) Transfer of gir	ft Relationship of transferor to transferee
i) No.	Transferee's name, address, a	(e) Transfer of gir	ft  (d) Description of how gift is held
i) No.	Transferee's name, address, a	(e) Transfer of gir	ft  (d) Description of how gift is held
i) No.	Transferee's name, address, a	(e) Transfer of gir	ft  (d) Description of how gift is held
i) No.		(e) Transfer of gir	ft (d) Description of how gift is held (d) Description of how gift is held (ft
i) No.		(e) Transfer of gir	ft (d) Description of how gift is held (d) Description of how gift is held (ft
i) No.		(e) Transfer of gir	ft (d) Description of how gift is held (d) Description of how gift is held (ft

SCHEDULE D	
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#### (Form 990)

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.



Department of the Treasury Internal Revenue Service Name of the organization

Manners of the Heart, Inc.

Employer identification number 68-0531760

Pa	organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		iner Similar Fund	us or ACC	ounts. Complete if the
	organization answered "res" on Form 990, Part IV, III		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		sets held in donor adv	/ised funds	
	are the organization's property, subject to the organization's	-			Yes No
6	Did the organization inform all grantees, donors, and donor a				
	for charitable purposes and not for the benefit of the donor of				
	impermissible private benefit?		• • •	-	
Pa					
1	Purpose(s) of conservation easements held by the organizati	-		, ,	
•	Preservation of land for public use (e.g., recreation or e		Preservation of a hi	storically im	portant land area
	Protection of natural habitat		Preservation of a ce		
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation	contribution in the for	m of a conse	privation easement on the last
-	day of the tax year.	ned conscivation			Held at the End of the Tax Year
а	Total number of conservation easements			2	
b	Total acreage restricted by conservation easements				
	Number of conservation easements on a certified historic str				
c c	Number of conservation easements included in (c) acquired a				
u	listed in the National Register				4
3	Number of conservation easements modified, transferred, rel				
3	year >	leased, extinguisit	eu, or terminateu by t	ne organizai	
4	Number of states where property subject to conservation eas	compant is located	•		
5				_ .f	
5	Does the organization have a written policy regarding the per violations, and enforcement of the conservation easements in				Yes No
6					
6	Staff and volunteer hours devoted to monitoring, inspecting,	nanuling of violat	ons, and emorcing co	IISEI VALIOITE	easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations	and onforcing consor	vation opeon	ponts during the year
'	S	uning of violations,	and emotioning conser	Valion Casen	nents during the year
8	Does each conservation easement reported on line 2(d) above	vo potiofy the requ	iromonto of contion 1		
0		, ,			Yes No
0	and section 170(h)(4)(B)(ii)?				
9	In Part XIII, describe how the organization reports conservati		•		
	include, if applicable, the text of the footnote to the organizat conservation easements.	LION S IMANCIAI SLA	tements that describe	es the organi	zation's accounting for
Pa	t III Organizations Maintaining Collections o	f Art Historic	al Treasures or	Other Sin	nilar Assets
I U	Complete if the organization answered "Yes" on Form				
10	If the organization elected, as permitted under SFAS 116 (AS			omont and h	alance sheet works of art
Ia	historical treasures, or other similar assets held for public ext				
	the text of the footnote to its financial statements that descri		, or research in furthe	rance or put	sic service, provide, in Part All,
h	If the organization elected, as permitted under SFAS 116 (AS		in ito rovonuo statomo	ont and halor	and chart works of art historiaal
b					
	treasures, or other similar assets held for public exhibition, ed	ducation, or resea			e, provide the following amounts
	relating to these items:			•	. ф
	(i) Revenue included on Form 990, Part VIII, line 1				► \$
~			milar acasta far finan		► \$
2	If the organization received or held works of art, historical tre			hai yain, pro	viue
_	the following amounts required to be reported under SFAS 1		-		. <b>ф</b>
	Revenue included on Form 990, Part VIII, line 1				► \$
	Assets included in Form 990, Part X			🕨	\$ Sala dula D (Farma 000) 0046
	For Paperwork Reduction Act Notice, see the Instructions	s tor ⊦orm 990.			Schedule D (Form 990) 2018
83205	1 10-29-18				

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<b>-</b> 0	36	

Sche		of the He							0 Page <b>2</b>
Par	t III Organizations Maintaining C	Collections of A	rt, Histo	rical Tr	easures, c	or Other	Similar As	sets(conti	nued)
3	Using the organization's acquisition, access	ion, and other record	ds, check a	any of the	following tha	t are a sigi	nificant use of	its collectio	on items
	(check all that apply):								
а	Public exhibition	d	I 🛄 La	oan or exc	hange progra	ams			
b	Scholarly research	e	• 🗌 o	her					
с	Preservation for future generations								
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.								
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets								
	to be sold to raise funds rather than to be maintained as part of the organization's collection?								
Par	t IV Escrow and Custodial Arran		ete if the o	rganizatio	n answered "	'Yes" on F	orm 990, Part	IV, line 9, o	r
	reported an amount on Form 990, Pa								
1a	Is the organization an agent, trustee, custod	lian or other intermed	diary for co	ontribution	ns or other as	sets not ir	ncluded		
	on Form 990, Part X?							Yes	No No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing ta	ole:					
								Amoun	nt
С	Beginning balance						1c		
d	Additions during the year						1d		
е	Distributions during the year						1e		
f	Ending balance						lf		
	Did the organization include an amount on F							Yes	No No
	If "Yes," explain the arrangement in Part XIII								
Par	<b>t V</b> Endowment Funds. Complete								
		(a) Current year	(b) Pric	or year	(c) Iwo year	s back (d	I) Three years b	ack <b>(e)</b> Fou	r years back
	Beginning of year balance								
	Contributions								
	Net investment earnings, gains, and losses								
	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the cur	rent year end balanc	ce (line 1g,	column (a	a)) held as:				
а	Board designated or quasi-endowment		_%						
	Permanent endowment	%							
С	Temporarily restricted endowment	%							
	The percentages on lines 2a, 2b, and 2c sho								
3a	Are there endowment funds not in the posse	ession of the organiz	ation that	are held a	nd administe	red for the	e organization		
	by:								Yes No
	(i) unrelated organizations								
	(ii) related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza							3b	
4	Describe in Part XIII the intended uses of the		owment fu	nds.					
Par	t VI Land, Buildings, and Equipn								
	Complete if the organization answere		· · ·						
	Description of property	(a) Cost or o			or other		cumulated	( <b>d)</b> Boo	ok value
		basis (investr	nent)	basis	(other)	depr	eciation		
	Land								
	Buildings								
	Leasehold improvements				0 1 4 0				1 0 2 4
	Equipment				9,149.	-	18,115.		1,034.
	Other				5,927.				5,927.
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, column	(B), line 1	0c.)		🕨	2	6,961.

Schedule D (Form 990) 2018

832052 10-29-18

	Schedule D (Form 990)	) 2018	Manners	οİ	the	Heart,	lnc.
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	estments - Other Securities		11b See Form 000 Dart V line 12	
	nplete if the organization answered "\ Security or Category (including name of secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a secured to be a		(c) Method of valuation: Cost of	or end-of-vear market value
	vatives			
(2) Closely-held e				
3) Other	equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	st equal Form 990, Part X, col. (B) line 12.)			
	estments - Program Related			
	nplete if the organization answered "		11c See Form 990 Part X line 13	
(a)	Description of investment	(b) Book value	(c) Method of valuation: Cost of	or end-of-vear market value
(1)		(~) = = = = = = = = = = = = = = = = = = =		······································
(1)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) Total (Cal (b) mua	st equal Form 990, Part X, col. (B) line 13.)			
	ier Assets.			
	nplete if the organization answered "	(es" on Form 990 Part IV line	11d See Form 990 Part X line 15	
0011		(a) Description		(b) Book value
(1)				(
(1)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	) must equal Form 990, Part X, col. (E	3) line 15)		
	ner Liabilities.	<i>y</i> mile 10.)		
	nplete if the organization answered "	(es" on Form 990 Part IV line	11e or 11f See Form 990 Part X li	ne 25
1.	(a) Description of liability		(b) Book value	10 20.
	ncome taxes			
	oll Liabilities		470.	
	ied Payroll		4,991.	
(4)			-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(5)				
(6)				
(7)				
(8)				
(9)			5 4 6 1	
	) must equal Form 990, Part X, col. (E		5,461.	· · · · · · · · ·
-	ncertain tax positions. In Part XIII, pro		-	
organization's	s liability for uncertain tax positions u	nder FIN 48 (ASC 740). Checl	chere if the text of the footnote has l	been provided in Part XIII

Schedule D (Form 990) 2018

832053 10-29-18

Schedule D (Form 990) 2018	Manners (	of	the	Heart,	Inc.
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Pa	rt XI Reconciliation of Revenue per Audited Financial Sta		de per neturn.	
	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				
ıч	rt XII Reconciliation of Expenses per Audited Financial St	atements With Expe	nses per Return.	
ľ	Complete if the organization answered "Yes" on Form 990, Part IV, li	•	nses per Return.	
1		ne 12a.		
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.		
1	Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements	ne 12a.		
1	Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	ne 12a. 		
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	ne 12a.		
1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c		
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	1	
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	ne 12a. 2a 2b 2c 2d	1	
1 2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b>	ne 12a. 2a 2b 2c 2d	1	
1 2 b c d 3	Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b>	2a2b2c2d2d	1	
1 2 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a       2b       2c       2d	1	
1 2 a b c d e 3 4 a	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a       2b       2c       2d	1	
1 2 d e 3 4 b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a       2b       2c       2d	1 2e 3 4c	

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

Part X, Line 2:

The organization is exempt from federal income taxes under Section
501(c)(3) of the Internal Revenue Code and has been classified as an
entity other than a private foundation within the meaning of Section
509(a). Accordingly, no provision has been made for income taxes.
Management has determined that there are no uncertain tax positions that
would require recognition in the financial statements. If the organization
was to incur an income tax liability in the future, interest on any income
tax liability would be reported as interest expense, and penalties on any
income tax tax liability would be reported as income taxes. Management's
conclusions regarding uncertain tax positions may be subject to review and
adjustment at a later date based on ongoing analysis of tax laws,
832054 10-29-18 Schedule D (Form 990) 2018
13240302 794082 M14280 2018.06050 Manners of the Heart, Inc. M14280_1

regulations, and interp	pretations thereof as well as other factors.	
22055 10.20 10	Schedule D (Form	990) 2018
32055 10-29-18 40302 794082 M14280	30 2018.06050 Manners of the Heart, Inc. M14	280 1
10000 /JH000 MITT000	LOTO OVOLO MAINELS OF CHE HEALC, THE MIH.	

SCHEDULE G	Suppleme	ntal Information Regardir	ng Fun	drais	ing or Gaming	Acti	vities	OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete if the	or if the	2018					
Department of the Treasury	U		Open to Public					
Internal Revenue Service		to www.irs.gov/Form990 for ins	struction	s and	the latest informat	ion.		Inspection
Name of the organization		of the Heart, In	nc.				Employer ide	ntification number 760
	complete this part	Complete if the organization ans t.	wered "Y	'es" oi	n Form 990, Part IV, I	line 1	7. Form 990-E2	Z filers are not
<ul> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solici</li> <li>d In-person so</li> <li>2 a Did the organization</li> <li>key employees list</li> </ul>	ions email solicitations tations licitations on have a written c ed in Form 990, P ) highest paid indiv	f Solici g Spector or oral agreement with any individu art VII) or entity in connection with viduals or entities (fundraisers) put	tation of tation of ial fundra ual (inclue	non-g gover iising ding o ional f	overnment grants nment grants events fficers, directors, trus fundraising services?	stees	Yes	
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c or cor contrib	ustody trol of	(iv) Gross receipts from activity	tò (o	Amount paid or retained by) fundraiser ted in col. <b>(i)</b>	<b>(vi)</b> Amount paid to (or retained by) organization
			Yes	No				
			_					
Totol								
		n is registered or licensed to solic	it contrib	outions	s or has been notified	d it is	exempt from r	l egistration
LHA For Paperwork R	eduction Act Noti	ice, see the Instructions for Forr	n 990 or	990-1	EZ. S	Sche	dule G (Form 9	990 or 990-EZ) 2018

832081 10-03-18

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.FZ lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and group			0	ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			Heart in		None	(add col. (a) through
			Hand			col. (c))
ne			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	55,642.			55,642.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	55,642.			55,642.
	4	Cash prizes				
S	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
	7	Food and beverages	17,756.			17,756.
	8	Entertainment				
	9	Other direct expenses	6,109.			6,109.
	10		9 in column (d)		▶	23,865.
		Net income summary. Subtract line 10 from li				31,777.
Pa	art	<b>Gaming.</b> Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than	
Revenue			<b>(a)</b> Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev						
	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
~	-					
		ter the state(s) in which the organization condu the organization licensed to conduct gaming a		statos?		Yes No
	· · ·	No," explain:				
10-		ere any of the organization's gaming licenses re	wokad suspanded at t	arminated during the tax	vear?	Yes No
		Yes," explain:		-	• • • • • • • • • • • • • • • • • • • •	
8320	82 10	0-03-18			Schedule G (For	rm 990 or 990-EZ) 2018

Sch	edule G (Form 990 or 990-EZ) 2018 Manners of the Heart, Inc. 68-	-05317	760 Page 3
11	Does the organization conduct gaming activities with nonmembers?	🗆 Y	/es 🗌 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?		(es 🗌 No
13	Indicate the percentage of gaming activity conducted in:	— •	
	The organization's facility	13a	%
	An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
<b>1</b> 5a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🗆 Y	res 🗌 No
b	o If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount		
	of gaming revenue retained by the third party ▶\$		
c	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		
	Mandatory distributions:		
a	I is the organization required under state law to make charitable distributions from the gaming proceeds to		
h	retain the state gaming license?	· · · ·	
	organization's own exempt activities during the tax year <b>&gt;</b> \$		
Ра	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III, lin	es 9, 9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
8320	83 10-03-18 Schedule G (Fo	orm 990 oi	r 990-EZ) 2018
	33		

13240302 794082 M14280 2018.06050 Manners of the Heart, Inc. M14280_1

332084 04-01-18	Schedule G (Form 990 or 990
40302 794082 M14280	34 2018.06050 Manners of the Heart, Inc. M14280
30307 134007 WT4700	ZUID-UUUJU Mannels OI Che nearc, Inc. M14200

SCHEDULE L (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Complete if t	the organization 28b, or 2	on answer 28c, or Fo ▸ Attach to	ed "Ye: rm 990 o Form	-EZ, Part V, line 38 990 or Form 990-E	rt IV, line 25a, 25b, 2 a or 40b.	,		O In	MB No. <b>20</b> pen T spect	o Puk	<b>B</b> olic
Name of the organization		c . 1		_			-	-			on nu	umber
Dort I. Exacos Por		of the				01(-)(00)			317	60		
						01(c)(29) organization						
1		(b) Relationship				ib, or Form 990-EZ, P	art v, i	ine 40	. מנ	(4)	Corre	ected?
(a) Name of disqualified	d person		and organiz		(	<b>c)</b> Description of tran	sactio	n			es	No
										_		
										_		
										_		
										+		
2 Enter the amount of ta	ax incurred by 1	the organizatior	n manager	s or dis	qualified persons du	uring the year under				_		
section 4958							I	▶ \$				
3 Enter the amount of ta	ax, if any, on lin	e 2, above, rein	nbursed b	y the or	ganization		I	▶ \$				
Part II Loans to a	nd/or From	Interested	Person	S.								
					' Part V line 38a or	Form 990, Part IV, lir	ne 26 [.] (	or if th	ne oras	nizati	on	
	-	990, Part X, lin			., r art t, into oou of		10 20, 1	51 11 11	io orge	an neac	011	
(a) Name of	(b) Relation		000 I. ,	oan to or	(e) Original	(f) Balance due	(g)		( <b>h)</b> Ap by bo	proved ard or	(i) V	Vritten
interested person	with organiz	ation of loai		nization?	principal amount		defa	ult?	comm	nittee?	agree	ement?
			То	From			Yes	No	Yes	No	Yes	No
				-								
Total					▶\$							
Part III Grants or A	Assistance	Benefiting	Interest	ed Pe	rsons.							
Complete if the	e organization	answered "Yes	s" on Form	990, P	art IV, line 27.							
(a) Name of intereste	d person		nship betw d person a ganization		<b>(c)</b> Amount of assistance	<b>(d)</b> Type assistan			•	) Purp assist		of
								+				

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

Schedule L (Form 990 or 990-EZ) 2018

Schedule L	. (Form 990 or 990-EZ) 20	₀₁₈ Manners	of	the	Heart,	Inc.
Part IV	Business Transac	ctions Involving	g Inte	ereste	d Persons.	

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Jill Garner (Executive Dir	Spouse to Board mem	50,000.	Yearly sala		X

#### **Part V** Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

### Sch L, Part IV, Business Transactions Involving Interested Persons:

(a) Name of Person: Jill Garner (Executive Director)

(b) Relationship Between Interested Person and Organization:

Spouse to Board member

(c) Amount of Transaction \$ 50,000.

(d) Description of Transaction: Yearly salary

(e) Sharing of Organization Revenues? = No

Schedule L (Form 990 or 990-EZ) 2018

SCHEDULE O (Form 990 or 990-EZ) 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.



68-0531760

Manners of the Heart, Inc.

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

and adults through professional character education programs.

Form 990, Part III, Line 4d, Other Program Services:

Miscellaneous Revenue

Form 990, Part VI, Section A, line 2:

The Executive Director (Jill Garner) of the organization is married to a

board member (Nick Garner). Two board members are married (Kevin and Wendy

Paul).

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

The 990 is prepared by an independent accountant and reviewed by the

Executive Director, Treasurer, and Board of Directors. Copies of the Form

990 are retained in the organization's office and are considered public

information and may be distributed or copied upon request.

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

The Executive Director's compensation is reviewed annually by the Board of

Directors in relation to similarly sized local organizations.

Form 990, Part VI, Section C, Line 18:

The organization's Form 1023 and Form 990 are retained in the

organization's office and are made available upon request to members of the

general public.

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

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 10-10-18

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Schedule O (Form 990 or 990-EZ) (2018)	Page
Name of the organization Manners of the Heart, Inc.	Employer identification number 68-0531760
Form 990, Part VI, Section C, Line 19:	
The organization's governing documents and finacial state	ements are retained
in the organization's office and are made available upon	request to member
of the general public. People requesting to view the doc	cuments may come t
the office or if requested, the information will be maile	ed. The
organization also has the Form 990 posted on Guidestar.or	cg.
Form 990, Part XI, line 9, Changes in Net Assets:	
Rounding	-1
Form 990, Part XII, Line 2c:	
There has been no change from the prior year regarding th	ne oversight or
selection process.	
38	dule O (Form 990 or 990-EZ) (201
240302 794082 M14280 2018.06050 Manners of the Hea:	rt, Inc. M14280_1

(Rev. January 2019)

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

Department of the Treasury Internal Revenue Service

•	File a	senarate	application	for ea	ch return	

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

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

### Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

				Enter file	er's identifyi	ng number
Type or	Name of exempt organization or other filer, see instru	uctions.		Employe	r identificatio	n number (EIN) or
print					60 0F	24862
File by the	Manners of the Heart, Inc.				68-05	
due date for filing your return. See	Ate for Number, street, and room or suite no. If a P.O. box, see instructions.				curity numbe	er (SSN)
instructions	City, town or post office, state, and ZIP code. For a f Baton Rouge, LA 70802	oreign add	ress, see instructions.			
Enter the	e Return Code for the return that this application is for (fi	le a separa	te application for each return)			
Applicat	ion	Return	Application			Return
ls For		Code	Is For			Code
Form 990	0 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990	D-BL	02	Form 1041-A			08
Form 472	20 (individual)	03	Form 4720 (other than individual)			09
Form 990	)-PF	04	Form 5227			10
	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990	D-T (trust other than above) The Organizati	06	Form 8870			12
• If this box 1 I re the box 2 If t	equest an automatic 6-month extension of time until e organization named above. The extension is for the org calendar year or tax year beginning JUL 1, 2018 he tax year entered in line 1 is for less than 12 months, o Change in accounting period	Group Exe and atta May janization's , an check reas	emption Number (GEN) I ch a list with the names and EINs of y 15, 2020 , to file s return for: d ending JUN 30, 2019 on: Initial return	f this is fo f all memb e the exen	r the whole g ers the exter npt organizat 	roup, check this
	his application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069,	enter the tentative tax, less			0
	y nonrefundable credits. See instructions.	<b>N</b>		3a	\$	0.
	his application is for Forms 990-PF, 990-T, 4720, or 6069			0	<b>•</b>	0.
	timated tax payments made. Include any prior year over			3b	\$	0.
	lance due. Subtract line 3b from line 3a. Include your part	5	, , , ,	3c	¢	0.
	ing EFTPS (Electronic Federal Tax Payment System). Se				<b>ə</b>	
instruction	: If you are going to make an electronic funds withdrawa ons.	i (direct de	DIU WILLI LIIS FULLI 8008, SEE FOLM 8	400-EO a		s-EO for payment
	For Privacy Act and Paperwork Reduction Act Notice.	see instru	uctions		Form <b>8</b>	868 (Rev. 1-2019)
_··· •		,				