Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2017

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

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

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

Open to Public Inspection

Α	For the	e 2017 cale	endar year, or tax year b	eginning	October 1	, 2017, a	nd ending	Septer	nber 30	, 20 18			
В	Check if	f applicable:	C Name of organization Ric	ght from the	Heart Ministries Inc	1			D Employe	ridentification number			
	Address	change	Doing business as		ATTENDED TO THE STATE OF THE ST					581995651			
	Name c	hange	Number and street (or P.C), box if mail i	s not delivered to street a	address)	Room/suite		E Telephone	A Principal Company of the Company o			
	Initial ret	_	1507 Johnson Ferry Ro	ad			10	n I		6783881860			
		ım/terminated	The state of the s		and ZIP or foreign posts	al code		~		0703001000			
$\overline{\Box}$		d return	Marietta, GA 30062-812	-					G Gross rec	eipts \$ 1,490,02			
$\overline{\Box}$		ion pending			Bryant Wright, Fou	ndor		Walte this a m		bordinates? Yes V No			
_	гфриоде	son paraling	955 Johnson Ferry Roa		3	IIUGI							
_	Tau		501(c)(3)			1	Пент			included? Yes No ist. (see instructions)			
		mpt status:		501(c) () ◀ (insert no.) ☐ 4	947(a)(1) or 1	527	1		,			
7	Website		w.rightfromtheheart.org	7	Пан				exemption n	Annual Control of the			
K	The Part of the Pa		✓ Corporation Trust	Association	Other ▶	L Yea	r of formation	1993	M State o	f legal domicile: GA			
L	art I	Summ											
_	1		escribe the organization										
Activities & Governance			, and the internet to bro						e locally, r	ationally, and			
ğ	li g		nally. These activities a										
9	2	Check th	is box ▶ 🔲 if the organ	ization dis	continued its opera	tions or dis	sposed of	more than	25% of its	s net assets.			
ŝ	3	Number of	of voting members of the	he governi	ng body (Part VI, lin	e 1a))		3	1			
행	4	Number of	of independent voting r	nembers o	f the governing boo	dy (Part VI,	line 1b)		4				
Š	5		nber of individuals emp						5				
Ę.	6		nber of volunteers (esti						6	10			
Ş			elated business revenu						7a				
- 1			ated business taxable i						7b				
-		TTOL GINOL	atoo baaii jood taxabia i	moomo no	in omrobo i, ino	01		Prior Yes		Current Year			
	8	Contribut	tions and grants (Part V	/III lina 1h\						G1 7,071,007			
Revenue	1								,487,938	1,451,052			
	1	_	service revenue (Part V										
ě			nt income (Part VIII, col		42	44							
			enue (Part VIII, column						4,915	<1,335>			
_			nue-add lines 8 throug					1,	492,895	1,449,761			
			nd similar amounts paid										
	14	Benefits p	paid to or for members										
49	15	Salaries, o	other compensation, emp	ployee ben	efits (Part IX, column	(A), lines 5-	-10)		476,285	499,300			
Expenses	16a .	Profession	nal fundraising fees (Pa	art IX, colui	mn (A), line 11e) .								
8	ь	Total fund	draising expenses (Part	IX. columi	(D), line 25)	NAMES AND DESCRIPTION OF THE PARTY.							
ū			enses (Part IX, column			************		1.	028,786	983,221			
			enses. Add lines 13-17		·	A) line 25)			505,071				
	_		less expenses, Subtrac							1,482,521			
- 2		101011111111111111111111111111111111111	odo experiedo, oublido	A IIIIO TO III	JIII IIII 12	• • •		inning of Curr	12,176>	<32,760> End of Year			
ance ance	20	Total acco	oto (Port V. line 16)				Deg			7			
Not Assets or Fund Balancos			ets (Part X, line 16)			* 50 0	• • —		276,166	203,028			
e de			lities (Part X, line 26) .			S 096 38			108,280	67,902			
_			s or fund balances. Sub	otract line	21 from line 20		• •		167,886	135,126			
	rt II		ure Block										
Und	ler penalti	ies of perjury	y, I declare that I have examin	ned this return	, including accompanying	ig schedules a	and statemen	ts, and to the	best of my l	mowledge and belief, it is			
true	, correct,	and complet	te. Declaration of preparer (of	ger than only	ery based on all inform	ation of Which	preparer nas	any knowled	ige.				
			Almer N TVL	Lording									
Sig		Signat	tule of officer	V /	1 1	1		Date					
Her	е		Janes W. Muc	and t	xecutive Dir	color			2-13	1-2019			
		Туре с	or print name and title	11									
Pai	d	Print/Type	e preparer's name	Prep	arer's signature		Date		Check	PTIN			
	u parer								self-employ				
			me ▶					Firm'e	EIN ▶				
USE	Only	Firm's add						Phone					
Vlay	the IRS		this return with the pre	parer shov	n above? (see instr	ructions)		Priorie		. Tyes TNo			

Page	2
Page	2

Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	Right from the Heart Ministries is a ministry whose mission is to reach and disciple people for Jesus Christ through the use of
	media. The organization uses secular media to connect with people as they conduct regular, daily activities. The broad reach of various media is a very cost effective way of spreading this message.
	Of Various media is a very cost effective way of spreading diff message.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 584,985 including grants of \$) (Revenue \$)
	Radio: The radio ministry is comprised of the airing of one-minute spots on secular radio stations throughout the states of
	Georgia and Florida. These spots are designed to capture the attention of listeners and give them a message relating the Word of
	God to their everyday lives. These messages also include a tag that directs listeners to the ministry's website where more
	in-depth information is available. The ministry also has similar radio ministry activities in Spain, Poland, and Romania. In Kenya,
	the ministry airs 45-minute messages on a Christian radio station in Kitale, Kenya once a week. The measured touches of the
	radio ministry average about 16,000,000 people per month in the United States, and 500,000 per month in both Poland and Spain. This is the largest program ministry expense for Right from the Heart Ministries.
	This is the largest program ministry expense for Right from the near (Ministries.
4b	(Code:) (Expenses \$ 202,453 including grants of \$) (Revenue \$)
	Television: The television ministry is similar to the radio ministry in that the ministry produces short, 30-second TV spots in which
	a Biblical truth is presented in everyday language and is relates the Word of God to daily living. These spots are also aired on
	secular television stations in the metro Atlanta, GA area, primarily on cable TV channels. The television ministry averages about 20,000,000 touches per month in viewership. The target demographic is males from 22-40 years of age, so airtime purchases
	focus on stations such as ESPN, CNN, Fox News, MSNBC, etc. This is the second largest program expense.
	TOURS OF SWARMS SHOULD BE SWARMS TO THOMPS TO THE STATE OF SWARMS AND THE SWARMS
4c	(Code:) (Expenses \$ 14,916 including grants of \$) (Revenue \$)
	Internet: The internet ministry leverages the radio and television ministries by providing the same content on the ministry
	website, www.rightfromtheheart.org. This content can be downloaded by visitors to the site. The ministry also offers daily
	devotions which can be viewed on the website, and received via email, RSS feed, Twitter, Facebook, and Instagram. In
	addition, the ministry maintains a library of Bryant Wright's, Founder, sermons which can be downloaded over the internet in either
	video or audio format. This program has the highest number of touches, a combined 57,000,000 internet-based interactions.
	video or audio format. This program has the highest number of touches, a combined 57,000,000 internet-based interactions.
	video or audio format. This program has the highest number of touches, a combined 57,000,000 internet-based interactions.
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	video or audio format. This program has the highest number of touches, a combined 57,000,000 internet-based interactions.
2 4 5	
	Other program services (Describe in Schedule O.)

Part	IV Checklist of Required Schedules			T
	40.474 \ (43.4 t) 1 1 1 1 1 1 1 1 1		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	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
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		1
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		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			To.
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	1	
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		1
	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		1
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		1
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
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		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	1	
þ	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		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a		148		✓
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18	1	
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		1
		Form	990	(2017)

Part	IV Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
22	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	21		1
	Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22		1
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		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		,
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
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		1
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? If "Yes," complete Schedule L, Part III	27		1
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):		11 75	
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		· ·
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		/
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		/
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		/
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		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Ilne 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓_
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2. Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		
37	related organization? If "Yes," complete Schedule R, Part V, line 2	36	-	✓
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O.	38	/	
				_

Par				
-	Check if Schedule O contains a response or note to any line in this Part V	0.74	Yes	No.
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	4	100	1 GO
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0	100	134
C	Did the organization comply with backup withholding rules for reportable payments to vendors and		133	
	reportable gaming (gambling) winnings to prize winners?	10	1	
2a		(Te	100	100
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	9		H
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	1	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			10
3a		3a		1
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			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			١.
	account)?	4a		1
b			100	100
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			HE
	(FBAR).	110	1.00	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, dld 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 solicit any contributions that were not tax deductible as charitable contributions? ,	6a		1
Ь				
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	33		11
a		10.17		100
	and services provided to the payor?	7a	1	_
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	1	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			
		7c	-	1
d e	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	70	5004	,
f	Did the organization receive any forms, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f	-	1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Y
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	-	_
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			-
_	sponsoring organization have excess business holdings at any time during the year?	8	-	
9	Sponsoring organizations maintaining donor advised funds.	101000		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			1/1 (
а	Initiation fees and capital contributions included on Part VIII, line 12		357	
Ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b		184	
11	Section 501(c)(12) organizations. Enter:	100		
а	Gross income from members or shareholders	73		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			HIL
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	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	1354	-	
	the organization is licensed to issue qualified health plans	50		
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
ь	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14h		

10a	Did the organization have local chapters, branches, or affiliates?	10a		1
þ	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			N's
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	1	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	1	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	1	
13	Did the organization have a written whistleblower policy?	13	1	
14	Did the organization have a written document retention and destruction policy?	14	1	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	1	
b	Other officers or key employees of the organization	15b	1	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	Contract of the Contract of th		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		,
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	IVa		٧
_	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			16
	organization's exempt status with respect to such arrangements?	16b		-
Secti	on C. Disclosure	.00	_	

Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and

State the name, address, and telephone number of the person who possesses the organization's books and records:

Georgia

List the states with which a copy of this Form 990 is required to be filed ▶

Jerry Maxfield, Secretary-Treasurer, 955 Johnson Ferry Road, Marietta, GA 30068

Another's website

financial statements available to the public during the tax year.

available for public inspection. Indicate how you made these available. Check all that apply.

17

18

19

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Part VII Compensation of Officers, Di	rectors, T	ruste	ees	, K	ey I	Empl	оу	ees, Highest	Compensated	Employees, and
Independent Contractors										
Check if Schedule O contains a r										🗆
Section A. Officers, Directors, Trustees, Ke										
1a Complete this table for all persons require organization's tax year.	d to be list	ted. F	Rep	ort	соп	npens	satio	on for the cale	ndar year ending	g with or within the
 List all of the organization's current offic compensation, Enter -0- in columns (D), (E), and 	-	•			•			lividuals or org	anizations), rega	rdless of amount of
 List all of the organization's current key er 	nployees, if	any.	See	e in:	stru	ctions	s fo	r definition of "I	key employee."	
 List the organization's five current higher who received reportable compensation (Box sorganization and any related organizations. 				•		•			•	, , , ,
 List all of the organization's former office \$100,000 of reportable compensation from the 						-		•	mployees who	received more than
 List all of the organization's former directorganization, more than \$10,000 of reportable organization. 						•				or or trustee of the
List persons in the following order: individed compensated employees; and former such person		s or	dir	ect	ors;	insti	ituti	onal trustees;	officers; key e	employees; highest
Check this box if neither the organization no	r any relate	d org	aniz	zatio	on c	ompe	ensa	ated any curren	t officer, director	r, or trustee.
				_	C)					
(A)	(B)	ido r	ot o		sition		000	(C)	(E)	(F)
Name and Title	Average	(do not check more to box, unless person is					n an	Reportable	Reportable	Estimated
	hours per week (list any					or/trus		compensation	compensation from related	amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) G Bryant Wright Jr	2.0									
955 Johnson Ferry Road, Marietta, GA 30068		1		1			_	25,000	-0-	30,000
(2) Jerry Maxfield	1.0	,								
955 Johnson Ferry Road, Marietta, GA 30068		✓		1			_	10,661	-0-	-0-
(3) James W A Murphy	40.0			,						
1507 Johnson Ferry Rd Ste 100 Marietta, GA 30062				1	-	-	-	92,398	-0-	21,034
(4) Bill Bruner	0.5	,						_ [_	
318 Garrick Way, Marietta, GA 30068-2168		✓	_		_		_	-0-	-0-	-0-
(5) Todd Banister	0.5	1								_
761 Bragg St, Atlanta, GA 30341-4809	0.5	•			-	-	-	-0-	-0-	-0-
(6) Jennifer Chapin	0.5	1								:E0
650 Ponte Vedra Dr SE, Marietta, GA 30067	0.5	•	-	-	-	-		-0-	-0-	-0-
(7) Dick Holbrook IS14 Oakside Pt, Marietta, GA 30067-4049	0.5	1						-0-		_
(8) Jane Warren	0.5	-						-0-	-0-	-0-
1788 Ridgeview Rd, Atlanta, GA 30338-4736		1						-0-	-0-	-0-
		-	\rightarrow	-	-	_	-	-0-	-0-	-0-

(9)

(10)

(11)

(12)

(13)

(14)

(A) Name and title		(B) Average hours per week (list any	(C) Position (do not check more than box, unless person is bott officer and a director/trus					h an Reportable tee) compensation		(E) Reportable compensation from	m	(F) Estimated amount of other	
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from to organize and relation	sation the ation ated
(15)													
(16)													
(17)													
(18)			_										
(19)													
(20)													
(21)	VANUE - AND STATE												
(22)											\top		
(23)											1		
(24)													
(25)				\forall							+-		
	Sub-total							•	128,059	-0)		51,034
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)						** \$1	•	128,059	-0	J-		51,034
2	Total number of individuals (including but reportable compensation from the organic		to th	ose	list	ed a	above) wl	ho received mo	ore than \$100,0	100 of		
3	Did the organization list any former off employee on line 1a? If "Yes," complete S									est compensat		3	es No
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of reported sum of reported sum of reported sum of the sum of	ın \$1	ole c 50,0	om 000	per ? <i>If</i>	satio "Yes	n ar	nd other comp	ensation from tedule J for su	ıch	4	1
5	Did any person listed on line 1a receive of for services rendered to the organization?	r accrue co	mper	sati ete S	on Sch	fron edu	n any Je J fo	unr or si	related organiz	ation or individ	ual 📗	5	1
Section	on B. Independent Contractors												
1	Complete this table for your five highest compensation from the organization. Rep year.	ompensate ort comper	ed ind Isatio	epe n fo	nde r th	ent d e ca	contra alenda	acto ar y	rs that receive ear ending with	d more than \$1 n or within the o	00,000 organiz) of :ation'	s tax
	(A) Name and business addr	ess							(B) Description of se	rvices		(C) pensatio	n
NONE													
_													
2	Total number of independent contractor							tho	ose listed abo	ve) who			R Fa
	received more than \$100,000 of compensa	ition from th	ne org	janiz	zatio	on		_	0	1		Form 9	90 (2017)

		Check if Schedule O contains			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
at at	1a	Federated campaigns	1a			- 1165 7.0	BI - FRANK	
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership dues	1b		THE REAL PROPERTY.			
A E	С	Fundraising events	1c	48,630				
탈	d	Related organizations	1d		300			West Name and The
Contributions, Gifts, Grants and Other Similar Amounts	e	Government grants (contributions)	1e					
e S	f	All other contributions, gifts, grants,	1f			STATE OF THE		
혈		and similar amounts not included above	1,402,422				200	
P P	g	Noncash contributions Included In lines 1a		23,236		7 3 3 3 3 3		9 9 9 6 6
	h	Total. Add lines 1a-1f	¥_ ¥	Business Code	1,451,052		-	
Program Service Revenue	0-			Business Code		A SECTION AND ADDRESS OF THE PARTY OF THE PA		Name of Street, or other Persons
leve	2a							
8	Ь							
Ž	C d							
Š	e							
ğ	f	All other program service revenu						
ğ	g	Total. Add lines 2a-2f						
_	3	Investment income (including				1		
		and other similar amounts)	• •	•	44	44		
	4	Income from investment of tax-exer	npt bo	ond proceeds ►				
- 1	5	Royalties	•	_				
		(i) Real		(ii) Personal			100	Part of the
- 1	6a	Gross rents						
	b	Less: rental expenses				SALES OF THE		
- 1	Ç	Rental income or (loss)						
	d							
	7a	Gross amount from sales of assets other than inventory	es	(ii) Other				
	b	Less: cost or other basis and sales expenses				150		
	С	Gain or (loss) .				Toplan ex		Service Control
	d		er 740°					
Other Revenue	8a	Gross income from fundraising events (not including \$ 48,63 of contributions reported on line 10 See Part IV, line 18	;).	36,891				
₹I	b	Less: direct expenses	ь	39,551	On the second	7-2	-5-1 miles	
٦		Net income or (loss) from fundrai		events . >	<2,660>			<2,660>
	9a	Gross income from gaming activit See Part IV, line 19			KATE			
	b	Less: direct expenses	b		The same of the sa	44.1		
	C	Net income or (loss) from gaming	activ	vities ►				
	10a	Gross sales of inventory, le returns and allowances		2,041				
		Less: cost of goods sold		716				
-	С	Net income or (loss) from sales o Miscellaneous Revenue	f inve	ntory >	1,325	1,325		
-	11a							
	b							
	c							
	d	All other revenue						
	d e	All other revenue	L					

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 response or note to any line in this Part IX Do not include amounts reported on lines 6b, 7b, (B) Program service expenses (C) Management and general expenses (D) Fundraising expenses (A) Total expenses 8b, 9b, and 10b of Part VIII. 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 . . . Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 179.093 51,614 127,479 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . Other salaries and wages 254,492 210,721 3,198 40,573 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 6,090 6.090 Other employee benefits 9 32,474 32,474 10 27,151 18,307 6.269 2,575 11 Fees for services (non-employees): b Accounting C 8,800 8,800 d 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 Schedule O.) . . . Advertising and promotion 12 43,439 43,439 13 68,010 66,115 1,895 Information technology 14 7,172 7,172 15 16 38,565 38,565 17 344 344 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 1,557 1,557 20 21 22 Depreciation, depletion, and amortization . 10.498 10,498 23 3,382 3,382 24 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 O.) Radio Communications a 584,985 584,985 TV & Video Communications b 202,453 202,453 Internet Communications C 14,016 14,016 þ All other expenses e 25 Total functional expenses. Add lines 1 through 24e 1,482,521 1,236,182 158,195 88,144 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ If following SOP 98-2 (ASC 958-720)

		(A) Beginning of year		(B) End of year
1	Cash—non-interest-bearing	249,852	1	187,82
2	Savings and temporary cash investments	240,002	2	107,02
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	2,950		2,33
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees.	1. July 12 (1929)	7 3	4
	Complete Part II of Schedule L	KIDS DE, MILES	5	
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees beneficiary organizations (see instructions). Complete Part II of Schedule L			
7	Notes and loans receivable, net		7	
7 8			8	
9	Inventories for sale or use			2022
10a	Prepaid expenses and deferred charges	2,902	9	2,902
102	other basis. Complete Part VI of Schedule D 10a 96.431			
h	Less: accumulated depreciation 10b 86,431	20,462	100	0.004
11	Investments—publicly traded securities	20,402	11	9,964
12	Investments – other securities. See Part IV, line 11		12	
13	Investments—program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	276.166		203,028
17	Accounts payable and accrued expenses	108,280		67,902
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
22	Loans and other payables to current and former officers, directors,		D. D.	SALE OF THE SALE OF
22	trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X	[
	of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	108,280	26	67,902
	Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.			
	Unrestricted net assets	167,886	27	135,126
28	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	
27 28 29 30 31 32 33	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds .		32	-
1.				
33	Total net assets or fund balances	167,886	33	135,126

D	ana	1	4

Form 9	90 (2017)			Pá	ge 12
	Reconciliation of Net Assets			_	
and the state of t	Check if Schedule O contains a response or note to any line in this Part XI	1 1947 194			
1	Total revenue (must equal Part VIII, column (A), line 12)				19,761
2	Total expenses (must equal Part IX, column (A), line 25)			1,48	32,521
3	Revenue less expenses. Subtract line 2 from line 1			<32	2,760>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))			16	57,886
5	Net unrealized gains (losses) on investments				
6	Donated services and use of facilities				
7	Investment expenses				
8	Prior period adjustments				
9	Other changes in net assets or fund balances (explain in Schedule O)				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B)))		13	5,126
Pari	XII Financial Statements and Reporting				() diam'
	Check if Schedule O contains a response or note to any line in this Part XII				
			_	Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other			Rain	
	If the organization changed its method of accounting from a prior year or checked "Other," explain	ıin	of River	100	
	Schedule O.				100
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled	or	100		
	reviewed on a separate basis, consolidated basis, or both:		III S	0.8	
	Separate basis Consolidated basis Both consolidated and separate basis		THE REAL PROPERTY.		E
þ	Were the organization's financial statements audited by an independent accountant?	•	2b	1	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited or	n a	127	- 10	
	separate basis, consolidated basis, or both:			9	
	Separate basis Consolidated basis Both consolidated and separate basis		15 0	To be	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversign of the audit, review, or compilation of its financial statements and selection of an independent accountant			.	
	·		2c	1	ALC:
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O.	ı ın		114	
_		. i		154	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth the Single Audit Act and OMB Circular A-133?	ıın	_		,
	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	the	3a	_	<u> </u>
D	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
	required about or addits, explain why in somedule or and describe any steps taxen to dideigo such addits			990	M017
			rom	930	(2017)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection
Employer identification number

Righ	t from	the Heart Ministries Inc						95651
	rt I	Reason for Public Cha						ons.
The	organi	zation is not a private found	ation because it	is: (For lines 1 throug	h 12, che	ck only o	ne box.)	
1	□ A	church, convention of church	ches, or associat	tion of churches desc	ribed in s	ection 17	70(b)(1)(A)(i).	
2	2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)							
3		hospital or a cooperative ho	spital service or	ganization described	in sectio	n 170(b)(1)(A)(iii).	
4		medical research organization	ion operated in o	conjunction with a hos	pital des	cribed in	section 170(b)(1)(A)	(ili). Enter the
		ospital's name, city, and sta						
5	36	n organization operated for ection 170(b)(1)(A)(iv). (Con	nplete Part II.)					al unit described in
6 7	☐ Aı	federal, state, or local gover n organization that normally escribed in section 170(b)(1	receives a sub	stantial part of its sup	d in secti oport from	on 170(b) n a gover)(1)(A)(v). mmental unit or fron	n the general public
8		community trust described			Part II.)			
9	□ Ai	n agricultural research organ university or a non-land-graniversity:	nization describe	d in section 170(b)(1)	(A)(ix) or	erated in or the nar	conjunction with a l ne, city, and state of	and-grant college the college or
10	re su ac	n organization that normally ceipts from activities related apport from gross investment couired by the organization a	d to its exempt function t income and unafter June 30, 19	unctions—subject to d nrelated business taxa 175, See section 509 (ertain ex ble incor a)(2). (Co	ceptions, ne (less s mplete Pa	and (2) no more tha ection 511 tax) from art III.)	n 331/3% of its
11		n organization organized and						
12	☐ Ar	n organization organized and	doperated exclusion	sively for the benefit o	f, to perf	orm the fi	unctions of, or to ca	ry out the purposes
	of	one or more publicly supp	orted organization	ons described in sect	ion 509(a	a)(1) or so	ection 509(a)(2). Se	e section 509(a)(3).
		neck the box in lines 12a thro						
а		Type I. A supporting organithe supported organization supporting organization. Y	n(s) the power to	regularly appoint or e	elect a ma	ajority of t	rted organization(s), the directors or trust	typically by giving ees of the
b		Type II. A supporting orga control or management of organization(s). You must	the supporting of	organization vested in	the same			
С		Type III functionally integits supported organization	rated. A suppor	rting organization ope	rated in c			ully integrated with,
d		Type III non-functionally that is not functionally inte requirement (see instructionally instr	grated. The orga	anization generally mu	st satisfy	a distribu	ition requirement an	
е		Check this box if the organ functionally integrated, or						ll, Type III
f		r the number of supported						
g	Prov	ride the following informatio	n about the supp	ported organization(s).				
	(i) Nam	ne of supported organization	(II) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	listed in you	rganization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) **(b)** 2014 (d) 2016 (f) Total (a) 2013 (c) 2015 (e) 2017 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3. . . . The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 Section B. Total Support (a) 2013 **(b)** 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total Calendar year (or fiscal year beginning in) Amounts from line 4 R Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10 11 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f) % 15 15 % 331/8% support test-2017. If the organization did not check the box on line 13, and line 14 is 331/8% or more, check this b 331/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test-2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test-2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see Part III

Support Schedule for Organizations Described in Section 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.)

	if the organization fails to qualify	under the tes	is iisted belo	w, please co	inpiete Fait i	.)	
	ion A. Public Support			43.0045	1 11 2010	1 20047	in moves
	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
2	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the	1,111,574	1,203,493	1,221,321	1,487,938	1,451,052	6,475,378
	organization's tax-exempt purpose	39,375	43,138	35,259	41,370	30,932	198,074
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	1,150,949	1,246,631	1,256,580	1,529,308	1,489,984	6,673,452
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	291,825	302,028	282,705	320,950	305,545	1,503,053
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	3,903	24,487	7,704	133,366	62,202	231,662
C	Add lines 7a and 7b	295,728	326,515	290,409	454,316	367,747	1,734,715
8	Public support. (Subtract line 7c from line 6.)			0-1			4,938,737
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	1,150,949	1,246,631	1,256,580	1,529,308	1,489,984	6,673,452
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources.	104	103	79	42	44	372
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	=					
C	Add lines 10a and 10b	104	103	79	42	44	372
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 assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	1,151,053	1,246,734	1,256,659	1,529,350	1,490,028	6,673,824
14	First five years. If the Form 990 is for the organization, check this box and stop her	e organization'		, third, fourth,	or fifth tax yea	r as a section	
Section	on C. Computation of Public Support	Percentage	8				
15	Public support percentage for 2017 (line 8			, column (f))		15	74.0 %
16	Public support percentage from 2016 Sch					16	73.5 %
	on D. Computation of Investment Inc						
17	Investment income percentage for 2017 (li			line 13. colum	n (f))	17	-0- %
18	Investment income percentage from 2016					18	-0- %
19a	331/a% support tests – 2017. If the organiz	ation did not o	check the box	on line 14, and	line 15 is mo	re than 331/3%	, and line
b	331/s% support tests—2016. If the organizatine 18 is not more than 331/s%, check this but	ition did not ch	eck a box on lir	ne 14 or line 19	a, and line 16 i	s more than 33	1/3%, and
20	Private foundation If the organization did						

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11e, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 2017

Open to Public Inspection

Name	of the organization		Employer identification number
Right	from the Heart Ministries Inc		581995651
	rt I Organizations Maintaining Donor Adv		ds or Accounts.
	Complete if the organization answered '	"Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, a only for charitable purposes and not for the beneficonferring impermissible private benefit?	fit of the donor or donor advisor, or fo	or any other purpose
Pai	t II Conservation Easements.		
	Complete if the organization answered "	"Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., recreat		
	Protection of natural habitat	☐ Preservation of	a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution	in the form of a conservation Held at the End of the Tax Year
	easement on the last day of the tax year.		100-000 (co. 1-7000 c)
a			2a
b	Total acreage restricted by conservation easements		
C	Number of conservation easements on a certified h	, ,	
d	Number of conservation easements included in historic structure listed in the National Register .		
3	Number of conservation easements modified, trans	oforred released extinguished or terr	
3	tax year	sterred, released, extinguished, or term	inated by the organization during the
4	Number of states where property subject to conser	vation easement is located	
5	Does the organization have a written policy reg		section, handling of
	violations, and enforcement of the conservation eas	sements it holds?	· · · · · · Yes . No
6	Staff and volunteer hours devoted to monitoring, inspecti	ing, handling of violations, and enforcing c	onservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting \$\$	g, handling of violations, and enforcing o	conservation easements during the year
8	Does each conservation easement reported on line	2/d) above satisfy the requirements of	section 170(h)(A)(R)(i)
3	and section 170(h)(4)(B)(ii)?		· · · · · · · · · · · · · · · No
9	In Part XIII, describe how the organization reports c		
3	balance sheet, and include, if applicable, the text of		
	organization's accounting for conservation easeme		2.5 Statements and decomposition
Par			Other Similar Assets.
-	Complete if the organization answered "		
1a	If the organization elected, as permitted under SFA		revenue statement and balance sheet
	works of art, historical treasures, or other similar		
	public service, provide, in Part XIII, the text of the fo	ootnote to its financial statements that	describes these items.
b	If the organization elected, as permitted under SF works of art, historical treasures, or other similar public service, provide the following amounts relating	assets held for public exhibition, edu	
	(i) Revenue included on Form 990, Part VIII, line 1		sas a . ▶ \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, following amounts required to be reported under SF	historical treasures, or other similar and the series items. The series is the series in the series items. The series is the series in the series is the series in the ser	assets for financial gain, provide the
а	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X	W (60) N W W (60) W 90 N (60) W 00	
h	Assets included in Form 990, Part X		•

	ule D (Form 990) 2017							Page 2
	Organizations Maintaining C							
3	Using the organization's acquisition, accollection items (check all that apply):	cession, and o	ther rec	ords, che	ck any of t	ne tollo	wing that are	a significant use of its
а	☐ Public exhibition		d	☐ Loar	n or exchar	nge prog	grams	
b	☐ Scholarly research		•	☐ Othe	er			
C	☐ Preservation for future generations							
4	Provide a description of the organization	n's collections	and exp	lain how i	they furthe	r the or	ganization's ex	kempt purpose in Part
	XIII.							
5	During the year, did the organization s							nilar
	assets to be sold to raise funds rather to	nan to be maint	ained as	part of th	ie organiza	tion's c	ollection?	· Yes No
Par	t IV Escrow and Custodial Arran							
	Complete if the organization a 990, Part X, line 21.							
1a	included on Form 990, Part X?							
b	If "Yes," explain the arrangement in Par	t XIII and compl	ete the f	ollowing t	able:			
				-				Amount
C	Beginning balance	Sec. 8 90 FS (**)		387 N W		10		
d	Additions during the year			(a) (a) (b)		10	1	
е	Distributions during the year							
f	Ending balance	1901 10 - 80 - 8 1 (9 0) 1		(*) (* ×	61 30 X X	11		
2a	Did the organization include an amount	on Form 990, P	art X, lin	e 21, for e	escrow or o	custodia	l account liabil	lity? 🗌 Yes 🗌 No
b	If "Yes," explain the arrangement in Part	XIII. Check her	e if the e	xplanatio	n has beer	n provid	ed on Part XIII	🗆
Par	t V Endowment Funds.							
	Complete if the organization a	nswered "Yes	" on Fo	rm 990, l				
		(a) Current year	(b) Pr	ior year	(c) Two yes	ars back	(di) Three years b	ack (e) Four years back
1a	Beginning of year balance							
b	Contributions							
¢	Net investment earnings, gains, and							
	losses							
d	Grants or scholarships							
e	Other expenditures for facilities and							
	programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the	current year en	nd baland	ce (line 1g	, column (a	a)) held	as:	
a	Board designated or quasi-endowment	>	_%					
b	Permanent endowment ▶	%						
C	Temporarily restricted endowment ▶	%						
	The percentages on lines 2a, 2b, and 2c							
3a	Are there endowment funds not in the p	ossession of the	ne organ	zation tha	at are held	and ad	ministered for	the
	organization by:							Yes No
	(i) unrelated organizations							. 3a(i)
	(ii) related organizations							. 3a(ii)
b	If "Yes" on line 3a(ii), are the related orga							. 3b
4	Describe in Part XIII the intended uses or	Service Miles Control of the Control	on's ende	owment fu	unds.			
Part								
	Complete if the organization ar	nswered "Yes"	on For	m 990, F	Part IV, lin	e 11a.	See Form 990), Part X, line 10.
	Description of property	(a) Cost or oti (investme			r other basis ther)		Accumulated epreciation	(d) Book value
1a	Land							
b	Buildings							

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) . .

9,964

86,467

96,431

	Complete if the organization answered "Yes" on	FORTH 990, Part IV, IIIIe	TID. See FORTH 990, Part A, line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial	derivatives		
. ,	neld equity interests	*	
(A)	A		
(B) (C)			
(D)			
(E)	***************************************		
(F)			
(G)	***************************************		
(H)		12.04	
Total (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		
Part VIII	Investments—Program Related. Complete if the organization answered "Yes" on	Form 990 Part IV line	11c See Form 990 Part X line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(4)			•
(1)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	15 AND 1 V 1 (7) (5 10) N		
(9) Total. (Column (l	b) must equal Form 990, Part X, col. (B) line 13.)		
(9)	Other Assets. Complete if the organization answered "Yes" on	Form 990, Part IV, line	
(9) Fotal. (Column (I Part IX	Other Assets.	Form 990, Part IV, line	11d. See Form 990, Part X, line 15.
(9) Fotal. (Column (I Part IX	Other Assets. Complete if the organization answered "Yes" on	Form 990, Part IV, line	
(9) Fotal. (Column (I Part IX (1) (2)	Other Assets. Complete if the organization answered "Yes" on	Form 990, Part IV, line	
(9) Fotal. (Column (I Part IX (1) (2) (3)	Other Assets. Complete if the organization answered "Yes" on	Form 990, Part IV, line	
(9) Fotal. (Column (i Part IX (1) (2) (3) (4)	Other Assets. Complete if the organization answered "Yes" on	Form 990, Part IV, line	
(9) Fotal. (Column (ii Part IX (1) (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes" on	Form 990, Part IV, line	
(9) Fotal. (Column (i Part IX (1) (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes" on	Form 990, Part IV, line	
(9) Fotal. (Column (i Part IX (1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes" on	Form 990, Part IV, line	
(9) Total. (Column (I Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" on (a) Description		(b) Book value
(9) Total. (Column (I Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colum	Other Assets. Complete if the organization answered "Yes" on (a) Description (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.)		
(9) Total. (Column (I Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" on (a) Description (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on	9 × 8 × 8 × 8 × 5 ×	(b) Book value
(9) Fotal. (Column (i Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X	Other Assets. Complete if the organization answered "Yes" on (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25.	Form 990, Part IV, line	(b) Book value
(9) Fotal. (Column (i Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X	Other Assets. Complete if the organization answered "Yes" on (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability (b) Book va	Form 990, Part IV, line	(b) Book value
(9) Fotal. (Column (i Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X	Other Assets. Complete if the organization answered "Yes" on (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability (b) Book va	Form 990, Part IV, line	(b) Book value
(9) Fotal. (Column (i Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X (1) Federal in (2)	Other Assets. Complete if the organization answered "Yes" on (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability (b) Book va	Form 990, Part IV, line	(b) Book value
(9) Total. (Column (I Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colum Part X I. (1) Federal in (2) (3)	Other Assets. Complete if the organization answered "Yes" on (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability (b) Book va	Form 990, Part IV, line	(b) Book value
(9) Fotal. (Column (i Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X (1) Federal in (2) (3) (4)	Other Assets. Complete if the organization answered "Yes" on (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability (b) Book va	Form 990, Part IV, line	(b) Book value
(9) Total. (Column (I) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (I) Part X I. (1) Federal in (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes" on (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability (b) Book va	Form 990, Part IV, line	(b) Book value
(9) Fotal. (Column (i Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X (1) Federal in (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes" on (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability (b) Book va	Form 990, Part IV, line	(b) Book value
(9) Total. (Column (I) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (I) Part X I. (1) Federal in (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered "Yes" on (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability (b) Book va	Form 990, Part IV, line	(b) Book value
(9) Fotal. (Column (i Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X (1) Federal in (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" on (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability (b) Book va	Form 990, Part IV, line	(b) Book value

Par	Reconciliation of Revenue per Audited Financial Statements With Revenue per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	Return.	
1	Total revenue, gains, and other support per audited financial statements	1	1,450,477
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	n in	
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants	1000	
d	Other (Describe in Part XIII.)	ACCOUNT.	
е	Add lines 2a through 2d	2e	716
3	Subtract line 2e from line 1	3	1,449,761
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	100	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	1.79	
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,449,761
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses pe	r Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	1,483,237
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2.47	
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d ,	2e	716
3	Subtract line 2e from line 1	3	1,482,521
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	TAUS .	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	1000	
b	Other (Describe in Part XIII.)	200	
C	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,482,521
	XIII Supplemental Information.		
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b;		Part X, line
2; Parl	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional influence and addit	ormation.	
Part XI	line 2d - Cost of Goods Sold from Books & CDs are treated as an expense item in the audit report, but thes	e are backed ou	ıt.
of Rev	enue when determining Form 990 Total Revenue. This totaled \$716 in 2017.		
3315H1000			
Part XI	line 2d - Total Expenses per audited financial statements includes \$716 for Cost of Goods Sold from Book	s & CDs in 2017	. On
	7 110 21 100 100 100 100 100 100 100 100		
Form 9	90, this is treated as a revenue deduction under Part VIII, line 10b, Cost of Goods Sold.		
r UI III 3	30, (115 15 traced as a revenue octobroth under Part VIII, line 101, cost of 60005 3010.		

		••••	

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2017
Open to Public Inspection

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to compensated at least \$5,000 by the organization.	Name of the organization					Employer identifi	cation number
Form 990-EZ fliers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations Government grants Solicitations Government grants Solicitations Government grants Government gran	Right from the Heart Minis	tries Inc					
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations	Part I Fundraisin	g Activities. Complete if t	he organiz	ation ansv	wered "Yes" on F	form 990, Part IV,	line 17.
a Mail solicitations e Solicitation of non-government grants b Internet and email solicitations g Solicitation of government grants c Phone solicitations g Solicitation of government grants d Internet and email solicitations g Solicitation of government grants d Internet and email solicitations g Solicitation of government grants d Internet and email solicitations g Solicitation of government grants d Internet and email solicitations g Solicitation of government grants d Internet and email solicitations g Solicitation of government grants d Internet and email solicitations g Solicitation of government grants d Internet and email solicitations g Solicitation of government grants d Internet and email solicitations g Solicitation of government grants d Internet and email solicitations g Solicitation of government grants d Internet and email solicitations g Solicitation of government grants d Internet and email solicitations g Solicitation of government grants d Internet and email solicitations g Solicitation of government grants d Internet and email solicitations g Solicitation of government grants d Internet and email solicitation g Solicitation of government grants d Internet and email solicitation g Solicitation of solicitation grants d Internet and email solicitation g Solicitation g Solicitation of solicitation g Solicitation of solicitation g Solicitation of solicitation g Solicitation of solicitation g Solicitation g Solicitation of solicitation g Solicitation of solicitation g Solicitation of solicitation g Solicitation	Form 990-E	-Z filers are not required to	complete	mis part.		hoole all that analy	
Internet and email solicitations f Solicitation of government grants Phone solicitations g Special fundralising events		_					
c Phone solicitations g Special fundralising events d In-person solicitations 2	. =		_		-	_	
d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VIII) or entity in connection with professional fundraising services? Yes Yes If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to compensated at least \$5,000 by the organization. (i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) (iii					•	-	
Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to compensated at least \$5,000 by the organization. (i) Name and address of individual organization. (ii) Name and address of individual organization or entity (fundraiser) (iii) (iii			9 -	_ Opecial	Turidialising events		
or key employees listed in Form 990, Part VIII) or entity in connection with professional fundraising services?			ement with	any individ	dual (Including offic	cers, directors, trust	tees,
compensated at least \$5,000 by the organization. (i) Name and address of individual or antity (underlaiser) (iii) Name and address of individual or antity (underlaiser) (iii) Name and address of individual or antity (underlaiser) (iii) Activity (iii) Activity (iii) Activity (iv) Arcount paid to breathined by) the organization of confinctions? (iv) Arcount paid to breathined by) the organization of confinctions? (iv) Arcount paid to breathined by) the organization of confinctions? (iv) Arcount paid to breathined by) the organization of confinctions? (iv) Arcount paid to breathined by) the organization of cut of cut of cut of the organization of cut	or key employees	listed in Form 990, Part VII) o	or entity in c	onnection	with professional f	undraising services	? 🔲 Yes 🗌 N
(ii) Name and address of individual or arithy fundralise) (iii) Activity (iii) Did fundralise have custody or control of confiduations? Yes No 2	b If "Yes," list the 10	0 highest paid individuals or	entities (fun	draisers) p	ursuant to agreem	ents under which th	ne fundraiser is to f
(ii) Name and address of individual or entity (fundraiser) (iii) Activity or contriculons? Yes No 1 2 3 4 5 6 7 8 9 10 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt for registration or licensing.	compensated at le	east \$5,000 by the organization	on.				
(i) Name and address of individual or entity (fundraiser) 1 Yes No 1 2 3 4 5 6 7 8 9 10 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt for registration or licensing.							
To entity (fundraiser) Yes No 1 2 3 4 5 6 7 8 9 10 10 11 11 11 12 13 14 15 15 16 17 18 19 10 10 10 10 10 10 10 10 10	M Name and address of	Findividual	(iii) Did fun	draiser have	(iv) Gross receipts	(or retained by)	(vi) Amount paid to
Yes No Yes No			custody c	outions?	from activity	fundraiser listed in	organization
2 3 4 5 6 7 8 9 10 Ootal			Vac	No		our W	
2 3 4 5 6 7 8 9 10 Otal			103	140	-		
3 4 5 6 7 8 9 10 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt for registration or licensing.	1						
3 4 5 6 7 8 9 10 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt for registration or licensing.	2						
4 5 6 7 8 9 10 Otal List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt for registration or licensing.							
6 7 8 9 10 Otal 1. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt for registration or licensing.	3						
6 7 8 9 10 Otal 1. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt for registration or licensing.							
6 7 8 9 10 Ootal List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt for registration or licensing.	4						
6 7 8 9 10 Ootal List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt for registration or licensing.	E				-		
8 9 10 Otal List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt for registration or licensing.	3						
8 9 10 Otal List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt for registration or licensing.	6						
8 9 10 Otal							
9 10 otal List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt for registration or licensing.	7						
9 10 otal List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt for registration or licensing.	8						
otal							
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt for registration or licensing.	9						
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt for registration or licensing.	40						
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt for registration or licensing.	10						
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt for registration or licensing.			-		 		
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt for registration or licensing.	otal see a see see		Figure at the	6 041			
registration or licensing.	3 List all states in w	high the organization is regis	tered or lice	ensed to s	olicit contributions	or has been notifie	d it is exempt from
		***************************************				**********	

		******************************			****************		
					//	********	

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

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			Golf Classic (event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	85,521			85,521
ш	2	Less: Contributions	48,630			48,630
	3	Gross income (line 1 minus line 2)	36,891			36,891
	4	Cash prizes				
	5	Noncash prizes 🔩				
enses	6	Rent/facility costs	26,227			26,227
Direct Expenses	7	Food and beverages	3,000			3,000
Direc	8	Entertainment				
	9	Other direct expenses .	10,324			10,324
	10 11	Direct expense summary. Ad Net income summary. Subtra	act line 10 from line 3, c	olumn (d)		39,551 <2,660>
Pa	rt III	Gaming. Complete if the than \$15,000 on Form 99		red "Yes" on Form 99	00, Part IV, line 19, or	reported more
Revenue		mar projects on ronne	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (e) through col. (c))
- Rev	1	Gross revenue				
ses	2	Cash prizes				
:xben	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
_	5	Other direct expenses .				
	6	Volunteer labor	☐ Yes%	☐ Yes% ☐ No	☐ Yes%	
	7	Direct expense summary. Ad	d lines 2 through 5 in co	olumn (d)	, , , , , , , , , , , , , , , , , , ,	
	8	Net gaming income summary	Subtract line 7 from li	ne 1, column (d)		
	a Ist	nter the state(s) in which the org the organization licensed to co "No," explain:		in each of these states		🗌 Yes 🗌 No
10 :		ere any of the organization's gary	aming licenses revoked	, suspended, or termina	ated during the tax year	? . Yes No

Schedu	ule G (Form 990 or 990-EZ) 2017 Page 3
11 12	Does the organization conduct gaming activities with nonmembers?
13	Indicate the percentage of garning activity conducted in:
a	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name >
	Address▶
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
	If "Yes," enter the amount of garning revenue received by the organization > \$ and the amount of garning revenue retained by the third party > \$ lf "Yes," enter name and address of the third party:
C	
16	Gaming manager information:
10	Name >
	Gaming manager compensation ► \$
	Description of services provided ▶
	□ Director/officer □ Employee □ Independent contractor
17 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.
SHOOLIG	

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.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection Employer identification number

Right from the Heart Ministries Inc	581995651
Form 990, Part VI, line 11b: The Form 990 is prepared by the Finance Manager and reviewed by the Ex	ecutive Director. Once this is
completed, the Secretary-Treasurer reviews it on behalf of the Board. Once the return is filed, the Boa	
affered the apportunity to review the completed return.	
Form 990, Part VI, line 12c: It is the intent of the ministry to generally avoid direct associations of serv	ices provided by companies of current
Board members. Business involving a Board member, a Board member's family, or the family of an en	
authorized by the Board as a whole. Additionally, whenever it can, the ministry and the Board consider	r and evaluate competitive
pricing in such decisions.	
Form 990, Part VI, line 15: During the budget planning process each year, the complete Board of Direct	tors reviews the salary and
benefits package for the Executive Director. Consideration is given to the performance as well as man	
final amount is approved. Also during this planning process, the salaries of the Founder and Secretary	
The Founder and Secretary-Treasurer withdraw from those discussions and the remaining Board mem	
These discussions and approvals are recorded in the minutes of the Board meeting.	
Form 990, Part VI, line 19: Requests for governing documents, conflict of interest policy, and financial	statements are forwarded to
the Secretary-Treasurer for response. All appropriate requests for this information are fulfilled.	
