# Form **990**

## **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047 2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Α	For the	e 2016 cale	endar year, or tax year beginn	ing October 1	, 2016, and	enaing	Septemi	per 30	, 20 17	
В	Check it	f applicable:	C Name of organization Right fro	om the Heart Ministries Inc	C		0	<b>Employ</b>	er identification r	umber
	Address	s change	Doing business as						58-1995651	
	Name c	hange	Number and street (or P.O. box	if mall is not delivered to street	address) Re	oom/suite	E	Telepho	ne number	
	Initial re	turn	1507 Johnson Ferry Road			10	0		678-388-1860	
	Final retu	m/terminated	City or town, state or province, or	ountry, and ZIP or foreign post	al code					
$\bar{\sqcap}$		ed return	Marietta, GA 30062-8124				G	Gross re	eceipls \$	1,529,350
$\overline{\Box}$		tion pending	The committee of the control of the	fficer: Bryant Wright, Fou	ınder		H(a) Is this a group	p return for	subordinates? Yes	☑ No
_			955 Johnson Ferry Road, Ma				H(b) Are all sul	bordinate	s included? 🔲 Yes	No No
	Tay-ove	mpt status:	✓ 501(ci(3)		1947(a)(1) or	527	If "No,"	" attach a	a list. (see instructio	ons)
i i	Website	COURT OF THE PERSON NAMED IN COURT OF THE PER	w.rightfromtheheart.org		3.3.41		H(o) Group ex	emption	number ▶	
ĸ			Corporation Trust Asso	ociation Other >	L Year of	formation			of legal domicile:	GA
-	art I	Summ		John Carlott			1000			
W-W	1		escribe the organization's m	iceion or moet significan	t activities. B	Pight from	n the Heart I	Ministri	es uses radio	
m	'	Drielly de	, and the internet to broadcas	t	acaviacs.	and oth	or literature	locally	nationally and	k
ĕ		television	, and the internet to broadcas	t pre-recorded messages	, commerciais,	and our	Christ	locally,	HadioHally, allo	
Ë	_	internatio	nally. These activities all the is box > if the organization	ministry to reach and dis	cipie people io	rood of c	pore than 2	5% of	ite not accete	
Š	2							3/001	ns het assets.	-
Ğ	3	Number	of voting members of the go	werning body (Part VI, III	teray	K		1		
S	4		of independent voting memb					4		5
Ęį	5		nber of individuals employed					5		9
Activíties & Governance	6		nber of volunteers (estimate					6		10
ď	7a	Total unre	elated business revenue from	m Part VIII, column (C), li	ine 12		Kee 😿 💌	7a		-0-
	b	Net unrel	ated business taxable incon	ne from Form 990-T, line	34			7b		-0-
							Prior Year		Current Yo	Cary Minutes 24
ø	8	Contribut	tions and grants (Part VIII, lir	ne 1h)		8	1,2	1,221,321		1,487,938
Revenue	9	Program	service revenue (Part VIII, lir	ne 2g)	1063-39					
ě	10	Investme	nt income (Part VIII, column	(A), lines 3, 4, and 7d)				79		42
œ	11	Other rev	enue (Part VIII, column (A), I	ines 5, 6d, 8c, 9c, 10c, a	and 11e) 🔒 😘		<	1,053>		4,915
	12	Total reve	enue-add lines 8 through 11	(must equal Part VIII, co	lumn (A), line 1	2)	1,2	20,347		,492,895
	13	Grants ar	nd similar amounts paid (Par	t IX, column (A), lines 1-	3)					
			paid to or for members (Part							
	15	Salaries.	other compensation, employe	e benefits (Part IX, colum	n (A), lines 5-10	0)	40	00,774		476,285
Expenses			nal fundraising fees (Part IX							
Der			draising expenses (Part IX, o			1010				dealor.
ă			penses (Part IX, column (A),		***************************************		R2	26,856		,028,786
			enses, Add lines 13-17 (mu					27,630		,505,071
- 1			less expenses. Subtract line			-		7,283>		<12,176>
. 40	19	neveriue	less expenses. Subtract line	7 10 11 0111 11110 12	· · · · ·		nning of Curre		End of Ye	
ance and	20	Total again	ets (Part X, line 16)				2/	12,758		276,166
of Assets or nd Balances			ilities (Part X, line 26)		8 6 15 5 8 7 7 70 70 70 70 70	-		52,696		108,280
Fund			s or fund balances. Subtrac					30,062		167,886
	72 71 []		ure Block	t line 21 itoiti line 20	· · · · · · · · · · · · · · · · · · ·	•		10,002		107,000
Га	uuung .	Signat	y, I declare that I have examined thi	- satura leab dina sesampanyi	na anhadulan and	etatamen	te and to the h	neet of m	ny knowledge and	helief it is
		ties of penur , and comple	y, I declare that I have examined the	an officer) is cased on all inform	nation of which pr	eparer has	any knowledg	je.	ly lalowicogo wie	Dollott It lo
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Sig	.	Signa	fure of officer	my -			Date	13/1		
der		\ Sign	T 1. 1 11 39	Executive Direc	1					
101	-		Jakes W. A. Murphy	J. Executive Dill	101					
			or print name and title	Preparer's signature		Date			PTIN	
Pai	d	Printriyp	a hiabatat a timing	repair a signature		Date		Check	if	
?re	parei	r						self-empl	oyeu	
	Only	Firm's na				_	Firm's E			
	_	Firm's ad	Idress >		to ration -		Phone r	10.	ГЭV	F7.4:
/lay	the IR	S discuss	this return with the prepare	r snown above? (see ins	uructions) .		¥ 30 9 8	\$ 100	Yes	∐ No

Form 9	990 (2016) 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 \$ 570,203 including grants of \$ ) (Revenue \$ )
-144	Radio: The radio ministry is comprised of the airing of one-minute spots on secular radio stations throughout the states of
	Georgia, Florida, parts of Texas, Montana, and Alaska. 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-dept information is available. The ministry also has similar radio activities in Spain,
	Poland, and Northern Mexico. In Kenya, the ministry airs 45-minute messages on Christian radio once a week. The measured
	touches of the radio ministry average about 16,000,000 per month in the United States, 500,000 per month in both Poland and
	Spain. This is the largest program ministry expense for Right from the Heart Ministries.
	***************************************
4b	(Code: ) (Expenses \$ 206,275 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 Bryant Wright, Founder, presents a Biblical truth in everyday language and 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.
	***************************************
	***************************************
4c	(Code: ) (Expenses \$ 14,777 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 site. The ministry also offers daily
	devotions which can be viewed on the website, and received via email , RSS feed, on Twitter, Facebook, or Instagram. In
	addition, the ministry maintains a library of Bryant Wright's sermons which can be downloaded over the internet in either
	vidio or audio format. This program area has experience explosive growth in social media and various other internet-related channels of distribution. The combined touches for this program area were over 180,000,000 internet-based interactions.
	Channels of distribution. The combined fournes for this program area were over too, out, our international and international int
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
<del>4e</del>	Total program service expenses ► 1,219,069

Part	IV Checklist of Required Schedules		Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		105	110
1	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.			
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	
	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		/
	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
	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
f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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.	11e		1
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII	12a	1	
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		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<b>/</b>
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		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		/
		Form	990	(2016)

Part	Checklist of Required Schedules (continued)		Van	Ma
	Division of the second of the	20a	Yes	No.
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		V
ь 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		1
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		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		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b		1
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	-	1
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		,
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		✓
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):			
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		✓ ✓
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 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 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		1
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		/
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, line 1	34		/
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35a 35b		<u> </u>
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		/
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
38	Part VI.  Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	/	<u>/</u>
		Form	990	2016)

Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V	- T	- 2	. 1
	Check it Schedule O contains a response of note to any line in this fact v	•	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a	3-W	1	WANT OF
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b -0	525		100
C	Did the organization comply with backup withholding rules for reportable payments to vendors and		11(3)	123
	reportable gaming (gambling) winnings to prize winners?	1c	1	_
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			100
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 9	-		N.S.
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	10000
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) .	DS00	SOUTH	1
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b	-	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 At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30		+
4a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		1
ь	If "Yes," enter the name of the foreign country:	195	113	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a		5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
¢	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
<b>6</b> a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
b	organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or	6a		1
	glifts were not tax deductible?	6b	10000	in the second
7_	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	10876		BEST
а	and services provided to the payor?	7a	1	Sult .
L	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	1	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		,
	If "Yes," indicate the number of Forms 8282 filed during the year	(OS13)	allerin)	100000
d e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
ĥ	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	ALC:	W	niei
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	3/20		item s
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:	1000	13.65	
a	Initiation fees and capital contributions included on Part VIII, line 12	10.34	4 6	N. F
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	200		
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders	AND THE REAL PROPERTY.	进展	
a	Gross income from members or shareholders	3-98	Sw	
b	against amounts due or received from them.)	4	300	
100	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	National Property lies	ALCOHOL: N
12a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		2000	SULLY !
	Section 501(c)(29) qualified nonprofit health insurance issuers.			PER S
	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.	100	PICE	Paris.
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		LF ()	
	Enter the amount of reserves on hand	17.540	337	
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
. —	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S Check if Schedule O contains a response or note to any line in this Part VI	ee in:	struct	ions				
Sect	on A. Governing Body and Management		Yes	No				
	Enter the number of voting members of the governing body at the end of the tax year 1a 7	MO	22.00	140				
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	100						
ь 2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		1				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1				
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1				
6	Did the organization have members or stockholders?	6		1				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		1				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		1				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	15	0 6	73				
	the year by the following:	00	1	30				
a	The governing body?	8a 8b	1					
9 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	0.0	•					
9	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1				
ecti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	-	ode.)					
	MI DIT GROUPS (TIME GOODS) D'ESQUESTE MINIMALES.		Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		1				
b	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.	15/8	2,720	100				
12a b	**************************************	12a 12b	1					
C		12c	1					
13	Did the organization have a written whistleblower policy?	13	1	ď				
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		15a	<b>√</b>					
b	Cutof dillocit of ito) dilloid occ at the difference of	15b	1					
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	680	WIGO!	534				
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	ESSA	,				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	108	CAT					
	organization's exempt status with respect to such arrangements?	16b						
	n C. Disclosure							
17 18	List the states with which a copy of this Form 990 is required to be filed Georgia  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(0	)(3)s	only)				
19	Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of intelligence in the public during the tax year.	est p	olicy,	, and				
20	State the name, address, and telephone number of the person who possesses the organization's books and reco	ords:	<b>&gt;</b>					
	Jerry Maxfield, Secretary-Treasurer, 955 Johnson Ferry Road, Marietta, GA 30068							

-onn aan (so r	rage a
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 (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- 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.

(A) Name and Title	(B) Average hours per	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from	(E)  Reportable compensation from related	(F) Estimated amount of other	
	week (list any hours for related organizations below dotted line)		Officer Institutional trustee		Key employee	Highest compensated employee	Former	the the organization (W-2/1099-MISC)	related 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				20,000	-0-	30,000	
(2) Jerry Maxfield	1.0										
955 Johnson Ferry Road, Marietta, GA 30068	POPUROSASBURIS	1		1				10,350	-0-	-0-	
(3) James W A Murphy	40.00										
1507 Johnson Ferry Rd Ste 100 Marietta, GA 30062				1				92,089	-0-	20,084	
(4) Bill Bruner	.5										
1318 Garrick Way, Marietta, GA 30068	NEDGERHARIAN	1						-0-	-0-	-0-	
(5) Tom Fuller	.5						٠,				
4635 Woodlawn Gates Ln, Marietta, GA 30068		1						-0-	-0-	-0-	
(6) Dick Holbrook	.5										
4514 Oakside Pt, Marietta, GA 30067	24-26 ILLUM HESSON	1						-0-	-0-	-0-	
(7) Wayne McGee	.5										
300 Thunderbird Trace, Marietta, GA 30067		1						-0-	-0-	-0-	
(8) Jane Warren	.5										
4788 Ridgeview Road, Dunwoody, GA 30338		1		L.				-0-	-0-	-0-	
(9)											
(10)											
(11)				- 0							
(12)											
(13)							1				
(14)											

	(A) Name and title	(B) Average hours per	box, office	unles er am	Pos neck ss pe d a c	rson lirect	e than o	an tee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
		hours for related organizations below dotted line)	ndividua or directo	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
(15)											
(16)	***************************************										
(17)											
(18)											
(19)											
(20)											
(21)											
(22)											
(23)				+	Н	-					
(24)				-	+	-		-		-	
(25)				-	-	-		-			102
1b	Sub-total								122,439	-0-	50,084
c	Total from continuation sheets to Part						. į				
d 2	Total (add lines 1b and 1c)	not limited				ed a	-		122,439 no received mo -0-	-0- re than \$100,000	50.084 O of
3	Did the organization list any <b>former</b> offi employee on line 1a? If "Yes," complete S							npi	oyee, or highe		Yes No
4	For any individual listed on line 1a, is the organization and related organizations gindividual	sum of rep greater tha	ortab n \$1	le c 50,0	om <sub>i</sub> 0001	pen?	satior "Yes,	an ," c	d other compe complete Sche	ensation from the	4
5	Did any person listed on line 1a receive or for services rendered to the organization?	accrue cou	mpen o <i>mple</i>	sati	on i	ron edui	any 'e <b>J f</b> o	unr er st	elated organiza uch person	tion or individua	5 🗸
Section	on B. Independent Contractors										
1	Complete this table for your five highest or compensation from the organization. Repoyear.	ompensate ort compen	d indessation	epei n foi	nde r the	nt c	ontra lenda	ctoi r ye	rs that received ear ending with	d more than \$100 or within the org	),000 of panization's tax
	(A) Name and business addre	ess							(B) Description of ser	vices	(C) Compensation
NONE					_			-			
						_		_			
2	Total number of independent contractors received more than \$100,000 of compensar	s (including tion from th	but e org	no aniz	t lir	nite in P	d to	tho	se listed abov	ve) who	C 990 mase

		Check if Schedule O contains a	response or note to	any line in this	rarı VIII .	(0)	
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
2 2	1a	Federated campaigns	1a		Charles and the same	WATER TO SEE	200 000 000 000
Contributions, Gifts, Grants and Other Similar Amounts	b		1b			ACCOUNT OF THE	B STATE OF THE STA
D H	С	Fundraising events	1c 45,591			W. 45 T-47	and the same of
E E	d	Related organizations	1d				
ý E	9		1e				
tion a	f	All other contributions, gifts, grants,		A SOUTH MADE	STATE OF THE PARTY OF		
重集		and similar amounts not included above	1f 1,442,347				
od Str	g	Noncash contributions included in lines 1a-1	**************	ENTRE STATE			
	h	Total. Add lines 1a-1f		1,487,938			
Program Service Revenue			Business Code	2017210-0005-000	WIESTON DE	Val. 2017	AND RESIDENCE AND PROPERTY.
8	2a						
6	b	***************************************					
Ę.	C	***************************************					
စ္တ	d		···				
<u> </u>		All other program service revenue					
Ş	T	Total. Add lines 2a–2f				HALL STREET	
	<u>g</u>	Investment income (including d					
		and other similar amounts)		42	42		
	4	Income from investment of tax-exemp					
- 1	5						
		Royalties	(ii) Personal	(4/4-20-14/14/14/14	V. 1887. 1881. 1	10 8 98 DASS	
-	6a	Gross rents					
1	b	Less: rental expenses				Short Asset	
j	C	Rental income or (loss)		为1700 建自己			Section 1
	d	William V.	2 2 3 3 7 0 P				
	7a	Gross amount from sales of (1) Securities		A STATE OF THE STA	NAME OF THE PARTY	SELLING SELLING	
		assets other than inventory				Santusyl Health	introchiese and in late
	b	Less: cost or other basis and sales expenses				Unit State	
1	c	Gain or (loss)					
- 1	ď	Net gain or (loss)					
	Ī						
Other Revenue	8a	Gross income from fundraising events (not including \$ 45,591			A DATE OF THE REAL PROPERTY.	DIT IN ALL	
é		of contributions reported on line 1c).				DED TO VIDE OF	
5		See Part IV, line 18	a 38,124				
₹l	b	Less: direct expenses	b 29,416	THE THE THE PARTY		444	
٠ ا	c	Net income or (loss) from fundraisi	ing events . 🕨	8,708	DESC 18 196		8,708
	9a	Gross income from garning activities	s.				
		See Part IV, line 19	a				
	b	Less: direct expenses	b		<b>2000年本本本本語</b>		SAME DAY DOWN SON
- 1	C	Net income or (loss) from gaming				San Transfer	
- 1	10a	Gross sales of inventory, les	100				
		returns and allowances					
	þ	Less: cost of goods sold	b 7,039	DE AVESTICATION	0.700	Chinespie Total	CHONOR WHEN
-	C	Net income or (loss) from sales of	inventory > Business Code	<3,793>	<3,793>	O TO A TO	390
-	44-	IVIRGCEIMIEGUS PREVENUE	Dumitos Code		TOTAL STATES		
	11a	***************************************					
	b						
	C	All other revenue					
	ď	Total. Add lines 11a–11d	<b>-</b>	100	N. A. W. W. Co.		
	е 12	Total revenue. See instructions.		1.492.895	<3.751>		8,708
		. The Potoling obs inductions		1,752,055	-9.7912		Form 990 (2016)

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 (B) Program service expenses (C) Management and general expenses Do not include amounts reported on lines 6b, 7b, (A) Total expenses (D) Fundraising 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . Grants and other assistance to domestic 2 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 . . . . . 172,523 55,598 116,925 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . 7 Other salaries and wages . . . . . . 241,846 200,122 3,113 38,611 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 5,924 5.924 Other employee benefits . . . . . . . 9 30,102 30,102 3,198 10 25,890 17,148 5,544 Fees for services (non-employees): 11 b Legal . . . . . . . . . . . . . 9,100 9,100 Lobbying . . . . . . . . . Professional fundraising services. See Part IV, line 17 Investment management fees . . . . . Other, (If line 11g amount exceeds 10% of line 25, column g (A) amount, list line 11g expenses on Schedule O.) . . . Advertising and promotion . . . . . . 12 91,135 91,135 71,337 13 73,301 1,964 14 Information technology . . . . . . . 10,147 10,147 15 36,828 16 36,828 17 208 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings ... 3,005 3,005 20 21 22 Depreciation, depletion, and amortization . 10,547 10,547 23 3,260 3,260 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 570,203 570,203 TV & Video Communications b 206,275 206.275 Internet Communications c 14,777 14,777 d All other expenses Total functional expenses. Add lines 1 through 24e 25 150,053 135,949 1,505,071 1.219.069 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)

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) (A) End of year Beginning of year Cash-non-interest-bearing . . . . . 195.816 249,852 2 2 Savings and temporary cash Investments 3 3 4 13.031 2,950 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 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 . . . 6 7 8 9 Prepaid expenses and deferred charges 2,902 2,902 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 96,431 10b 10c Less: accumulated depreciation . . . . 31,009 b 75,969 20,462 11 Investments-publicly traded securities 11 Investments-other securities. See Part IV, line 11 ... 12 12 Investments-program-related. See Part IV, line 11. 13 13 Intangible assets . . . . . . . . . 14 14 15 15 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 16 242.758 276,166 17 62,696 108,280 17 18 18 19 19 Tax-exempt bond liabilities . . . . . . . . . . . 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other payables to current and former officers, directors, 22 trustees, key employees, highest compensated employees, and disqualified persons, Complete Part II of Schedule L . . . . . . . 22 Secured mortgages and notes payable to unrelated third parties . . . 23 23 Unsecured notes and loans payable to unrelated third parties . . . 24 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 Total liabilities. Add lines 17 through 25 26 62,696 108,280 Organizations that follow SFAS 117 (ASC 958), check here Vand Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 167,886 28 Permanently restricted net assets . . . 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds . . . . . . . 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 32 Retained earnings, endowment, accumulated income, or other funds. 32 33 167.886 33 180.062 34 Total liabilities and net assets/fund balances 242.758 276,166 Form 990 (2016)

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI  1 Total revenue (must equal Part VIII, column (A), line 12). 2 1,505 3 Revenue less expenses. Subtract line 2 from line 1 3 4,12.1 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)). 4 180 5 Net unrealized gains (losses) on investments 5 5 6 Donated services and use of facilities 5 6 7 Investment expenses 7 7 8 Prior period adjustments 9 0 ther changes in net assets or fund balances (explain in Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 167 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 10 167 1 Accounting method used to prepare the Form 990: □ Cash □ Accrual □ Other if the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 16 "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: □ Separate basis □ Consolidated basis □ Both consolidated and separate basis □ Consolidated basis □ Both consolidated and separate basis □ Separate basis □ Consolidated basis □ Both consolidated and separate basis □ Separate basis □ Consolidated basis □ Both consolidated and separate basis □ Separate basis □ Consolidated basis □ Both consolidated and separate basis □ Separate basis □ Consolidated basis □ Both consolidated and separate basis □ Separate basis □ Consolidated basis □ Separate basis □ Consolidated basis □ Separate basis □ S	orm 99	00 (2016)			Pa	ige 12		
Total revenue (must equal Part VIII, column (A), line 12)		X Reconciliation of Net Assets				_		
Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  Net unrealized gains (losses) on investments  Donated services and use of facilities  Donated services and use of facilities  Prior period adjustments  Other changes in net assets or fund balances (explain in Schedule O)  Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII  Accounting method used to prepare the Form 990: Cash Accrual Cher If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  Were the organization's financial statements compiled or reviewed by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis Consolidated basis or both:  Separate basis Consolidated basis Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?.  It if "Yes," did the organizat		Check if Schedule O contains a response or note to any line in this Part XI						
Revenue less expenses. Subtract line 2 from line 1	1	Total revenue (must equal Part VIII, column (A), line 12)			1,49	2,895		
Revenue less expenses. Subtract line 2 from line 1	2	Total expenses (must equal Part IX, column (A), line 25)						
Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	3	Revenue less expenses, Subtract line 2 from line 1			<12	2,176>		
Sequence of a complete services and use of facilities	4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .			18	30,062		
6 Donated services and use of facilities	5	Net unrealized gains (losses) on investments	5					
Prior period adjustments	6							
Other changes in net assets or fund balances (explain in Schedule O)  Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII  Accounting method used to prepare the Form 990:  Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  If "Yes" did the organization undergo the required audit or audits? If the organization did not undergo the	7	Investment expenses	7					
Other changes in net assets or fund balances (explain in Schedule O)	8	Prior period adjustments	8					
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII  Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  Were the organization's financial statements compiled or reviewed by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  b If "Yes," did the granization undergo the required audit or audits? If the organization did not undergo the	9	Other changes in net assets or fund balances (explain in Schedule 0)	9					
33, column (B))  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII  Accounting method used to prepare the Form 990:  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  Were the organization's financial statements compiled or reviewed by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis  Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
Check if Schedule O contains a response or note to any line in this Part XII  1 Accounting method used to prepare the Form 990:    Cash		33, column (B))	10		16	7,886		
Check if Schedule O contains a response or note to any line in this Part XII .  Yes  1	Part	XII Financial Statements and Reporting				17000		
1 Accounting method used to prepare the Form 990:    Cash		Check if Schedule O contains a response or note to any line in this Part XII	15 B 90		8 0			
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  2a Were the organization's financial statements compiled or reviewed by an independent accountant?						No		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  2a Were the organization's financial statements compiled or reviewed by an independent accountant?	1	Accounting method used to prepare the Form 990:  Cash Accrual Other		A THE STATE OF THE		(1)		
Schedule O.  2a Were the organization's financial statements compiled or reviewed by an independent accountant?		If the organization changed its method of accounting from a prior year or checked "Other," exp	olain in					
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  □ Separate basis □ Consolidated basis □ Both consolidated and separate basis  ■ Were the organization's financial statements audited by an independent accountant?								
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  □ Separate basis □ Consolidated basis □ Both consolidated and separate basis  ■ Were the organization's financial statements audited by an independent accountant?	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		/		
Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?		If "Yes," check a box below to indicate whether the financial statements for the year were comp	oiled or		No. of Parties			
b Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		reviewed on a separate basis, consolidated basis, or both:		100	ALL PARTY			
b Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		Separate basis Consolidated basis Both consolidated and separate basis		K-UZ	500	Table.		
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	b	Were the organization's financial statements audited by an independent accountant?		2b	1			
separate basis, consolidated basis, or both:  ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	_	If "Yes." check a box below to indicate whether the financial statements for the year were audite	d on a			B		
Separate basis		separate basis, consolidated basis, or both:		3836				
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		☐ Separate basis			SUE)			
of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov	ersight					
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	•	of the audit, review, or compilation of its financial statements and selection of an independent account	ntant?	2c	1			
Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		If the organization changed either its oversight process or selection process during the tax year, explain in						
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?				Line and				
the Single Audit Act and OMB Circular A-133?	32	As a result of a federal award, was the organization required to undergo an audit or audits as set to	forth in					
h If "Yes," did the graenization undergo the required audit or audits? If the organization did not undergo the	<b>J</b>	the Single Audit Act and OMB Circular A-133?		3a		1		
required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	h	If "Yes" did the organization undergo the required audit or audits? If the organization did not under	go the					
	Ŋ	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	idits.	3b				

Form **990** (2016)

### **SCHEDULE A** (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ.

2016 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization

Employer identification number

- Company Company	t from	Reason for Public Ch	arity Status /A	Il organizations mus	t compl	ete this r		ons.			
		zation is not a private found									
1	ΠA	church, convention of chur	ches, or associa	tion of churches desc	ribed in a	section 1	70(b)(1)(A)(i).				
2		school described in section									
3	ПА	hospital or a cooperative h	ospital service or	rganization described	in <b>secti</b> o	n 170(b)(	1)(A)(iii).				
4	ΠA	medical research organizat	ion operated in o	conjunction with a hos	pital des	cribed in	section 170(b)(1)(A)	(iii). Enter the			
	hr	spital's name, city, and sta	te:								
5	\$6	organization operated for ection 170(b)(1)(A)(iv). (Con	nplete Part II.)					tal unit described in			
6 7	□ A ☑ Ar	federal, state, or local gove n organization that normally	rnment or gover receives a sub	nmental unit describe stantial part of its sup	d in <b>sect</b> oport fro	i <b>on 170(b</b> m a gover	)(1)(A)(v). rnmental unit or fron	n the general public			
8	described in section 170(b)(1)(A)(vi). (Complete Part II.)										
9		agricultural research organ				perated in	conjunction with a l	and-grant college			
	or ur	university or a non-land-grain iversity:	ant college of ag	riculture (see instructi	ons). Ent	er the nar	ne, city, and state of	the college or			
10	re su ac	n organization that normally ceipts from activities related poort from gross investmen quired by the organization	d to its exempt for the income and un after June 30, 19	unctions—subject to c prelated business taxa 175. See <b>section 509</b> (	ertain ex ble incor a)(2). (Co	ceptions, me (less s mplete Pa	and (2) no more tha ection 511 tax) from art III.)	n 33¹/₃% of its			
11	□Аг	organization organized and	d operated exclu	sively to test for publi	c safety.	See sect	ion 509(a)(4).				
12	☐ Ar	organization organized and	d operated exclu	sively for the benefit o	f, to per	form the fi	unctions of, or to car	ry out the purposes			
	of	one or more publicly supp	orted organization	ons described in <b>sect</b>	ion 509(	a)(1) or se	ection 509(a)(2). Sec	e <b>section 509(a)(3)</b>			
		eck the box in lines 12a thro									
а		Type I. A supporting orga	nization operated	d, supervised, or contr	rolled by	its suppo	rted organization(s),	typically by giving			
		the supported organization supporting organization.	ou must compl	ete Part IV, Sections	A and E	3.					
b		Type II. A supporting orga control or management of organization(s). You must	the supporting of	organization vested in	the sam	i with its s e persons	supported organization in that control or mana	on(s), by having age the supported			
c			grated. A suppor	rting organization ope	rated in d	connection	n with, and functiona ions A, D, and E.	illy integrated with,			
d		Type III non-functionally						rted organization(s)			
	_	that is not functionally inte requirement (see instruction	grated. The orga	anization generally mu	st satisfy	a distribu	ition requirement and	d an attentiveness			
е		Check this box if the organ functionally integrated, or	nization received Type III non-fund	l a written determination	on from t oporting	he IRS that organizati	at it is a Type I, Type ion.	II, Type III			
f	Ente	r the number of supported					- Sell (# 160 (50) (# 160	0.00 24			
g	Prov	ide the following informatio	n about the sup	ported organization(s).	)						
	(I) Nam	e of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	listed in yo	organization ur governing iment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
					Yes	No					
(A)											
(B)					0						
_	_										
(C)											
(D)		W									
(E)											

-							
Par	(Complete only if you checked the	he box on lin	e 5, 7, or 8 o	f Part I or if th	ne organization	on failed to qu	ri) ıalify under
	Part III. If the organization fails to	o qualify unde	er the tests li	sted below, p	lease compl	ete Part III.)	
	tion A. Public Support		T	T	F 72 24.2	1	
	ndar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4			S 18 3 6 6 19			
	ion B. Total Support	110010	#1.0040	110011	40.0045	430040	70 T
	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.					12	E04(-)(0)
13	First five years. If the Form 990 is for the organization, check this box and stop here						The second secon
CA				• • • •	• • • •	* * * * *	
	on C. Computation of Public Support Public support percentage for 2016 (line 6,			1 column (fl)		14	%
14	Public support percentage from 2015 Sche	, column (i) di	Nided by line i	r, coldisiir (i))		15	%
15 16a	331/3% support test—2016. If the organization quality	ation did not	check the box	on line 13, an	d line 14 is 33	1/3% or more,	check this
b	33½% support test—2015. If the organization of	ation did not	check a box o	n line 13 or 16	a, and line 15	s 331/3% or mo	ore, check
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization mee Part VI how the organization meets the "fa organization	ets the "facts- acts-and-circu	and-circumsta umstances" te	ances" test, ch st. The organiz	eck this box a ation qualifies	nd <b>stop here.</b> as a publicly :	Explain in
b	10%-facts-and-circumstances test—20: 15 is 10% or more, and if the organizati Explain in Part VI how the organization me supported organization	ion meets the eets the "fact:	e "facts-and-c s-and-circums	ircumstances" tances" test. 1	test, check t The organization	his box and <b>s</b> on qualifies as	<b>top here.</b> a publicly
18	Private foundation. If the organization did instructions	not check a b	oox on line 13,	16a, 16b, 17a,	or 17b, check	this box and s	ee

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.)

04	in the organization lails to quality	dide de to	to noted bore	ow, picaco do	mpioto ( Eit.		
	ion A. Public Support	(-) 0010	(h) 2012	(c) 2014	(d) 2015	(e) 2016	(f) Total
	ndar year (or fiscal year beginning in)  Gifts, grants, contributions, and membership fees	(a) 2012	<b>(b)</b> 2013	(C) 2014	(u) 2015	(e) 2010	(i) Total
1	received. (Do not include any "unusual grants.")			4 000 400	4 004 204	4 407 630	6 222 700
2	Gross receipts from admissions, merchandise	1,208,463	1,111,574	1,203,493	1,221,321	1,487,938	6,232,789
-	sold or services performed, or facilities				1		
	furnished in any activity that is related to the	00.770	20 275	40 120	25 250	41 270	187,918
_	organization's tax-exempt purpose	28,776	39,375	43,138	35,259	41,370	107,510
3	Gross receipts from activities that are not an unrelated trade or business under section 513			1	1		
4	Tax revenues levied for the organization's benefit and either paid	1	i				
5	to or expended on its behalf						
5	The value of services or facilities						
•	furnished by a governmental unit to the	1			1	1	
	organization without charge						
6	Total. Add lines 1 through 5.	1,237,239	1,150,949	1,246,631	1,256,580	1,529,308	6,420,707
7a	Amounts included on lines 1, 2, and 3	1,501,500		1,2.0,00	3.23.2		
	received from disqualified persons .	327,055	291,825	302,028	282,705	320,950	1,524,563
h	Amounts included on lines 2 and 3						
_	received from other than disqualified					1	
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	10,325	3,903	24,487	7,704	133,366	179,785
C	Add lines 7a and 7b	337,380	295,728	326,515	290,409	454,316	1,704,348
8	Public support. (Subtract line 7c from	APPLICATION OF STREET					
	line 6.)		mileson Estab			Retire fall u	4,716,359
	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	1,237,239	1,150,949	1,246,631	1,256,580	1,529,308	6,420,707
10a	Gross income from interest, dividends,				- 1		
	payments received on securities loans, rents,	1		1			
	royalties and income from similar sources .	98	104	103	79	42	426
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses		1	1	1		
	acquired after June 30, 1975			400	70	40	420
_	Add lines 10a and 10b	98	104	103	79	42	426
11	Net income from unrelated business activities not included in line 10b, whether		1	1	1	10	
	or not the business is regularly carried on		1			Ti-	
12	Other income. Do not include gain or						
12	loss from the sale of capital assets	Į.	i				
	(Explain in Part VI.)		1		-		
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	1,237,337	1,151,053	1,246,734	1,256,659	1,529,350	6,421,133
14	First five years. If the Form 990 is for the	e organization'	s first, second	, third, fourth,	or fifth tax yea	ar as a section	501(c)(3)
	organization, check this box and stop her						
Secti	on C. Computation of Public Support						- 27
15	Public support percentage for 2016 (line 8					15	73.5 %
16	Public support percentage from 2015 Scho					16	74.0 %
Secti	on D. Computation of Investment Inc						
17	Investment income percentage for 2016 (li	ne 10c, columi	n (f) divided by	line 13, colum	n (f))	17	-0- %
18	Investment income percentage from 2015	Schedule A, P	art III, line 17	8 042 9 16 966 9	3 8 00 9 1 C - 4 C 1	18	-0- %
19a	331/3% support tests - 2016. If the organiz	eation did not o	check the box	on line 14, and	om 21 cf enii i	re than 331/3%,	and line
	17 is not more than 331/3%, check this box a	na stop nere.	me organizatioi	n quaines as a	publicity suppor	ceu organizacioi	n , ▶ ☑
Ь	331/3% support tests—2015. If the organizatine 18 is not more than 331/3%, check this be	mon aid not ch	eck a dox on ill	ne 14 of line 19	a, anu ime 10 l sa nublickieur	o more men 33	ation $\blacktriangleright$
20	Private foundation. If the organization did	not check a b	OX OH IITHE 14,	isa, or isb, ch	eck iilis oox al	in see trander	IOI IO

### **SCHEDULE D** (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.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2016 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Right	from the Heart Ministries Inc		58-1995651
Pa	rt I Organizations Maintaining Donor Adv	rised Funds or Other Similar Fu	nds 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	advisors in writing that the assets I	neld in donor advised
•	funds are the organization's property, subject to th	e organization's exclusive legal contr	ol? 🗌 Yes 🗀 No
6	Did the organization inform all grantees, donors, a only for charitable purposes and not for the beneficonferring impermissible private benefit?	and donor advisors in writing that gra Tit of the donor or donor advisor, or t	nt funds can be used for any other purpose
Pai	Conservation Easements.	North on Form 000 Port IV line 7	
	Complete if the organization answered "		0
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., recreat		
	Protection of natural habitat	☐ Preservation of	f a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution	
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements	s. <i>.</i>	2b
С	Number of conservation easements on a certified h		
d	Number of conservation easements included in (	(c) acquired after 8/17/06, and not	on a
3	Number of conservation easements modified, trans	ferred, released, extinguished, or ten	
4	Number of states where property subject to conser	vation easement is located	
5	Does the organization have a written policy reg		pection handling of
-	violations, and enforcement of the conservation eas	sements it holds?	· · · · · · · · · · · · · · No
_	Staff and volunteer hours devoted to monitoring, inspecti		
6	Start and volunteer nours devoted to monitoring, inspect	ng, nanding of violations, and emotiong	conservation easements during the year
_		- t	
7	Amount of expenses incurred in monitoring, inspecting	g, handling of violations, and enforcing	conservation easements during the year
_	<b>S</b>	84 B - F P - 6 - H	
8	Does each conservation easement reported on line 2		
	and section 170(h)(4)(B)(ii)?		<u> </u>
9	In Part XIII, describe how the organization reports of		
	balance sheet, and include, if applicable, the text of		ancial statements that describes the
	organization's accounting for conservation easemen		· · · · · · · · · · · · · · · · · · ·
Part		of Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "		
1a	If the organization elected, as permitted under SFA	S 116 (ASC 958), not to report in its	revenue statement and balance sheet
	works of art, historical treasures, or other similar		
	public service, provide, in Part XIII, the text of the fo	otnote to its financial statements that	describes these items.
b	If the organization elected, as permitted under SF	AS 116 (ASC 958), to report in its	revenue statement and balance sheet
	works of art, historical treasures, or other similar public service, provide the following amounts relating		ucation, or research in furtherance of
	(i) Revenue included on Form 990, Part VIII, line 1		<b>▶</b> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art,	historical treasures or other similar	assets for financial gain provide the
~	following amounts required to be reported under SF		
_			
a	Revenue included on Form 990, Part VIII, line 1 . Assets included in Form 990, Part X		***************************************
D	Assets included in Form 990, Part X		- × × × <b>&gt;</b> 5

_	4
Page	4 4

Schedule D	

Par	Organizations Maintaining	Collections of	Art, Hi	storical	Treasures,	or Ot	her Similar A	ssets (contin
3	Using the organization's acquisition, collection items (check all that apply)	accession, and o	ther rec	ords, che	ck any of the	e follow	ing that are a	significant use
_	Public exhibition		٨	[] Los	n or exchang	e progr	ams	
a	Scholarly research							
b	Preservation for future generation	IS.	•		***********			
4	Provide a description of the organiza	ation's collections	and exp	lain how	they further	the org	anization's exe	mpt purpose i
•	XIII.				•	•		
5	During the year, did the organization assets to be sold to raise funds rathe	solicit or receive tr than to be mainta	donatio	ns of art, part of th	, historical tro ne organizatio	easures on's co	s, or other simi	ilar · □ Yes [
Par	Escrow and Custodial Arr. Complete if the organization	angements.						
	990, Part X, line 21.  Is the organization an agent, trustee							
	included on Form 990, Part X?				- 045 240			Yes [
b	If "Yes," explain the arrangement in P	art XIII and comple	ete the f	ollowing i	table:	-	1	\ maunt
								Amount
C	Beginning balance					10		
d	Additions during the year					1d	+	
θ	Distributions during the year					1e		
f	Ending balance		5 3 E	50 550, It.	8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	1f	apparent lightills	Van C
2a	Did the organization include an amou	nt on Form 990, P	art X, lin	e 21, for	escrow or cu	Stocial	account liabilit	yr 🗀 Tes L
b	If "Yes," explain the arrangement in P	art XIII. Check her	e if the e	explanation	on nas been p	rovide	u on Part XIII .	( * * *) L
Par	Endowment Funds.	#\/	" on En	rm 000	Dart IV linn	10		
	Complete if the organization	(a) Current year	OII LO	rm 990, rior year	(c) Two years	back T	(d) Three years bac	k (e) Four wasre
		(a) Current year	(0) P	wi yezi	(c) I wo years	Daun	in the years bac	n tol i one vous
	Beginning of year balance							
	Contributions					-		-
С	Net investment earnings, gains, and							T.
	losses					-		-
d	Grants or scholarships				-			
е	Other expenditures for facilities and							
_	programs					-		
f	Administrative expenses					-		
g	End of year balance	the enverent year an	d belos	ce (lice 1	column (a)	held o	P.	
2	Provide the estimated percentage of t			re (iiue 10	y, column (a))	HOIU &	э.	
a	Board designated or quasi-endowmen	OZ	70					
b	Permanent endowment							
С	Temporarily restricted endowment ►		70%					
20	The percentages on lines 2a, 2b, and Are there endowment funds not in the	a nossession of th	e orasa	ization th	at are held a	nd adn	ninistered for th	ne
3a	organization by:	o possession or th	o organ					Yes
	- ·							3a(i)
	(i) unrelated organizations (ii) related organizations							3a(ii)
	If "Yes" on line 3a(ii), are the related o		as recu					3b
h	Describe in Part XIII the intended uses	of the organization	n's end	owment f	unds.			
		ment.						
4	M Land, Buildings, and Equir	Section 2017 200-1	on Fo	m 990. l	Part IV, line	11a. S	ee Form 990,	Part X, line 1
	VI Land, Buildings, and Equip Complete if the organization	answered "Yes"					cumulated	(d) Book value
4	Complete if the organization  Description of property	(a) Cost or oth	ner basis		or other basis other)		reciation	
4 Part	Complete if the organization  Description of property	(a) Cost or oth	ner basis				reciation	
4 Part	Complete if the organization  Description of property  Land	(a) Cost or oth	ner basis				reciation	
Part  1a b	Complete if the organization  Description of property  Land	(a) Cost or oth	ner basis				reciation	
Part  1a b c	Complete if the organization  Description of property  Land	(a) Cost or oth	ner basis		other)			
Part  1a b	Complete if the organization  Description of property  Land	(a) Cost or oth	ner basis				75,969	2

		varad "Vae" on Form	QQO Part IV line	11b See Form 990 Part X line 12
	(a) Description of security or category (including name of security)	vered Tes Off Offi	(b) Book value	e 11b. See Form 990, Part X, line 12 (c) Method of valuation: Cost or end-of-year market value
(1) Financial	derivatives			
	neld equity interests			
(3) Other				
(A)				
(B)				
(C)	CANADA CANADA PROCENTANDO ESCUENTANDO CANADA CANADA (CONTRA CONTRA CONTRA CONTRA CONTRA CONTRA CONTRA CONTRA C			
(D)				
(E) (F)				
(G)				
(H)				
	b) must equal Form 990, Part X, col. (B) line 12.)		6	
Part VIII	Investments—Program Related			
	Complete if the organization answ	ered "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
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8) (9)				
	must equal Form 990, Part X, col. (B) line 13.)		8	Market State of the State of the
Part IX	Other Assets.			
I GILIA	Complete if the organization answ	ered "Yes" on Form	990, Part IV, line	11d. See Form 990, Part X, line 15.
Tartix	Complete if the organization answ	ered "Yes" on Form	990, Part IV, line	11d. See Form 990, Part X, line 15.
	Complete if the organization answ		990, Part IV, line	
(1)	Complete if the organization answ		990, Part IV, line	
(1)	Complete if the organization answ		990, Part IV, line	
(1) (2) (3)	Complete if the organization answ		990, Part IV, line	
(1) (2) (3) (4)	Complete if the organization answ		990, Part IV, line	
(1) (2) (3) (4)	Complete if the organization answ		990, Part IV, line	
(1) (2) (3) (4) (5)	Complete if the organization answ		990, Part IV, line	
(1) (2) (3) (4) (5) (6) (7)	Complete if the organization answ		990, Part IV, line	
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Complete if the organization answ (a)	Description		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Complete if the organization answ (a)	Description	990, Part IV, line	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Complete if the organization answ (a)	Description  (B) line 15.)		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colum	complete if the organization answ (a)  Inn (b) must equal Form 990, Part X, col. Other Liabilities. Complete if the organization answer.	Description  (B) line 15.)		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colum	nn (b) must equal Form 990, Part X, col.  Other Liabilities.  Complete if the organization answelline 25.  (a) Description of liability	(B) line 15.) ered "Yes" on Form		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colum Part X	nn (b) must equal Form 990, Part X, col.  Other Liabilities.  Complete if the organization answelline 25.  (a) Description of liability	(B) line 15.) ered "Yes" on Form		(b) Book value
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(1) (2) (3) (4) (5) (6) (7) (8) (9) (otal. (Colum Part X	nn (b) must equal Form 990, Part X, col.  Other Liabilities.  Complete if the organization answelline 25.  (a) Description of liability	(B) line 15.) ered "Yes" on Form		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X  (1) Federal inc. (2) (3) (4) (5) (6) (7) (8)	nn (b) must equal Form 990, Part X, col.  Other Liabilities.  Complete if the organization answelline 25.  (a) Description of liability	(B) line 15.) ered "Yes" on Form		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X  (1) Federal inc (2) (3) (4) (5) (6) (7) (8) (9)	nn (b) must equal Form 990, Part X, col.  Other Liabilities.  Complete if the organization answelline 25.  (a) Description of liability	(B) line 15.) ered "Yes" on Form		(b) Book value

Part	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	1,499,93
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		11.55
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities	Sec	
Ç	Recoveries of prior year grants		
ď	Other (Describe in Part XIII.)	9	
e	Add lines 2a through 2d	2e	7,03
3	Subtract line 2e from line 1	3	1,492,89
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	4-14	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	40.8	
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	-0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,492,895
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Return.	
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements	11	1,512,110
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	E-V-I	1,312,111
2	Donated services and use of facilities	TO WAS I	
a	Prior year adjustments 2b		
b	Other losses	1000	
c	Other (Describe in Part XIII.) 2d 7,03	10000	
d	Add lines 2a through 2d	2e	7,039
е 3	Subtract line 2e from line 1	3	1,505,071
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	72.00	1,505,67
	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
a	Other (Describe in Part XIII.)	1000	
	Add lines 4a and 4b	4c	
С 5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,505,071
Part 2		-	1,303,071
2; Part	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2 XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional in line 2d - Cost of Goods Sold from Books & CDs are treated as an expense item in the audit report, but the	nformation.	
Part XII	nue when determining Form 990 Total Revenue. This totaled \$7,039 in 2016.  line 2d - Total Expenses per audited financial statements includes \$7,039 for Cost of Goods Sold from Book is treated as a revenue deduction under Part VIII, line 10b, Cost of Goods Sold.	ooks & CDs ii	n 2016. On
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			*********
		(	

### 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.

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

OMB No. 1545-0047 2016

Name of the organization Employer identification number Right from the Heart Ministries Inc 58-1995651 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers 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 e 

Solicitation of non-government grants ☐ Internet and email solicitations f Solicitation of government grants

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(Sii) Did fund custody of contrib	traiser have control of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
1			Yes	No			
2							
3							
4							
5							
6			8				
7							
8							
9							
0							
otal	* (*) (*) (*) * * * (*) (*) (*) (*) (*)			. ▶			
3	List all states in which the organization or licensing.	inization is regist	ered or lice	nsed to so	olicit contributions	or has been notified	d it is exempt from
						************	***************************************
*****	******************************						
		SAWAR CUSAN DOSON					

Schedule G (Form 990 or 990-EZ) 2016 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more Part II 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. (c) Other events (a) Event #1 (b) Event #2 (d) Total events (add col. (a) through col. (c)) **Golf Classic** (total number) (event type) (event type) Revenue 83,715 1 Gross receipts . . . 83,715 Less: Contributions . . 45,591 45,591 Gross income (line 1 minus 3 line 2) . . . . . . . 38,124 38,124 Cash prizes . . . . . Noncash prizes Direct Expenses Rent/facility costs . . . 25,724 25,724 7 Food and beverages .. 3,141 3,141 8 Entertainment : 9 Other direct expenses 551 551 Direct expense summary. Add lines 4 through 9 in column (d) 10 29,416 Net income summary. Subtract line 10 from line 3, column (d) 11 8,708 Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more Part III than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue Cash prizes . . Direct Expenses 3 Noncash prizes Rent/facility costs . Other direct expenses Yes ☐ Yes Yes Volunteer labor. No No Direct expense summary. Add lines 2 through 5 in column (d) 7 Net garning income summary. Subtract line 7 from line 1, column (d) . . . . . . . . . 8

а	Is the organization licensed to conduct gaming activities in each of these states?
Ь	If "No," explain:
	Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? .   Yes  No If "Yes," explain:

Enter the state(s) in which the organization conducts gaming activities:

Schedu	lle G (Form 990 or 990-EZ) 2016 Page 3
11 12	Does the organization conduct gaming activities with nonmembers?
13	Indicate the percentage of gaming activity conducted in:
а	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?
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ ff "Yes," enter name and address of the third party:
	Name ►
	Address►
16	Garning manager information:
	Name▶
	Garning 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

### **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.

2016 Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Right from the Heart Ministries Inc

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

Inspection Employer identification number

58-1995651

Form 990, Part VI, line 11b: The Form 990 is prepared by the Finance Manager and reviewed by the Executive Director. Once this is completed, the Secretary-Treasurer reviews it on behalf of the Board. Once the return is filed, the Board is advised and is offered the opportunity to review the completed return. Form 890, Part VI, line 12c: It is the intent of the ministry to generally avoid direct associations of services provided by companies of current Board members. Business involving a Board member, a Board member's family, or the family of an employee, shall be considered and authorized by the Board as a whole. Additionally, whenever it can, the ministry and the Board consider and evaluate competitive pricing in such decisions. Form 990, Part VI, line 15: During the budget planning process each year, the complete Board of Directors reviews the salary and benefits package for the Executive Director. Consideration is given to the performance as well as market considerations before the final amount is approved. Also during this planning process, the salaries of the Founder and Secretary-Treasurer are considered. The Founder and Secretary-Treasurer withdraw from those discussions and the remaining Board members provide the final approval. 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.