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Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

2008**Open to Public Inspection**

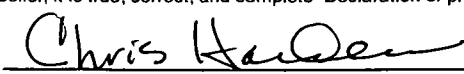

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2008 calendar year, or tax year beginning 10/1/2008, and ending 6/30/2009																																		
B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1"> <tr> <td rowspan="4">Please use IRS label or print or type See Specific Instructions</td> <td colspan="2">C Name of organization Project H E A R T, Inc</td> <td>D Employer identification number 73-1199063</td> </tr> <tr> <td colspan="2">Doing Business As</td> <td></td> </tr> <tr> <td>Number and street (or P O box if mail is not delivered to street address)</td> <td>Room/suite</td> <td>E Telephone number 405 214 1972</td> </tr> <tr> <td colspan="2">830 W Ford</td> <td></td> </tr> <tr> <td></td> <td colspan="2">City or town, state or country, and ZIP + 4 Shawnee OK 74801</td> <td>G Gross receipts \$ 2,181,345</td> </tr> <tr> <td colspan="3">F Name and address of principal officer Bob Guinn 14101 Acme Rd, Shawnee, OK 74804</td> <td> H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number </td> </tr> <tr> <td colspan="3">I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</td> <td></td> </tr> <tr> <td colspan="3">J Website: n/a</td> <td></td> </tr> <tr> <td colspan="2">K Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other</td> <td>L Year of formation 1983</td> <td>M State of legal domicile OK</td> </tr> </table>	Please use IRS label or print or type See Specific Instructions	C Name of organization Project H E A R T, Inc		D Employer identification number 73-1199063	Doing Business As			Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone number 405 214 1972	830 W Ford				City or town, state or country, and ZIP + 4 Shawnee OK 74801		G Gross receipts \$ 2,181,345	F Name and address of principal officer Bob Guinn 14101 Acme Rd, Shawnee, OK 74804			H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number	I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				J Website: n/a				K Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation 1983	M State of legal domicile OK
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Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities To represent elderly persons in Lincoln, Pawnee, Payne and Pottawatomie counties, and to sponsor nutrition and supporting service programs established within the Central Oklahoma Economic Development District Area Agency on Aging planning and service area		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	10
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5 Total number of employees (Part V, line 2a)	5	103
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,331,303	1,088,849
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,373,394	1,088,952
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10e, and 11e)	14,189	3,544
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,718,886	2,181,345
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	909,955	753,272
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 20)	0	0
	17 Other expenses (Part IX, column (A), lines 11a and 12–14)	1,652,770	1,206,471
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,562,725	1,959,743
Net Assets or Fund Balances	19 Revenue less expenses Subtract line 18 from line 12	156,161	221,602
	20 Total assets (Part X, line 16)	Beginning of Year	End of Year
	21 Total liabilities (Part X, line 26)	1,948,942	1,104,503
	22 Net assets or fund balances Subtract line 21 from line 20	1,101,216	35,175
		847,726	1,069,328

Part II Signature Block

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge			
	 Signature of officer		Date 5/13/2010	
	Chris Harden Type or print name and title		exec director	
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed	Preparer's identifying number (see instructions)
	 Firm's name (or yours if self-employed), address, and ZIP + 4	5/13/2010	<input type="checkbox"/>	73-1344508
	Becky Fleming, C P A, Inc 7920 108th Ave NE, Norman, OK 73026-9761			405 641 5794

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2008)

(HTA)

9-16 1

SCANNED JUN 30 2010

Part III Statement of Program Service Accomplishments (see instructions)

- 1**
- Briefly describe the organization's mission:

Senior nutrition programs

- 2**
- Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

- 3**
- Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

- 4**
- Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 895,281 including grants of \$ 0) (Revenue \$ 1,042,952)
 106,315 congregate meals to 1,845 clients,
 52,858 home delivered meals to 648 clients
 33,635 nutrition related services to 2,812 clients

4b (Code) (Expenses \$ 931,824 including grants of \$ 0) (Revenue \$ 1,088,952)
 357,033 meals to 995 medicaid clients

4c (Code) (Expenses \$ 41,498 including grants of \$ 0) (Revenue \$ 45,897)
 Evidence based pilot fitness program for 97 seniors, which included an initial
 assessment, fitness check, 1 hour fitness program 3 times each week,
 and a health check after 4 months

- 4d**
- Other program services (Describe in Schedule O)

(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses ▶ \$ 1,868,603 (Must equal Part IX, Line 25, column (B))

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?		X
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.		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III.		
6 Did the organization maintain any donor advised funds or any accounts where 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.		X
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.		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.		X
9 Did the organization report an amount in Part X, line 21, 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.		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V.		X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII.		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.		X
14a Did the organization maintain an office, employees, or agents outside of the U S ?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I.		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II.		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III.		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I.		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.		X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H.		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.		X
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.		X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J.		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25.		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I.		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III.		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns. Enter -0- if not applicable.	0	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	103	
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return (see instructions).	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Did the organization solicit any contributions that were not tax deductible?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

		Yes	No
For each "Yes" response to lines 2–7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body	1a	10
b	Enter the number of voting members that are independent	1b	10
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?	2	X
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	X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6	Does the organization have members or stockholders?	6	X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	X
b	Each committee with authority to act on behalf of the governing body?	8b	
9a	Does the organization have local chapters, branches, or affiliates?	9a	X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990.	10	X
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	11	X

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13.	12a	X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done.	12c	X
13	Does the organization have a written whistleblower policy?	13	X
14	Does the organization have a written document retention and destruction policy?	14	X
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:		
a	The organization's CEO, Executive Director, or top management official?	15a	X
b	Other officers or key employees of the organization?	15b	X
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	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed. **OK**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization. **Project HEART, Inc** **405 214 1972**
430 W Ford, Shawnee, OK 74801

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☒ Check this box if the organization did not compensate any officer, director, trustee, or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Dale Vance director	1	X						0	0	0
Buck Day director	1	X						0	0	0
Bill Deering director	1	X						0	0	0
Bob Ellis director	1	X						0	0	0
Kent Friskup director	1	X						0	0	0
Bob Guinn president	1	X		X				0	0	0
Bill Haselwood director	1	X						0	0	0
Gloria Hesser vice president	1	X		X				0	0	0
Pat McGuinness secretary	1	X		X				0	0	0
Gary Pogue director	1	X						0	0	0
	0							0	0	0
	0							0	0	0
	0							0	0	0
	0							0	0	0
	0							0	0	0
	0							0	0	0
	0							0	0	0
	0							0	0	0

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a 0			
	b Membership dues	1b 0			
	c Fundraising events	1c 0			
	d Related organizations	1d 0			
	e Government grants (contributions)	1e 957,322			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 131,527			
	g Noncash contributions included in lines 1a-1f \$	0			
	h Total. Add lines 1a-1f	1,088,849			
	Program Service Revenue	2a contract meals	Business Code 624200	1,088,952	1,088,952
b					
c			0		
d			0		
e			0		
f All other program service revenue			0		
g Total. Add lines 2a-2f		1,088,952			
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)		3,544	
	4 Income from investment of tax-exempt bond proceeds		0		
	5 Royalties		0		
	6a Gross Rents	(i) Real (ii) Personal			
	b Less rental expenses				
	c Rental income or (loss)	0 0			
	d Net rental income or (loss)		0		
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other			
	b Less cost or other basis and sales expenses	0 0			
	c Gain or (loss)	0 0			
	d Net gain or (loss)		0		
	8a Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c) See Part IV, line 18				
	b Less direct expenses	a 0 b 0			
	c Net income or (loss) from fundraising events		0		
	9a Gross income from gaming activities See Part IV, line 19				
	b Less direct expenses	a 0 b 0			
	c Net income or (loss) from gaming activities		0		
	10a Gross sales of inventory, less returns and allowances				
	b Less cost of goods sold	a 0 b 0			
	c Net income or (loss) from sales of inventory		0		
	Miscellaneous Revenue		Business Code		
11a		0			
b		0			
c		0			
d All other revenue		0			
e Total. Add lines 11a-11d		0			
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e.		2,181,345	1,088,952	0	3,544

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0			
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	0			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	665,867	601,532	64,335	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9	Other employee benefits	39,235	35,999	3,236	
10	Payroll taxes	48,170	43,480	4,690	
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	0			
c	Accounting	0			
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	0			
12	Advertising and promotion	0			
13	Office expenses	30,883	27,885	2,998	
14	Information technology	0			
15	Royalties	0			
16	Occupancy	46,827	42,144	4,683	
17	Travel	41,108	37,414	3,694	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	4,043	3,639	404	
20	Interest	0			
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	27,628	24,911	2,717	0
23	Insurance	0			
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	Nutrition and health promotions	37,222	37,222		
b	Food	914,759	914,759		
c	Kitchen maintenance & supplies	54,851	54,851		
d	Equipment rental & maintenance	39,743	35,769	3,974	
e	Other	9,407	8,998	409	
f	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24f	1,959,743	1,868,603	91,140	0
26	Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	616,290	1	598,609
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	990,562	3	116,513
	4 Accounts receivable, net	120,360	4	119,374
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L	0	5	0
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	67,051	8	49,713
	9 Prepaid expenses and deferred charges	1,427	9	1,427
	10a Land, buildings, and equipment cost basis	10a 569,260		
	b Less accumulated depreciation. Complete Part VI of Schedule D	10b 434,548		
		153,252	10c	218,867
	11 Investments—publicly traded securities	0	11	0
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	0	15	0	
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,948,942	16	1,104,503	
Liabilities	17 Accounts payable and accrued expenses	199,478	17	35,175
	18 Grants payable		18	
	19 Deferred revenue	901,738	19	0
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable	0	24	0
	25 Other liabilities. Complete Part X of Schedule D	0	25	0
	26 Total liabilities. Add lines 17 through 25	1,101,216	26	35,175
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	847,726	27	1,069,328
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	847,726	33	1,069,328
	34 Total liabilities and net assets/fund balances	1,948,942	34	1,104,503

Part XI Financial Statements and Reporting

- 1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If "Yes" to lines 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?
- 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 organization undergo the required audit or audits?

	Yes	No
2a	X	
2b	X	
2c	X	
3a	X	
3b	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

Project H E A R T , Inc

Employer identification number

73-1199063

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H)
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).** (see instructions)
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h
- a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the organizations the organization supports

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see Instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col.(i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
									0
									0
									0
									0
									0
									0
Total									0

Part II**Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1,227,485	1,225,988	1,238,718	1,331,303	1,088,849	6,112,343
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0			0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0			0
4 Total. Add lines 1-3	1,227,485	1,225,988	1,238,718	1,331,303	1,088,849	6,112,343
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						6,112,343

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	1,227,485	1,225,988	1,238,718	1,331,303	1,088,849	6,112,343
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	9,717	6,841	15,703	14,189	3,544	49,994
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0			0
11 Total support. Add lines 7 through 10						6,162,337

12 Gross receipts from related activities, etc. (see instructions) **12****13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	99.19%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	99.33%

16a 33 1/3% support test—2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒**b 33 1/3% support test—2007.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐**17a 10%-facts-and-circumstances-test—2008.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐**b 10%-facts-and-circumstances test—2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	0	0	0			0
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	0	0	0			0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0			0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0			0
6 Total. Add lines 1-5	0	0	0	0	0	0
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6.)						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0			0
13 Total support. (Add lines 9, 10c, 11, and 12.)						0
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	0.00%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	0.00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	0.00%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	0.00%

- 19a 33 1/3% support tests—2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☐
- b 33 1/3% support tests—2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV

Supplemental Information. Complete this part to provide the explanation required by Part II, line 10, Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

[illegible]

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

Project H E A R T , Inc

Employer identification number

73-1199063

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate 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 held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically important land area

☐ Protection of natural habitat ☐ Preservation of certified historic structure

☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ►

4 Number of states where property subject to conservation easement is located ►

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ► \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ► \$

(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 SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ► \$

b Assets included in Form 990, Part X ► \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a ☐ Public exhibition d ☐ Loan or exchange programs
- b ☐ Scholarly research e ☐ Other
- c ☐ Preservation for future generations
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIV and complete the following table
- | | Amount |
|----------------------------------|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | 0 |
- 2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☒ No
- b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	0				

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ %
- b Permanent endowment ▶ %
- c Term endowment ▶ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i) unrelated organizations
- (ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

	Yes	No
3a(i)		
3a(ii)		
3b		

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land	0	0		0
b Buildings	0	0	100	2,565
c Leasehold improvements	0	0	0	0
d Equipment	0	569,260	434,448	126,633
e Other	0	0	0	89,669
Total. Add lines 1a–1e (Column (d) should equal Form 990, Part X, column (B), line 10(c))				218,867

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,181,345
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,959,743
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	221,602
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4–8	9	0
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	221,602

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	0
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	0

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	0
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	0

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Part XIV Supplemental Information (continued)

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Project H E A R T , Inc

Supplemental Information to Form 990

- **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Employer identification number

73-1199063

Form 990 Part VI Section C Line 19 Documents are made available at administration offices upon request

Part VIII, Lines 1a-h (990) - Contributions, Gifts, Grants, and Other Amounts

	Cash		Non Cash
1 Federated Campaigns		1	
2 Membership dues		2	
3 Fundraising events		3	
4 Related organizations		4	
5 Government grants (contributions)	957,322	5	
6 All other contributions, gifts, grants, and similar amounts not included above			
Site donations	121,527		
Ross grant	10,000		
Other contributions total	131,527	6	0
7 Total	1,088,849	7	0

Part IX, Line 22 (990) - Depreciation, Depletion, etc.

		27,628	24,911	2,717	0
		(A)	(B)	(C)	(D)
		Total	Program services	Management and general	Fundraising
Description					
1	Equipment	27,528	24,811	2,717	
2	Building	100	100		
3		0			
4		0			
5		0			
6		0			
7		0			
8		0			
9		0			
10		0			
11		0			
12		0			
13		0			
14		0			
15		0			
16		0			
17		0			
18		0			
19		0			
20		0			

Part X, Lines 10a and 10b (990) - Land, Buildings, and Equipment

Category or Item		Land	Buildings	Leasehold Improvements	Equipment	Other	Check if Investment Asset	Check if Asset Disposed	Cost/Other Basis	Beginning Accumulated Depreciation	Ending Accumulated Depreciation	Disposals/ Adjustments	Beginning Balance	Ending Balance
1	Equipment				X				569,260	416,008	434,448	-8,179	153,252	126,633
2	Buildings		X									2,665	0	2,665
3	Construction in progress					X						89,669	0	89,669
4									0	0			0	0
5									0	0			0	0
6									0	0			0	0
7									0	0			0	0
8									0	0			0	0
9									0	0			0	0
10									0	0			0	0
11									0	0			0	0
12									0	0			0	0
13									0	0			0	0
14									0	0			0	0
15									0	0			0	0
16									0	0			0	0
17									0	0			0	0
18									0	0			0	0
19									0	0			0	0
20									0	0			0	0
										569,260	434,548	84,155	153,252	218,867

ASSET DEPRECIATION SHORT REPORT
PROJECT HEART Jun. 30, 2009

Sorted. ASSET A/C#
Method 1-BOOK-Pro-Rated 9/ 12

Range 1400 62 - 1402 50
Include All assets

						Includes Section 179		
Date Acq	Description	Meth/Life	Cost	Salvage Value	Depr Basls	Beg A/Depr	Curr Depr	End A/Depr
ASSET A/C#: 1400.62 - BUILDINGS - STILLWATER								
05/13/09	A Storage building for freezer	SLH/10 00	2,655 00	0 00	2,655 00	0 00	99 56	99 56
Grand totals 1400 62 - BUILDINGS - STILLWATER (1 assets)			2,655 00	0 00	2,655 00	0 00	99 56	99 56
ASSET A/C#: 1401.00 - OFFICE EQUIPMENT								
06/01/85	IBM Typewriter	SLH/ 5 00	350 00	0.00	350 00	350 00	0 00	350 00
09/01/85	Cabinet File, Exec	SLH/ 5 00	336 14	0 00	336 14	336 14	0 00	336 14
09/01/85	Credenza 72" x 20"	SLH/ 5 00	406 09	0 00	406 09	406 09	0 00	406 09
09/30/85	Desk	SLH/ 5 00	401 95	0 00	401 95	401 95	0 00	401 95
01/01/91	Tape Backup-120MB	SLH/ 5 00	415 00	0 00	415 00	415 00	0 00	415 00
09/30/91	2 Masterview Desks	SLH/ 5 00	746 94	0 00	746 94	746 94	0 00	746 94
10/31/91	Lotus 123,3 1	SLH/ 5 00	495 00	0 00	495 00	495 00	0 00	495 00
09/30/92	Control Unit, Merlin 410	SLH/ 5.00	2,214 00	0 00	2,214 00	2,214 00	0 00	2,214 00
09/30/93	Desk	SLH/ 5 00	435 49	0 00	435 49	435 49	0 00	435 49
09/30/93	Desk	SLH/ 5 00	366 74	0 00	366 74	366 74	0 00	366 74
09/30/93	Computer Desk	SLH/ 5 00	425 80	0 00	425 80	425 80	0 00	425 80
09/30/94	Transcriber/Recorder	SLH/ 5 00	321.95	0 00	321 95	321 95	0 00	321 95
09/30/94	Safe/Fire Proof and Portable	SLH/ 5 00	371 37	0 00	371 37	371 37	0 00	371 37
08/01/96	Microsoft Office Software	SLH/ 5 00	400 00	0 00	400 00	400 00	0 00	400 00
10/01/96	Printer Okidata 520	SLH/ 5 00	495 00	0 00	495 00	495 00	0 00	495 00
07/01/97	Hi-Corp Display	SLH/ 5 00	779 00	0 00	779 00	779 00	0 00	779 00
09/30/99	32 MB ram and sound cards #14245	SLH/ 5 00	303 80	0.00	303 80	303 80	0 00	303 80
09/30/99	56K Modem, 2 network interface card	SLH/ 5 00	313 57	0 00	313 57	313 57	0 00	313 57
09/30/99	Business Works for Windows V 12	SLH/ 5 00	4,608 95	0 00	4,608 95	4,608 95	0 00	4,608 95
09/30/02	Okidata 320 Turbo Printer	SLH/ 5 00	412 29	0 00	412 29	412 29	0 00	412 29
09/30/02	Cannon Copier MDL3300	SLH/ 5 00	5,714 00	0 00	5,714 00	5,714 00	0 00	5,714 00
08/14/06	Computer System Asus System AMD wnt	SLH/ 5 00	1,178 31	0 00	1,178 31	589 15	176 75	765 90
08/23/06	Conference Table with Base	SLH/ 5 00	606 49	0 00	606 49	303 25	90 98	394 23
09/24/07	Sunbelt Data Systems	SLH/ 5 00	12,924 15	0 00	12,924 15	3,877 25	1,938 62	5,815 87
09/26/07	Dell computer	SLH/ 5 00	1,161 31	0 00	1,161 31	348 39	174 20	522 59
09/26/07	Dell Computer	SLH/ 5 00	1,161 31	0 00	1,161 31	348 39	174 20	522 59
09/27/07	Dell Computer	SLH/ 5 00	1,161 31	0 00	1,161 31	348 39	174 20	522 59
09/27/07	Dell Computer	SLH/ 5 00	963 60	0 00	963 60	289 08	144 54	433 62
09/27/07	Dell Computer	SLH/ 5 00	1,185 31	0 00	1,185 31	355 59	177 80	533 39
09/28/07	Dell computer	SLH/ 5 00	1,930 34	0 00	1,930 34	579 10	289 55	868 65
Grand totals 1401 00 - OFFICE EQUIPMENT (30 assets)			42,585 21	0 00	42,585 21	27,351 67	3,340 84	30,692 51
ASSET A/C#: 1401.01 - ASHER								
03/01/88	Exhaust Hood, Filters, Fan	SLH/ 5 00	2,559 60	0 00	2,559 60	2,559 60	0 00	2,559 60
03/01/88	Fire Protection System	SLH/ 5 00	982 80	0 00	982 80	982 80	0 00	982 80
03/01/88	Sink w/r & I Drain Board & Faucet	SLH/ 5 00	911 52	0 00	911 52	911.52	0 00	911 52
03/01/88	Freezer/2 sect./Defiled 17876T	SLH/ 5 00	2,478 60	0 00	2,478 60	2,478 60	0 00	2,478 60
04/01/88	Table, Dish, Soil/Clean	SLH/ 5 00	885 60	0 00	885 60	885 60	0 00	885 60
04/01/88	SS Aerohot table w/pot rack	SLH/ 5 00	918 00	0 00	918 00	918 00	0 00	918 00
09/01/94	TV/VCR Emerson	SLH/ 5 00	428 92	0 00	428 92	428 92	0 00	428 92
11/01/94	Freezer/True	SLH/ 5 00	2,862 00	0 00	2,862 00	2,862 00	0 00	2,862 00
11/04/94	Mixer/12 Qt - Hobart	SLH/ 5 00	2,046 60	0 00	2,046 60	2,046 60	0 00	2,046 60
09/01/96	Slicer/Hobart	SLH/ 5 00	985 00	0 00	985 00	985 00	0 00	985 00
12/01/97	Ice-O-Matic Machine/Bin	SLH/ 5 00	2,065 03	0 00	2,065 03	2,065 03	0 00	2,065 03
02/01/98	Hi-Corp Display	SLH/ 5 00	374 27	0 00	374 27	374 27	0 00	374 27
10/01/01	3 Dr Delfield Refridgerator	SLH/ 5 00	2,916 00	0 00	2,916 00	2,916 00	0 00	2,916 00
Grand totals 1401 01 - ASHER (13 assets)			20,413 94	0 00	20,413 94	20,413 94	0 00	20,413 94
ASSET A/C#. 1401.02 - CARNEY								
09/01/86	D Hot Food Table	SLH/ 5 00	374 00	0 00	374 00	374 00	0 00	374 00
06/01/90	Heat & Air Conditioner Unit EKUN41	SLH/ 5 00	2,800 00	0 00	2,800 00	2,800 00	0 00	2,800 00
09/01/94	TV/VCR Combo VT1922	SLH/ 5 00	428 92	0 00	428 92	428 92	0 00	428 92
09/01/95	D Hobart Dish Machine 22-1037-535	SLH/ 5 00	3,076 13	0 00	3,076 13	3,076 13	0 00	3,076 13
09/01/95	3 comp Aerohot Hot Food Model 305	SLH/ 5 00	375 00	0.00	375 00	375 00	0 00	375 00

ASSET DEPRECIATION SHORT REPORT

PROJECT HEART Jun. 30, 2009

Sorted ASSET A/C#
Method 1-BOOK-Pro-Rated 9/ 12Range 1400 62 - 1402 50
Include All assets

Date Acq	Description	Meth/Life	Cost	Salvage Value	Depr Basis	Includes Section 179		
						Beg A/Depr	Curr Depr	End A/Depr
ASSET A/C#: 1401 02 - CARNEY								
02/01/98	Hi-Corp Display	SLH/ 5 00	374 27	0 00	374 27	374 27	0 00	374 27
Grand totals	1401 02 - CARNEY (6 assets)		7,428 32	0 00	7,428 32	7,428 32	0 00	7,428 32
Less	2 Disposed assets (Current Depreciation \$0 00)		3,450 13	0 00	3,450 13	3,450 13		3,450 13
Net totals	1401 02 - CARNEY (4 assets)		3,978 19	0 00	3,978 19	3,978 19	0 00	3,978 19
ASSET A/C#: 1401.03 - CHANDLER								
09/01/82	Hot Food Counter EP304DC1082M	SLH/ 5 00	870 74	0 00	870 74	870 74	0 00	870 74
09/01/82	Aerohot S/S table w/pot rack w/draw	SLH/ 5 00	376 20	0 00	376 20	376 20	0 00	376 20
09/01/82	2 4 shelf, shelf units	SLH/ 5 00	620 00	0 00	620 00	620 00	0 00	620 00
12/01/82	Hobart Mixer 11258249	SLH/ 5 00	1,665 18	0 00	1,665 18	1,665 18	0 00	1,665 18
05/01/83	Always Can-Can Rack	SLH/ 5 00	499 00	0 00	499 00	499 00	0 00	499 00
09/01/86	Hobart Slicer 10" HOBA16752	SLH/ 5 00	786 25	0 00	786 25	786 25	0 00	786 25
09/01/91	Shelving Unit for Walk-in Freezer	SLH/ 5 00	1,309 04	0 00	1,309 04	1,309 04	0 00	1,309 04
09/01/94	Tv/VCR Combo	SLH/ 5 00	428 92	0 00	428 92	428 92	0 00	428 92
09/01/94	True S/S Solid Door Refrngerator	SLH/ 5 00	1,916 64	0 00	1,916 64	1,916 64	0 00	1,916 64
09/01/96	Hobart Dish Machine w/bilt in boost	SLH/ 5 00	3,197 00	0 00	3,197 00	3,197 00	0 00	3,197 00
02/01/98	Hi-Corp Display	SLH/ 5 00	374 27	0 00	374 27	374 27	0 00	374 27
Grand totals	1401 03 - CHANDLER (11 assets)		12,043 24	0 00	12,043 24	12,043 24	0 00	12,043 24
ASSET A/C#: 1401 04 - CUSHING								
11/01/79	Aerohot S/S Work Table w/pan rack	SLH/ 5 00	376 20	0 00	376 20	376 20	0 00	376 20
12/01/79	Hobart Freezer, 2 Door 35775120	SLH/ 5 00	1,542 74	0 00	1,542 74	1,542 74	0 00	1,542 74
12/01/79	Hobart REfrngerator 26973207	SLH/ 5 00	1,276 56	0 00	1,276 56	1,276 56	0 00	1,276 56
12/01/79	Shelf, Dish Table, sinks & Dish Rac	SLH/ 5 00	1,103 70	0 00	1,103 70	1,103 70	0 00	1,103 70
05/01/82	Always Can, Can Rack	SLH/ 5 00	499 00	0 00	499 00	499 00	0 00	499 00
05/01/82	Hobart Mixer w/attachments	SLH/ 5 00	2,895 00	0 00	2,895 00	2,895 00	0 00	2,895 00
09/01/86	Food Slicer 10"	SLH/ 5 00	786 25	0 00	786 25	786 25	0 00	786 25
09/01/86	Walk-in Freezer 91686336	SLH/ 5 00	7,543 75	0 00	7,543 75	7,543 75	0 00	7,543 75
09/01/89	S/S toil table	SLH/ 5 00	1,385 65	0 00	1,385 65	1,385 65	0 00	1,385 65
09/01/89	S/S Shelving	SLH/ 5 00	998 72	0 00	998 72	998 72	0 00	998 72
09/01/89	Salvador Food Disposal	SLH/ 5 00	906 60	0 00	906 60	906 60	0 00	906 60
09/01/89	S/S Table w/SS legs, 2 drawers	SLH/ 5 00	759 41	0 00	759 41	759 41	0 00	759 41
11/01/89	S/S Sink w/drain board & fixtures 2	SLH/ 5 00	1,160 00	0 00	1,160 00	1,160 00	0 00	1,160 00
11/01/89	Shelf Unit (5 shelf w/casters)	SLH/ 5 00	310 00	0 00	310 00	310 00	0 00	310 00
04/01/91	Ice Machine, Manitowoc	SLH/ 5 00	886 88	0 00	886 88	886 88	0 00	886 88
09/01/92	Range Hood w/fire suppressant	SLH/ 5 00	5,361 70	0 00	5,361 70	5,361 70	0 00	5,361 70
06/30/93 D	Hobart 2 dr freezer	SLH/ 5 00	3,464 85	0 00	3,464 85	3,464 85	0 00	3,464 85
09/01/93	Victor Refrngerator, 2 Door	SLH/ 5 00	2,182 24	0 00	2,182 24	2,182 24	0 00	2,182 24
09/01/93	Remcor Ice Dispenser TJ45	SLH/ 5 00	1,102 95	0 00	1,102 95	1,102 95	0 00	1,102 95
09/01/93	Electric Water Heater U093	SLH/ 5 00	1,793 14	0 00	1,793 14	1,793 14	0 00	1,793 14
06/01/94	TV/VCR 19" Combo	SLH/ 5 00	428 93	0 00	428 93	428 93	0 00	428 93
09/01/94	Brother Fax Machine	SLH/ 5 00	352 13	0 00	352 13	352 13	0 00	352 13
02/01/98	Hi-corp Display	SLH/ 5 00	374 27	0 00	374 27	374 27	0 00	374 27
10/01/01	Eagle Hot Food Table, Complete	SLH/ 5 00	1,492 75	0 00	1,492 75	1,492 75	0 00	1,492 75
10/01/01	Convection Oven	SLH/ 5 00	2,399 00	0 00	2,399 00	2,399 00	0 00	2,399 00
10/01/01	U S Range 10 Burner Range	SLH/ 5 00	2,191 00	0 00	2,191 00	2,191 00	0 00	2,191 00
10/01/01	2 Door Delfield Freezer	SLH/ 5 00	2,495 00	0 00	2,495 00	2,495 00	0 00	2,495 00
10/01/01	20 qt Ditto Dean Mixer w/attachment	SLH/ 5 00	3,134 00	0 00	3,134 00	3,134 00	0 00	3,134 00
10/01/07	Slicer,manual, 45 angled grade	SLH/ 5 00	1,315 92	0 00	1,315 92	131 59	197 39	328 98
Grand totals	1401 04 - CUSHING (29 assets)		50,518 34	0 00	50,518 34	49,334 01	197 39	49,531 40
Less	1 Disposed assets (Current Depreciation. \$0 00)		3,464 85	0 00	3,464 85	3,464 85		3,464 85
Net totals	1401 04 - CUSHING (28 assets)		47,053 49	0 00	47,053 49	45,869 16	197 39	46,066 55
ASSET A/C#: 1401.05 - MAUD								
07/01/78	Kenmore Chest Freezer P1332333	SLH/ 5 00	399 95	0 00	399 95	399 95	0 00	399 95
03/01/82	Kenmore Chest Freezer 08131685	SLH/ 5 00	479 88	0 00	479 88	479 88	0 00	479 88
03/01/82	Kenmore Refrigerator 10041162	SLH/ 5 00	659 88	0 00	659 88	659 88	0 00	659 88
03/01/82	Range Hood	SLH/ 5 00	400 00	0 00	400 00	400 00	0 00	400 00

ASSET DEPRECIATION SHORT REPORT
PROJECT HEART Jun. 30, 2009

Sorted ASSET A/C#
Method 1-BOOK-Pro-Rated 9/ 12

Range 1400 62 - 1402 50
Include All assets

Date Acq	Description	Meth/Life	Cost	Salvage Value	Depr Basis	Includes Section 179		
						Beg A/Depr	Curr Depr	End A/Depr
ASSET A/C#: 1401.05 - MAUD								
03/01/82	Fire Supression System for Hood	SLH/ 5 00	865 00	0 00	865 00	865 00	0 00	865 00
03/01/82	S/S work table w/pot rack	SLH/ 5 00	415 00	0 00	415 00	415 00	0 00	415 00
03/01/82	Hobart Mixer w/dough hook	SLH/ 5 00	1,850 00	0 00	1,850 00	1,850 00	0 00	1,850 00
09/01/83	Continental Freezer G8325	SLH/ 5 00	2,414 00	0 00	2,414.00	2,414 00	0 00	2,414 00
09/01/85	Randell Redrigrator, 2 section	SLH/ 5 00	1,875 00	0 00	1,875 00	1,875 00	0 00	1,875 00
09/01/88	Manitowoc Ice Machine Series 200 0	SLH/ 5 00	1,537 88	0 00	1,537 88	1,537 88	0 00	1,537 88
09/01/92	G E Refrigerator	SLH/ 5 00	666 48	0 00	666 48	666 48	0 00	666 48
09/01/93 D	General Slicer/Mixer	SLH/ 5 00	337 17	0 00	337 17	337 17	0 00	337 17
09/01/93	Imperial Three Shelf Cart	SLH/ 5 00	346 30	0 00	346 30	346 30	0 00	346 30
09/01/94	Emerson TV/VCR	SLH/ 5 00	428 92	0 00	428 92	428 92	0 00	428 92
02/01/98	Hi-corp Display	SLH/ 5 00	374 27	0 00	374 27	374 27	0 00	374 27
04/01/98	Deltecto Weighing Scale	SLH/ 5 00	300 00	0 00	300.00	300 00	0 00	300 00
09/30/99	Univex Slicer Max Series	SLH/ 5 00	1,730 57	0 00	1,730 57	1,730 57	0 00	1,730 57
10/01/01	Lowe's Water heater, Gas	SLH/ 5 00	434 08	0 00	434 08	434 08	0 00	434 08
Grand totals 1401 05 - MAUD (18 assets)			15,514 38	0 00	15,514 38	15,514 38	0 00	15,514 38
Less 1 Disposed assets (Current Depreciation \$0 00)			337 17	0 00	337 17	337 17		337 17
Net totals 1401 05 - MAUD (17 assets)			15,177 21	0 00	15,177 21	15,177 21	0 00	15,177 21
ASSET A/C#: 1401.06 - MCLOUD								
04/01/78	Hobart Mixer w/dough hook 11480	SLH/ 5 00	1,245 00	0 00	1,245.00	1,245 00	0 00	1,245 00
04/01/78	Work sink w/sprayer	SLH/ 5 00	487 00	0 00	487 00	487 00	0 00	487 00
04/01/78	Eagle Sink w/drain board, 2 comp	SLH/ 5 00	379 00	0 00	379 00	379 00	0 00	379 00
04/01/78	Rotary Chair	SLH/ 5 00	373 00	0 00	373 00	373 00	0 00	373 00
05/01/78	Fire Control System M# Ars-10	SLH/ 5 00	625 00	0 00	625 00	625 00	0 00	625 00
06/01/78	Aerohot Work Table w/pot rack	SLH/ 5 00	381 00	0 00	381 00	381 00	0 00	381 00
09/01/85	Vulcan 10 Burner Range 85J146	SLH/ 5 00	1,820 00	0 00	1,820 00	1,820 00	0 00	1,820 00
09/01/85	Shredder Attachment/Hobart Mixer F	SLH/ 5 00	431 00	0 00	431 00	431.00	0 00	431 00
07/01/86	Aerohot Work Table w/drawer	SLH/ 5 00	494 06	0 00	494 06	494 06	0 00	494 06
09/01/92	Hobart Dish Machine	SLH/ 5 00	2,852 95	0 00	2,852 95	2,852 95	0 00	2,852 95
09/01/93 D	Victory Freezer Model F SD H9341V1	SLH/ 5 00	1,836 05	0 00	1,836 05	1,836 05	0 00	1,836 05
06/01/94	TV/VCR, Emerson	SLH/ 5 00	428 92	0 00	428 92	428 92	0 00	428 92
11/01/95	True solid Door Freezer SN147867	SLH/ 5 00	1,916 66	0 00	1,916 66	1,916 66	0 00	1,916 66
02/01/98	Hi-Corp Display	SLH/ 5 00	374 27	0 00	374 27	374 27	0 00	374 27
10/01/01	Eagle 4 Well Steam Table Complete	SLH/ 5 00	1,155 80	0 00	1,155 80	1,155 80	0 00	1,155 80
10/01/01	General Slicer	SLH/ 5 00	1,350 57	0 00	1,350 57	1,350 57	0 00	1,350 57
Grand totals 1401 06 - MCLOUD (16 assets)			16,150 28	0 00	16,150 28	16,150 28	0 00	16,150 28
Less 1 Disposed assets (Current Depreciation \$0 00)			1,836 05	0 00	1,836 05	1,836 05		1,836 05
Net totals 1401 06 - MCLOUD (15 assets)			14,314 23	0 00	14,314 23	14,314 23	0 00	14,314 23
ASSET A/C#: 1401 07 - MEEKER								
05/01/91	Sneeze Guard	SLH/ 5 00	351 44	0 00	351 44	351 44	0 00	351 44
09/01/91	Eagle S/S table w/bottom sehlf	SLH/ 5 00	417 06	0 00	417 06	417 06	0 00	417 06
09/01/94	TV/VCR 19" Combo	SLH/ 5 00	428 93	0 00	428 93	428 93	0 00	428 93
02/01/98	Hi-Corp Display	SLH/ 5 00	374 26	0 00	374 26	374 26	0 00	374 26
11/01/98	S/S 2 compartment wink with sprayer	SLH/ 5 00	1,160 00	0 00	1,160 00	1,160 00	0 00	1,160 00
Grand totals 1401 07 - MEEKER (5 assets)			2,731 69	0 00	2,731 69	2,731 69	0 00	2,731 69
ASSET A/C#: 1401.08 - PAWNEE								
10/01/79	AAA Desk AAA-27-1	SLH/ 5 00	360 00	0 00	360 00	360 00	0 00	360 00
09/01/83	S/S Worktable 5' on castors	SLH/ 5 00	305 00	0 00	305.00	305 00	0 00	305 00
09/01/83	Hobart Disposal MFD-2752406948	SLH/ 5 00	1,218 00	0 00	1,218 00	1,218 00	0 00	1,218 00
09/01/83	Aerohot Work table w/pan rack	SLH/ 5 00	931 00	0 00	931 00	931 00	0 00	931 00
09/01/83	Bloomfield Utility Carts 0614	SLH/ 5 00	530.00	0 00	530 00	530 00	0 00	530 00
09/01/83	Range Hood	SLH/ 5 00	550 00	0 00	550 00	550 00	0 00	550 00
07/01/86	Gibson Freezer 14953 3H18VSXLN	SLH/ 5 00	545 00	0 00	545 00	545 00	0 00	545 00
07/01/86	Hobart Slicer 10"	SLH/ 5 00	786 25	0 00	786 25	786 25	0 00	786 25
01/01/91	2 door refrigerator 735061	SLH/ 5 00	2,078 59	0 00	2,078 59	2,078 59	0 00	2,078 59
09/01/93	Delfield Refrigerator 27490-T	SLH/ 5 00	1,979 73	0 00	1,979 73	1,979 73	0 00	1,979 73

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Range 1400 62 - 1402 50
Include All assets

Date Acq	Description	Meth/Life	Cost	Salvage Value	Depr Basis	Includes Section 179		
						Beg A/Depr	Curr Depr	End A/Depr
ASSET A/C#: 1401.08 - PAWNEE								
09/01/94	Brother Fax Machine	SLH/ 5 00	352 13	0 00	352 13	352 13	0 00	352 13
03/01/95	Hot Water Tank LM319623	SLH/ 5 00	1,095 00	0 00	1,095 00	1,095 00	0 00	1,095 00
04/01/95	Whirlpool Chest Freezer 22 cu ft	SLH/ 5 00	582 12	0 00	582 12	582 12	0 00	582 12
12/01/97	Southbend Gas Range Series 400 97F2	SLH/ 5 00	2,409 95	0 00	2,409 95	2,409 95	0 00	2,409 95
10/01/01	20 qt Ditto Dean Mixer w/attachment	SLH/ 5 00	3,134 00	0 00	3,134 00	3,134 00	0 00	3,134 00
10/01/01	Manitowoc Ice Machine water cool	SLH/ 5 00	1,479 00	0 00	1,479 00	1,479 00	0 00	1,479 00
10/01/01	suppression fire system	SLH/ 5 00	1,575 00	0 00	1,575 00	1,575 00	0 00	1,575 00
10/01/01	4 well steam table complete	SLH/ 5 00	1,155 80	0 00	1,155 80	1,155 80	0 00	1,155 80
10/01/01	2 Dr Delfield Freezer	SLH/ 5 00	2,495 00	0 00	2,495 00	2,495 00	0 00	2,495 00
11/01/01	3 Tub Sink 90" w/faucet 16" spouts	SLH/ 5 00	642 00	0 00	642 00	642 00	0 00	642 00
08/14/06	2 section freezer s/n 7803528	SLMM/ 5 00	3,320 00	0 00	3,320 00	1,411 00	498 00	1,909 00
Grand totals 1401 08 - PAWNEE (21 assets)			27,523 57	0 00	27,523 57	25,614 57	498 00	26,112 57
ASSET A/C#: 1401.09 - PRAGUE								
10/01/82	shredder Houseing for 20 qt mixer	SLH/ 5 00	359 00	0 00	359 00	359 00	0 00	359 00
07/01/83	Aerohot Steam Table counter 4 comp	SLH/ 5 00	998 00	0 00	998 00	998 00	0 00	998 00
07/01/83	Terrell 3 comp sink	SLH/ 5 00	830 00	0 00	830 00	830 00	0 00	830 00
09/01/83	Tabco Worktable, 30 x 36	SLH/ 5 00	310 00	0 00	310 00	310 00	0 00	310 00
09/01/83	Utility table w/zinc shelf 3x3	SLH/ 5 00	310 00	0 00	310 00	310 00	0 00	310 00
09/01/83	Fire Extinguisher for rangee	SLH/ 5 00	450 00	0 00	450 00	450 00	0 00	450 00
09/01/83	20 qt Hobart Mixer	SLH/ 5 00	5,291 26	0 00	5,291 26	5,291 26	0 00	5,291 26
09/01/83	Aerohot work table 4' w/pan rack	SLH/ 5 00	470 96	0 00	470 96	470 96	0 00	470 96
04/01/84	A O Smith 80 gal Water Heater	SLH/ 5 00	1,175 00	0 00	1,175 00	1,175 00	0 00	1,175 00
03/01/91	Univex Mixer M30-2910002	SLH/ 5 00	2,586 15	0 00	2,586 15	2,586 15	0 00	2,586 15
09/01/92	Hobart 2 door freezer	SLH/ 5 00	4,774 08	0 00	4,774 08	4,774 08	0 00	4,774 08
09/01/96	True Freezer T-49F	SLH/ 5 00	2,556 00	0 00	2,556 00	2,556 00	0 00	2,556 00
02/01/98	Hi-corp Display	SLH/ 5 00	374 27	0 00	374 27	374 27	0 00	374 27
10/12/98	Ice O'Matic Ice Machine Sn HAPB	SLH/ 5 00	2,048 85	0 00	2,048 85	2,048 85	0 00	2,048 85
10/01/01	Curtis Vent Hood only	SLH/ 5 00	1,500 00	0 00	1,500 00	1,500 00	0 00	1,500 00
Grand totals 1401 09 - PRAGUE (15 assets)			24,033 57	0 00	24,033 57	24,033 57	0 00	24,033 57
ASSET A/C#: 1401.10 - SHAWNEE DOWNTOWN								
04/01/78	Aerohot Steam Table 711960226	SLH/ 5 00	998 00	0 00	998 00	998 00	0 00	998 00
04/01/78	Aerohot SS worktable with under she	SLH/ 5 00	375 00	0 00	375 00	375 00	0 00	375 00
12/01/79	Hobart 20 qt mixer 11249062	SLH/ 5 00	1,548 55	0 00	1,548 55	1,548 55	0 00	1,548 55
09/01/83	80 qt bowl w/stand 60251	SLH/ 5 00	525 00	0 00	525 00	525 00	0 00	525 00
09/01/84	Vulcan Walakin Freezer	SLH/ 5 00	6,845 00	0 00	6,845 00	6,845 00	0 00	6,845 00
09/01/84	Zinc Plated shelf unit for walk in	SLH/ 5 00	1,233 00	0 00	1,233 00	1,233 00	0 00	1,233 00
09/01/84	Hobart Dish Table w/disposal	SLH/ 5 00	2,304 00	0 00	2,304 00	2,304 00	0 00	2,304 00
01/01/85	SS one compartment sink 52"x24" w/	SLH/ 5 00	500 00	0 00	500 00	500 00	0 00	500 00
09/01/85	Dish Table Addition	SLH/ 5 00	444 92	0 00	444 92	444 92	0 00	444 92
09/01/85	3 compartment sink, 63x27x14"	SLH/ 5 00	442 00	0 00	442 00	442 00	0 00	442 00
09/01/85	60x18" Shelf Unit, 4TS	SLH/ 5 00	394 40	0 00	394 40	394 40	0 00	394 40
09/01/85	Table 6'x30" w/45' angle	SLH/ 5 00	350 00	0 00	350 00	350 00	0 00	350 00
09/01/86	Hobart 10" slicer 006101	SLH/ 5 00	786 25	0 00	786 25	786 25	0 00	786 25
09/01/87	S/S 6' table w/SS undershelf	SLH/ 5 00	393 76	0 00	393 76	393 76	0 00	393 76
01/01/88	Vent Hood & auto System	SLH/ 5 00	3,220 00	0 00	3,220 00	3,220 00	0 00	3,220 00
01/01/92	Salvator Food Disposer	SLH/ 5 00	973 45	0 00	973 45	973 45	0 00	973 45
09/01/93	Remcor Ice Dispenser TJ45	SLH/ 5 00	1,102 95	0 00	1,102 95	1,102 95	0 00	1,102 95
09/01/93	3 shelf cart	SLH/ 5 00	346 30	0 00	346 30	346 30	0 00	346 30
09/01/94	emerson 19" TV/VCR Combo	SLH/ 5 00	428 93	0 00	428 93	428 93	0 00	428 93
09/01/94	True Refrigerator	SLH/ 5 00	2,285 61	0 00	2,285 61	2,285 61	0 00	2,285 61
09/01/96	Manitowoc ice machine BY0324A 9604	SLH/ 5 00	1,540 00	0 00	1,540 00	1,540 00	0 00	1,540 00
09/01/96	Manitowoc ice machine bin C-320 95	SLH/ 5 00	535 00	0 00	535 00	535 00	0 00	535 00
09/01/96	True two section refrigerator T-49	SLH/ 5 00	1,997 00	0 00	1,997 00	1,997 00	0 00	1,997 00
02/01/98	Hi-Corp Display	SLH/ 5 00	374 27	0 00	374 27	374 27	0 00	374 27

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Range 1400 62 - 1402 50
Include All assets

Date Acq	Description	Meth/Life	Cost	Salvage Value	Depr Basis	Includes Section 179		
						Beg A/Depr	Curr Depr	End A/Depr
Grand totals	1401 10 - SHAWNEE DOWNTOWN (24 assets)		29,943 39	0 00	29,943 39	29,943 39	0 00	29,943 39
ASSET A/C#: 1401.11 - SHAWNEE COMMUNITY CENTER								
08/01/84	Rheem 80 gal Water Heater	SLH/ 5 00	446 78	0 00	446 78	446 78	0 00	446 78
09/01/86	Hobart Dish Machine	SLH/ 5 00	1,992 19	0 00	1,992 19	1,992 19	0 00	1,992 19
09/01/92	True Glass Door Refrigerator 2 sect	SLH/ 5 00	2,548 41	0 00	2,548 41	2,548 41	0 00	2,548 41
09/01/92	Dish Table w/pre rinse	SLH/ 5 00	3,306 84	0 00	3,306 84	3,306 84	0 00	3,306 84
09/01/92	Hobart garbage disposal	SLH/ 5 00	1,206 29	0 00	1,206 29	1,206 29	0 00	1,206 29
09/01/92	Terrel 3 comp sink	SLH/ 5 00	879 46	0 00	879 46	879 46	0 00	879 46
09/01/92	Hobart Refrigerator w/SS interior	SLH/ 5 00	5,765 89	0 00	5,765 89	5,765 89	0 00	5,765 89
09/01/92	Hobart Mixer & Attachments	SLH/ 5 00	5,291 26	0 00	5,291 26	5,291 26	0 00	5,291 26
09/01/92	Aerohot Table w/drawer, pot rack 30	SLH/ 5 00	1,164 34	0 00	1,164 34	1,164 34	0 00	1,164 34
09/01/92	Aerohot table 30x72	SLH/ 5 00	470 96	0 00	470 96	470 96	0 00	470 96
09/01/92	U S Range 10 burner gas range	SLH/ 5 00	2,383 83	0 00	2,383 83	2,383 83	0 00	2,383 83
09/01/92	U S Range convection oven	SLH/ 5 00	3,473 99	0 00	3,473 99	3,473 99	0 00	3,473 99
09/01/92	General slicer 12"	SLH/ 5 00	954 71	0 00	954 71	954 71	0 00	954 71
09/01/92	Walk-in Freezer	SLH/ 5 00	6,756 59	0 00	6,756 59	6,756 59	0 00	6,756 59
09/01/92	Shelving for walk-in	SLH/ 5 00	1,179 39	0 00	1,179 39	1,179 39	0 00	1,179 39
09/01/92	Metro shelves, store room 60AHS	SLH/ 5 00	1,232 06	0 00	1,232 06	1,232 06	0 00	1,232 06
09/01/92	New Age Aluminum Can Rack	SLH/ 5 00	368 84	0 00	368 84	368 84	0 00	368 84
09/01/92	Metro 3 shelf utility cart	SLH/ 5 00	346 30	0 00	346 30	346 30	0 00	346 30
09/01/92	Halton Vent Hood System w/fire ext	SLH/ 5 00	7,600 00	0 00	7,600 00	7,600 00	0 00	7,600 00
09/01/93	Remcor ice Dispenser 45	SLH/ 5 00	1,102 95	0 00	1,102 95	1,102 95	0 00	1,102 95
02/01/98	Hi-Corp Display	SLH/ 5 00	374 27	0 00	374 27	374 27	0 00	374 27
Grand totals	1401 11 - SHAWNEE COMMUNITY CENTER (21 assets)		48,845 35	0 00	48,845 35	48,845 35	0 00	48,845 35
ASSET A/C#: 1401.12 - STILLWATER								
11/01/79	Aerohot work table w/pan rack	SLH/ 5 00	907 23	0 00	907 23	907 23	0 00	907 23
09/01/83	Beverage Carts	SLH/ 5 00	4,500 00	0 00	4,500 00	4,500 00	0 00	4,500 00
09/01/83	Hobart Freezer	SLH/ 5 00	2,805 00	0 00	2,805 00	2,805 00	0 00	2,805 00
09/01/83	Hobart Mixer 11310932	SLH/ 5 00	3,450 00	0 00	3,450 00	3,450 00	0 00	3,450 00
09/01/84	Omas 9" Slicer VS-220	SLH/ 5 00	360 00	0 00	360 00	360 00	0 00	360 00
09/01/85	Metro Shelf units 18"x72"	SLH/ 5 00	871 44	0 00	871 44	871 44	0 00	871 44
09/01/86	Duke table w/under shelf	SLH/ 5 00	329 38	0 00	329 38	329 38	0 00	329 38
09/01/88	Aerohot baker table w/ss top and un	SLH/ 5 00	406 53	0 00	406 53	406 53	0 00	406 53
09/01/92	30 qt ss bowl	SLH/ 5 00	392 30	0 00	392 30	392 30	0 00	392 30
09/01/93	Volrath Cart	SLH/ 5 00	346 30	0 00	346 30	346 30	0 00	346 30
09/01/93	Volrath Cart	SLH/ 5 00	346 30	0 00	346 30	346 30	0 00	346 30
09/01/93	Remcor Ice Dispenser TJ45	SLH/ 5 00	1,102 95	0 00	1,102 95	1,102 95	0 00	1,102 95
09/01/94	TV/VCR 19" Combo	SLH/ 5 00	428 93	0 00	428 93	428 93	0 00	428 93
09/01/96	Southbend range, 10 burner, 2 ovens	SLH/ 5 00	5,100 63	0 00	5,100 63	5,100 63	0 00	5,100 63
08/01/99	Manitowoc Ice Machine QY0454A 9907	SLH/ 5 00	2,536 31	0 00	2,536 31	2,536 31	0 00	2,536 31
10/01/01	Eagle Hot Food 5 well complete	SLH/ 5 00	1,492 75	0 00	1,492 75	1,492 75	0 00	1,492 75
08/15/06	Printer, AIO NTWRK laser	SLH/ 5 00	379 74	0 00	379 74	189 87	56 96	246 83
09/30/07	10 Burner Stove 0253464	SLH/ 5 00	2,730 00	0 00	2,730 00	819 00	409 50	1,228 50
10/01/07	Disposal 3/4 HP 115V	SLH/ 5 00	1,375 00	0 00	1,375 00	137 50	206 25	343 75
Grand totals	1401 12 - STILLWATER (19 assets)		29,860 79	0 00	29,860 79	26,522 42	672 71	27,195 13
ASSET A/C#: 1401.13 - STROUD								
12/01/79	Hobart Refrigerator 35873510	SLH/ 5 00	1,276 56	0 00	1,276 56	1,276 56	0 00	1,276 56
01/01/82	G E Chest freezer AG172098	SLH/ 5 00	450 00	0 00	450 00	450 00	0 00	450 00
08/01/83	Hobart Shredder Housing	SLH/ 5 00	382 80	0 00	382 80	382 80	0 00	382 80
08/01/83	Hobart Mixer on stand 2/20qt bowl	SLH/ 5 00	3,000 00	0 00	3,000 00	3,000 00	0 00	3,000 00
09/01/86	10" slicer	SLH/ 5 00	786 25	0 00	786 25	786 25	0 00	786 25
02/01/87	Manitowoc Ice Maker 870761133	SLH/ 5 00	1,328 12	0 00	1,328 12	1,328 12	0 00	1,328 12
09/01/92	G E Chest freezer LF163750	SLH/ 5 00	494 39	0 00	494 39	494 39	0 00	494 39
09/01/92	Hobart 2 door freezer 32-56397	SLH/ 5 00	4,774 08	0 00	4,774 08	4,774 08	0 00	4,774 08
01/01/93	Hobart Dish Machine 27-1010-553C	SLH/ 5 00	2,790 80	0 00	2,790 80	2,790 80	0 00	2,790 80
01/01/93	Terrell 2 compartment sink	SLH/ 5 00	697 94	0 00	697 94	697 94	0 00	697 94

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Sorted ASSET A/C#
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Include All assets

Date Acq	Description	Meth/Life	Cost	Salvage Value	Depr Basis	Includes Section 179		
						Beg A/Depr	Curr Depr	End A/Depr
ASSET A/C#: 1401.13 - STROUD								
06/30/93	Chest Freezer ADA62631	SLH/ 5 00	400 00	0 00	400 00	400 00	0.00	400 00
09/30/93	chest Freezer SD 160845	SLH/ 5 00	400 00	0 00	400 00	400 00	0 00	400 00
09/01/94	19" TV/VCR Combo 451-40412663	SLH/ 5 00	428 92	0 00	428 92	428 92	0 00	428 92
11/01/95	Pre-rinse center w/fawcett	SLH/ 5 00	303 80	0 00	303 80	303 80	0 00	303 80
11/01/95	3 compartment ss sink	SLH/ 5 00	750 00	0 00	750 00	750 00	0 00	750 00
11/01/95	Tabco table s/OH hang rack & undrra	SLH/ 5 00	375 00	0 00	375 00	375 00	0 00	375 00
04/16/01	Fire Suppresion System	SLH/ 5 00	775 00	0 00	775 00	775 00	0 00	775 00
09/30/02	Eagle hot food table, complete	SLH/ 5 00	1,155 80	0 00	1,155 80	1,155 80	0 00	1,155 80
Grand totals	1401 13 - STROUD (18 assets)		20,569 46	0 00	20,569 46	20,569 46	0 00	20,569 46
ASSET A/C#: 1401.14 - TECUMSEH								
02/01/78	Hobart 30 qt mixer w/attachments	SLH/ 5 00	1,725 00	0 00	1,725 00	1,725 00	0 00	1,725 00
09/01/81	Frank #10 can rack	SLH/ 5 00	475 00	0 00	475 00	475 00	0 00	475 00
09/01/81	Aerohot 4 shelf wire rack	SLH/ 5 00	1,339 00	0 00	1,339 00	1,339 00	0 00	1,339 00
09/01/81	Aerohot S/S table w/shelf	SLH/ 5 00	415 00	0 00	415 00	415 00	0 00	415 00
03/01/86	S/S sink, 3 compartment	SLH/ 5 00	600 00	0 00	600 00	600 00	0 00	600 00
10/01/86	S/S table dish machine	SLH/ 5 00	1,669 20	0 00	1,669 20	1,669 20	0 00	1,669 20
08/01/88	Walk-in freezer w/Metro shelving un	SLH/ 5 00	7,222 50	0 00	7,222 50	7,222 50	0 00	7,222 50
10/01/88	S/S pt sink	SLH/ 5 00	1,046 46	0 00	1,046 46	1,046 46	0 00	1,046 46
10/01/88	Gargabe Disposal E1186842	SLH/ 5 00	757 03	0 00	757 03	757 03	0 00	757 03
12/01/88	Metro Shelving Unit	SLH/ 5 00	1,881.20	0 00	1,881 20	1,881 20	0 00	1,881 20
09/01/89	Delfield REfrigerator 194704-J	SLH/ 5 00	3,255 88	0 00	3,255 88	3,255.88	0 00	3,255 88
09/01/92	Manitowoc Ice Machine 717330-10F	SLH/ 5 00	1,200 00	0 00	1,200 00	1,200 00	0 00	1,200 00
09/01/93	3 shelf Lakeside cart	SLH/ 5 00	346 30	0 00	346 30	346 30	0 00	346 30
09/30/93	4 rack utility shelf	SLH/ 5 00	1,516 50	0 00	1,516 50	1,516 50	0 00	1,516 50
09/01/94	Emerson 19" TV/VCR	SLH/ 5 00	428 92	0 00	428 92	428 92	0 00	428 92
09/01/96	True Refrigerator GDM-47	SLH/ 5 00	1,890 00	0 00	1,890 00	1,890 00	0 00	1,890 00
02/01/98	Hi-corp Display	SLH/ 5 00	374 27	0 00	374 27	374 27	0 00	374 27
05/31/07	Beverage Aire 2-dr black refrigerat	SLH/ 5 00	2,275 00	0 00	2,275 00	682 50	341 25	1,023 75
Grand totals	1401 14 - TECUMSEH (18 assets)		28,417 26	0 00	28,417 26	26,824 76	341 25	27,166 01
ASSET A/C#: 1401.15 - WELLSTON								
09/01/94	Steam Table, Duke w/sneeze guard S-	SLH/ 5 00	1,701 89	0 00	1,701 89	1,701 89	0 00	1,701 89
09/01/94	Work table, Duke	SLH/ 5 00	418 76	0 00	418 76	418 76	0 00	418 76
09/01/94	Hobart Dish Machine S-400021-LX18H	SLH/ 5 00	3,178 30	0 00	3,178 30	3,178 30	0.00	3,178 30
09/01/94	Lakeside Cart	SLH/ 5 00	418 76	0 00	418 76	418 76	0 00	418 76
09/01/94	Duke Work table	SLH/ 5 00	418 76	0 00	418 76	418 76	0 00	418 76
06/01/96	TV/VCR Combo	SLH/ 5 00	375 18	0 00	375 18	375 18	0 00	375 18
02/01/98	Hi-corp Display	SLH/ 5 00	374 27	0 00	374 27	374 27	0 00	374 27
Grand totals	1401 15 - WELLSTON (7 assets)		6,885 92	0 00	6,885 92	6,885 92	0 00	6,885 92
ASSET A/C#. 1401.50 - OFFICE EQUIPMENT - AD								
04/16/02	AMD XP 1800 computer w/17" monitor	SLH/ 5 00	1,158 78	0 00	1,158 78	1,158 78	0 00	1,158 78
10/01/02	Dell Laptop	SLH/ 5 00	1,619 45	0 00	1,619 45	1,619 45	0 00	1,619 45
10/01/02	Fellows Shredder 420 CC	SLH/ 5 00	1,545 98	0 00	1,545 98	1,545 98	0 00	1,545 98
06/28/04	Dell 4100MP projector #DN0LC41	SLH/ 5 00	2,019 46	0 00	2,019 46	1,817 51	151 46	1,968 97
06/28/04	Dell Dimension 2400 computer #9R6MY	SLH/ 5 00	1,154 91	0 00	1,154 91	1,039 41	86 63	1,126 04
07/08/04	Z2 Digital Camera w/Camera Card	SLH/ 5 00	476 55	0 00	476 55	476 55	0 00	476 55
08/25/04	Executive desk w/48" return	SLH/ 5 00	520 78	0 00	520 78	468 72	39 05	507 77
08/25/04	Proclick binding machine	SLH/ 5 00	358 04	0 00	358 04	322 24	26 85	349 09
08/25/04	Mack 24/7 heavy duty chair	SLH/ 5 00	379 34	0 00	379 34	341 41	28 45	369 86
08/25/04	Upgrade AAA report generator progra	SLH/ 5 00	1,900 00	0 00	1,900 00	1,710 00	142 50	1,852 50
02/21/06	2005 Grand Caravan Mini Van - Silve	SLH/ 5 00	14,900 00	0 00	14,900 00	7,450 00	2,235 00	9,685 00
06/19/06	Computer IBM 256 meg ram 40 gig hd	SLH/ 5 00	408 99	0 00	408 99	204 50	61 35	265 85
06/23/06	2005 Grand Caravan Dodge Mini Van	SLH/ 5 00	15,250 00	0 00	15,250 00	7,625 00	2,287 50	9,912 50
09/30/07	Walk-in freezer - Pott Co	SLH/10 00	22,177 41	0 00	22,177.41	3,326.61	1,663 31	4,989 92
09/30/07	Carport for walk-in freezer - Pott	SLH/10 00	2,080 00	0 00	2,080 00	312 00	156 00	468 00
09/30/07	2006 Dodge Grand Caravan #1D4GP24R0	SLH/ 5 00	15,997 00	0 00	15,997 00	4,799 10	2,399 55	7,198 65

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Range 1400.62 - 1402 50
Include All assets

Date Acq	Description	Meth/Life	Cost	Salvage Value	Depr Basis	Includes Section 179		
						Beg A/Depr	Curr Depr	End A/Depr
ASSET A/C#: 1401 50 - OFFICE EQUIPMENT - AD								
06/25/09	A Dell Optiplex 760 computer	SLH/ 3 00	920 10	0 00	920 10	0.00	115 01	115 01
Grand totals 1401 50 - OFFICE EQUIPMENT - AD (17 assets)			82,866 79	0 00	82,866 79	34,217 26	9,392 66	43,609 92
ASSET A/C# 1401.64 - CUSHING - AD								
05/16/08	Ice Maker with Bin, Cube Style	SLH/ 5 00	2,665 00	0 00	2,665 00	266 50	399 75	666 25
Grand totals 1401 54 - CUSHING - AD (1 assets)			2,665 00	0 00	2,665 00	266 50	399 75	666 25
ASSET A/C#: 1401.58 - PAWNEE - AD								
10/01/01	Continental 2 Dr Freezer	SLH/ 5 00	2,669 50	0 00	2,669 50	2,669 50	0 00	2,669 50
05/24/05	3/4 hp garbage disposer	SLH/ 5 00	995 00	0 00	995 00	696 50	149 25	845 75
03/28/06	2 dr Freezer 0427157	SLH/ 5 00	2,925 00	0 00	2,925 00	1,462 50	438 75	1,901 25
05/02/06	3 dr Freezer KF74-5AS	SLH/ 5 00	4,096 00	0 00	4,096 00	2,048 00	614 40	2,662 40
08/17/07	Heat/AC unit for dry storage build	SLH/ 5 00	462 46	0 00	462 46	138 74	69 37	208 11
09/30/07	Walk-in freezer	SLH/10 00	12,328 44	0 00	12,328 44	1,849.26	924 63	2,773 89
09/30/07	Carport for walk-in freezer	SLH/10 00	949 38	0 00	949 38	142 41	71 21	213 62
02/22/08	2008 Chevrolet Truck	SLH/ 5 00	22,822 00	0 00	22,822 00	2,282 20	3,423 30	5,705 50
06/25/08	CAE29ESR Air Conditioner 699, tx 59	SLH/ 5 00	758 42	0 00	758 42	75 84	113 76	189 60
09/30/08	Dry storage building	SLH/10 00	7,904 25	0 00	7,904 25	395 21	592 82	988 03
Grand totals 1401 58 - PAWNEE - AD (10 assets)			55,910 45	0 00	55,910 45	11,760 16	6,397 49	18,157 65
ASSET A/C#: 1401 60 - SHAWNEE - AD								
08/26/08	2008 Dodge Avenger	SLH/ 5 00	17,885 00	0 00	17,885 00	1,788 50	2,682 75	4,471 25
09/02/08	2008 Chrysler Van	SLH/ 5 00	20,000 00	0 00	20,000 00	2,000 00	3,000 00	5,000 00
Grand totals 1401 60 - SHAWNEE - AD (2 assets)			37,885.00	0 00	37,885 00	3,788 50	5,682 75	9,471 25
ASSET A/C#: 1401 62 - STILLWATER - AD								
10/01/01	3 Dr Delfield Freezer	SLH/ 5 00	3,349 00	0 00	3,349 00	3,349 00	0 00	3,349 00
03/08/05	2 section freezer S/N 7327693	SLH/ 5 00	3,020 00	0 00	3,020 00	2,114 00	453 00	2,567 00
Grand totals 1401 62 - STILLWATER - AD (2 assets)			6,369 00	0 00	6,369 00	5,463 00	453 00	5,916 00
ASSET A/C#. 1401.77 - EQUIPMENT - EF								
06/19/07	Dell Financial Service	SLH/ 5 00	1,018 83	0 00	1,018 83	305 65	152 83	458 48
Grand totals 1401 77 - EQUIPMENT - EF (1 assets)			1,018.83	0 00	1,018 83	305 65	152 83	458 48
ASSET A/C#: 1402.50 - CONSTRUCTION - AD								
06/30/09	A Walk-in freezer	NONE/ 5 00	15,775 35	0 00	15,775 35	0 00	0 00	0 00
06/30/09	A Office building	NONE/ 5 00	73,893 22	0 00	73,893 22	0 00	0 00	0 00
Grand totals 1402 50 - CONSTRUCTION - AD (2 assets)			89,668 57	0 00	89,668 57	0 00	0 00	0.00
Grand totals for all accounts: (307 assets)			662,503 35	0 00	662,503 35	416,008 04	27,628 23	443,636 27
Less: 5 Disposed assets (Current Depreciation: \$0.00)			9,088 20	0 00	9,088 20	9,088 20		9,088 20
Net totals for all accounts: (302 assets)			653,415 15	0 00	653,415 15	406,919 84	27,628 23	434,548 07

Codes that may appear next to the date acquired include: A - Addition, D - Disposal, T - Traded, MQ - Mid Quarter Applied

Additional Summary Statistics:	Cost	Curr Yr Salv	Prior Yr Salv	Depr Basis	Beg A/Depr	Curr Depr	Ending A/Depr	Net Book Val
Grand Totals for All Assets	662,503 35	0 00	0 00	662,503 35	416,008 04	27,628 23	443,636 27	218,867 08
Less Inactive Assets	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00
Disposed Assets	9,088 20	0 00	0 00	9,088 20	9,088 20	0 00	9,088 20	0 00
Traded Assets	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00
Net Totals (Active Assets)	653,415 15	0 00	0 00	653,415 15	406,919 84	27,628 23	434,548 07	218,867 08

Item F. (990) - Name and Address of Principal Officer

Name			Phone Number
Bob Guinn			405 273 4305
Address			Foreign Country
14101 Acme Rd			
City, Town, or Post Office	State	Zip Code	Check if a business
Shawnee	OK	74804	<input type="checkbox"/>

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return. See instructions	Name of Exempt Organization		Employer identification number
	Project H E A R T, Inc		73-1199063
	Number, street, and room or suite no. If a P O box, see instructions		For IRS use only
	830 N Ford		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions		
	Shawnee	OK	74801

Check type of return to be filed (File a separate application for each return)

- | | | | |
|--|--|--------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720 | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 5227 | |

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ☒ Project HEART, Inc, 830 W. 4th, Shawnee, OK 74801
Telephone No ☒ 405 214 1972 FAX No ☒ 405 214 1953
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN _____) If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

4	I request an additional 3-month extension of time until	5/15/2010
5	For calendar year _____, or other tax year beginning	10/1/2008, and ending 6/30/2009
6	If this tax year is for less than 12 months, check reason <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input checked="" type="checkbox"/> Change in accounting period	
7	State in detail why you need the extension: More time is requested to acquire all information needed to complete and file an accurate return	

8 a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a	\$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	\$
c	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c	\$ 0

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Title accountant Date 2/10/2010
Form **8868** (Rev 4-2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☐
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form) ☐

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only ☐

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

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*

Type or print File by the due date for filing your return. See instructions	Name of Exempt Organization	Employer identification number
	Project H E A R T, Inc	73-1199063
	Number, street, and room or suite no. If a P O box, see instructions	
	830 N Ford	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	Shawnee	OK 74801

Check type of return to be filed (file a separate application for each return)

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ Project HEART, Inc 430 N Ford Shawnee OK 74801

Telephone No ▶ 405 214 1972

FAX No ▶ 405 214 1953

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN _____) If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 2/15/2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for
- ▶ ☐ calendar year _____ or
- ▶ ☒ tax year beginning 10/1/2008, and ending 6/30/2009

- 2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☒ Change in accounting period

3 a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$ 0

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev 4-2009)