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### Form **990-EZ**

## Short Form Return of Organization Exempt From Income Tax

2009

Open to Public Inspection

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

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

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

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

	A	For the	e 2009 calendar	year, or tax year beginning , 2009, and ending				
			applicable	D Employer identification number				
			change Please	FRESH HEART MINISTRIES		41-2081629		
		Name ch	hange label or	113535 TADATHI DOAD			number	
		nitial re		- 1010	ерпопе	numbe)		
		l Fermina	Opecin	NAPA VALLEY, CA 92037			···	
	Ħ		d return instruc-		F Gro	oup E mber	xemption ►	
		•	Section 501(c)	(3) organizations and 4947(a)(1) nonexempt charitable trusts  G Accounting in	methor	d. X	Cash Accrual	
_			must át	(3) organizations and 4947(a)(1) nonexempt charitable trusts tach a completed Schedule A (Form 990 or 990-EZ).  G Accounting to Other (special contents)	fy) ►	_		
				H Check ► X			ganization is <b>not</b>	
		Websi			āttach	Sche	dule B (Form 990,	
-				only one) — $X = 501(c) + (3) = 4947(a)(1) \text{ or } 527 = 990 \cdot EZ, \text{ or } 990 \cdot EZ$		•		
	K	Check	X if the or	ganization is not a section 509(a)(3) supporting organization <b>and</b> its gross receipts are EZ or Form 990 return is not required, but if the organization chooses to file a return,	norma	ally n	ot more than	
-					be sur	e to i	ile a complete return	
	L .	Add Iir nstead	nes 5b, 6b, and d of Form 990-E	7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 Z		<b>►</b> \$	13,025.	
	Pa	rt I 🕓	Revenue,	Expenses, and Changes in Net Assets or Fund Balances (See the	ınstr	uctio		
_		1 (		ifts, grants, and similar amounts received		1	12,954.	
	ļ	2	Program service	e revenue including government fees and contracts		2	<u> </u>	
0	]	3 1	Membership du	es and assessments		3		
2010	-	4	Investment inco	me		4		
~	- 1	5a (	Gross amount f	om sale of assets other than inventory 5a		7		
6		b l	Less, cost or ot	ner basis and sales expenses 5b		` '		
8	R			sale of assets other than inventory (Subtract In 5b from In 5a)	_	5с		
NON	Ě	6	Special events and a	ctivities (complete applicable parts of Schedule G) If any amount is from gaming, check here	$\sqcup \bot$	`		
Z	Ė N U	a (	Gross revenue	not including \$of contributions		,, , <u> </u>		
	Ě	1	reported on line	· · · · · · · · · · · · · · · · · · ·		. ]		
Щ				enses other than fundraising expenses 6b		1		
¥				from special events and activities (Subtract line 6b from line 6a)	Ļ	6с		
SCANNED				nventory, less returns and allowances 7a		. 20		
$\mathcal{G}$			Less. cost of go			_ [		
4,0				loss) from sales of inventory (Subtract line 7b from line 7a)	.	7c		
			,	rbe ► See Statement 1	_)	8	71.	
-				Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		9	13,025.	
				ar amounts paid (attach schedule) RECE /ED		10		
	Ë		•	or for members	ļ	11		
	X P			compensation, and employee benefits s and other payments to independent contractors NOV 0 3 20.0	_ <b>⊢</b>	12	3,279.	
	E N S E			11111	_ <u>_</u>	13	175.	
	S E		-	t, utilities, and maintenance		14	2,804.	
	S			tions, postage, and shipping cribe ► See Statement 2		15 16	42.	
				Add lines 10 through 16		17	9,312. 15,612.	
-				it) for the year (Subtract line 17 from line 9)		18		
	A			· · · · · · · · · · · · · · · · · · ·	<b>⊢</b>	10	-2,587.	
1	N S E S T E	19 f	Net assets or fu figure reported (	nd balances at beginning of year (from line 27, column (A)) (must agree with end-of-yi on prior year's return)		19	32,854.	
			-	n net assets or fund balances (attach explanation)	-	20	32,034.	
	S		-	nd balances at end of year Combine lines 18 through 20	<b>⊢</b>	21	30,267.	
ſ	Pa	t'll		heets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990				
				(See the instructions for Part II ) (A) Beginning			(B) End of year	
	22	Cash	n, savings, and		<u>854.</u>		30,267.	
	23		and buildings			23		
	24		er assets (descri	be •)		24		
	25	Tota	l assets	32,	854.	25	30,267.	
	26		l lı <b>abilities</b> (des			26	0.	
	27	Net a	assets or fund b	alances (line 27 of column (B) must agree with line 21) 32,	854.	27	30,267.	

	990-EZ (2009) FRESH HEART MIN				<u>-208</u>	31629 Page <b>2</b>
	t:III Statement of Program Ser					Expenses
Desc	is the organization's primary exempt purpose?  RE cribe what was achieved in carrying out the cribe the services provided, the number of ram title	LIGIOUS - TEACHING or organization's exempt purpopersons benefited, or other research.	SABOUT BIBLE AND Ses. In a clear and concelevant information for e	ND PRAYER cise manner, each	501(d 501(d orga 4947	urred for section c)(3) and (4) nizations and section (a)(1) trusts, optional thers)
	See Statement 3				10, 0	uncis y
		<b>-</b>		<del>-</del>		
	(Grants \$ ) If the	s amount includes foreign gr	ants, check here		28a	
29			 			
30	(Grants \$ ) If the	s amount includes foreign gr	ants, check here	<b>&gt;</b>	29 a	
30						
	(Grants \$ ) If the	 is amount includes foreign gra	ants, check here		30 a	
31	Other program services (attach schedule)	)			21 -	
32	Total program service expenses (add line	is amount includes foreign gra es 28a through 31a)	ants, check here		31 a	
	t IV List of Officers, Directors		inlovees. List each o	ne even if not con		ated (See the instrs.)
<u> </u>	(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contributions employee benefit plated	to ns and	(e) Expense account
	JL WALTERMAN	President		deletted compensa	0.	0.
	29 240TH ST S.E. THELL, WA 98021	40.00				
	AN WALTERMAN	Vice President	0.	<del></del>	0.	0.
	29 240TH ST S.E.	4.00				
	THELL, WA 98021					
	ENDA HELLER	Secretary			0.	0.
	73 FARM TO MARKET ROAD	2.00				
VAT	113FELL, MI 39901					
			***			
			-			
BAA			1/30/10			Form <b>990-EZ</b> (2009)

Page 3

Га	other information (Note the statement requirements in the instrictor Part V.) See Sta	ceme	ent_	4			
			Yes	No			
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33		Х			
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34		X			
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.						
i	a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35 a		X			
i	b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b	_	<u> </u>			
	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		X			
	a Enter amount of political expenditures, direct or indirect, as described in the instructions b Did the organization file Form 1120-POL for this year?	37 b	37.55	X			
38	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38 a		Х			
١	b if 'Yes,' complete Schedule L, Part II and enter the total amount involved  38b  N/A		,				
	Section 501(c)(7) organizations. Enter		***	`			
	a Initiation fees and capital contributions included on line 9  b Gross receipts, included on line 9, for public use of club facilities  N/A  39a  N/A	· .	,	,			
	b Gross receipts, included on line 9, for public use of club facilities  a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under	, ,	`				
70.	section 4911 ► 0.; section 4912 ► 0., section 4955 ► 0.	•		. `			
		:					
l	b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a						
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b		Х			
,	c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.	7010		<u> </u>			
(	d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed		, ,	3, 1			
	by the organization •0.						
•	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e	_	X			
41	List the states with which a copy of this return is filed None						
42	a The organization's books are in care of ► JOAN WALTERMAN Telephone no. ► 425–92	23-9	000				
	Located at ► 13535 JAPITO RD APPLE VALLEY CA ZIP + 4 ► 92037						
		. — <b>—</b> .					
1	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No X			
	If 'Yes,' enter the name of the foreign country	420					
				à			
			, ,				
		3.5	```	,			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.	22.	,3				
(	c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		<u>X</u>			
	If 'Yes,' enter the name of the foreign country						
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here	1	- [	N/A			
_	and enter the amount of tax-exempt interest received or accrued during the tax year			N/A			
			Yes	No			
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44	_	Х			
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	45		Х			

Δ	1	_	2	Λ	R	1	6	2	9	

	501(c)(3) organizations and se 46-49b and complete the table	ction 4947(a)(1) no s for lines 50 and t	onexempt charitat 51.	ole trusts must answer	questic	ons
for pu 47 Did th 48 Is the 49a Did th b If 'Yes 50 Comp	ne organization engage in direct or indirect blic office? If 'Yes,' complete Schedule Cone organization engage in lobbying activitie organization a school as described in sense organization make any transfers to an s,' was the related organization a section blete this table for the organization's five the	e, Part I es? If 'Yes,' complete S ction 170(b)(1)(A)(ii)? If exempt non-charitable i 527 organization? highest compensated er	Schedule C, Part II f 'Yes,' complete Sche related organization? mployees (other than o	dule E officers, directors, trustees a	46 47 48 49 a 49 b	Yes No X X X X X
	Oyees) who each received more than \$100  Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Exp accoun other allo	t and
None	more than \$100,000	devoted to position		deterred compensation	Other and	
			<u></u>			
						<del></del>
f Total	number of other employees paid over \$1	00 000	<u> </u>	<u> </u>		
51 Comp	olete this table for the organization's five hensation from the organization. If there is	nighest compensated in none, enter 'None.'	dependent contractors	who each received more th	an \$100,0	000 of
None	(a) Name and address of each independent continues	ractor paid more than \$100,000		(b) Type of service	(c) Compe	ensation
<b>d</b> Total	number of other independent contractors	each receiving over \$1	00,000			
Sign Here	Under penalties of perjury, I declare that I have example to true, correct, and complete Declaration of preparer of Signature of officer  PAUL WALTERMAN Type or print name and title	nined this return, including acco (other than officer) is based on	ompanying schedules and sta all information of which prep	tements, and to the best of my know arer has any knowledge  //-3-/0  Date  President	rledge and be	elief, it is
Paid Pre- parer's	Preparer's signature WAYNE E VINSON, Firm's name (or Wayne E Vinson,	<del></del>	Date		rer's Identify nstructions) 1072933	
parer's Use Onl <u>y</u>	yours if self- employed), address, and ZIP + 4 Spokane, WA 992			EIN ► 20 Phone no ► (509)	0-2072 443-4	
May the IR	S discuss this return with the preparer sh	own above? See instruc	ctions		X Yes	No (2009)

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

Department of the Treasury Internal Revenue Service

Total

**Public Charity Status and Public Support** 

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

OMB No 1545-0047

Open to Public Inspection

ame (	of the	organization							Employe	r identificat	on number		
FRE	SH	HEART MINIST	TRIES						41-2	081629	)		
Par	EI.	Reason for Pu	blic Charity Statu	is (All organizations	s must	compl	ete th	s part	.) See	ınstruc	tions		
he c	orga	nization is not a priv	vate foundation becau	se it is: (For lines 1 throu	ıgh 11, c	heck on	ly one b	юх.)					
1		A church, conventi	on of churches or asso	ociation of churches desc	cribed in	section	170(b)(	1 <b>)</b> (A)(i).					
2	П	A school described	in section 170(b)(1)(A	<b>A)(ii).</b> (Attach Schedule E	Ξ)								
3	П	A hospital or coope	erative hospital service	e organization described	ın sectio	n 170(b	X1XAXii	i).					
4	П	A medical research	n organization operate	d in conjunction with a hi	ospital d	escribec	in sect	ion 170	(bX1XA)	(iii) Ente	er the hosp	ıtal's	
	_	name, city, and sta	_	•	,					. ,			
5		An organization op 170(b)(1)(C)	erated for the benefit complete Part II.)	of a college or university	owned	or opera	ted by a	govern	mental	unit desc	ribed in se	ction	
6 7	A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v)</b> .  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in <b>section 170(b)(1)(A)(v)</b> . (Complete Part II)												
8	Ш	A community trust	described in section 1	70(b)(1)(A)(vi). (Complete	e Part II	)							
9	X	from activities relat investment income	ted to its exempt funct	more than 33-1/3 % or nons — subject to certain ss taxable income (less somplete Part III)	exception	ons, and	l (2) no i	more th	an 33-1/	3 % of its	s support f	rom a	ross
10		An organization org	ganized and operated	exclusively to test for pu	blic safe	ty. See	section	509(a)(4	l).				
11	An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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>b</b> Type II	<del>-</del>	I → Fund	-		ed		d 🗍	Type III-	Other	
е		than foundation ma	ox, I certify that the organizers and other than	ganization is not controlled one or more publicly su	ed direct ipported	ly or ind organiz	irectly bations d	y one o escribe	r more o	disqualifie tion 509(a	ed persona a)(1) or sec	s othe	r
		509(a)(2).		to to the IDC /		T 1	T 11						
ī		check this box		ermination from the IRS t							ganization,		
g		Since August 17, 2	2006, has the organiza	tion accepted any gift or	contribu	ution froi	m any o	f the fol	lowing p	ersons?		Yes	No
		(i) a person who below, the go	o directly or indirectly overning body of the su	controls, either alone or t upported organization?	ogether	with per	sons de	scribed	ın (ıı) aı	nd (III)	11 g (i)		
		(ii) a family mem	nber of a person desc	ribed in (i) above?							11 g (ii)	<u> </u>	_
		(iii) a 35% contro	lled entity of a person	described in (i) or (ii) ab	ove?						11 g (iiı)		
h		Provide the following	ng information about th	ne supported organizatio	ns		<b>,</b>						
	(i)	) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat	Is the tion in col d in your erning ment?	the organ	ou notify lization in (i) of ipport?	organizat	s the ion in col zed in the S ?	(VII) Amour	nt of Sup	port
					Yes	No	Yes	No	Yes	No			
							į		L				
					1								
					<del> </del>	-				-			
					ļ	<u> </u>							

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

Schedule A (Form 990 or 990-EZ) 2009

	t II Support Schedule for		s Described ir		(b)(1)(A)(iv) a	nd 170(b)	(1)(A)		age z
	(Complete only if you check	-							
Sec	tion A. Public Support		<del></del>	<del>-</del>					
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	э	(f) Tota	al
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')								
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf								
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge								
4	Total. Add lines 1-through 3								
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)								
6	Public support. Subtract line 5 from line 4								
Sec	tion B. Total Support		1		- ····				
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	€	(f) Tota	al
7	Amounts from line 4								
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources								
9	Net income from unrelated business activities, whether or not the business is regularly carried on								-
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)								
11	Total support. Add lines 7 through 10								
12	Gross receipts from related activ	ities, etc. (see ins	structions)	<u> </u>	I	<u> </u>	12		
13	First five years. If the Form 990 organization, check this box and	s for the organiza stop here	ation's first, second	d, third, fourth, oi	r fifth tax year as a	a section 501	(c)(3)		▶ □
Sec	tion C. Computation of Pเ	ıblic Support	Percentage						
	Public support percentage for 20	` '	• • • • • • • • • • • • • • • • • • • •	e 11, column (f)			14		<u>%</u>
	Public support percentage from 2					ا .	15		<u>%</u>
16	a 33-1/3 support test – 2009. If the and stop here. The organization				the line 14 is 33-1/	3 % or more	, check	د this box	<b>►</b> □
ŀ	33-1/3 support test — 2008. If the and stop here. The organization				and line 15 is 33-	1/3% or more	e, chec	k this box	<b>►</b> □
17 8	a 10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	nd-circumstances	' test, check this t	oox and stop here	. Explain in F	Part IV		<b>-</b>
ŀ	o 10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-a	ind-circumstances	test, check this b	oox and stop here	. Explain in F	Part IV		▶ □
18	Private foundation. If the organiz		_	· ·		•		uctions	$\vdash$

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

<u></u>	(Complete only if you ched	Aed the box on in	le 9 01 Fait 1)		· · · · · · · · · · · · · · · · · · ·		
	tion A. Public Support	4 ) 6 6 7 7					
Cale 1	ndar year (or fiscal yr beginning in)	(a) 2005	<b>(b)</b> 2006	<b>(c)</b> 2007	(d) 2008	<b>(e)</b> 2009	(f) Total
·	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')	50,596.	48,132.	48,329.	33,590.	12,954.	193,601.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt		4,628.	805.	150.		
3	purpose Gross receipts from activities that are not an unrelated trade or business		4,020.	005.	150.		5,583.
4	under section 513  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6	Total. Add lines 1 through 5	50,596.	52,760.	49,134.	33,740.	12,954.	199,184.
7 a	Amounts included on lines 1, 2, 3 received from disqualified persons	30,340.	12,320.	8,575.	8,675.	3,700.	63,610.
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year	0.	0.	0.	0.	0.	0.
c	Add lines 7a and 7b	30,340.	12,320.	8,575.	8,675.	3,700.	63,610.
	Public support (Subtract line		12,020.	<del>0,0,0.</del>	0,013.	3,700.	03,010.
Ū	7c from line 6)			ζ,		n 212 22	135,574.
Sec	tion B. Total Support						133,374.
	ndar year (or fiscal yr beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	<b>(e)</b> 2009	(f) Total
	Amounts from line 6	50,596.	52,760.	49,134.	33,740.	12,954.	199,184.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	30,030.	02,700.	13, 131.	33,710.	12,334.	0.
	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 inline 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.
	Total support. (add Ins 9, 10c, 11, and 12)  First five years. If the Form 990 is organization, check this box and	s for the organizat	ion's first, second	l, third, fourth, or	fifth tax year as a	section 501(c)(3)	199,184.
	tion C. Computation of Pu					<del>-</del>	
				12 och mr (6)	<del></del>	140	60 1 2
15	Public support percentage for 200			13, column (t))		15	68.1%
	Public support percentage from 2 tion D. Computation of Inv				· · · · · · · · · · · · · · · · · · ·	16	65.6%
	<del></del>				n (f)		0.00
17	Investment income percentage for	•	• •	•	n (f))	17	0.0%
18	Investment income percentage fr				lmo 16	18	0.0%
ıya	33-1/3 support tests $-2009$ . If the more than 33-1/3%, check this both	e organization did ox and stop here.	The organization (	k on line 14, and qualifies as a pub	ime 15 is more tha licly supported ora	an 33-1/3%, and lin janization	e 17 is not ► [X]
b	<b>33-1/3 support tests</b> – <b>2008.</b> If the is not more than 33-1/3%, check	e organization did	not check a box of	on line 14 or 19a.	and line 16 is mor	e than 33-1/3%, an	d line 18 ►
20	Private foundation. If the organiz	ation did not chec	k a box on line 14	, 19a, or 19b, che	eck this box and se	ee instructions	▶ 🗂

Schedule A (Form 990 or 990-EZ) 2009	FRESH HEART	MINISTRIES	41-2081629	Page 4
Part IV Supplemental Information Part II. line 17a or 17b	ation. Complete of and Part III. In	this part to provide any	41-2081629 e the explanations required by Part other additional information. See in	II, line 10;
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li	Statement Form 990- Other Rev

### **Federal Statements**

### Page 1

#### **FRESH HEART MINISTRIES**

41-2081629

Statement 1 Form 990-EZ, Part I, Line 8 Other Revenue

OTHER

Total \$ 71.

Statement 2 Form 990-EZ, Part I, Line 16 Other Expenses

Advertising and Promotion AUTOMOBILE EXPENSE BENEVOLENCE & SCHOLARSHIP Conferences, Conventions, DUES & SUBSCRIPTIONS LICENSES & PERMITS MEETING EXPENSE MINISTRY EXPENSE Office Expenses PROFESSIONAL DEVELOPMENT Travel WEBSITE EXPENSE	\$	207. 1,608. 861. 95. 22. 35. 314. 1,009. 278. 2,901. 1,903.
MEDSITE EXTENSE	Total \$	9,312.

## Statement 3 Form 990-EZ, Part III, Line 28 Statement of Program Service Accomplishments

THE MINISTRY CONDUCTED 38 BIBLE STUDIES LAST YEAR AND COMPLETED & PUBLISHED THE BOOK "FRESH HEAT FOR A NEW DAY" IN 2006.
SEVERAL EVENTS WERE HELDIN 2007:
SPIRITUAL EMPHASIS WEEK IN KALAMAZOO, MI
A FOUR WEEK PRAYER SUMMIT IN VICTORVILLE, CA
MINISTER AND CONSULTING AT A CHURCH IN SEATTLE, WA
CONDUCTED A SPIRITUAL GIFT SEMINAR IN BOTHELL, WA
YOUNG MARRIEDS TEACHING IN VICTORVILLE, CA

SEVERAL SPEAKING ENGAGEMENTS INCLUDED THOSE AT A COMMUNITY CHURCH IN WA, AND AT CHURCHES IN OREGON AND COLORADO.
THE MINISTRY COMPILED AND DISTRIBUTED 52 WEEKLY DEVOTIONALS TO OVER 300 PEOPLE EVERY WEEK.

# Statement 4 Form 990-EZ, Part V Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

No

No