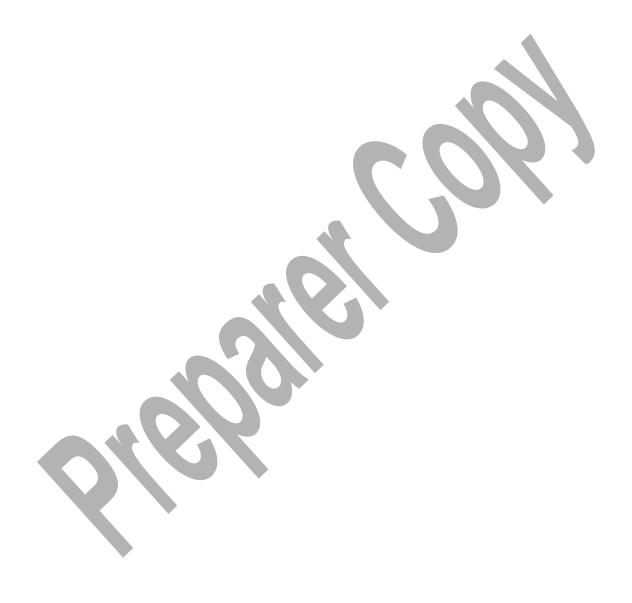
	Notes about the return	
		2023
Name(s) as shown on return		Tax ID Number
Shepherd's He	art Ministry Inc	46-1520015

245 ELECTRONIC FILING MANDATE: The Taxpayer First Act requires tax-exempt organizations to electronically file all information returns in the 990 series for tax years beginning after July 1, 2019. Paper-filing these returns is no longer allowed. See Drake Software Knowledge Base article 16383 for additional information.



990EF			2023			
Nama(a) as alternative	<u> </u>	(K	eep for your records	s)		CIN sumbor
Name(s) as shown on return Shepherd's Heart M	inistry Inc					EIN number 46-1520015
The following will be trans	mitted to the IRS.	x 990	990-T	Amended 990	☐ Aı	mended 990-T
		8868	<u> </u>	FinCEN 114		
The following state returns	will be transmitted:					
				-		<u> </u>
		T/				
The following returns have	been suppressed or a	re not eligib	le and will NOT be	transmitted.		
						<u> </u>
						<u> </u>
EF Notes						

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

Open to Public

		the Treasury		er social security numbers on	•	•			Open to Public
		ue Service	•	/ww.irs.gov/Form990 for instru					Inspection
			lar year, or tax year begi			and endin			, 20
		applicable:		hepherd's Heart Minis	stry Inc) Emplo	yer identification number
∐ ′	Address o	change	Doing business as						46-1520015
ן ו	Name cha	ange	Number and street (or P.O. b	ox if mail is not delivered to street address)	Room/suite	• [E	Teleph	one number
ַ ו	nitial retu	ırn	8895 Stouts R	oad					(205)296-3714
<u></u>	Final retu	rn/terminated	City or town, state or province	e, country, and ZIP or foreign postal code				Gross	receipts
<u> </u>	Amended	l return	Kimberly, AL	35091				\$	146,462
□ '	Applicatio	on pending	F Name and address of principal	al officer:			H(a) Is this a gr	oup return fo	r subordinates? Yes X No
							H(b) Are all su	bordinate	s included? Yes No
<u>ı</u> .	Fax-exem	npt status:	501(c)(3) 501(c) () (insert no.) 4947(a)(1) c	r 527		If "No," a	tach a list	. See instructions
J '	Nebsite:						H(c) Group ex	emption n	umber
	_	organization: X	Corporation Trust As	ssociation Other	L Year of format	ion: 202 1	L M St	ate of lega	I domicile: AL
Pa	rt I	Summar	У						
	1	Briefly descr	ibe the organization's mis	sion or most significant activities:	To share the	love	of Jesu	s Chr	ist after
a		natural	disasters by off	ering free tree and d	lebris removsl,	espec	ially t	o uni	nsured,
ů		underins	ured, and low-in	come families.					
Activities & Governance									
Š	2			discontinued its operations or dis)	
დ ფ	3			erning body (Part VI, line 1a)		_		3	7
es	4		· ·	ers of the governing body (Part V			_	4	7
Ζŧ	5			in calendar year 2023 (Part V, lir				5	0
₽cti	6		er of volunteers (estimate if	-,				6	
_	7a			Part VIII, column (C), line 12				7a	0
	b	Net unrelate	d business taxable incom	e from Form 990-T, Part I, line 1				7b	0
							Prior Year		Current Year
	8		s and grants (Part VIII, line				98	,311	146,462
Revenue	9			ne 2g)					0
š	10			(A), lines 3, 4, and 7d)					0
æ	11			ines 5, 6d, 8c, 9c, 10c, and 11e)					0
	12			(must equal Part VIII, column (A)	•		98	,311	146,462
	13			IX, column (A), lines 1-3)					0
	14			IX, column (A), line 4)					0
Ś	15			ee benefits (Part IX, column (A), I					48,933
Expenses				column (A), line 11e)					0
ж			ising expenses (Part IX, co		0	-			1.70 000
Ш	17		ses (Part IX, column (A), I				138		152,088
	18 19			st equal Part IX, column (A), line 2 18 from line 12			138		201,021
		Keveriue ies	5 expenses. Subtract line	18 HOITIME 12	<u> </u>	Paging		, 879)	(54 , 559) End of Year
Sor	20	Total accete	(Part X, line 16)			Бедіні	ning of Currer	,058	250,499
Sset	21	,	es (Part X, line 26)				303	,036	230,499
Net Assets or	22		or fund balances. Subtract	line 21 from line 20			305	,058	250,499
_	rt II		re Block	inic 21 non inic 20			303	,030	250,455
				urn, including accompanying schedules ar	d statements, and to the best	t of my knowle	edge and belie	f, it is	
true,	correct,	and complete. De	claration of preparer (other than of	fficer) is based on all information of which	preparer has any knowledge.			1	
		Ed B	rashier						
Sig	n	Signature of office						Date)
Her	е	Ed B	rashier, Executi	ve Director					
		Type or print nar							
		Print/Type pre	eparer's name	Preparer's signature	Date		Check	if	PTIN
Pai	d	Ricky F	Pennington	Ricky Pennington	03-16-20	24	self-emp	oyed	P00111776
Pre	parer			and Townes PC			m's EIN		
	Only					Ph	one no.		
				ale AL 35071				205-6	31-3524
May	the IR	S discuss this	return with the preparer s	hown above? See instructions					Yes X No

3) Shepherd's Heart Ministry Inc Checklist of Required Schedules Part IV

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part L	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	-		
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
-	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		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	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X, as applicable.			
a				
•	complete Schedule D, Part VI	11a	x	
ŀ	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
c	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		х
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part.X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	400		
40	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a b	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
J	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and I.V	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and JV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part JI	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		Х
) 24		20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		v
	aomosto government en ratin, commit (ry, inte 1: 11 166, complete confedure), Falto I alte II			X

3) Shepherd's Heart Ministry Inc Checklist of Required Schedules (continued) Part IV

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		_X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	04-		
L	through 24d and complete Schedule K. If "No," go to line 25a	24a		_ <u>x</u> _
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24 u		
ZJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	25a		
-	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part.II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (See the Schedule			
	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part J	31		_X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		_X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
25-	or IV, and Part V, line 1	34		_ <u>x</u> _
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		v
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	330		X
30	related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
<i>31</i>	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part.VI</i>	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	· ·		
	19? Note : All Form 990 filers are required to complete Schedule O	38	x	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
	, , , , , , , , , , , , , , , , , , , ,		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country	-		
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	60		
h	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	OD		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b 12	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
D	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule</i> Q	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			

Form 990 (2023) Shepherd's Heart Ministry Inc Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Section A. Governing Body and Management Yes No

Jid the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 7a Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 5 Are any governance decisions of the organization reserved to (or subject to approval by) members. 5 stockholders, or persons other than the governing body? 5 Did the organization contemporaneously document the meetings held or written actions undertaken dufting the year by the following: 6 The governing body? 9 Is there any officer, director, 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 on Schedule O. 5 Pocition B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 6 Did the organization have local chapters, branches, or affiliates? 9 If I'ves," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization by before filing the form? 1 Has the organization have a written operations are consistent with the organization by before filing the form? 1 Describe on Schedule O the process, if any, used by the organization to review this Form 990. 2 Did the organization have a written molicies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization by before filing the form? 1 Describe on Schedule O the process, if any, used by the organization to review this Form 990. 2 Did the organization have a written docu							
if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. b Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustees, or key employees have a family relationship or a business relationship with any other officer, director, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents aince the prior Form 990 was filled? 4 Did the organization become aware during the year of a significant diversion of the organization's assests? 5 Did the organization have members or stockholders, or other persons who had the power to elect or appoint, one or more members of the governing body? 5 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 5 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 5 Beach committee with authority to act on behalf of the governing body? 6 Beach committee with authority to act on behalf of the governing body? 7 Beach committee with authority to act on behalf of the governing body? 8 Is there any officer, director, trustee, or key employee lised in Part VII, Section A, who cannot be reached at the organizations maning address? If Y'as, Proude the names and addresses on Schedule O. 6 Beach committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee is send in Part VII, Section A, who cannot be reached at the organization have local chapters, branches, or affiliates? 9 If Y'es," did the organization have local chapters, branches, or affiliates? 10 If Yes, and the organization have local chapters, branch	ı	Enter the number of voting members of the governing body at the end of the tax year	1a	7			
committee, explain on Schedule O. Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee? Did any officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? Did the organization heacens eaver during the year of a significant diversion of the organization have members or stockholders? Did the organization have members or stockholders? Did the organization have members as tockholders? Did the organization have members or stockholders? Did the organization have members or stockholders? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? It have any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailling address? If "Yes," provide the names and addresses on Schedule Q. Did the organization have local chapters, branches, or affiliates? If Yes, did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are offisisent with the organizations provided a complete copy of this Form 990 to all therebers of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of integers plongly. "If "Yes," gover the subdiscribe and sport of the programization		If there are material differences in voting rights among members of the governing body, or					
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b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?					12a		х
describe on Schedule O how this was done					12b		
Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Dother officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? List the states with which a copy of this Form 990 is required to be filed Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain on Schedule O)	:	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official		describe on Schedule O how this was done			12c		
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? The organization's CEO, Executive Director, or top management official		Did the organization have a written whistleblower policy?			13		х
independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official		Did the organization have a written document retention and destruction policy?			14		х
a The organization's CEO, Executive Director, or top management official		Did the process for determining compensation of the following persons include a review and approval by					
b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 6a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 1 Section C. Disclosure 7 List the states with which a copy of this Form 990 is required to be filed 8 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Y Upon request Other (explain on Schedule O)		independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 6a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 5ection C. Disclosure 7 List the states with which a copy of this Form 990 is required to be filed 8 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O)	3	The organization's CEO, Executive Director, or top management official			15a		X
Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Years Upon request Other (explain on Schedule O))	Other officers or key employees of the organization		L	15b		X
with a taxable entity during the year?							
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?							
participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?					16a		X
organization's exempt status with respect to such arrangements?							
Section C. Disclosure 7 List the states with which a copy of this Form 990 is required to be filed 8 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website							
List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Very long request Other (explain on Schedule O)					16b		
Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain on Schedule O)							
(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain on Schedule O)			action E01/a				
Own website Another's website Upon request Other (explain on Schedule O)			ection 501(c)				
	ſ		dula (1)				
	L	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interc	,				

• •	and the dates that three a depy of the form does to require a to be mod
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 99
	(2) and () available for multiplication ladicate because and there available. Check all that and the

and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records. 20

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- **1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any rela	ated organizat	tion compe	ensat	ed a	ny currer	nt officer, director, or	trustee.	
				(C)				
(A)	(B)			sition		(D)	(E)	(F)
Name and title	Average	(do not c			nan one both an	Reportable	Reportable	Estimated amount
	hours	officer a				compensation	compensation	of other
	per week				*	from the organization (W-2/	from related	compensation from the
	(list any	or .	on on	Ke	em Hig	1099-MISC/	organizations (W-2/ 1099-MISC/	organization and
	hours for related	direc	Officer	Key employee	ploy	1099-MISC/ 1099-NEC)	1099-NEC)	related organizations
	organizations	Jal ti		힏	ee t cor			
	below	Individual trustee or director	Officer	/ee	nper			
	dotted line)	Ф 3	1		Highest compensated employée			
					ä			
(1)Dale Murray								
Secretary			\mathbf{x}			0	0	0
(2)Eric Hollar								
Member at Large			x			0	0	0
(3)Jonathan Brogdon								
Member at Large			х			0	0	0
(4)Randy Dunlap								
Treasurer			х			0	0	0
(5) Ed Brashier								
Executive Director			х			0	0	0_
(6)Rich Dender								
Chairman			х			0	0	0
(7)Bruce Brashier	_							
Vice Chairman			х			0	0	0
(8)								
(9)								
<u>(10)</u>								
· -								
<u>(11)</u>								
<u>(12)</u>								
(13)	.							
<u>(14)</u>								

EEA Form **990** (2023)

	90 (2023) Shepherd's Heart	Ministry	/ Inc	!							-15200			age 8
Part	VII Section A. Officers, Directors, T	rustees,	Key I	Ξm	ploy	yee	s, ar	nd F	lighest Comp	ensated	Employ	ees	(conti	nued)
	(A) Name and title	(B) Average hours per week (list any	box	, unles er and	Pos eck m ss per d a di	son is	han one s both ar /trustee	n)	(D) Reportable compensation from the organization (W-2/	(E) Reportab compensations from relate organizations	ion ed	con	(F) ated amonomore of other of other of other of other of the officers and the other officers are officers and the other officers are officers and the other officers are officers are officers and the other officers are officers are officers and the other officers are officers a	
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MIS 1099-NEC		-	nization a	
<u>(15)</u>														
<u>(16)</u>														
<u>(17)</u>														
<u>(18)</u>														
<u>(19)</u>														
(20)								1						
(21)														
(22)														
(23)		7												
(24)														
(25)														
1b c	Subtotal	ion A			 	 								
d 2	Total (add lines 1b and 1c)	ot limited to	o thos	 e lis	 ted	 abc	 ove) w	vho	received more the	nan \$100,0	0 000 of			0
	reportable compensation from the organiza	tion											Yes	0 No
3	Did the organization list any former officer, direct employee on line 1a? <i>If</i> "Yes," <i>complete Schedul</i>		•				-		•			3		x
4	For any individual listed on line 1a, is the sum of re organization and related organizations greater th	•	•					•						
5	individual											4		x
	for services rendered to the organization? If "Yes			-			_					5		х
	on B. Independent Contractors													
1	Complete this table for your five highest cor compensation from the organization. Report												tax y	ear.
	(A) Name and business addres	s							(B) Description of service	ces	Co	(C) ompensa	ation	
2	Total number of independent contractors (in received more than \$100,000 of compensation)	-					iose li	isted	d above) who					

Check if Schedule O contains a response or note to any line in this Part VIII (A) (B) (C) (D) Total revenue Related or exempt Unrelated Revenue excluded business revenue function revenue from tax under sections 512-514 Federated campaigns 1a b Membership dues 1b Contributions, Gifts, Grants and Other Similar Amounts Fundraising events 1c С **d** Related organizations 1d Government grants (contributions) . . 1e 140,999 All other contributions, gifts, grants, and similar amounts not included above 1f 5,463 Noncash contributions included in lines 1a-1f 1g | \$ 146,462 2a **Program Service** f All other program service revenue Investment income (including dividends, interest, and Income from investment of tax-exempt bond proceeds (ii) Personal 6a Gross rents 6a **b** Less: rental expenses . . 6b c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7a Gross amount from sales of assets other than inventory . . 7a **b** Less: cost or other basis and sales expenses . . Other Revenue c Gain or (loss) 7c d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a **b** Less: direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 9a **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 10a **b** Less: cost of goods sold 10b c Net income or (loss) from sales of inventory **Business Code** 11a **Miscellanous** Revenue b **d** All other revenue e Total. Add lines 11a-11d 0 146,462

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX X (A) Total expenses (D) Fundraising Do not include amounts reported on lines 6b. 7b. Program service Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 individuals. See Part IV. line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Compensation of current officers, directors, 32,619 32,619 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 14,970 14,970 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 10 1,344 1,344 11 Fees for services (nonemployees): b Legal....... 400 400 d Professional fundraising services. See Part IV, line 17. . f Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . 2,000 2,000 12 Advertising and promotion 10,447 10,447 13 Office expenses 3,611 3,611 14 Information technology 15 16 17 1,633 1,633 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . . . 99 99 20 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 8,012 8,012 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25. column (A), amount, list line 24e expenses on Schedule O.) Fundraising Fees 6,862 6,862 Telephone and Utilities 200 200 572 c Bank Fees 572 d Memberships 289 289 All other expenses e 117,963 117,963 Total functional expenses. Add lines 1 through 24e. . 25 201,021 201,021 0 0 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Page **11**

Part X **Balance Sheet**

		Check if Schedule O contains a response or note	to ar	ny line in this Part X			
					(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			112,220	1	57,661
	2	Savings and temporary cash investments		[2	
	3	Pledges and grants receivable, net		[3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or former of	officer,	director,			
		trustee, key employee, creator or founder, substantial cor	ntributo	or, or 35%			
		controlled entity or family member of any of these persor	5				
	6	Loans and other receivables from other disqualified personal control of the contr					
		under section 4958(f)(1)), and persons described in sect	6				
	7	Notes and loans receivable, net	7				
ets	8	Inventories for sale or use		F		8	
Assets	9	Prepaid expenses and deferred charges		•		9	
'	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	192,838			
	b	•	10b	1,000	192,838	10c	192,838
	11	Investments - publicly traded securities			132/030	11	132,030
	12	Investments - other securities. See Part IV, line 11		F		12	
	13	Investments - program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equal line 3			305,058	16	250,499
	17	Accounts payable and accrued expenses			303,036	17	250,499
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete Part IV or				21	
	22	Loans and other payables to any current or former office				21	
ties	22	trustee, key employee, creator or founder, substantial cor					
Liabilities		controlled entity or family member of any of these persor				22	
Lia	23	Secured mortgages and notes payable to unrelated third				23	
	23 24	Unsecured notes and loans payable to unrelated third pa				24	
	2 4 25	Other liabilities (including federal income tax, payables to				24	
	25	parties, and other liabilities not included on lines 17-24).		ı			
		of Schedule D				25	
	26				0	26	0
	20	Total liabilities. Add lines 17 through 25			0	20	0
		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.					
es	07				205 050	07	050 400
anc	27				305,058	27	250,499
Bal	28					28	
nd		Organizations that do not follow FASB ASC 958, che	ck nei	re 📙			
ī		and complete lines 29 through 33.					
s or	29					29	
set	30	Paid-in or capital surplus, or land, building, or equipment				30	
As	31	Retained earnings, endowment, accumulated income, or		T T		31	
Net Assets or Fund Balances	32	Total net assets or fund balances		 	305,058	32	250,499
	33	Total liabilities and net assets/fund balances			305,058	33	250,499

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Form	990	(2023)

			_
Shepherd's	Heart	Ministry	Inc

16	_1	5	20	١n	1	5

Page 12		Page	1	1
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Par	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		146,	462
2	Total expenses (must equal Part IX, column (A), line 25)	2		201,	021
3	Revenue less expenses. Subtract line 2 from line 1	3		(54,	559
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		305,	058
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		250,	499
Par	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other	_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	· · ·	2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

EEA

Form **990** (2023)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

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

OMB No. 1545-0047

Attach to Form 990 or Form 990-EZ.

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

Name	lame of the organization Employer identification number								
Shep	nepherd's Heart Ministry Inc 46-1520015								
Par	t I	Reason for Public Char	rity Status. (Al	l organizations mus	t comple	ete this p	oart.) See instruction	ons.	
The o	The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)								
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). (Attac	h Schedule E (Form 990	0).)				
3	Ц	A hospital or a cooperative hospita	l service organizati	ion described in section	170(b)(1)	(A)(iii).			
4	Ш	A medical research organization or	perated in conjunct	ion with a hospital descr	ibed in se	ction 170	(b)(1)(A)(iii). Enter the		
	_	hospital's name, city, and state:							
5		An organization operated for the be	_	r university owned or ope	erated by a	a governme	ental unit described in		
_		section 170(b)(1)(A)(iv). (Complet	•						
6		A federal, state, or local government	-						
7	X	An organization that normally received			overnmen	tal unit or f	rom the general public		
		described in section 170(b)(1)(A)(•					
8		A community trust described in sec			acratad in	a a ni va a ti a	n with a land grant call	0.00	
9	Ш	An agricultural research organization						ege	
		or university or a non-land-grant col	nege of agriculture	(see instructions). Enter	the name,	city, and s	late of the college of		
10	П	university: An organization that normally received.	ves (1) more than 3	3 1/3% of its support fro	m contribu	tions mon	pherebin fees, and gross		
10	Ш	receipts from activities related to its	exempt functions,	subject to certain except	tions; and	(2) no mor	e than 33 1/3% of its	5	
		support from gross investment inco- acquired by the organization after) from businesses		
11	П	An organization organized and ope	·	, ,, ,		_	1).		
12	П	An organization organized and oper	•	,		, , , ,	•	es of	
		one or more publicly supported org	-						
		the box on lines 12a through 12d th	at describes the typ	be of supporting organiza	ation and c	omplete lir	nes 12e, 12f, and 12g.		
а		Type I. A supporting organizati	on operated, supe	rvised, or controlled by i	ts support	ed organiz	ation(s), typically by gi	ving	
		the supported organization(s) the	ne power to regula	rly appoint or elect a maj	ority of the	directors	or trustees of the		
		supporting organization. You n	nust complete Pa	rt IV, Sections A and B					
b		Type II. A supporting organization	tion supervised or	controlled in connection	with its su	pported or	ganization(s), by havin	g	
		control or management of the s	upporting organiza	tion vested in the same p	ersons tha	at control o	r manage the supporte	d	
		organization(s). You must con							
С							·	with,	
_		its supported organization(s) (s							
d		Type III non-functionally inte						, ,	
		that is not functionally integrate		• •			ent and an attentivenes	S	
_		requirement (see instructions).					I Toma II Toma III		
е		Check this box if the organization functionally integrated, or Type					ı, туре іі, туре ііі		
f	_	nter the number of supported organi		integrated supporting of	yarızatıdı	l.			
g g		rovide the following information about		nanization(s)				• • •	
		i) Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(,	(described on lines 1-10	listed in you	r governing	support (see	other support (see	
				above (see instructions))	docum	ent?	instructions)	instructions)	
					Yes	No			
(4)									
(A)									
(B)									
(0)									
(C)									
(D)									
(E)									
Total									
ı Olai							i .	I	

18

46-1520015

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (c) 2021 (d) 2022 **(e)** 2023 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 205,365 98,311 140,999 444,675 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge **Total.** Add lines 1 through 3 205,365 98,311 140,999 444,675 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4. 444,675 Section B. Total Support **(b)** 2020 (d) 2022 Calendar year (or fiscal year beginning in) (a) 2019 (c) 2021 (e) 2023 (f) Total Amounts from line 4 7 205,365 98,311 140,999 444,675 8 Gross income from interest, dividends, payments received on securities loans. rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets 11 **Total support.** Add lines 7 through 10 444,675 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) 100.00 % 15 Public support percentage from 2022 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check 17a 10%-facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported

instructions EEA Schedule A (Form 990) 2023

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

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Part III

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

Secti	on A. Public Support			•		,	
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities fumished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
-	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
~	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Secti	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6		747	. ,			
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the or	rganization's fi	rst, second, thii	rd, fourth, or fif	th tax year as	a section 50°	I(c)(3)
	organization, check this box and stop her						
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2023 (line 8		-			15	%
16	Public support percentage from 2022 Sch					16	<u>%</u>
	on D. Computation of Investment In						
17	Investment income percentage for 2023 (-		17	%
18	Investment income percentage from 2022					18	%
19a	33 1/3% support tests - 2023. If the orga						
	17 is not more than 33 1/3%, check this b	=	-	· · · · · · · · · · · · · · · · · · ·	•		-
b	33 1/3% support tests - 2022. If the organizat						
	line 18 is not more than 33 1/3%, check this bo		-			-	
20	Private foundation. If the organization di	d not check a	box on line 14,	19a, or 19b, c	heck this box a	and see instr	uctions \dots

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Part IV **Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. A	ΑII	Supporting	Organizations
--------------	-----	------------	----------------------

ecti	ion A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing		163	140
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line			
	7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons, as defined in section 4946 (other than foundation managers and organizations			
	described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer line 10b below.	10a		

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

determine whether the organization had excess business holdings.)

raiti	Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		res	NO
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
a	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c,</i>			
·	provide detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations			
	Alter and the second se		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
Ocotic	71 D. All Type III dupporting organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI			
	how the organization maintained a close and continuous working relationship with the supported organization(s).	. 2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see) inst	ructio	ns).
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>	_4:1		
с 2	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction Activities Test. Answer lines 2a and 2b below.	stions)	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		162	NO
a	the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify</i>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

(see instructions).

	Man Francisco de la constant Ministry Inc		46-15200)15
Part				
1	Check here if the organization satisfied the Integral Part Test as a qualifying			
	instructions. All other Type III non-functionally integrated supporting organ	ızatı	ons must complete Sectior	
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year
		_	(71) Tion Toda	(optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
-	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional		ntegrated Type III supportir	ng organization
		-		

EEA Schedule A (Form 990) 2023

b Excess from 2020c Excess from 2021d Excess from 2022e Excess from 2023

Part	V Type III Non-Functionally Integrated 509(a)(3	Supporting Organ	izations (continued	()	
Secti	on D - Distributions			Cı	urrent Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exen	npt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organ	izations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required)	- provide details in Part	VI)	5	
6	Other distributions (describe in Part VI). See instructions.	prorrae actano mirata	- ·	3	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp			
Ū	(provide details in Part VI). See instructions.	the organization is resp		3	
9	Distributable amount for 2023 from Section C, line 6			9	
	· · · · · · · · · · · · · · · · · · ·			0	
10	Line 8 amount divided by line 9 amount			0	/:::\
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023		(iii) istributable ount for 2023
	Distributable amount for 2023 from Section C, line 6		F16-2023	Aine	Julit IOI 2023
	•			1	
2	Underdistributions, if any, for years prior to 2023				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
c	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from				
	Section D, line 7:				
a	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
·	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI . See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
O					
	and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8_	Breakdown of line 7:				
2	Evence from 2010				

EEA Schedule A (Form 990) 2023

Schedule A (F	om 990) 2023 Fage o
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

EEA Schedule A (Form 990) 2023

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name o	f the or	ganization		Employer identification number
Sheph	erd'	s Heart Ministry Inc		46-1520015
Pai	rt I	Organizations Maintaining Donor Advised	Funds or Other Similar Funds or Acc	counts
		Complete if the organization answered "Yes" of		
		, ,	(a) Donor advised funds	(b) Funds and other accounts
1	Total	number at end of year		
2		gate value of contributions to (during year)		
3		gate value of grants from (during year)		
4		gate value at end of year		
5		e organization inform all donors and donor advisors in	writing that the assets held in donor advised	
•		are the organization's property, subject to the organization	_	
6		e organization inform all grantees, donors, and donor a		
Ū		or charitable purposes and not for the benefit of the do		
		ring impermissible private benefit?	`	
Par		Conservation Easements		i i i i i i i i i i i i i i i i i i i
i ai		Complete if the organization answered "Yes" of	on Form 990 Part IV line 7	
1	Dumo	se(s) of conservation easements held by the organization		
'		- · · · · · · · · · · · · · · · · · · ·		hiptorically important land area
		eservation of land for public use (for example, recreation of natural habitat		historically important land area certified historic structure
	=		Preservation of a	certified historic structure
•		eservation of open space		
2		lete lines 2a through 2d if the organization held a qualit	ned conservation contribution in the form of a	
		nent on the last day of the tax year.		Held at the End of the Tax Year
а		number of conservation easements		
b		acreage restricted by conservation easements		
C		er of conservation easements on a certified historic str		<u>2</u> c
d		er of conservation easements included on line 2c, acq		
		istoric structure listed in the National Register		
3	Numb	er of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the o	rganization during the
	tax ye			
4		er of states where property subject to conservation ea		
5		the organization have a written policy regarding the pe		
		ons, and enforcement of the conservation easements i		<u> </u>
6	Staff a	and volunteer hours devoted to monitoring, inspecting, I	nandling of violations, and enforcing conserv	ation easements during the year
7	Amou	nt of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	n easements during the year
8		each conservation easement reported on line 2d abov		
	and s	ection 170(h)(4)(B)(ii)?		
9	In Par	t XIII, describe how the organization reports conserva-	tion easements in its revenue and expense s	tatement and balance
	sheet,	and include, if applicable, the text of the footnote to the	e organization's financial statements that des	cribes the
	organ	zation's accounting for conservation easements		
Part	t III	Organizations Maintaining Collections	of Art, Historical Treasures, or C	Other Similar Assets
		Complete if the organization answered "Yes" of	on Form 990, Part IV, line 8.	
1a	If the	organization elected, as permitted under FASB ASC 9	58, not to report in its revenue statement and	balance sheet works
	of art,	historical treasures, or other similar assets held for pu	blic exhibition, education, or research in furth	nerance of public
	servic	e, provide in Part XIII the text of the footnote to its fina	incial statements that describes these items.	
b	If the	organization elected, as permitted under FASB ASC 9	58, to report in its revenue statement and ba	lance sheet works of
	art, hi	storical treasures, or other similar assets held for public	c exhibition, education, or research in further	ance of public service,
	provid	le the following amounts relating to these items:		
	(i) R	evenue included on Form 990, Part VIII, line 1		\$
		ssets included in Form 990, Part X		
2		organization received or held works of art, historical tre		gain, provide the
		ing amounts required to be reported under FASB ASC		
а		nue included on Form 990, Part VIII, line 1	_	\$
b		s included in Form 990. Part X		

Par	t III Organizations Maintaining	Collections of	f Art, His	torical	Treasures,	or Otl	ner Similar As	sets (co	ontinu	ied)
3	Using the organization's acquisition, accessi	on, and other recor	ds, check a	any of the f	ollowing that n	nake sig	nificant use of its			
	collection items (check all that apply):									
а	☐ Public exhibition		d	Loan	or exchange p	rogram				
b	Scholarly research		е	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	ain how the	y further th	e organization	n's exem	ot purpose in Part			
	XIII.	•		,	Ü		• •			
5	During the year, did the organization solicit o	r receive donations	s of art, hist	orical treas	sures, or other	similar				
	assets to be sold to raise funds rather than to							☐ Yes		No
Par			<i>y</i> part 0. a.e	organizati						
	Complete if the organization		s" on For	m 990 F	Part IV line	9 or r	enorted an amo	nunt on	Form	
	990, Part X, line 21.	anoworda roc	0111 011	000, 1	art iv, iiio	0, 01 1	oponoa an am	Jane On	. 0	
12	Is the organization an agent, trustee, custodia	an or other interme	diany for co	ntributions	or other asse	te not				
1a			-					□ v -		NI.
	included on Form 990, Part X?							. U Yes	S \square	No
b	If "Yes," explain the arrangement in Part XIII	and complete the	tollowing ta	DIE.						
							Amo	ount		
С	Beginning balance									
d	Additions during the year									
е	Distributions during the year				_					
f	Ending balance									
2a	Did the organization include an amount on Fo							Yes		No
b	If "Yes," explain the arrangement in Part XIII	. Check here if the	explanation	n has been	provided on F	Part XIII				
Par			1							
	Complete if the organization	answered "Yes	s" on For	m 990, F	Part IV, line	10.				
		(a) Current year	(b) Pi	ior year	(c) Two years	back	(d) Three years back	(e) Four	years ba	ick
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and									
	losses									
d	Grants or scholarships									
e	Other expenditures for facilities and									
	programs			\ \ \						
f	Administrative expenses									
	End of year balance									
g	,	ant year and balan	os (line 1 a	aaluman (a)) hold oo:					
2	Provide the estimated percentage of the curr		ice (line rg.	column (a)) neid as:					
a	Board designated or quasi-endowment	%								
b	Permanent endowment%									
С	Term endowment%									
	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse	ession of the organ	ization that	are held a	nd administere	ed for the				
	organization by:								Yes	No
	(i) Unrelated organizations?							3a(i)		
	(ii) Related organizations?							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiz	ations listed as red	quired on So	chedule R?	?			3b		
4	Describe in Part XIII the intended uses of the	e organization's en	dowment fo	ınds.						
Par	t VI Land, Buildings, and Equip	ment								
	Complete if the organization	answered "Yes	s" on For	m 990, F	Part IV, line	11a. S	ee Form 990, I	Part X, I	ine 10	ე.
	Description of property	(a) Cost or of	ther basis	(b) Cost of	or other basis	(c) /	Accumulated	(d) Boo	k value	
		(investr		1 ' '	(other)		preciation			
1a	Land									
b	Buildings									
~ n	Leasehold improvements			1						
d	Equipment		92,838	+				-	192,8	30
			. , 6 , 6 3 6							20
<u> </u>			art V lina 4	00.00/::==	2 (P)					20
ı otal.	Add lines 1a through 1e. (Column (d) must e	yuai F01111 990, Pa	ari∧, ⊪ne 1	oc, columi	ı (D) • • • • •				L92,8	<u> 38</u>

Part VII	Investments - Other Securities					
	Complete if the organization answered	"Yes" on Form	m 990, Part	IV, line	11b. See For	m 990, Part X, line 12.
	(a) Description of security or category (including name of security)		(b) Book val	lue		Method of valuation: nd-of-year market value
(1) Financial	derivatives					
(2) Closely-he	eld equity interests					
(3) Other						
(A)						
(B)						
(C)						
(D) (E)						
(F)						
(G)						
(H)						
Total. (Colum	n (b) must equal Form 990, Part X, line 12, col.(B))					
Part VIII	Investments - Program Related			,		
	Complete if the organization answered	"Yes" on Form	m 990, Part	IV, line	11c. See Forr	n 990, Part X, line 13.
	(a) Description of investment		(b) Book val	lue	(c) A	Method of valuation:
					Cost or e	nd-of-year market value
(1)						
(2)						_
(3)		-				
(4) (5)						
(6)						
(7)						
(8)						
(9)						
Total. (Colum	n (b) must equal Form 990, Part X, line 13, col. (B))				
Part IX	Other Assets					
-	Complete if the organization answered	"Yes" on Form	m 990, Part	IV, line	11d. See For	m 990, Part X, line 15.
	(a) Des	scription				(b) Book value
(1)						
(2)						
(3)						
(4) (5)						
(6)						
(7)						
(8)	AUVI					
(9)						
Total. (Colum	n (b) must equal Form 990, Part X, line 15 col. (B))	·				
Part X	Other Liabilities					
	Complete if the organization answered	"Yes" on Form	m 990, Part	IV, line	11e or 11f. Se	ee Form 990, Part X,
	line 25.					
1.	(a) Description of liability	(b) Book v	alue			
(1) Federal i	ncome taxes					
(2)						
(3)						
(4) (5)						
(6)						
(7)						
(8)						
(9)						
	(b) must equal Form 990, Part X, line 25 col. (B))					

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer identification number

Shepherd's Heart Ministry Inc	46-1520015
01. Form 990 governing body review (Part VI, line 11)	
The governing body reviews the 990 before it is filed.	
ine governing body reviews the 550 before it is fired.	
02. Governing documents, etc, available to public (Part VI, line 19)
Governing documents are made avaiable to the public upon request.	
03. List of other expenses (Part IX, line 24e)	
Meals 201	
Equipment for Service Work 44,768	
Repairs and Maintenance 28,427	
Fuel for Equipment 7,082	
Supplies 128	
Lift Expense 413	
Equipment Storage 295	
Disaster Supplies and Materials 1,912	
Disaster Small Tools abd Equipment 3,239	
Disaster Host Church Expenses 2,000	
Food for Volunteers 9,216	
Housing for Volunteers 3,036	
Charitable Contributions 1,000	
Miscellaneous 1,145	
Vehicle Expenses 9,626	
LERT Expenses 5,475	

Form **8879-TE**

IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2023, or fiscal year beginning

, 2023, and ending

, 20

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

OMB No. 1545-0047

	EIN or SSN	
Shepherd's Heart Ministry Inc	46-1520015	
Name and title of officer or person subject to tax		
Ed Brashier, Executive Director		
Part I Type of Return and Return Information		
Check the box for the return for which you are using this Form 8879-TE and enter the applicate 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole	dollars only. If you check the box on line 1a, 2a,	
3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you		
applicable line below. Do not complete more than one line in Part I.	ou entered -0- on the return, their enter -0- on the	
1a Form 990 check here x b Total revenue, if any (Form 990, Part VI	II, column (A), line 12) 1b 1	16,462
2a Form 990-EZ check here D b Total revenue, if any (Form 990-EZ, line		
3a Form 1120-POL check here D b Total tax (Form 1120-POL, line 22)		
4a Form 990-PF check here b Tax based on investment income (Form	m 990-PF, Part V, line 5) 4b	
5a Form 8868 check here b Balance due (Form 8868, line 3c)		
6a Form 990-T check here b Total tax (Form 990-T, Part III, line 4) .	6b	
7a Form 4720 check here D b Total tax (Form 4720, Part III, line 1).		
8a Form 5227 check here D b FMV of assets at end of tax year (Form	5227, Item D) 8b	
9a Form 5330 check here b Tax due (Form 5330, Part II, line 19)		
10a Form 8038-CP check here D b Amount of credit payment requested (
Part II Declaration and Signature Authorization of Officer or Pers		
	I am a person subject to tax with respect to (name	
of entity), (EIN), (EIN)	and that I have examined a copy of	tne
	eturn to the IRS and to receive from the IRS (a) an	
intermediate service provider, transmitter, or electronic return originator (ERO) to send the reacknowledgement of receipt or reason for rejection of the transmission, (b) the reason for are the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial (direct debit) entry to the financial institution account indicated in the tax preparation software for return, and the financial institution to debit the entry to this account. To revoke a payment, I multi-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also a processing of the electronic payment of taxes to receive confidential information necessary to the payment. I have selected a personal identification number (PIN) as my signature for the electronic funds withdrawal.	Agent to initiate an electronic funds withdrawal for payment of the federal taxes owed on this st contact the U.S. Treasury Financial Agent at uthorize the financial institutions involved in the answer inquiries and resolve issues related to	
acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for ar the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financia (direct debit) entry to the financial institution account indicated in the tax preparation software for return, and the financial institution to debit the entry to this account. To revoke a payment, I mules 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also a processing of the electronic payment of taxes to receive confidential information necessary to the payment. I have selected a personal identification number (PIN) as my signature for the electronic funds withdrawal. PIN: check one box only	Agent to initiate an electronic funds withdrawal for payment of the federal taxes owed on this st contact the U.S. Treasury Financial Agent at uthorize the financial institutions involved in the answer inquiries and resolve issues related to	ure
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990	Overflow Statement (This page is not filed with the return. It is for your records only.)	2023	Page 1
Name(s) as shown on return		FEIN	_
Shepherd's Hear	46	5-1520015	

Description		Amount
Professional Fees	\$\$	2,000
	Total: \$	2,000

Description	Amount
Meals	\$ 201
Equipment for Service Work	44,768
Repairs and Maintenance	28,427
Fuel for Equipment	7,082
Supplies	128
Lift Expense	413
Equipment Storage	295
Disaster Supplies and Materials	1,912
Disaster Small Tools and Equipment	3,239
Disaster Host Church Expenses	2,000
Food for Volunteers	9,216
Housing for Volunteers	3,036
<u>Charitable Contributions</u>	1,000
Miscellaneous	1,145
Vehicle Expenses	9,626
LERT Expenses	<u>5,475</u>
Total: S	\$ <u>117,963</u>

Parker and Townes PC

PO Box 22
Gardendale, AL 35071
info@parkertownes.com
(205)631-3524 | Fax: (205)25

Phone: (205)631-3524 | Fax: (205)271-7999

Customer Name	Customer Information	
Shepherd's Heart Ministry Inc	Invoice #:	
8895 Stouts Road	Date:	March 16, 2024
Kimberly, AL 35091	Phone:	(205)296-3714
	E-mail:	shepherdsheartministry@yahoo.com

Your 2023 tax return was prepared by Ricky Pennington.

Description		Fee
Federal And Supplementa	al Forms	
Form 990	Return of Org Exempt from Income Tax, page 1	
Form 990 pg 2	Return of Org Exempt from Income Tax, page 2	
Form 990 pg 3	Return of Org Exempt from Income Tax, page 3	
Form 990 pg 4	Return of Org Exempt from Income Tax, page 4	
Form 990 pg 5	Return of Org Exempt from Income Tax, page 5	
Form 990 pg 6	Return of Org Exempt from Income Tax, page 6	
Form 990 pg 7	Return of Org Exempt from Income Tax, page 7	
Form 990 pg 8	Return of Org Exempt from Income Tax, page 8	
Form 990 pg 9	Return of Org Exempt from Income Tax, page 9	
Form 990 pg 10	Return of Org Exempt from Income Tax, page 10	
Form 990 pg 11	Return of Org Exempt from Income Tax, page 11	
Form 990 pg 12	Return of Org Exempt from Income Tax, page 12	
Schedule A	Organization Exempt Under Sec 501(c)(3), page 1	
Schedule A pg 2	Organization Exempt Under Sec 501(c)(3), page 2	
Schedule A pg 3	Organization Exempt Under Sec 501(c)(3), page 3	
Schedule A pg 4	Organization Exempt Under Sec 501(c)(3), page 4	
Schedule A pg 5	Organization Exempt Under Sec 501(c)(3), page 5	
Schedule A pg 6	Organization Exempt Under Sec 501(c)(3), page 6	
Schedule A pg 7	Organization Exempt Under Sec 501(c)(3), page 7	
Schedule A pg 8	Organization Exempt Under Sec 501(c)(3), page 8	
Schedule D	Supplemental Financial Statement, page 1	
Schedule D pg 2	Supplemental Financial Statement, page 2	
Schedule D pg 3	Supplemental Financial Statement, page 3	
Schedule D pg 4	Supplemental Financial Statement, page 4	
Schedule O	Supplemental Information, page 1	
Form 8879-TE	E-file Signature Authorization for Tax Exempt	
Overflow	Itemized Listing Attachment	

Total Forms	27	Forms Subtotal	0.00
		Total Balance Due	0.00

Payment due upon receipt. Thank you for your business!

Tax Exempt Diagnostic Summary Name Shepherd's Heart Ministry Inc Tax Exempt Diagnostic Summary Employer Identification # 46-1520015

Demographics

Mailing Address: Phone: (205)296-3714

8895 Stouts Road Email: shepherdsheartministry@yahoo.com

Kimberly, AL 35091

Resident State: AL

Signor of Return

Officer: Ed Brashier Title: Executive Director

Diagnostics

Preparer: Ricky Pennington Invoice: Date: 03-16-2024

Return Information

Hom on Deturn	2023	2022 Federal
Item on Return	Federal	(If available)
Total Revenue	146,462	98,311
Total Expenses	201,021	138,190
Net Excess (Deficit)	(54,559)	(39,879)
Net Assets or Fund		
Balances	250,499	305,058

State/City Information

State/City	<u>Taxable</u>	<u>Total</u>	Change Fund	<u>UBIT</u>	<u>Total</u>	Refund/
	Revenue	Expenses	Balance		Tax	(Balance Due)