Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. OMB No. 1545-0047

Open to Public Inspection

A	For the 2012 calendar year, or tax year beginning FEB 28, 2012 and endin	a DEC	31, 201)
	Check if applicable: C Name of organization	The second second		tification number
	X Address HER PASSION MINISTRIES, INC	- 1		
	Name change Doing Business As	-	4.5	1612107
	X Initial Number and street (or P.O. box if mail is not delivered to street address) Room/	louito = 3		4642487
Ē	Terminated 330 FRANKLIN ROAD, STE 135A-400	/suite E	Telephone num	
Ī	Amended return City, town, or post office, state, and ZIP code			-402-3402
Ē	Applica- BRENTWOOD, TN 37027-3210		Gross receipts \$	178,411.
	F Name and address of principal officer: CANDICE J ASHBURN	H(a)) Is this a group	
	394 GROVEHURST LANE, BRENTWOOD, TN 37027	LIO	for affiliates?	Yes X No
1	Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527		included? Yes No
J	Website: ► HERPASSIONMINISTRIES.COM	S 1500 A 150		a list. (see instructions)
				tion number ▶ M State of legal domicile: TN
	art I Summary	real of form	nation. 2012	M State of legal domicile: Th
-	1 Briefly describe the organization's mission or most significant activities: TEACHING	משים ב	WODD OF	COD AND
ò	REACHING THE WORLD BY MOBILIZING PEOPLE TO E	RE THE	SUMAH 2	AND EEEM OF
r.	2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of r	more than	25% of its pat	PAND FEET OF
o No	3 Number of voting members of the governing body (Part VI, line 1a)	more triali	3	2.0
Activities & Governance	4 Number of independent voting members of the governing body (Part VI, line 1b)		4	
60	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)		5	-
ž	6 Total number of volunteers (estimate if necessary)		6	
to	7 a Total unrelated business revenue from Part VIII, column (C), line 12		7.	0.
_	b Net unrelated business taxable income from Form 990-T, line 34		71	
			rior Year	Current Year
e	8 Contributions and grants (Part VIII, line 1h)		ioi reai	178,411.
Revenue	9 Program service revenue (Part VIII, line 2g)		-	0.
ě	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)			0.
ш	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			178,411.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)			95,785.
	14 Benefits paid to or for members (Part IX, column (A), line 4)			0.
8	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			45,259.
Expenses	16a Professional fundraising fees (Part IX, column (A), line 11e)			0.
ďx	b Total fundraising expenses (Part IX, column (D), line 25)			
ш	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			34,490.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			175,534.
	19 Revenue less expenses. Subtract line 18 from line 12			2,877.
SOL		Beginning	of Current Year	End of Year
Sala	20 Total assets (Part X, line 16)			2,877.
Net Assets or Fund Balances	21 Total liabilities (Part X, line 26)			0.
	22 Net assets or fund balances. Subtract line 21 from line 20			2,877.
	t II Signature Block			
Unde	penalties of perjury, I declare that I have examined this return, including accompanying schedules and state	tements, and	d to the best of m	y knowledge and belief, it is
true,	correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer	arer has any	knowledge.	-
	Signature of officer			
Sign			Date	
Here	CANDICE J ASHBURN, EXECUTIVE DIRECTOR Type or print name and title			
		Data		1
Paid	Print/Type preparer's name Preparer's signature	Date	Check	PTIN
Prepa	DAVID F. OSBORNE DAVID F. OSBORNE		self-employs	The state of the s
Use O	Control of Co., IC		Firm's EIN	62-1298042
	BRENTWOOD, TN 37027		Phone no. 6	15-370-0590
May t	ne IRS discuss this return with the preparer shown above? (see instructions)			X Yes No
232001	12-10-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.			Form 990 (2012)

P:	m 990 (2012) HER PASSION MINISTRIES, INC 45-4642487 For the statement of Program Service Accomplishments	age
1 6		1 30
1	Check if Schedule O contains a response to any question in this Part III Briefly describe the organization's mission: RELIGIOUS AND HUMANIATARIAN PROJECTS	X
2	Did the organization undertake any significant program services during the year which were not listed on	
3	the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Did the organization cease conducting or make significant shows in the conduction of the prior Form 990 or 990-EZ?	
	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. Describe the organization's program service second inherent (see the first the organization) and the organization of the organi	JN
	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	
la	CENTRAL BAPTIST CHURCH - WAKISO OVERSAW THE CONSTRUCTION OF THE WAKIS RESTORATION HOME LOCATED IN KAMPALA, UGANDA. THIS HOME PROVIDED FOOD SHELTER AND INSTRUCTION TO 42 TEENAGE GIRLS WHO HAVE BEEN ABANDONED, ABUSED AND/OR ORPHANED. IN ADDITION TO CONSTRUCTION, THE ORGANIZATIO FUNDS OPERATIONS.	,
	(Code:)(Expenses \$29,555. including grants of \$23,665.) (Revenue \$	1
	THE ASHBURN OHURU MEDICAL CLINIC OPENED IN AUGUST 2012 IN SIAYA, KENYA TO PROVIDE MEDICAL SERVICES TO THE AREA. THE CLINIC IS STAFFED BY	A
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(<u>;</u>	THE ASHBURN OHURU MEDICAL CLINIC OPENED IN AUGUST 2012 IN SIAYA, KENYA TO PROVIDE MEDICAL SERVICES TO THE AREA. THE CLINIC IS STAFFED BY	
(; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	THE ASHBURN OHURU MEDICAL CLINIC OPENED IN AUGUST 2012 IN SIAYA, KENYA TO PROVIDE MEDICAL SERVICES TO THE AREA. THE CLINIC IS STAFFED BY KENYAN MEDICAL PROFESSIONALS. [Code:) (Expenses 42,394. including grants of \$ 36,504.) (Revenue \$ SWAHIBA YOUTH NETWORKS IS THE FOUNDING AND MANAGING ORGANIZATION FOR THE JITAMBUE PROJECT IN KENYA THAT EDUCATES ALMOST 1,000 GIRLS IN THE SCHOOLS OF THE KBERO SLUMS OF NAIROBI ON PURITY, SELF-WORTH, AND POSITIVE REPRODUCTIVE HEALTH. SALARIES FOR THE STAFF OF SWAHIBA YOUTH)
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Form 990 (2012) HER PASSION MINISTRIES, INC
Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes " complete Schedule A	1.	x	1
2	If "Yes," complete Schedule A	1	X	+
3		2	-	1
Ĭ	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			1
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
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				
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		X
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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11				
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44-		v
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a		X
Ĩ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11b		Δ
- 5	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	110		25
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		- 41
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
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?			70000
	If "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		14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	X	-
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
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	17		X
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
0.	complete Schedule G, Part III	19	-	X
la la	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	-	X
D	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules (continued)

 Did the organization report more than \$5,000 of grants and other assistance to any gov United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants and other assistance to individue column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensa and former officers, directors, trustees, key employees, and highest compensated employeed by Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24. Schedule K. If "No", go to line 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period the organization maintain an escrow account other than a refunding escrow at any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time do 	als in the United States on Part IX, tion of the organization's current oyees? If "Yes," complete t of more than \$100,000 as of the b through 24d and complete od exception? ime during the year to defease pring the year? Is benefit transaction with a	21 22 23 24a 24b 24c 24d		
 Did the organization report more than \$5,000 of grants and other assistance to individual column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensa and former officers, directors, trustees, key employees, and highest compensated employeed by Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24. Schedule K. If "No", go to line 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period the organization maintain an escrow account other than a refunding escrow at any tax-exempt bonds? 	als in the United States on Part IX, tion of the organization's current oyees? If "Yes," complete t of more than \$100,000 as of the othrough 24d and complete and exception? ime during the year to defease pring the year? s benefit transaction with a	22 23 24a 24b		320.
 Did the organization report more than \$5,000 of grants and other assistance to individual column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensa and former officers, directors, trustees, key employees, and highest compensated employeed by Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24. Schedule K. If "No", go to line 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period the organization maintain an escrow account other than a refunding escrow at any tax-exempt bonds? 	als in the United States on Part IX, tion of the organization's current oyees? If "Yes," complete t of more than \$100,000 as of the othrough 24d and complete and exception? ime during the year to defease pring the year? s benefit transaction with a	23 24a 24b		х
 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensa and former officers, directors, trustees, key employees, and highest compensated employees. 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24. Schedule K. If "No", go to line 25. b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period the organization maintain an escrow account other than a refunding escrow at any tax-exempt bonds? 	tion of the organization's current oyees? If "Yes," complete of the object of the obje	23 24a 24b		х
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24. Schedule K. If "No", go to line 25 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period Did the organization maintain an escrow account other than a refunding escrow at any tax-exempt bonds?	t of more than \$100,000 as of the b through 24d and complete and exception? If the during the year to defease aring the year? If the year that is benefit transaction with a second of the year, and year, y	24a 24b		320.
last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24. Schedule K. If "No", go to line 25 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period the organization maintain an escrow account other than a refunding escrow at any tax-exempt bonds?	t of more than \$100,000 as of the b through 24d and complete od exception? Ime during the year to defease oring the year? Is benefit transaction with a field person in a prior year, and	24a 24b		320.
last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24. Schedule K. If "No", go to line 25 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period Did the organization maintain an escrow account other than a refunding escrow at any tax-exempt bonds?	of through 24d and complete od exception? me during the year to defease uring the year? s benefit transaction with a fied person in a prior year, and	24b 24c		X
c Did the organization maintain an escrow account other than a refunding escrow at any tax-exempt bonds?	me during the year to defease uring the year? s benefit transaction with a	24b 24c		X
c Did the organization maintain an escrow account other than a refunding escrow at any t any tax-exempt bonds?	ine during the year to defease uring the year? s benefit transaction with a fied person in a prior year, and	24c		
any tax-exempt bonds?	ring the year? s benefit transaction with a fied person in a prior year, and			
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time du	s benefit transaction with a	24d		
	fied person in a prior year, and			
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess disqualified person during the year? If "Yes," complete Schedule L, Part I	fied person in a prior year, and	25a		х
b Is the organization aware that it engaged in an excess benefit transaction with a disquali 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		X
Was a loan to or by a current or former officer, director, trustee, key employee, highest or person outstanding as of the end of the organization's tax year? If "Yes," complete Sche	ompensated employee, or disqualified	26		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, ke	v employee substantial	20	-	Δ
contributor or employee thereof, a grant selection committee member, or to a 35% contr of any of these persons? If "Yes," complete Schedule L, Part III	olled entity or family member			
28 Was the organization a party to a business transaction with one of the following parties (s		27	-	<u>X</u>
instructions for applicable filing thresholds, conditions, and exceptions):	see Schedule L, Part IV			
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedu	(a.l. Dort IV			
b A family member of a current or former officer, director, trustee, or key employee? If "Yes,		28a		<u>X</u> _
c An entity of which a current or former officer, director, trustee, or key employee (or a fami	u member thereof) was an efficient	28b	- 1	Χ_
director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	y member mereor, was an onicer,	200		v
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," comp	Note Schodule M	28c		<u>X</u> _
30 Did the organization receive contributions of art, historical treasures, or other similar asse	to or qualified assessmenting	29		<u>X</u>
contributions? If "Yes," complete Schedule M	is, or qualified conservation			-
31 Did the organization liquidate, terminate, or dissolve and cease operations?		30	2	K
If "Yes," complete Schedule N, Part I			١.	
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net asset	-0414	31	2	Σ_
				,
Schedule N, Part II	under Pegulations	32	X	_
sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	dider negulations			,
Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Sche	data D. Donat II. III. on III. on I	33	X	_
Part V, line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		34	X	
b. If "Vee" to line 353, did the executation receive any neumant from a section 512(b)(13)?		35a	X	_
b If "Yes" to line 35a, did the organization receive any payment from or engage in any trans- within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		35b		
Section 501(c)(3) organizations. Did the organization make any transfers to an exempt no If "Yes," complete Schedule R, Part V, line 2	on-charitable related organization?	36	х	
37 Did the organization conduct more than 5% of its activities through an entity that is not a	related organization			
and that is treated as a partnership for federal income tax purposes? If "Yes," complete So		37	X	
38 Did the organization complete Schedule O and provide explanations in Schedule O for Par	t VI, lines 11b and 19?			1000
Note. All Form 990 filers are required to complete Schedule O		38	x	

| Form 990 (2012) | HER PASSION MINISTRIES, INC | Part V | Statements Regarding Other IRS Filings and Tax Compliance

7	Greek if Screedile O contains a response to any question in this Part V					
1:	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	١.	1	0	Yes	No
t		1a		0		
	Did the organization comply with backup withholding rules for reportable payments to vendors and	1 1b	able acceler	U		1
	(gambling) winnings to prize winners?	report	able gaming	1		1
2:	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	····	T	1c		-
-	filed for the calendar year ending with or within the year covered by this return			2		
h	If at least one is reported on line 2a, did the organization file all required federal employment tax ret	2a		2	177	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	urns?		2b	X	-
32	Did the organization have unrelated business gross income of \$1,000 or more during the year?	ns)				
h	If "Voc " has it filed a Form 000 T for this word If INIs I are identified in the control of the			3a	-	X
	At any time during the calendar year, did the organization have an interest in, or a signature or othe			3b	-	
70	financial account in a foreign country (such as a bank account, securities account, or other financial	r autho	rity over, a			77
h	If "Yes," enter the name of the foreign country:	I accou	int)?	4a		X
~	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Ι Δοσοι				
59	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	ACCOL	ints.			v
b				5a		X
				5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did			5c		
ou	any contributions that were not tax deductible as charitable contributions?					77
h	If "Yes," did the organization include with every solicitation an express statement that such contribu	dlana e		6a		X
-	were not tax deductible?			CL		
7	Organizations that may receive deductible contributions under section 170(c).			6b		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and so	aruicae r	arouided to the navor?	7-		х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?					
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v		uirod	7b		
Ŭ	to file Form 8282?			7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			10		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	contrac	:t?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file F			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation fi	le a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. [
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any tim	e during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
	Section 501(c)(7) organizations. Enter:					
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
	Section 501(c)(12) organizations. Enter:					
	Gross income from members or shareholders	11a				
	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?		12a		
	f "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
	Section 501(c)(29) qualified nonprofit health insurance issuers.				-	
				13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
C I	Enter the amount of reserves on hand	13c				**
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
0 1	f "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	0		14b	200 /2	

Form 990 (2012)

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 in Schedule O. See instructions.

_	Check if Schedule O contains a response to any question in this Part VI			X
Se	ction A. Governing Body and Management			
			Yes	No
1	a Enter the number of voting members of the governing body at the end of the tax year1a	4		1
	If there are material differences in voting rights among members of the governing body, or if the governing	7		1
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.			
	b Enter the number of voting members included in line 1a, above, who are independent	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			1
	officer, director, trustee, or key employee?	2		x
3	and the organization delegate control over management duties customarily performed by or under the direct supervision			1
	of officers, directors, or trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	- 5		X
6	Did the organization have members or stockholders?	6		X
78	Bid the digalization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
Ŀ	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	bid the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	g	8a	X	
b	each committee with authority to act on behalf of the governing body?	8b	Х	
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 in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
10	in Schedule O how this was done	12c	X	
13 14	Did the organization have a written whistleblower policy?	13		X
	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
h	The organization's CEO, Executive Director, or top management official	15a		X
	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b		X_
62	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
		16a		X
	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?			
	ion C. Disclosure	16b		
	List the states with which a copy of this Form 990 is required to be filed ►TN			
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	delieu	lo	-
	for public inspection. Indicate how you made these available. Check all that apply.	ivaliat	ie.	
9	Own website Another's website Upon request Other (explain in Schedule 0) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an			
	statements available to the public during the tax year.	d finar	icial	
	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	ion.		
	HER PASSION MINISTRIES, INC - 615-370-3646	ion: p	-	
	330 FRANKLIN ROAD, STE 135A-400, BRENTWOOD, TN 37027			
10-12		Form	990 (2	0125
		UIII	20016	012)

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

Check if Schedule O contains a response to any question in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and Title	(B) Average hours per week	(do	not o	Pos check ess pe				(D) Reportable compensation	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustes or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) CANDICE J ASHBURN	40.00									
EXECUTIVE DIRECTOR & PRESIDENT	10.00	Х		X		-		0.	0.	0
(2) MARY L HODGES	10.00	x						0	0	0
DIRECTOR (3) MIKE GALLAGHER	10.00	Δ.			-			0.	0.	0
DIRECTOR	10.00	х						0.	0.	0
(4) SANDY BARNARD	10.00							0.	0.	0
DIRECTOR		X						0.	0.	0
		+	-	-		-				
		+	+	+	1	+	+			
							1			
			1							

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(A) Name and title	(B) Average hours per week (list any	box,	not o	Pos heck ss pe	more rson	than is both	h an	(D) Reportable compensation from	(E) Reportable compensation from relate	on ư	(F) Estimate amount officer	
	hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatior (W-2/1099-MI		org an	pensation from the panization d related anization
			-				+					
			1									
		-										
		+	+	-		-	+					
1b Sub-total					1	<u> </u>	+	0.		0.		0
Total from continuation sheets to Part \(\) Total (add lines 1b and 1c) \(\) 2 Total number of individuals (including but					1	•	rece	0 . 0 . eived more than \$100,0	000 of reportable	0.		0
compensation from the organization												res No
 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for For any individual listed on line 1a, is the s 	such individual										3	х
and related organizations greater than \$15 5 Did any person listed on line 1a receive or	i0,000? If "Yes," of accrue compens	comp ation	olete n fro	Sc. m ar	hed ny u	ule u nrek	for s	such individualorganization or individu	ual for services		4	х
rendered to the organization? If "Yes," con Section B. Independent Contractors	nplete Schedule	J for	suc	h pe	rsor	7					5	Х
 Complete this table for your five highest or the organization. Report compensation for 	ompensated inde the calendar yea	pend r end	dent ding	con	ntrac n or	tors with	that in the	received more than \$1 e organization's tax ye	e than \$100,000 of compe		ion fro	m
(A) Name and business	address N	ION	E					(B) Description of ser	vices	Cor	(C)	ation
				_								
			_									
												100-110-100
			2/2									
? Total number of independent contractors (ir \$100,000 of compensation from the organiz	ncluding but not I	imite	ed to	tho	se l	istec	dabo	ove) who received more	than			

1

	_	Check if Schedule O contains	a respons	e to any question i	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluder from tax under sections 512, 513, or 514
ts	1 a	Federated campaigns	1a					010,01014
声		Membership dues						
S E		Fundraising events						
a it		Related organizations						
S E		Government grants (contributions						
5 <u>2</u>		All other contributions, gifts, grants, as						
the		similar amounts not included above	1 1	178,411.				
E0	q	Noncash contributions included in lines 1a-1						
Contributions, Giffs, Grants and Other Similar Amounts	- 0.00	Total. Add lines 1a-1f			178,411.			
				Business Code				
0 5	2 a	providence and the second						
5	b							
a Se	c							
eve	d							
Program Service Revenue	е							
à l	f	All other program service revenue	mateu anne					
		Total. Add lines 2a-2f						
3		Investment income (including divid						
		other similar amounts)						
4	1	Income from investment of tax-exe						
5		Royalties						
			(i) Real					
6	a	Gross rents			222			
	b	Long routel evenences						
		D						
		Net rental income or (loss)						
7			Securities					
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
	d	Net gain or (loss)						
	а	Gross income from fundraising eve	nts (not					
DI I		including \$	of					
Other Revenu		contributions reported on line 1c).	See					
±		Part IV, line 18	a	ı				
Ě	b	Less: direct expenses						
٠,	С	Net income or (loss) from fundraising	ng events	>				
9	a	Gross income from gaming activities	s. See					
		Part IV, line 19	a					
	b	Less: direct expenses	b					
	С	Net income or (loss) from gaming a	ctivities .					
10	а	Gross sales of inventory, less return						
		and allowances	a					
	b	Less: cost of goods sold	b					
	С	Net income or (loss) from sales of in	ventory					
		Miscellaneous Revenue		Business Code				
11	а							
	b							
	С							
	d .	All other revenue						
		Total. Add lines 11a-11d						
12		Total revenue. See instructions.			178,411.	0.	0.	0

Part IX Statement of Functional Expenses

Do	Check if Schedule O contains a respon- not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	. 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States, See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	95,785.	95,785.		
4	Benefits paid to or for members				Service Commission
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	40,500.		40,500.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	1,091.		1,091.	
10	Payroll taxes	3,668.		3,668.	
11	Fees for services (non-employees):				
а					
b		5,009.		5,009.	
С	Accounting				estatulia de a lui
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	1,378.		1,378.	
12	Advertising and promotion	1,321.	1,321.		
13	Office expenses	964.		964.	
4	Information technology				
5	Royalties				
6	Occupancy	16.040	4.5.5.15		
7	Travel	16,348.	16,348.		
8	Payments of travel or entertainment expenses				
_	for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
0	Interest				
1	Payments to affiliates				
	1				
4	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.) WEBSITE	9 007		0 007	
	BANK CHARGES	8,997. 455.		8,997. 455.	
	MISCELLANEOUS	18.		18.	
d	HIBCEDIMINEOUD	10.		10.	
	All other expenses				
	Total functional expenses. Add lines 1 through 24e	175,534.	113,454.	62,080.	0.
	Joint costs. Complete this line only if the organization	1/3/334.	113,434.	02,000.	0.
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response to any question in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	2,877.
	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 current and former officers, directors,		1	
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
**		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
Ass	8	Inventories for sale or use		8	
-	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	0.		2,877.
	17	Accounts payable and accrued expenses		17	2,077.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
60	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees,			
abi		key employees, highest compensated employees, and disqualified persons.			
5		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ and			
80		complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets		27	
ali	28	Temporarily restricted net assets		28	
9		Permanently restricted net assets		29	
I I		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 🗓			
ō		and complete lines 30 through 34.			
ets		Capital stock or trust principal, or current funds	0.	30	0.
ASS		Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
Net Assets or Fund Balances		Retained earnings, endowment, accumulated income, or other funds	0.	32	2,877.
-	33	Total net assets or fund balances	0.	33	2,877.
	34	Total liabilities and net assets/fund balances	0.	34	2,877.

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

Act and OMB Circular A-133?

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

X

2c

3a

1

3

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