

Return of Organization Exempt From Income Tax

2012

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

A For the 2012 calendar year, or tax year beginning Jul 1, 2012, **and ending** Jun 30, 2013

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization H.E.L.P. MINISTRIES, INC.		D Employer Identification Number 01-0868717	
	Doing Business As		E Telephone number (727) 542-3741	
	Number and street (or P.O. box if mail is not delivered to street addr) 1381 OAK VILLAGES DRIVE		Room/suite	
	City, town or country LARGO		State ZIP code + 4 FL 33778	
F Name and address of principal officer: JC COBB 541 LAKE CYPRESS CIRCLE OLDSMAR FL 34677		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		G Gross receipts \$ 2,969,992.
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(b) Are all affiliates included? If 'No,' attach a list. (see instructions) <input type="checkbox"/> Yes <input type="checkbox"/> No		H(c) Group exemption number ▶
J Website: ▶ N/A				
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of Formation: 2007	
M State of legal domicile: FL				

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>SERVE POOR DESTITUTE & UNDERPRIVILEGED FAMILIES OF THE GREATER PINELLAS COUNTY VIA A THREE-PRONGED APPROACH TO THE PHYSICAL, EMOTIONAL & SPIRITUAL NEEDS OF INDIVIDUALS & FAMILIES</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	4
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	4
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	
	6 Total number of volunteers (estimate if necessary)	6	10
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	
b Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 2,242,877.	Current Year 2,969,992.
	9 Program service revenue (Part VIII, line 2g)	0.	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	
	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)	2,242,877.	2,969,992.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,232,878.	2,930,468.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	
	b Total fundraising expenses (Part IX, column (D), line 25) ▶	0.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	20,911.	19,799.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,253,789.	2,950,267.	
19 Revenue less expenses. Subtract line 18 from line 12	-10,912.	19,725.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 28,506.	End of Year 59,419.
	21 Total liabilities (Part X, line 26)	39,418.	50,606.
	22 Net assets or fund balances. Subtract line 21 from line 20	-10,912.	8,813.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date
	Type or print name and title.		
Paid Preparer Use Only	Print/Type preparer's name Ted Sharp	Preparer's signature	Date
	Firm's name ▶ Ted Sharp CPA, PA	Check <input type="checkbox"/> if self-employed	PTIN P01398278
	Firm's address ▶ 2753 State Road 580 Suite 203 Clearwater FL 33761	Firm's EIN ▶ 59-3062826	Phone no. (727) 723-8799
	May the IRS discuss this return with the preparer shown above? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		