

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2010 calendar year, or tax year beginning , 2010, and ending , 20	
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 <u>Healing Hands International, Inc.</u>
	D Employer identification number <u>62-1585366</u>
	E Telephone number <u>(615) 832-2000</u>
	G Gross receipts \$ <u>5,158,813</u>
	F Name and address of principal officer <u>See attachment #1</u>
H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
H(c) Group exemption number <u> </u>	
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	
J Website: <u>www.hhi.org</u>	
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <u> </u>	
L Year of formation <u>1993</u>	
M State of legal domicile <u>TN</u>	

Part I Summary	
1 Briefly describe the organization's mission or most significant activities <u>See attachment #2</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)	<u>3</u>
4 Number of independent voting members of the governing body (Part VI, line 1b)	<u>9</u>
5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	<u>15</u>
6 Total number of volunteers (estimate if necessary)	<u>300</u>
7a Total unrelated business revenue from Part VIII, column (C), line 12	<u>0</u>
7b Net unrelated business taxable income from Form 990-T, line 34	<u>0</u>
8 Contributions and grants (Part VIII, line 1h)	<u>1,949,020</u>
9 Program service revenue (Part VIII, line 2g)	<u>17,121</u>
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>5,808</u>
11 Other revenue (Part VIII, column (A), lines 5, 6, 8c, 9b, 10c, and 12b)	<u>1,971,949</u>
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>5,158,813</u>
13 Grants and similar amounts paid (Part IX, column (A), line 1)	<u>269,730</u>
14 Benefits paid to or for members (Part IX, column (A), line 4)	<u>480,967</u>
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u>624,599</u>
16a Professional fundraising fees (Part IX, column (A), line 11e)	<u>1,147,847</u>
b Total fundraising expenses (Part IX, column (D), line 25) <u>149,264</u>	<u>855,784</u>
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<u>1,898,544</u>
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>3,370,479</u>
19 Revenue less expenses Subtract line 18 from line 12	<u>73,405</u>
20 Total assets (Part X, line 16)	<u>1,822,789</u>
21 Total liabilities (Part X, line 26)	<u>602,613</u>
22 Net assets or fund balances Subtract line 21 from line 20	<u>3,008,510</u>

Part II Signature Block	
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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	<u>Chris L. Gingles</u>	<u>5/11/2011</u>
	Vice President	Date

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	<u>Cristal L. Terry</u>	<u>Cristal L. Terry</u>	<u>05-11-2011</u>		
	Firm's name <u>CRISTAL L TERRY CPA</u>	Firm's EIN <u> </u>			
	Firm's address <u>705 ASHWELL CLOSE</u>	Phone no. <u>(615) 289-2239</u>			

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☒ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2010)

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Part III Statement of Program Service Accomplishments

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

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

Collect, ship, and distribute food, medications, medical supplies, equipment, agriculture aid, education, school supplies, provide clean drinking water through drilling water wells, and other items that reduce human suffering throughout the world.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?☐ Yes☒ No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?☐ Yes☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code _____) (Expenses \$ 1,170,381 including grants of \$ _____) (Revenue \$ 2,680,853)
See attachment #3

4b (Code _____) (Expenses \$ 148,958 including grants of \$ _____) (Revenue \$ 305,901)

4c (Code _____) (Expenses \$ 108,264 including grants of \$ _____) (Revenue \$ 39,121)

4d Other program services (Describe in Schedule O.)

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

4e Total program service expenses **▶** \$ 1,427,603

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501 (h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.		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		N/A
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		X
b 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		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		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 Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	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	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	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 (see instructions)		X
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 II		X
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		X
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		N/A

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, 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	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 through 24d and complete Schedule K. If "No," go to line 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? N/A		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? N/A		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? N/A		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		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		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		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI.		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	15	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	N/A	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	N/A	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	X	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	X	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		X
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		X
b	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	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		X

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 ☒

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a	9
b Enter the number of voting members included in line 1a, above, who are independent	1b	9
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its 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 Does the organization have members or stockholders?	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
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	X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	N/A
11a Has the organization provided a 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 Does the organization have a written conflict of interest policy? If "No," go to line 13.	12a	X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	X
13 Does the organization have a written whistleblower policy?	13	X
14 Does the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	N/A

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ▶ TN
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
- ☐ Own website ☐ Another's website ☒ Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ See attachment #4

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

☐ Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)							(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		INDIVIDUAL	DIRECTOR	INSTITUTIONAL	OFFICER	KEY EMPLOYEE	HIGHEST COMPENSATED	FORMER			
Dr. Randy Stegar President/CEO	30.00	X			X				0	0	0
Mr. Greg Hardeman Board Member/Secretary			X		X				0	0	0
Dr. Gary Jerkins Board Member			X						0	0	0
Mr. Bill Merry, Jr. Board Member			X						0	0	0
Mr. Don Yelton Board Member			X						0	0	0
Mr. Bill Lawler Board Member			X						0	0	0
Mr. Chris Gingles Vice President	40.00				X				31,919	0	0
Mr. Joseph Smith Board Member	40.00					X	X		53,417	0	0
Mr. Larry Brannan Board Member			X						0	0	0
Mr. Keith Cuthrell Board Member			X						0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organiza- tions in Schedule O)	(C) Position (check all that apply)							(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		INDIVIDUAL	DIRECTOR	TRUSTEE	OFFICER	KEY EMPLOYEE	HIGHEST COMPENSATED	FORMER			
1b Sub-total									85336	0	0
c Total from continuation sheets to Part VII, Section A											
d Total (add lines 1b and 1c)									85336	0	0

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
G O T H E R C O N T R I B U T I O N S	1a	Federated campaigns	1a			
	b	Membership dues	1b			
	c	Fundraising events	1c	45,506		
	d	Related organizations	1d			
	e	Government grants (contributions)	1e			
	f	All other contributions, gifts, grants, & similar amounts not included above	1f	5,089,081		
	g	Noncash contributions included in lines 1a-1f		\$ 704,491		
	h	Total. Add lines 1a-1f		5,134,587		
P R O G R A M R E V I N U E	Business Code					
	2a					
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f				
O T H E R R E V E N U E	3	Investment income (including dividends, interest, and other similar amounts)		12,175	12,175	
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	6a	Gross Rents	(i) Real	(ii) Personal		
	b	Less: rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss)				
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
	b	Less: cost or other basis and sales expenses				
	c	Gain or (loss)				
	d	Net gain or (loss)				
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c)				
		See Part IV, line 18	a			
	b	Less: direct expenses	b			
	c	Net income or (loss) from fundraising events				
	9a	Gross income from gaming activities. See Part IV, line 19	a			
	b	Less: direct expenses	b			
c	Net income or (loss) from gaming activities					
10a	Gross sales of inventory, less returns and allowances	a	12,051			
b	Less: cost of goods sold	b				
c	Net income or (loss) from sales of inventory		12,051	12,051		
Miscellaneous Revenue		Business Code				
11a						
b						
c						
d	All other revenue					
e	Total. Add lines 11a-11d					
12	Total revenue. See instructions		5,158,813	24,226		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	567,111	567,111		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	1,322,985	1,322,985		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	85,336	53,417	31,919	
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	487,421	353,323	88,112	45,986
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	23,563	22,028	1,535	
10 Payroll taxes	28,279	19,656	6,234	2,389
11 Fees for services (non-employees):				
a Management	72,000			72,000
b Legal				
c Accounting	10,836	8,235	2,601	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	82,081	47,754	6,941	27,386
13 Office expenses	37,685	6,399	31,286	
14 Information technology				
15 Royalties				
16 Occupancy	57,274	38,091	19,183	
17 Travel	249,585	236,022	12,060	1,503
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	27,271	20,726	6,545	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	26,317	20,001	6,316	
23 Insurance	30,079	22,860	7,219	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a Packaging & Freight	205,898	205,898		
b Warehouse Equipment	36,112	36,112		
c Misc	13,934	9,616	4,318	
d Storage	6,712	6,712		
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	3,370,479	2,996,946	224,269	149,264
26 Joint costs. Check here <input type="checkbox"/> If following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
A S S E T S	1 Cash -- non-interest bearing	963,049	1	2,498,617
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	2,325	4	10,765
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 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 instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	3,713
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a 1,052,957		
	b Less: accumulated depreciation	10b 192,168	857,415	10c 860,789
	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)	1,822,789	16	3,373,884	
L I A B I L I T I E S	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	602,613	23	365,374
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D.		25	
	26 Total liabilities. Add lines 17 through 25	602,613	26	365,374
F U N D B A L A N C E S	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	673,135	27	969,541
	28 Temporarily restricted net assets	547,041	28	2,038,969
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	1,220,176	33	3,008,510
34 Total liabilities and net assets/fund balances	1,822,789	34	3,373,884	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,158,813
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,370,479
3	Revenue less expenses. Subtract line 2 from line 1	3	1,788,334
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,220,176
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	3,008,510

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?	X	
c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
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 in Schedule O and describe any steps taken to undergo such audits N/A		

Department of the Treasury
Internal Revenue Service

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

2010

Open to Public Inspection

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

Name of the organization

Healing Hands International, Inc.

Employer identification number

62-1585366

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

The organization is not a private foundation because it is: (For lines 1 through 11, 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). (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

4 ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)

8 ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions--subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4).

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III-Functionally integrated d ☐ Type III-Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box _____

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? _____

(ii) A family member of a person described in (i) above? _____

(iii) A 35% controlled entity of a person described in (i) or (ii) above? _____

h Provide the following information about the supported organization(s).

	Yes	No
11g(i)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11g(ii)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11g(iii)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

[illegible]**Total**

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

Schedule A (Form 990 or 990-EZ) 2010

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I 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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,390,195	1,620,377	1,724,854	1,949,020	5,134,587	11,819,033
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1,390,195	1,620,377	1,724,854	1,949,020	5,134,587	11,819,033
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						11,819,033

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	1,390,195	1,620,377	1,724,854	1,949,020	5,134,587	11,819,033
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	53,017	28,357	17,262	5,808	12,175	116,619
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	28,672	8,500	7,248	17,121	12,051	73,592
11 Total support. Add lines 7 through 10						12,009,244
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)).	14	98.42 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	98.35 %
16a 33 1/3 % support test -- 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3 % support test -- 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test -- 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10%-facts-and-circumstances test -- 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

Healing Hands International, Inc.

Employer identification number

62-1585366

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	2	
2 Aggregate contributions to (during year)	2	5,000
3 Aggregate grants from (during year)	2	42
4 Aggregate value at end of year	2	24,316
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
- | | |
|--|--|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) | <input type="checkbox"/> Preservation of an historically important land area |
| <input type="checkbox"/> Protection of natural habitat | <input type="checkbox"/> Preservation of a certified historic structure |
| <input type="checkbox"/> Preservation of open space | |
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
- | | Held at the End of the Tax Year |
|---|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register. | 2d |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►
- 4 Number of states where property subject to conservation easement is located ►
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No
- 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- | | |
|--|------|
| (i) Revenues included in Form 990, Part VIII, line 1 | ► \$ |
| (ii) Assets included in Form 990, Part X | ► \$ |
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- | | |
|--|------|
| a Revenues included in Form 990, Part VIII, line 1 | ► \$ |
| b Assets included in Form 990, Part X | ► \$ |

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

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

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

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

a Board designated or quasi-endowment ☐ %

b Permanent endowment ☐ %

c Term endowment ☐ %

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

(i) unrelated organizations

(ii) related organizations

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		180,896		180,896
b Buildings		872,061	192,168	679,893
c Leasehold Improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c))				860,789

Part VII Investments -- Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments -- Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
Federal income taxes	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. **FIN 48 (ASC 740) Footnote** In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	5,158,813
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,370,479
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	1,788,334
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	1,788,334

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

1	Total revenue, gains, and other support per audited financial statements	1	5,158,813
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	5,158,813
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	5,158,813

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

1	Total expenses and losses per audited financial statements	1	3,370,479
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	3,370,479
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,370,479

Part XIV Supplemental Information

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

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

Healing Hands International, Inc.

Employer identification number

62-1585366

Part I

General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b.

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☒ No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
Central America			Program Services	Disaster Relief	1,070,950
Caribbean					
South Asia			Program Services	Disaster Relief	6,500
Sub-Saharan Africa			Program Services	Agriculture Development; Water	200,753
3a Sub-total					1,278,203
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2010

Healing Hands International 62-1585366

Schedule F (Form 990) 2010

Page 2

Part II Grants and Other Assistance to Organizations or Entities Outside the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 ☐ Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			Sub-Saharan Africa	Disaster Relief	21,168	Cash			
			Central America/Caribbean	Disaster Relief	6,000	Cash			
			Central America/Caribbean	Disaster Relief	7,500	Cash			

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
 Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
Agriculture Aid & Education	Sub-Saharan Africa					Agriculture Training & Supplies	
Water Wells	Sub-Saharan Africa	600			119,166	Drill Water Wells	Other
Disaster Relief Operations	Central America/Caribbean	108,000			59,419	Food, Water Wells, Water Filters	Other
Disaster Relief Operations	Asia	10,000			1,055,450	Food, Blankets, Supplies	Other
		1,000			6,500		Other

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see instructions for Form 926) ☐ Yes ☒ No
- 2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see instructions for Forms 3520 and 3520-A) ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471) ☐ Yes ☒ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621) ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865) ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713) ☐ Yes ☒ No

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Schedule F, Part I, Line 2:

Reports from program coordinators and site visits from agency personnel are used to monitor the use of funds.

Schedule F, Part I, Line 3, Column F:
Accounting Method - Cost

Schedule F, Part II, Line 1:
Accounting Method - Cost

Schedule F, Part III, Column H:
Method of Valuation, Other is Cost.

Schedule F, Part III, Column C:
Estimated number of recipients.

--Sub-Saharan Africa - Estimate 3,000 recipients per
water well X 36 wells = 108,000.

--Sub-Saharan Africa - Actual number of individuals
trained at Agriculture Workshops = 600.

--Central America/Caribbean - Haiti Relief Operations
include 37 water wells; food distribution to thousands - Estimate 10,000
recipients.

--Asia - Response to flooding in Pakistan; distribution food;
blankets and other supplies. --Estimate 600 recipients.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

Healing Hands International, Inc.

Employer identification number

62-1585366

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed ☐

Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Britton Road Church of Christ 2520 W Britton Rd Oklahoma City, OK 73120 Estes Church of Christ 3505 Highway 45 South Henderson, TN 38340 Mt. Dora Christian Home and Bible School 301 West 13th Avenue Mount Dora, FL 32757 Caring for Kenya 3508 E. University Avenue Urbana, IL 61802 Mission Lazarus PO Box 150524 Nashville, TN 37215 Nhowe Mission Hospital East Point Church of Christ 747 N. 127th Street East Wichita, KS 67206 Charles Hill - Chambersburg Church of		501 (c) 3 501 (c) 3 501 (c) 3 501 (c) 3 501 (c) 3 501 (c) 3	240,000 7,880 100,000 7,129 128,661 16,000				Haiti Disaster Relief Haiti Disaster Relief Program Operations Program Operations Program Operations Program Operations Program Operations

2 Enter total number of section 501(c)(3) and government organizations **15**

3 Enter total number of other organizations **15**

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.
----------------	--

Part I. #2:

Reports from program coordinators and site visits from agency personnel are used to monitor the use of grant funds.

990 - Sch I - Part I, Continuation of Grants and Other Assistance to Governments and Organizations in the United States

Name of the organization		For Calendar year 2010, or tax year period beginning				and ending		Employer identification number	
(a) Name and address of organization or government		(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
Christ 230 S. 3rd St Chambersburg, PA 17201 Graymere Church of Christ 1320 Trotwood Avenue Columbia, TN 38401 Mobile Medical Disaster Relief 5409 Maryland Way, Suite 119 Brentwood, TN 37027 WFR Relief Ministries 3201 N. 7th St. West Monroe, LA 71291			501(c)3 501(c)3 501(c)3 501(c)3	15,600 5,000 25,000 10,000				Program Operations Program Operations Program Operations	62-1585366

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

Healing Hands International, Inc.

Employer identification number

62-1585366

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- ☐ First-class or charter travel
☐ Travel for companions
☐ Tax indemnification and gross-up payments
☐ Discretionary spending account

- ☐ Housing allowance or residence for personal use
☐ Payments for business use of personal residence
☐ Health or social club dues or initiation fees
☐ Personal services (e.g., maid, chauffeur, chef)

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain N/A

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all
officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the
organization's CEO/Executive Director. Check all that apply.

- ☐ Compensation committee
☐ Independent compensation consultant
☐ Form 990 of other organizations

- ☐ Written employment contract
☐ Compensation survey or study
☒ Approval by the board or compensation committee

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing
organization or a related organization:

- a** Receive a severance payment or change-of-control payment from the organization or a related organization?
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
c Participate in, or receive payment from, an equity-based compensation arrangement?
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any
compensation contingent on the revenues of:

- a** The organization?
b Any related organization?
If "Yes" to line 5a or 5b, describe in Part III

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any
compensation contingent on the net earnings of:

- a** The organization?
b Any related organization?
If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed
payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was
subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe
in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in
Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

X

X

For Paperwork Reduction Act Notice, see the instructions for Form 990.

Schedule J (Form 990) 2010

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ Complete if the organizations answered "Yes"
on Form 990, Part IV, lines 29 or 30.

▶ Attach to Form 990.

OMB No. 1545-0047

2010

**Open To Public
Inspection**

Name of the organization
Healing Hands International, Inc.

Employer identification number
62-1585366

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art -- Works of art				
2	Art -- Historical treasures				
3	Art -- Fractional interests				
4	Books and publications				
5	Clothing and household goods	X		704,491	Fair Market Val
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities -- Publicly traded				
10	Securities -- Closely held stock				
11	Securities -- Partnership, LLC, or trust interests				
12	Securities -- Miscellaneous				
13	Qualified conservation contribution -- Historic structures				
14	Qualified conservation contribution -- Other				
15	Real estate -- Residential				
16	Real estate -- Commercial				
17	Real estate -- Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archaeological artifacts				
25	Other ▶ (.....				
26	Other ▶ (.....				
27	Other ▶ (.....				
28	Other ▶ (.....				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31		X
32a		X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2010)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

Healing Hands International, Inc.

Employer identification number

62-1585366

Form 990, Part III, Line 1:

Organization's Mission

--To help all people, regardless of race, religious preference, creed or ethnic background.

--To serve to save lives and relieve suffering through the distribution of humanitarian aid in order to bring hope to all people.

--To work in the unity of the spirit and the bond of peace with churches of Christ and their church related ministries.

--To continue to provide information and awareness of worldwide medical and humanitarian needs; thus, providing a broader opportunity for contributors and volunteers.

--To ship to areas where God receives the glory and the local church receives the recognition.

Form 990, Part VI, Line 10:

The organization does not have local chapters, branches, or affiliates.

Form 990, Part VI, Lines 15a & b:

Salaries of officers and key employees are determined by: the value of the position to the organization, compensation paid by organizations of similar size and function, and eventually by available funding.

Form 990, Part VI, Line 19:

The organization makes available for public inspection at the corporate offices all books and records of the organization such as the: corporate charter, filings with the Tennessee Secretary of State, Audited Financial Statements, federal tax returns, and the conflict of interest policy.

Form 990, Part X, Line 1:

Other Accounting Method: Modified Cash Basis of Accounting.

Form 990, Schedule B, Line 1:

01/01/2010 = "Various"

990 PRINCIPAL OFFICER NAME AND ADDRESS

Attachment 1: Form 990 Page 1, Line F

Open to Public Inspection	For calendar year 2010, or tax period beginning , and ending
---------------------------	--

Name of Organization Healing Hands International, Inc.	Employer Identification Number 62-1585366
---	--

990, Page 1, Line F

Principal officer name Randy Steger
or

Business Name:
Healing Hands International, Inc.

Street Address 455 McNally Dr

U.S. Address:

Zip code 37211 City Nashville State TN
or

Foreign Address

City

Province or State

Country

Postal code

990 PRIMARY EXEMPT PURPOSE

Attachment 2: Form 990 Page 1, Part I

Open to Public Inspection	For calendar year 2010 or tax period beginning	, and ending
Name of Organization Healing Hands International, Inc.	Employer Identification Number 62-1585366	

Primary Purpose

Collect, ship, and distribute food, medications, medical supplies, equipment, agriculture aid, education, school supplies, provide clean drinking water through drilling water wells, and other items that reduce human suffering throughout the world.

990 PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

Attachment 3: Form 990 Page 2, Part III

Open to Public Inspection	For calendar year 2010, or tax period beginning , and ending
---------------------------	--

Name of Organization Healing Hands International, Inc.	Employer Identification Number 62-1585366
---	--

Part III - Statement of Program Service Accomplishments

Code:	Expenses: 1,170,381	including Grants of.	Revenue: 2,680,853
-------	---------------------	----------------------	--------------------

Exempt Purpose Achievements

Food, relief funds, medications, medical supplies, and equipment. Sorted, packaged, and shipped 32 containers and 5 partial containers to: Haiti, Honduras, Nigeria, Zimbabwe, Ivory Coast, Uganda, Malawi, Romania, Paraguay, Afghanistan, Panama, South Africa.

^^^
--Currently conducting a major relief effort in Port au Prince, Haiti including: food distribution, medical supplies, sponsoring a nurse training facility, medical relief teams, temporary and permanent housing, rebuilding schools, and orphanages.

990 PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

Attachment 3: Form 990 Page 2, Part III

Open to Public Inspection	For calendar year 2010, or tax period beginning	, and ending
---------------------------	---	--------------

Name of Organization Healing Hands International, Inc.	Employer Identification Number 62-1585366
---	--

Part III - Statement of Program Service Accomplishments

Code:	Expenses:	148,958	Including Grants of:	Revenue:	305,901
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Exempt Purpose Achievements

Water Wells. In 2010 HHI drilled 20 wells in Ethiopia, 3 wells in Zimbabwe, and one well in Zambia. Twelve wells were repaired in Zambia. HHI distributed hundreds of water filtration systems to tent cities in Port au Prince, Haiti, to prevent the spread of cholera.

990 PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

Attachment 3: Form 990 Page 2, Part III

Open to Public Inspection	For calendar year 2010, or tax period beginning , and ending
---------------------------	--

Name of Organization Healing Hands International, Inc.	Employer Identification Number 62-1585366
---	--

Part III - Statement of Program Service Accomplishments

Code:	Expenses:	108,264	including Grants of	Revenue.	39,121
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Exempt Purpose Achievements

Agricultural Aid & Education. Conducted sixteen drip irrigation workshops for 602 trainees in: Kenya, Cameroon, Nigeria, Senegal, Mali, Niger, Ghana and Central African Republic. Two additional workshops conducted at the HHI facility in Nashville, TN.

990 BOOKS ARE IN CARE OF

Attachment 4: Form 990 Page 6, Part VI, Section C, Line 20

Open to Public Inspection	For calendar year 2010 or tax period beginning , and ending
Name of Organization Healing Hands International, Inc.	Employer Identification Number 62-1585366
Part VI - Line 20	

Individual Name Chris L. Gingles, Vice President
or
Business Name:

Street Address 455 McNally Drive

U.S. Address.

Zip code 37211 City Nashville State TN
or

Foreign Address

City

Province or State

Country

Postal code

Phone Number (615) 532-2000

Fax Number

HEALING HANDS INTERNATIONAL, INC.

**FINANCIAL STATEMENTS –
MODIFIED CASH BASIS AND
INDEPENDENT AUDITOR'S REPORT**

December 31, 2010 and 2009

HEALING HANDS INTERNATIONAL, INC.

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FRASIER, DEAN & HOWARD, PLLC

CERTIFIED PUBLIC ACCOUNTANTS

3310 WEST END AVENUE, SUITE 550
NASHVILLE, TENNESSEE 37203
PHONE 615-383-6592, FAX 615-383-7094

INDEPENDENT AUDITOR'S REPORT

The Board of Directors
Healing Hands International, Inc.
Nashville, Tennessee

We have audited the statements of assets, liabilities and net assets-modified cash basis of Healing Hands International, Inc. (a nonprofit organization) as of December 31, 2010 and 2009, and the related statements of revenues, expenses and changes in net assets-modified cash basis and functional expenses-modified cash basis for the years then ended. These financial statements are the responsibility of the Organization's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the assets, liabilities and net assets of Healing Hands International, Inc. as of December 31, 2010 and 2009, and its revenues, expenses and changes in net assets for the years then ended on the basis of accounting described in Note 1.

Frasier, Dean & Howard, PLLC

April 29, 2011

HEALING HANDS INTERNATIONAL, INC.
STATEMENTS OF ASSETS, LIABILITIES AND NET ASSETS -
MODIFIED CASH BASIS
December 31, 2010 and 2009

	Assets	
	<u>2010</u>	<u>2009</u>
Current assets:		
Cash	\$ 2,498,617	\$ 963,049
Prepaid rent	3,713	-
Advances and loans to employees	<u>10,765</u>	<u>2,325</u>
Total current assets	<u>2,513,095</u>	<u>965,374</u>
Property and equipment:		
Land	180,896	180,896
Building	543,610	543,610
Building improvements	320,251	298,760
Vehicles	<u>8,200</u>	<u>-</u>
	1,052,957	1,023,266
Less: accumulated depreciation	<u>(192,168)</u>	<u>(165,851)</u>
Net property and equipment	<u>860,789</u>	<u>857,415</u>
Total assets	<u><u>\$ 3,373,884</u></u>	<u><u>\$ 1,822,789</u></u>
Liabilities and Net Assets		
Current liabilities:		
Current portion of long-term debt	<u>\$ 365,374</u>	<u>\$ 29,730</u>
Total current liabilities	<u>365,374</u>	<u>29,730</u>
Long-term debt	<u>-</u>	<u>572,883</u>
Total liabilities	<u>365,374</u>	<u>602,613</u>
Net assets:		
Net assets - unrestricted	969,541	673,135
Net assets - restricted for foreign missions	<u>2,038,969</u>	<u>547,041</u>
Total net assets	<u>3,008,510</u>	<u>1,220,176</u>
Total liabilities and net assets	<u><u>\$ 3,373,884</u></u>	<u><u>\$ 1,822,789</u></u>

See accompanying notes.

HEALING HANDS INTERNATIONAL, INC.
STATEMENTS OF REVENUES, EXPENSES AND CHANGES IN NET ASSETS -
MODIFIED CASH BASIS
Years Ended December 31, 2010 and 2009

	<u>2010</u>	<u>2009</u>
Public support and revenue:		
Contributions:		
Churches	\$ 2,646,246	\$ 400,735
Individuals	1,374,576	872,729
Organizations	409,274	224,997
Contributions	<u>4,430,096</u>	<u>1,498,461</u>
Other contributions:		
In-kind donations	558,576	450,559
Rapha International	<u>145,915</u>	<u>-</u>
Total contributions	5,134,587	1,949,020
Proceeds from sale of donated items and other	12,051	17,121
Interest income	<u>12,175</u>	<u>5,808</u>
Total public support and revenue	<u>5,158,813</u>	<u>1,971,949</u>
Expenses:		
Program services	2,996,946	1,566,260
Management and general	224,269	181,520
Fundraising	<u>149,264</u>	<u>150,764</u>
Total expenses	<u>3,370,479</u>	<u>1,898,544</u>
Public support and revenue in excess of expenses	1,788,334	73,405
Net assets, beginning of year	<u>1,220,176</u>	<u>1,146,771</u>
Net assets, end of year	<u><u>\$ 3,008,510</u></u>	<u><u>\$ 1,220,176</u></u>

See accompanying notes.

HEALING HANDS INTERNATIONAL, INC.
STATEMENT OF FUNCTIONAL EXPENSES - MODIFIED CASH BASIS
Year Ended December 31, 2010

	Program Services	Supporting Services		Total
		Management and General	Fundraising	
Medical, food, and other relief (including in-kind expenses of \$558,576)	\$ 1,890,096	\$ -	\$ -	\$ 1,890,096
Salaries and benefits	448,424	127,800	48,375	624,599
Packaging and freight	205,898	-	-	205,898
Postage and printing	36,566	6,941	27,386	70,893
Contract labor	-	-	72,000	72,000
Rent	24,525	-	-	24,525
Other travel	63,460	12,060	1,503	77,023
Travel - missions	172,562	-	-	172,562
Interest	20,726	6,545	-	27,271
Professional fees	8,235	2,601	-	10,836
Depreciation	20,001	6,316	-	26,317
Warehouse equipment and supplies	36,112	-	-	36,112
Utilities	-	16,939	-	16,939
Advertising	11,188	-	-	11,188
Telephone	13,566	2,244	-	15,810
Storage	6,712	-	-	6,712
Miscellaneous	-	1,282	-	1,282
Bank fees	9,616	3,036	-	12,652
Office equipment and supplies	6,399	31,286	-	37,685
Insurance	22,860	7,219	-	30,079
Totals	<u>\$ 2,996,946</u>	<u>\$ 224,269</u>	<u>\$ 149,264</u>	<u>\$ 3,370,479</u>

See accompanying notes.

HEALING HANDS INTERNATIONAL, INC.
STATEMENT OF FUNCTIONAL EXPENSES - MODIFIED CASH BASIS
Year Ended December 31, 2009

		<u>Supporting Services</u>		
	<u>Program</u>	<u>Management</u>	<u>Fundraising</u>	<u>Total</u>
	<u>Services</u>	<u>and General</u>		
Salaries and benefits	\$ 338,230	\$ 98,237	\$ 44,500	\$ 480,967
Medical, food, and other relief (including in-kind expenses of \$450,559)	798,588	-	-	798,588
Packaging and freight	182,167	-	-	182,167
Contract labor	-	-	72,000	72,000
Travel - missions	66,467	-	-	66,467
Other travel	37,100	-	7,431	44,531
Postage and printing	18,792	6,846	12,477	38,115
Interest	26,150	11,035	-	37,185
Office equipment and supplies	5,772	23,860	-	29,632
Depreciation	18,501	7,808	-	26,309
Warehouse equipment and supplies	22,574	-	-	22,574
Insurance	14,131	5,964	-	20,095
Utilities	-	15,637	-	15,637
Campaign and public relations	-	-	14,356	14,356
Telephone	8,936	3,101	-	12,037
Storage	11,465	-	-	11,465
Professional fees	7,285	3,075	-	10,360
Bank fees	5,670	2,392	-	8,062
Advertising	4,432	-	-	4,432
Miscellaneous	-	3,565	-	3,565
Totals	<u>\$ 1,566,260</u>	<u>\$ 181,520</u>	<u>\$ 150,764</u>	<u>\$ 1,898,544</u>

See accompanying notes.

HEALING HANDS INTERNATIONAL, INC.
NOTES TO FINANCIAL STATEMENTS
December 31, 2010 and 2009

NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Healing Hands International, Inc. (the “Organization”) is a not-for-profit Christian relief agency incorporated in 1993 to serve missionaries and mission organizations internationally. As part of its humanitarian relief efforts, the Organization has distributed food, medical/agricultural/educational supplies and equipment, and medicine to over fifty countries worldwide. In order to accomplish its mission, the Organization campaigns to raise the awareness of overseas medical needs among Christians in the United States. The Organization, headquartered in Nashville, Tennessee, receives contributions from churches, individuals, foundations and businesses.

Effective June 1, 2010, the Organization acquired 100% of Rapha International, an organization with a similar mission based in Ft. Worth, Texas.

Significant accounting policies used in the preparation of the Organization’s financial statements are as follows:

Accounting Method

The Organization prepares its financial statements on the modified cash basis of accounting. Under this method, revenue is recognized when received rather than when earned, and expenses are recognized when paid rather than when the related obligation is incurred. Modifications to the cash basis of accounting result from management’s decision to record property and equipment, notes payable, prepaid expenses and advances to employees in the accompanying statements of assets, liabilities and net assets – modified cash basis. In addition, certain in-kind donations are recorded in the accompanying statements of revenues, expenses and changes in net assets – modified cash basis.

Accounting Standards Codification

The Financial Accounting Standards Board Accounting Standards Codification (“FASB ASC”) became the sole authoritative source of generally accepted accounting principles in the United States of America for periods ending after September 15, 2009. The FASB ASC incorporates all authoritative literature previously issued by a standard setter. Adoption of the FASB ASC had no effect on the Organization’s financial condition or results from operations.

Property and Equipment

Property and equipment is recorded at cost and is depreciated over the estimated useful lives of the related assets using the straight-line method. Expenditures for maintenance and repairs are expensed when incurred. Expenditures for renewals or betterments are capitalized. Estimated useful lives for the various classes of assets are as follows:

Building	40 years
Building improvements	5 - 40 years
Vehicles	5 years

HEALING HANDS INTERNATIONAL, INC.
NOTES TO FINANCIAL STATEMENTS (Continued)
December 31, 2010 and 2009

NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Inventory

The Organization's inventory of purchased or donated medical supplies and equipment used in its program efforts is generally not included in the accompanying modified cash basis statements of assets, liabilities and net assets. Purchased medical supplies and equipment are included as an expense in the statements of revenues, expenses and changes in net assets-modified cash basis.

In-Kind Donations

The Organization receives substantial support from volunteers who donate their time to accomplish the Organization's purpose. The value of such time is not included in the accompanying modified cash basis financial statements. The Organization receives other in-kind donations of equipment and supplies, for which the value is not readily determinable. The value of such donations is generally not included in the accompanying modified cash basis financial statements.

During 2010 and 2009, the Organization received an in-kind contribution valued at approximately \$559,000 and \$450,000, respectively. The Organization chose to record these contributions as the value was readily determinable and specified by the donor. In-kind revenue and in-kind expense in the amount of approximately \$559,000 is recorded in the accompanying 2010 statement of revenue, expenses, and changes in net assets-modified cash basis. In-kind revenue and in-kind expense in the amount of approximately \$450,000 is recorded in the accompanying 2009 statement of revenue, expenses, and changes in net assets-modified cash basis.

Income Taxes

The Organization is exempt from federal income taxes under section 501(c)(3) of the Internal Revenue Code and is not a private foundation. Accordingly, no provision for income taxes has been made in the financial statements.

On January 1, 2009, the Organization adopted FASB ASC 740-10-25 paragraphs 5 through 17, "Income Taxes" ("FASB ASC 740"). The guidance clarifies the accounting for uncertainty in income taxes recognized in an entity's financial statements. This interpretation prescribes a minimum probability threshold that a tax position must meet before a financial statement benefit is recognized. The minimum threshold is defined as a tax position that is more likely than not to be sustained upon examination by the applicable taxing authority, including resolution of any related appeals or litigation processes, based on the technical merits of the position. The tax benefit to be recognized is measured as the largest amount of benefit that is greater than fifty percent likely of being realized upon ultimate settlement. FASB ASC 740 must be applied to all existing tax positions upon initial adoption. The Organization has no tax penalties or interest reported in the accompanying financial statements. Tax years that remain open for examination include years ended December 31, 2007 through December 31, 2010. Adoption of this pronouncement had no impact on the Organization's accompanying modified cash basis financial statements.

HEALING HANDS INTERNATIONAL, INC.
NOTES TO FINANCIAL STATEMENTS (Continued)
December 31, 2010 and 2009

NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Estimates

The preparation of financial statements in conformity with the basis of accounting described above requires the Organization's management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Business Combinations

In accordance with FASB ASC guidance for mergers and acquisitions of not-for-profit entities, the Organization has accounted for the acquisition with Rapha International ("Rapha") using the acquisition method. Accordingly, cash assets acquired have been recorded as a contribution to the Organization.

Subsequent Events

The Organization evaluated subsequent events through April 29, 2011, when these financial statements were available to be issued. Except for the item discussed in Note 3, management is not aware of any significant events that occurred subsequent to the statement of assets, liabilities and net assets-modified cash basis date but prior to the filing of this report that would have a material impact on the financial statements.

NOTE 2 – CASH

Cash consists of the following at December 31:

	<u>2010</u>	<u>2009</u>
SunTrust Bank – Nashville, TN		
Interest bearing checking	\$ 242,236	\$ 330,950
Money market	2,161,625	632,099
Scotia Bank – Haiti	3,854	-
Woodhaven Bank – Ft. Worth	62,941	-
Edward Jones Money Market – Ft. Worth	<u>27,961</u>	<u>-</u>
	<u>\$ 2,498,617</u>	<u>\$ 963,049</u>

HEALING HANDS INTERNATIONAL, INC.
NOTES TO FINANCIAL STATEMENTS (Continued)
December 31, 2010 and 2009

NOTE 3 – LONG-TERM DEBT

Long-term debt is comprised of the following:

	<u>2010</u>	<u>2009</u>
Note payable to bank, interest at 5.94% per annum, secured by building, requiring monthly principal and interest payments of \$5,376 with a final payment of remaining principal and interest due August 2011	\$ 365,374	\$ 602,613
Less amount currently due	<u>(365,374)</u>	<u>(29,730)</u>
Long-term portion	<u>\$ -</u>	<u>\$ 572,883</u>

Scheduled principal payments on long-term debt are as follows:

Year Ending December 31: 2011	<u>\$ 365,374</u>
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Subsequent to December 31, 2010 and effective March 28, 2011, the loan was refinanced to extend the maturity of the loan through March 28, 2012. Under the new terms of the loan, interest is charged at 2.60% per annum, secured by certificates of deposit, and requires monthly principal and interest payments of \$5,337.

NOTE 4 – CONCENTRATIONS

The Organization receives a substantial amount of its support from individuals, churches and foundations, including \$100,000, or approximately 5% of total contributions from one individual for the year ended December 31, 2009. A significant reduction in the level of contributions, if this were to occur, could have an adverse impact on the Organization's programs and services.

The Organization maintains cash and cash equivalents in excess of federally insured limits. Credit risk is managed by maintaining all deposits with high quality financial institutions.

NOTE 5 – LEASES

At December 31, 2010, the Organization rents office space that is subject to an operating lease. This lease expires in 2013. Total rent expense for the year ended December 31, 2010 was \$24,525.

HEALING HANDS INTERNATIONAL, INC.
NOTES TO FINANCIAL STATEMENTS (Continued)
December 31, 2010 and 2009

NOTE 5 – LEASES (Continued)

Future minimum lease payments are as follows:

Year Ending December 31:	
2011	\$ 44,550
2012	44,550
2013	<u>25,988</u>
Total	<u>\$ 115,088</u>

NOTE 6 – RESTRICTED NET ASSETS

The Organization may receive contributions from donors that are restricted for foreign missions or particular purposes. When received, the Organization records these donations as restricted net assets. When the funds are spent for the donor's intended purpose, the restricted net assets are reclassified to unrestricted net assets and released from restriction. Net asset activity for the years ended December 31, 2010 and 2009 is summarized in the schedules on the following pages.

	12/31/2009 Restricted Net Assets	Contributions	Release from Restriction		Transfers	12/31/2010 Restricted Net Assets
			Direct Costs	Indirect Costs		
Ag program	\$ -	\$ 39,121	\$ (39,121)	\$ -	\$ -	\$ -
Bob Brackett	2,985	-	-	-	-	2,985
Cuba	101,232	-	-	-	-	101,232
Disaster emergency	-	5,484	(5,484)	-	-	-
Ethiopia water rig	-	-	-	-	-	-
Ethiopia water program	52,061	53,066	(72,290)	(11,328)	-	21,509
Water well program	124,183	248,835	(77,441)	(7,444)	-	288,133
Haiti	-	2,769,249	(1,134,131)	(175,158)	-	1,459,960
Lazarus	1,937	2,324	(4,249)	-	(12)	-
Projects	(20,978)	123,778	(122,306)	-	-	(19,506)
Project MAGI	28,127	-	-	-	(28,127)	-
Roger Michael	5,941	2,400	(4,000)	-	-	4,341
Romanian clinic	9,762	-	-	-	-	9,762
Steger	16,371	5,000	(42)	-	-	21,329
Sudan	200,935	79,710	(184,163)	-	-	96,482
Walk4Water	23,885	45,506	(14,255)	(1,538)	-	53,598
Women of Hope	-	13,172	(16,078)	(582)	-	(3,488)
Worth a Million	-	1,200	-	-	-	1,200
Zambia	600	4,000	(3,168)	-	-	1,432
Total	<u>\$ 547,041</u>	<u>\$ 3,392,845</u>	<u>\$ (1,676,728)</u>	<u>\$ (196,050)</u>	<u>\$ (28,139)</u>	<u>\$ 2,038,969</u>

HEALING HANDS INTERNATIONAL, INC.
NOTES TO FINANCIAL STATEMENTS (Continued)
December 31, 2010 and 2009

NOTE 6 – RESTRICTED NET ASSETS (Continued)

	12/31/2009				12/31/2010
	Restricted		Release from		Restricted
	Net Assets	Contributions	Restriction	Transfers	Net Assets
Ag program	\$ -	\$ 25,659	\$ (25,659)	\$ -	\$ -
Bob Brackett	26,985	-	(24,000)	-	2,985
Cuba	101,132	100	-	-	101,232
Disaster emergency	-	470,850	(470,850)	-	-
Ethiopia food	7,590	-	-	(7,590)	-
Ethiopia water rig	54,158	-	(54,158)	-	-
Ethiopia water program	52,061	-	-	-	52,061
Water well program	105,860	65,866	(47,543)	-	124,183
Lazarus	-	5,290	(3,353)	-	1,937
Malawi - Ramsey	3,200	-	-	(3,200)	-
Projects	-	123,153	(144,131)	-	(20,978)
Project MAGI	-	84,905	(56,778)	-	28,127
Roger Michael	5,291	3,650	(3,000)	-	5,941
Romanian clinic	9,762	-	-	-	9,762
School supplies	2,252	-	(2,252)	-	-
Steger	954	17,000	(1,583)	-	16,371
Sudan	205,417	60,435	(64,917)	-	200,935
Walk4Water	10,205	24,563	(10,883)	-	23,885
Women of Hope	-	2,580	(2,580)	-	-
Zambia	-	1,600	(1,000)	-	600
Total	<u>\$ 584,867</u>	<u>\$ 885,651</u>	<u>\$ (912,687)</u>	<u>\$ (10,790)</u>	<u>\$ 547,041</u>