

# Return of Organization Exempt From Income Tax

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

**2012**

**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.

<b>A For the 2012 calendar year, or tax year beginning</b>		<b>, 2012, and ending</b>	<b>, 20</b>
<b>B</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	<b>C Name of organization</b> <b>HEAL MINISTRIES INC</b>		<b>D Employer identification no.</b> <b>26-2267496</b>
	Doing Business As		<b>E Telephone number</b> <b>(615) 752-8394</b>
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite
	<b>PO BOX 50361</b>		
City, town or post office, state, and ZIP code		<b>G Gross receipts \$</b> <b>254,369</b>	
<b>NASHVILLE, TN 37205</b>			
<b>F Name and address of principal officer:</b> <b>LISA SYLER</b>		<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>SAME AS C ABOVE</b>		<b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
		<b>H(c) Group exemption number</b> ▶	
<b>I Tax-exempt status:</b> <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			
<b>J Website:</b> ▶ <b>WWW.HEAL-MINISTRIES.ORG</b>			
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L Year of formation:</b> <b>2007</b>	<b>M State of legal domicile:</b> <b>TN</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO MENTOR ABANDONED WOMEN AND CHILDREN IN JINJA UGANDA TO ALLOW THEM TO FIND THEIR VALUE, PURPOSE AND HOPE THROUGH THE TRANSFORMING LOVE OF JESUS CHRIST. PROGRAMS INCLUDE BIBLE STUDY, TEACHING BASIC HEALTH CONCEPTS, ENGLISH CLASSES, AND SMALL CROP PRODUCTION METHODS.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	10
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	10
	<b>5</b> Total number of individuals employed in calendar year 2012 (Part V, line 2a)	<b>5</b>	2
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	65
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year <b>118,135</b>	Current Year <b>243,414</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)		0
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		133
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>15,603</b>	<b>(6,736)</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>133,738</b>	<b>236,811</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>46,152</b>	<b>40,775</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>30,669</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>82,587</b>	<b>164,212</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>128,739</b>	<b>204,987</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>4,999</b>	<b>31,824</b>	
<b>Fund Balances or Net Assets or</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year <b>17,482</b>	End of Year <b>49,306</b>
	<b>21</b> Total liabilities (Part X, line 26)		0
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>17,482</b>	<b>49,306</b>

**Part II Signature Block**

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

<b>Sign Here</b>	▶ <b>KEVIN HAGAN</b> Signature of officer	10-22-2013 Date			
	▶ <b>KEVIN HAGAN, PRESIDENT</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>Kippie Scarborough</b>	Preparer's signature <b>Kippie Scarborough</b>	Date <b>10-22-2013</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P00497624</b>
	Firm's name ▶ <b>H A Beasley and Company PC</b>	Firm's EIN ▶			
	Firm's address ▶ <b>111 MTCS Drive Murfreesboro TN 37129</b>	Phone no. <b>615-895-5675</b>			

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

**For Paperwork Reduction Act Notice, see the separate instructions.**

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO MENTOR ABANDONED WOMEN AND CHILDREN IN JINJA UGANDA TO ALLOW THEM TO FIND THEIR VALUE, PURPOSE AND HOPE THROUGH THE TRANSFORMING LOVE OF JESUS CHRIST. PROGRAMS INCLUDE BIBLE STUDY, TEACHING BASIC HEALTH CONCEPTS, ENGLISH CLASSES, AND SMALL CROP PRODUCTION METHODS.

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 [X] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 166,497 including grants of \$ ) (Revenue \$ 243,414 ) MISSION TEAMS WERE SENT TO UGANDA TO SERVE ABANDONED WOMEN AND ORPHANS ALONGSIDE A FULL TIME EMPLOYEE OF THE ORGANIZATION. THE FULL TIME EMPLOYEE COORDINATES ALL WORK DONE BY THE MISSION TEAMS AS WELL AS RUNNING ONGOING PROJECTS. THE PEOPLE OF THE MASESE VILLAGE WERE SERVED AS TEAMS CONDUCTED VACATION BIBLE SCHOOL, PROVIDED ASSISTANCE IN VARIOUS BUILDING IMPROVEMENT PROJECTS IN THE VILLAGE, AND SPENT TIME ENCOURAGING THOSE WOMEN AND CHILDREN BEING SERVED TO SHOW THEM THEY ARE LOVED AND HAVE VALUE. APPROXIMATELY 200 PEOPLE WERE SERVED.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 166,497



If you would like a full version of the  
form 990 submitted to the IRS,  
please contact us at:

**[info@heal-ministries.org](mailto:info@heal-ministries.org)**