

Return of Organization Exempt From Income Tax

2014

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

- Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2014 calendar year, or tax year beginning, 2014, and ending, 20

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C Name of organization HEAL MINISTRIES INC. D Employer identification no. 26-2267496. E Telephone number (615)973-0119. F Name and address of principal officer: RODNEY SYLER. G Gross receipts\$. H(a) Is this a group return for subordinates? H(b) Are all subordinates included? H(c) Group exemption number. I Tax-exempt status. J Website: WWW.HEAL-MINISTRIES.ORG. K Form of organization. L Year of formation: 2007. M State of legal domicile: TN.

Part I Summary

Table with 4 main sections: Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, member counts, revenue breakdown, expense breakdown, and asset/liability totals for prior and current years.

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.

Signature of officer: RODNEY SYLER, PRESIDENT. Date: 07-15-2015.

Paid Preparer Use Only: Karen Lowery, H A Beasley and Company PC, 111 MTCs Drive, Murfreesboro TN 37129. Date: 07-28-2015. EIN: P01296614. Phone: 615-895-5675.

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: SEE SCHEDULE O, ITEM 5 GENERAL EXPLANATION ATTACHMENT

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? 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 \$ 360,460 including grants of \$) (Revenue \$ 443,959) MISSION TEAMS WERE SENT TO UGANDA TO SERVE ABANDONED WOMEN AND ORPHANS ALONGSIDE TWO FULL TIME EMPLOYEES OF THE ORGANIZATION. THE FULL TIME EMPLOYEES COORDINATE 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. ABANDONED WOMEN IN THE SLUMS WERE ALSO TAUGHT FARMING SKILLS. APPROXIMATELY 500 PEOPLE WERE SERVED. OVER 300 CHILDREN WERE SERVED IN A WEEKLY KIDS CLUB VBS.

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 360,460



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

info@heal-ministries.org