

Return of Organization Exempt From Income Tax

2015

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

Header section A-M containing organization details: Name (HEAL MINISTRIES INC), EIN (26-2267496), Address (PO BOX 50361, Nashville, TN), Principal Officer (Tina Weir), Website (WWW.HEAL-MINISTRIES.ORG), and Form of Organization (Corporation).

Part I Summary

Summary table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, membership counts, revenue breakdown (Total Revenue: 409,528), expense breakdown (Total Expenses: 395,080), and net assets (Total Assets: 80,909).

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 block for Rodney Syler, President, dated 11-15-2016.

Paid Preparer Use Only section for Bryan Blair, H A Beasley and Company PLLC, dated 11-15-2016.

May the IRS discuss this return with the preparer shown above? (see instructions) [X] 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 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 \$ 325,426 including grants of \$) (Revenue \$ 356,114) 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 325,426



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

info@heal-ministries.org