

Return of Organization Exempt From Income Tax

2017

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2017 calendar year, or tax year beginning, 2017, 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) 784-3254. G Gross receipts \$ 547,804. H(a) Is this a group return for subordinates? Yes No. H(b) Are all subordinates included? Yes No. I Tax-exempt status: 501(c)(3). J Website: WWW.HEAL-MINISTRIES.ORG. K Form of organization: Corporation. L Year of formation: 2007. M State of legal domicile: TN.

Part I Summary

Table with 3 columns: Line number, Description, and Amount. Rows include: 1 Mission statement (SEE SCHEDULE O, ITEM 5 GENERAL EXPLANATION ATTACHMENT), 2-7a Activities & Governance, 7b Net unrelated business taxable income, 8-12 Revenue, 13-19 Expenses, 20-22 Net Assets or Fund Balances.

Part II Signature Block

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

Sign Here: STEVE MORRIS, Signature of officer, Date. STEVE MORRIS, FINANCE CHAIRMAN, Type or print name and title.

Paid Preparer Use Only: Print/Type preparer's name Kippie G Scarborough CPA, Preparer's signature, Date 11-15-2018, Check self-employed, PTIN P00497624, Firm's name Kippie G Scarborough, CPA, Firm's address 902 Peconic Place Murfreesboro TN 37130, Firm's EIN, Phone no. 615-962-9214.

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 (2017)

**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  
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 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 \$ 420,803 including grants of \$ \_\_\_\_\_) (Revenue \$ 498,746)  
**See SERVICES page for a description of this program service.**

**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 ▶ **420,803**

**Statement of Program Service Accomplishments****2017 PG01**

Name(s) as shown on return

HEAL MINISTRIES INC

Your Social Security Number

26-2267496

**FORM 990-PART III(A)**

Statement #4

## Statement of Service Accomplishment

<b>PROGRAM SERVICE CODE</b>	
<b>PROGRAM SERVICE EXPENSES</b>	\$420803
<b>GRANTS AND ALLOCATIONS INCLUDED IN ABOVE EXPENSE</b>	\$0
<b>PROGRAM SERVICES REVENUE</b>	\$498746

## EXPLANATION

AT THE JAMES PLACE IN JINJA, UGANDA, HEAL MENTORS WOMEN & CHILDREN HOPING THAT THROUGH THE PROCESS THEY WILL FEEL LOVE, FIND HOPE, AND KNOW VALUE. DURING THE WEEK SEVERAL PROGRAMS ARE HELD AT THE JAMES PLACE (BIBLE STUDY, ENGLISH CLASSES, CHILDCARE, PRESCHOOL, KIDS CLUB, SEWING, BUSINESS CLASSES, & ARTISAN TRAINING). HEAL HAS HAD OVER 300 WOMEN & 600 CHILDREN COME THROUGH ITS GATES & REGISTER FOR PROGRAMS. OVER 75 OF THESE WOMEN ARE NOW ENTREPRENEURS IN THE COMMUNITY & ARE ABLE TO CARE FOR THEIR FAMILIES. HEAL HOSTS AN AVERAGE OF 350 CHILDREN WEEKLY IN ITS KIDS CLUB PROGRAM WHERE CHILDREN FROM THE NEARBY RIPPON FISHING VILLAGE AND WORKS SLUM COME TO PLAY, LEARN BIBLICAL LESSONS ON LIFE & HEALTH, & RECEIVE A HEALTHY SNACK. ADDITIONALLY, HEAL HOSTS MISSIONS TEAMS & INTERNS AT THE JAMES PLACE TO SERVE ALONGSIDE TWO FULL-TIME U.S. EMPLOYEES OF THE ORGANIZATION. INTERNS ASSIST IN THE VARIOUS JAMES PLACE PROGRAMS IN AN AREA THAT THEY HAVE RECEIVED SPECIFIC EDUCATIONAL TRAINING IN. TEAMS SERVE THE PEOPLE OF THE COMMUNITY THROUGH VBS PROGRAMS, BUILDING IMPROVEMENT PROJECTS & MORE.



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

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