

Return of Organization Exempt From Income Tax

2018

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 2018 calendar year, or tax year beginning, 2018, 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, Doing business as, Number and street (or P.O. box if mail is not delivered to street address) P O BOX 50361, Room/suite, City or town, state or province, country, and ZIP or foreign postal code NASHVILLE, TN 37205, F Name and address of principal officer: TINA WEIR, SAME AS C ABOVE, H(a) Is this a group return for subordinates?, H(b) Are all subordinates included?, H(c) Group exemption number, 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: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O, ITEM 7 GENERAL EXPLANATION ATTACHMENT; 2-7a Activities & Governance; 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: RODNEY SYLER, Signature of officer, Date, RODNEY SYLER, CHAIRMAN, Type or print name and title

Paid Preparer Use Only: Print/Type preparer's name Kippie G Scarborough, CPA, Preparer's signature, Date 11-13-2019, Check self-employed if PTIN P00497624, Firm's name Kippie G Scarborough, CPA, Firm's EIN, Firm's address 902 Peconic Place Murfreesboro TN 37130, 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.

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 7 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 \$ 510,034 including grants of \$ 217,865) (Revenue \$ 555,844)
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 **510,034**

Statement of Program Service Accomplishments**2018 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**PROGRAM SERVICE CODE****PROGRAM SERVICE EXPENSES**

\$510034

GRANTS AND ALLOCATIONS INCLUDED IN ABOVE EXPENSE

\$217865

PROGRAM SERVICES REVENUE

\$555844

EXPLANATION

AT THE JAMES PLACE IN JINJA, UGANDA, HEAL MENTORS WOMEN & CHILDREN HOPING THAT THROUGH THE PROCESS THEY WILL FEEL LOVE, FIND HOPE, & 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 100 OF THESE WOMEN ARE NOW ENTREPRENEURS IN THE COMMUNITY & ARE ABLE TO CARE FOR THEIR FAMILIES. HEAL HOSTS AN AVERAGE OF 500 CHILDREN WEEKLY IN ITS KIDS CLUB PROGRAM WHERE CHILDREN FROM THE NEARBY RIPPON FISHING VILLAGE & 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