Form	990
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> > ernance

675,464

Yes X No

Yes 🗌 No

_	m 990	Poturn of Organization Exam	nt From In		Tay		OMB No. 1545-0047
Fori	m 330 /. January 2020)	Return of Organization Exem Under section 501(c), 527, or 4947(a)(1) of the Internal	•			Indations)	2019
	artment of the Treasury nal Revenue Service	 Do not enter social security numbers on this Go to www.irs.gov/Form990 for instruction 	-		•	-	Open to Public Inspection
Α	For the 2019 calendar	r <u>y</u> ear, or tax year beginning	, 2019 , a	and endi	ng	•	, 20
в	Check if applicable:	C Name of organization HEAL MINISTRIES INC				D Employer	identification number
	Address change	Doing business as				26	6-2267496
	Name change	ange Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Tel					
	Initial return	P O BOX 50361				(6	615)784-3254
	Final return/terminated	City or town, state or province, country, and ZIP or foreign postal code				G Gross rece	eipts
	Amended return	NASHVILLE, TN 37205				\$	675 , 46
	Application pending	F Name and address of principal officer: TINA WEIR			H(a) Is this a	group return for sub	bordinates? Yes X N
		SAME AS C ABOVE			H(b) Are all	subordinates inc	cluded? Yes N
1	Tax-exempt status: X 5	01(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527		lf "No,	" attach a list. (se	e instructions)
J	Website: WWW .	HEAL-MINISTRIES.ORG			H(c) Grou	p exemption nur	nber 🕨
к	Form of organization: X C	Corporation Trust Association Other ►	L Year of formati	ion: 200	7 м	State of legal do	omicile: TN
Pa	art I Summary						
	1 Briefly describ	e the organization's mission or most significant activities:	EE SCHEDULE	с, і	TEM 7 C	GENERAL E	EXPLANATION
e	ATTACHMEN	Т					
×.							

оvе	2	Check this box ► □ if the organization discontinued its operations or disposed of more than 25	% of its net assets.	
ب مع	3	Number of voting members of the governing body (Part VI, line 1a)	3	10
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
Activities	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	7
cti	6	Total number of volunteers (estimate if necessary)	6	50
٩	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b	Net unrelated business taxable income from Form 990-T, line 39	7b	0
			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	249,880	404,921
iue	9	Program service revenue (Part VIII, line 2g)	308,171	215,553
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0
Re	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	55,717	(21,339)
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	613,768	599,135
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	217,865	254,894
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
<i>(</i> 0	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	154,761	193,262
ŝ	16a	Professional fundraising fees (Part IX, column (A), line 11e)	14,250	0
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) 30,733		
ы	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	204,856	192,278
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	591,732	640,434
	19	Revenue less expenses. Subtract line 18 from line 12	22,036	(41,299)
ces			Beginning of Current Year	End of Year
sets alan	20	Total assets (Part X, line 16)	118,564	89,250
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)	2,101	286
- Se	22	Net assets or fund balances. Subtract line 21 from line 20	116,463	88,964

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.

	RODNEY SYLE	R						
Sign	Signature of officer					Da	ate	
Here	RODNEY SYLE	R, CHAIRMA	N					
	Type or print name and	d title						
	Print/Type preparer's name		Preparer's signature	Date	Check X if PTIN			
Paid	Kippie G Scarb	orough, CI	A	11-13-2020		self-employed	P00497624	
Preparer	Firm's name	Kippie G	Scarborough, CPA		Firm's E	EIN 🕨		
Use Only	Firm's address	902 Peco	nic Place		Phone	no.		
		Murfrees	boro TN 37130			615-	210-4339	
May the IRS	discuss this return with	the preparer sh	own above? (see instructions)	 			X Yes	No

Form	n 990 (2019) HEAL MINISTRIES INC	26-2267496	Fage 2
Pa	rt 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	x No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program		_
	services?	🗌 Yes	<u>x</u> No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o the total expenses, and revenue, if any, for each program service reported.	-	
4a	(Code:) (Expenses \$564,267 including grants of \$254,894) (Revenue See SERVICES page for a description of this program service.	\$61	8,878)
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
4d	Other program services (Describe on Schedule O.)		
4.0	(Expenses \$ including grants of \$) (Revenue \$)	
4e EEA	Total program service expenses 564,267	For	m 990 (2019)
			· · · · · · · · · · · · · · · · · · ·

	n 990 (2019) HEAL MINISTRIES INC 26-226	7496	F	age 3
Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A		x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	. 2	x	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	. 3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	. 4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		
_	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	. 5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
-	"Yes," complete Schedule D, Part I	. 6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	. 7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
•	complete Schedule D, Part III	. 8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or	. 9		v
10	debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	. 9		x
10		. 10		v
11	or in quasi endowments? If "Yes," complete Schedule D, Part V	. 10		x
	VII, VIII, IX, or X as applicable.			
а				
u	complete Schedule D, Part VI	. 11a	x	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	. 11b		x
с				
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	. 11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	. 11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	-		x
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	. 11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	. 12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	. 12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			x
14a	Did the organization maintain an office, employees, or agents outside of the United States?		x	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	. 14b	x	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	. 15	x	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	. 16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	. 17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	. 18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III			x
20 a				x
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this retum?	. 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	. 21		х

Form	990 (2019) HEAL MINISTRIES INC 26-226	749	6	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)				
				Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on				
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	•	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the				
	organization's current and former officers, directors, trustees, key employees, and highest compensated				
	employees? If "Yes," complete Schedule J	•	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b				
	through 24d and complete Schedule K. If "No," go to line 25a		24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	•	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year				
	to defease any tax-exempt bonds?		24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	•	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	•	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior				
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?		DEL		
26	If "Yes," complete Schedule L, Part L	•••	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%		26		77
27	controlled entity or family member or any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	• –	26		x
27	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee				
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these				
	persons? If "Yes," complete Schedule L, Part III		27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part	•	21		
20	IV instructions, for applicable filing thresholds, conditions, and exceptions):				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If				
u	"Yes," complete Schedule L, Part IV		28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.		28b		x
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	•			
Ū	"Yes," complete Schedule L, Part IV.		28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.		29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified				
	conservation contributions? If "Yes," complete Schedule M.		30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"		-		
	complete Schedule N, Part II.		32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations				
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.		33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,				
	or IV, and Part V, line 1		34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	. 3	35a		х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a				
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	. 3	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable				
	related organization? If "Yes," complete Schedule R, Part V, line 2	•	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization				
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and				
	19? Note: All Form 990 filers are required to complete Schedule O.		38	x	
Par					
	Check if Schedule O contains a response or note to any line in this Part V		•••		
		,		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and				
	reportable gaming (gambling) winnings to prize winners?	. 1	C	х	

Form	990 (2019) HEAL MINISTRIES INC 26-2267	196	P	2 Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 7	-		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
2-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions).	2-		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule Q	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	40		v
h	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	50 5b		x
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?.	50 50		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
u	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
~	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		x
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	_		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	_		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	_		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	-		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans	-		
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	45		
	excess parachute payment(s) during the year?	15		x
16	If "Yes," see instructions and file Form 4720, Schedule N.	40		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
	If "Yes," complete Form 4720, Schedule O.			

Form	990 (2019) HEAL MINISTRIES INC 26-2267	96	Page	
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for	a "No"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruction	IS.		
	Check if Schedule O contains a response or note to any line in this Part VI			. x
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 10			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 10	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
_	any other officer, director, trustee, or key employee?	2	х	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		x
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	70		
L	one or more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		77
8	stockholders, or persons other than the governing body?	70		x
0	the year by the following:			
а	The governing body?	8a	x	
b	Each committee with authority to act on behalf of the governing body?	8b	x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	0.0	л	
Ū	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	•		- 11
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		x
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	х	
14	Did the organization have a written document retention and destruction policy?	14		x
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
b	Other officers or key employees of the organization	15b		x
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	10		
	with a taxable entity during the year?	16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	404		
800	organization's exempt status with respect to such arrangements?	16b		
<u>Sec</u> 17	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed Tennessee			
17	List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
10	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request X Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
_	BRENDA DAVENPORT (615)812-1521, P O BOX 50361, NASHVILLE, TN 37205			

Form 990 (20	9) HEAL MINISTRIES INC	26-2267496	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Hig Independent Contractors	phest Compensated Employee	s, and
	Check if Schedule O contains a response or note to any line in this Part VII		🗌
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Complete	this table for all persons required to be listed. Report compensation for the calendar year er	nding with or within the	
organization's	tax year		

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

	liou organizat									
					(C)					
(A)	(B)	(do n	not che		sition	nan one		(D)	(E)	(F)
Name and title	Average					s both ar	n	Reportable	Reportable	Estimated amount
	hours	offic	er and	l a dir	rector	/trustee)		compensation from the	compensation from related	of other
	per week (list any							organization	organizations	compensation from the
	hours for	or d	Inst	Officer	Key	emp	Forme	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related	rect	tutio	ĕr	emp	loye	ner			related organizations
	organizations	Individual trustee or director	nstitutional trustee		Key employee	ëcom				
	below	stee	ruste		ē	pens				
	dotted line)		ĕ			Highest compensated employee				
(1) JILL BROTHERS	2.00									
BOARD MEMBER (RESIGNED 2/3/19)		х						0	0	0
(2) SAM DAVIS	2.00									
BOARD MEMBER		х						0	0	0
(3) SUZIE DAVIS	2.00									
BOARD MEMBER		х						0	0	0
(4) JUDY_WILCOX	2.00									
BOARD MEMBER (RESIGNED DEC 2019)		х						0	0	0
(5) ELIZABETH WILCOX	2.00									
BOARD MEMBER (RESIGNED DEC 2019)		х						0	0	0
(6) MARTHA SCUDDER	2.00									
ADVISORY BOARD MEMBER (NON VOTING)		х						0	0	0
(7) STEVE LORENZ	2.00									
ADVISORY BOARD MEMBER (NON VOTING)		х						0	0	0
(8) ANN KOPP	2.00									
BOARD MEMBER		х						0	0	0
(9) JOHNNY LONG	2.00									
BOARD MEMBER (RESIGNED DEC 2019)		х						0	0	0
(10)SUZANNA BARNHART	2.00									
BOARD MEMBER		х						0	0	0
(11)RACHEL WEIR	2.00									
BOARD MEMBER		х						0	0	0
(12)TREY_WEIR	2.00									
BOARD MEMBER		х						38,800	0	0
(13)KATHY_HUFFMAN	2.00									
BOARD MEMBER		х						0	0	0
(14)LISA_SYLER	5.00									
SECRETARY				x				250	0	0
FFA				_						Form 990 (2019)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(do not check more than one rerage box, unless person is both an ours Reportable officer and a director/trustee) compensation r week from the								(F) Estimated amo of other compensation	
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Highest compensated employee Key employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)		from the rganization ated organi	and
15)RODNEY SYLER CHAIRMAN	5.00			x			0)		0
16)STEVE MORRIS FINANCE CHAIRMAN/TREASURER	2.00			x			0)		0
17)TINA WEIR EXECUTIVE DIRECTOR (NON VOTING)	40.00)		x			51,500))		0
18)											
19)											
20)											
21)											
22)											
23)											
24)											
25)											
1b Subtotal	ction A .		• • • •	•••		•					
dTotal (add lines 1b and 1c)2Total number of individuals (including but not lim	nited to those I						90,550 ore than \$100,000)		0
reportable compensation from the organization										Yes	No
 3 Did the organization list any former officer, direct employee on line 1a? <i>If "Yes," complete Sched</i> 4 For any individual listed on line 1a, is the sum of experience and related experience experience. 	ule J for such reportable co	<i>indivio</i> mpensa	<i>dual</i> ation a	 nd of	her cor	 npen	sation from the		. 3		x
 organization and related organizations greater to individual				•••		••			. 4	_	x
for services rendered to the organization? If "Ye Section B. Independent Contractors					-			<u></u>	. 5		x
Complete this table for your five highest compensation from the organization. Report com									ar		
(A) Name and business addr	·			, 001	Shallig		(B) Description of servic		(C) ensation	
2 Total number of independent contractors (includ	ing but not lim	ited to	those	licto	labova		0				
2 Total number of independent contractors (includ received more than \$100,000 of compensation fi	-			iiste(auuve	y wn	0				

Form 99	90 (20	19) HEAL	MINISTRIES	5 INC				26-22674	196 Page 9
Part V	VIII	Statement of Rev	venue						
		Check if Schedule O co	ontains a respor	nse or n	ote to any line in this	A Contraction (A)	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns .		1a					
	b	Membership dues		1b					
Contributions, Gifts, Grants and Other Similar Amounts	c	Fundraising events		10	109,587				
Gra	d	Related organizations .		1d	109,307				
ffts, r Ar	e	Government grants (contr		1e					
nia G	f	All other contributions, gif		16					
Sin	'	and similar amounts not in		1f	205 224				
buti		Noncash contributions inc			295,334				
diti	g	lines 1a-1f		1~	¢				
a S	L .					404 001			
	n	Total. Add lines 1a-1f	• • • • • • • •			404,921			
					Business Code				
8		INTERNSHIP REVENU	JES		812900	95,735	95,735		
le Vi		TEAM REVENUES			812900	118,221	118,221		
ent Se		IN-COUNTRY SALES			812900	1,597	1,597		
Rev	d								
60 1	e								
ā		All other program service							
	g	Total. Add lines 2a-2f .			•••••	215,553			
Erogram Service Program Service Revenue 8 9 9 9 8 8 9 9 9 9 9 9 9 9 9 9 9 9 9	3	Investment income (includi	ing dividends, ir	nterest, a	and				
		other similar amounts) .			Г				
	4	Income from investment of	•	•	- F				
	5	Royalties	· · · · · · · ·		· · · · · · •				
			(i) Re	eal	(ii) Personal				
	6a	Gross rents	6a						
	b	Less: rental expenses	6b						
	c	Rental income or (loss)	6c						
g 3 4 5 6a b c d 7a 5 d d 7a	Net rental income or (loss)) <u> </u>		<u></u> ▶					
	7a	Gross amount from	(i) Secu	rities	(ii) Other				
		sales of assets							
	Ь	other than inventory Less: cost or other basis	7a						
iue		and sales expenses	7b						
ver	c	Gain or (loss)	7c						
Re	d	Net gain or (loss)		<u></u>	ト				
her	8a	Gross income from fundral	ising						
ð		events (not including \$	109,58	7					
		of contributions reported o	n line						
		1c). See Part IV, line 18		. 8a	54,990				
	b	Less: direct expenses .		. 8b	76,329				
	c	Net income or (loss) from t	fundraising eve	nts .		(21,339)			(21,339)
	9a	Gross income from gaming	g						
		activities, See Part IV, line	19	. 9a					
	b	Less: direct expenses .		. 9b					
	c	Net income or (loss) from	gaming activitie	s					
	10a	Gross sales of inventory, l	855						
	100	returns and allowances .		. 10a					
	b	Less: cost of goods sold		. 10k					
		Net income or (loss) from			>				
				·	Business Code				
S	11a								
Miscellanous Revenue	b								
ella ver	c								
Re		All other revenue							
2		Total. Add lines 11a-11d							
	-	Total revenue. See instru				599,135	215,553	0	(21,339)

9,425

897

1,083

5,475

3,619

13,800

661

1,724

1,140

1,834

1,051

45,434

. . (D) Fundraising expenses

7,069

14,121

4,490

1,621

1,577

377

6

Form	n 990 (2019)	HEAL MINISTRIES INC			26-226
Pa	rt IX St	atement of Functional Expenses			
Sect	tion 501(c)(3) and 501(c)(4) organizations must complete all	columns. All other organ	nizations must comple	te column (A).
	Cł	eck if Schedule O contains a response or note to	o any line in this Part IX		
Do r	not include	amounts reported on lines 6b, 7b,	(A)	(B) Program service	(C)
8b, 9	9b, and 10b	t IX Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations must complet Check if Schedule O contains a response or n of include amounts reported on lines 6b, 7b, b, and 10b of Part VIII. Grants and other assistance to domestic organizations	Total expenses	expenses	Management and general expenses
1	Grants and	other assistance to domestic organizations			
	and domes	tic governments. See Part IV, line 21			
2	Grants and	other assistance to domestic			
	individuals	See Part IV, line 22			
3	Grants and	l other assistance to foreign			
	organizatio	ons, foreign governments, and			
	foreign indi	viduals. See Part IV, lines 15 and 16	254,894	254,894	
4	Benefits pa	aid to or for members			
5	Compensa	tion of current officers, directors,			
	trustees, a	nd key employees	51,750	39,956	4,725

1,472

30,733

v		
	organizations, foreign governments, and	
	foreign individuals. See Part IV, lines 15 and 16	
4	Benefits paid to or for members	
5	Compensation of current officers, directors,	
	trustees, and key employees	
6	Compensation not included above, to disqualified	
	persons (as defined under section 4958(f)(1)) and	
	persons described in section 4958(c)(3)(B)	
7	Other salaries and wages	
8	Pension plan accruals and contributions (include	
	section 401(k) and 403(b) employer contributions)	
9	Other employee benefits	
10	Payroll taxes	
11	Fees for services (nonemployees):	
а	Management	
b	Legal	
С	Accounting	
d	Lobbying	
е	Professional fundraising services. See Part IV, line 17 $\ .$	
f	Investment management fees	
g	Other. (If line 11g amount exceeds 10% of line 25, column	
	(A) amount, list line 11g expenses on Schedule O.)	
12	Advertising and promotion	
13	Office expenses	
14	Information technology	
15	Royalties	
16	Occupancy	
17	Travel	
18	Payments of travel or entertainment expenses	
	for any federal, state, or local public officials	
19	Conferences, conventions, and meetings	
20	Interest	
21	Payments to affiliates	
22	Depreciation, depletion, and amortization	
23	Insurance	
24	Other expenses. Itemize expenses not covered	
	above (List miscellaneous expenses on line 24e. If	
	line 24e amount exceeds 10% of line 25, column	
	(A) amount, list line 24e expenses on Schedule O.)	
а	LICENSE & FEES	
b	INTERN PROGRAM	
С	TEAM MOBILIZATION	
d	PAYROLL PROCESSING FEES	
е	All other expenses	
25	Total functional expenses. Add lines 1 through 24e.	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs	
	from a combined educational campaign and	
	fundraising solicitation. Check here	1

fundraising solicitation. Check here ► if following SOP 98-2 (ASC 958-720)

EEA

tion 501(c)(3) and 501(c)(4) organizations must complete all c	columns. All other orga	nizations must comple	ete column (A).	
Check if Schedule O contains a response or note to	any line in this Part IX			
not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic				
individuals. See Part IV, line 22	254,894	254,894		
Benefits paid to or for members				

103,290

26,361

11,861

5,475

1,577

3,996

13,800

8

661

1,724

1,140

65,147

93,325

1,834

3,591

640,434

79,744

20,974

9,157

2

65,147

93,325

1,068

564,267

Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	75,021	1	72,488
	2	Savings and temporary cash investments	4,000	2	1,001
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
Ś	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
¥	9	Prepaid expenses and deferred charges	29,704	9	10,532
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 11,856			
	b	Less: accumulated depreciation 10b 8,952	339	10c	2,904
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	9,500	15	2,325
	16	Total assets. Add lines 1 through 15 (must equal line 33)	118,564	16	89,250
	17	Accounts payable and accrued expenses	2,101	17	286
	18	Grants payable		18	
	19			19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liat		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	2,101	26	286
		Organizations that follow FASB ASC 958, check here \blacktriangleright			
es		and complete lines 27, 28, 32, and 33.			
anc	27	Net assets without donor restrictions	112,480	27	76,911
Bal	28	Net assets with donor restrictions	3,983	28	12,053
p		Organizations that do not follow FASB ASC 958, check here			
μ		and complete lines 29 through 33.			
sor	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net	32	Total net assets or fund balances	116,463	32	88,964
	33	Total liabilities and net assets/fund balances	118,564	33	89,250

EEA

Form 990 (2019)

HEAL MINISTRIES INC

Form 990 (2019)

26-2267496

Page 11

Form	990 (2019) HEAL MINISTRIES INC 2	6-226749	6	P	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		599	,135
2	Total expenses (must equal Part IX, column (A), line 25)	2		640	,434
3	Revenue less expenses. Subtract line 2 from line 1 . <t< th=""><th>3</th><th></th><th>(41</th><th>, 299)</th></t<>	3		(41	, 299)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		116,	463
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6		13,	,800
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		88	,964
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. 🗌
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		x
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	x	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Single Audit Act and OMB Circular A-133?		3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
EEA			Form	990 (2019)

SCH	EDU	LE A
-----	-----	------

Public Charity Status and Public Support

OMB No. 1545-0047 2019

Open to Public

(Form 99	0 or 990-EZ)	Complete il the organizatio
Department	of the Treasury	
Internal Rev	enue Service	► Go t
Name of the	organization	
HEAL M	INISTRIES	INC
Part I	Reason	for Public Charity Sta
The orga	nization is not a	private foundation because

if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

n 000 fan in atmustian a and tha lataat /--- 41 - 14 Incraction

Intern	al Rev	enue Service	Go to www.irs.go	DV/FOrm990 for instruct	tions and	the latest	information.	Inspection		
Name	of the	e organization					Employer identificat	ion number		
HEA	LМ	INISTRIES INC					26-226749			
Pa	rt I	Reason for Public Charit	y Status (All or	ganizations must c	omplete	this part	 See instructions 			
The	orga	nization is not a private foundation bec	ause it is: (For line	s 1 through 12, check on	y one box.)				
1		A church, convention of churches, or	r association of chu	urches described in sect	ion 170(b)	(1)(A)(i).				
2		A school described in section 170(b)(1)(A)(ii). (Attach	Schedule E (Form 990 d	or 990-EZ)	.)				
3		A hospital or a cooperative hospital	service organizatio	n described in section 1	70(b)(1)(A	.)(iii).				
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the								
		hospital's name, city, and state:								
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in								
		section 170(b)(1)(A)(iv). (Complete	-	, ,						
6	\square	A federal, state, or local government		init described in section	170(b)(1)	(A)(v).				
7	x	An organization that normally receive	•				n the general public			
		described in section 170(b)(1)(A)(vi	•							
8		A community trust described in sect		,						
9	П	An agricultural research organization		, , ,	rated in co	niunction	with a land-grant collect	1e		
•		or university or a non-land-grant colle				•		,.		
		university:	go of agriculture (c		o namo, or	iy, and olar				
10		An organization that normally receive	s: (1) more than 33	3 1/3% of its support from	n contributi	ons memb	ership fees and gross			
		receipts from activities related to its e								
		support from gross investment incom	•							
		acquired by the organization after Ju		,		,				
11		An organization organized and operation				,				
12	Н	An organization organized and opera	•				carry out the numoses			
		of one or more publicly supported or		•						
		Check the box in lines 12a through 12	•					•		
	а	Type I. A supporting organizatio				•		•		
	u	the supported organization(s) the		•	•••	-		19		
		supporting organization. You mi								
	b	Type II. A supporting organization			ith ite euor	orted orac	nization(s) by baying			
	0	control or management of the su	•			-	.,			
				•			nanaye the supported			
	•	organization(s). You must com			nnontion w	ith and fu	actionally integrated wi	th		
	С	Type III functionally integrated its supported organization(s) (se		•				u1,		
		Type III non-functionally integ	,	•	•			n(a)		
	d							11(5)		
		that is not functionally integrated.				•	it and an alterniveness			
	_	requirement (see instructions). Y	-							
	е	Check this box if the organization				sa rypei,	гуре п, туре п			
	4	functionally integrated, or Type II	-							
	f	Enter the number of supported organ				• • • • •		• • • •		
	<u>g</u>	Provide the following information abo						()) ()		
	(1	 Name of supported organization 	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the o	rganization ir governing	 (v) Amount of monetary support (see 	(vi) Amount of other support (see		
				above (see instructions))	docum		instructions)	instructions)		
					Vee	Na				
					Yes	No				
(A)										
(B)										
(C)										

(D)

(E) Total

		STRIES INC				26-2267496	
Pa	IT II Support Schedule for Organiza	ations Descri	bed in Secti	ons 170(b)(1)(A)(iv) and	170(b)(1)(A)(v	i)
	(Complete only if you checked th	e box on line	5, 7, or 8 of F	Part I or if the	organization	failed to qualif	y under
	Part III. If the organization fails to	o qualify under	r the tests list	ted below, ple	ease complete	e Part III.)	
Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	356,114	430,782	497,965	555,844	618,878	2,459,583
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
•	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3	356,114	430,782	497,965	555,844	618,878	2,459,583
5	The portion of total contributions by	550,114	430,702	4577505	333,011	010,070	2,455,505
Ŭ	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						00 000
e	Public support. Subtract line 5 from line 4						83,629
_	ction B. Total Support						2,375,954
_	endar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(a) 2017	(4) 2019	(a) 2010	
	Amounts from line 4	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
		356,114	430,782	497,965	555,844	618,878	2,459,583
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from						
-	similar sources						
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
	Total support. Add lines 7 through 10						2,459,583
	Gross receipts from related activities, etc. (see						181,967
13	First five years. If the Form 990 is for the or						
	organization, check this box and stop here						<u></u> ► 🗌
Se	ction C. Computation of Public Suppor				1	1	
14	Public support percentage for 2019 (line 6, c	olumn (f) divide	ed by line 11, c	olumn (f))	•••••	14	96.60 %
15						15	97.74 %
16a	33 1/3% support test - 2019. If the organization	ation did not che	eck the box on	line 13, and lin	ne 14 is 33 1/39	% or more, chec	k this
	box and stop here. The organization qualified	es as a publicly	supported org	anization			► 🗴
k	33 1/3% support test - 2018. If the organiza	ation did not che	eck a box on li	ne 13 or 16a, a	nd line 15 is 3	3 1/3% or more,	check
	this box and stop here. The organization qu	alifies as a pub	licly supported	l organization .			🕨 🗌
17a	10%-facts-and-circumstances test - 2019.	If the organizat	tion did not ch	eck a box on lir	ne 13, 16a, or	16b, and line 14	is
	10% or more, and if the organization meets t	the "facts-and-c	ircumstances"	test, check thi	s box and sto	o here. Explain i	n
	Part VI how the organization meets the "facts	s-and-circumsta	ances" test. Th	e organization	qualifies as a	publicly supporte	эd
	organization			-	-		_
k	o 10%-facts-and-circumstances test - 2018.	If the organizat	tion did not ch	eck a box on lir	ne 13, 16a, 16l	b, or 17a, and lin	le —
	15 is 10% or more, and if the organization m	-					
	Explain in Part VI how the organization meet					-	ly
	supported organization					-	-
18	Private foundation. If the organization did n						
	instructions						🕨 🗌

Schedule A (Form 990 or 990-EZ) 2019

Sche	dule A (Form 990 or 990-EZ) 2019 HEAL MINIS	STRIES INC				26-2267496	5 Page 3
Pa	rt III Support Schedule for Organiz	ations Desc	ribed in Sec	tion 509(a)(2	2)		
	(Complete only if you checked the	he box on lin	e 10 of Part I	or if the orga	inization failed	d to qualify unde	ər Part II.
	If the organization fails to qualify	under the te	ests listed bel	ow, please co	omplete Part	I.)	
Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513.						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Se	ction B. Total Support						
Cal	endar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for the or	ganization's fi	rst, second, thi	rd, fourth, or fil	fth tax year as a	a section 501(c)(3)
	organization, check this box and stop here						🕨 🗌
	ction C. Computation of Public Suppor						
	Public support percentage for 2019 (line 8, c					15	%
	Public support percentage from 2018 Sched					16	%
	ction D. Computation of Investment Inc						
	Investment income percentage for 2019 (line					17	%
	Investment income percentage from 2018 So					18	<u>%</u>
19a	33 1/3% support tests - 2019. If the organiz						_
-	17 is not more than 33 1/3%, check this box						
b	33 1/3% support tests - 2018. If the organiz						
20	line 18 is not more than 33 1/3%, check this						
20	Private foundation. If the organization did n	IUL CHECK & DO	x on line 14, 19	ia, or 190, che	CK THIS DOX AND	see instructions.	· · · · 🕨 🗋

art	IV Supporting Organizations			
	(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete	Sectio	ns A	
	and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, c	omplete	Э	
	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete F	Part V.)		
ecti	on A. All Supporting Organizations			
			Yes	Ν
	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
а	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	-		
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a		
	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	iva		
	determine whether the organization had excess business holdings.)	10b		

Schedu		26-2267496	F	Page 5
Par	t IV Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and	(C)		
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	111		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail is	in Part VI. 110	;	
Sect	tion B. Type I Supporting Organizations			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		Yes	No
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times durin	ng the		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervis	-		
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the su	nnorted		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
		1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the dir			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how co			
	or management of the supporting organization was vested in the same persons that controlled or man	-		
	the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations			
_			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of			
	organization's tax year, (i) a written notice describing the type and amount of support provided during	-		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) cop			
	organization's governing documents in effect on the date of notification, to the extent not previously pr			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the suppointed or elected by the	-		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in P			
•	the organization maintained a close and continuous working relationship with the supported organization	tion(s). 2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization	n's		

supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a D The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2 Activities Test. Answer (a) and (b) below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- **b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

2a

2b

3a

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Yes

No

r ganiz a	ations	
trust o		
	n Nov. 20, 1970 (expla	-
izations	must complete Sectio	ns A through E.
	(A) Prior Voor	(B) Current Year
	(A) FIIOI Teal	(optional)
1		
2		
3		
4		
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6		
7		
8		
	(A) Prior Year	(B) Current Year (optional)
1a		
1b		
1c		
1d		
2		
3		
4		
5		
6		
7		
8		
		Current Year
1		
2		
3		
4		
5		
6		
/ integra	ated Type III supporting	organization (see
	2 3 4 5 6 7 8 1 1 1 1 1 1 1 1 2 3 4 5 6 7 8 1 1 1 1 1 1 1 1 1 1 1 1 1	2 3 4 5 6 7 8 (A) Prior Year 1a 1b 1c 1d 2 3 4 5 6 7 8 10 12 3 4 5 6 7 8 1 2 3 4 5 6 7 8 1 2 3 4 5 3 4 5 3 4 5 3 4 5 1 2 3 4 5

Schedule A (Form 990 or 990-EZ) 2019

	HEAL MINISTRIES INC) Supporting Organi	26-226	7496 Page 7
Par		b) Supporting Organiz		
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exen	npt purposes		
2	Amounts paid to perform activity that directly furthers exempt	purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizat	ions	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	e organization is respons	live	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		<i>~</i> ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
S	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
	From 2017			
	From 2018			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
-	Applied to 2019 distributable amount			
<u> </u>	Carryover from 2014 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount Remainder, Subtract lines 4a and 4b from 4.			
	Remaining underdistributions for years prior to 2019, if			
5	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
U	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
•	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
d	Excess from 2018			
e	Excess from 2019			
EEA			Sched	ule A (Form 990 or 990-EZ) 2019

Schedule A (Fo	m 990 or 990-EZ) 2019 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE D	
(Form 990)	

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Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Open to Public Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service Name of the organization Employer identification number HEAL MINISTRIES INC 26-2267496 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Did the organization inform all donors and donor advisors in writing that the assets held in donor advised Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes 🗌 No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 🗌 Yes 🗌 No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ (ii) Assets included in Form 990, Part X > \$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

Schedule D	(Form 990)	2019
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▶ \$

OMB No. 1545-0047

2019

Sched	ule D (Form 990) 2019 HEAL MINISTRIES	INC				26-226	7496	Page	<u>2 :</u>
Pa	rt III Organizations Maintaining Co	ollections of	Art, Histori	cal Treasures	s, or Ot	her Similar A	ssets (c	ontinue	d)
3	Using the organization's acquisition, accession, a	and other records,	check any of t	he following that m	ake signi	ficant use of its			
	collection items (check all that apply):		-	-	•				
а	Public exhibition		d 🗌	Loan or exchange	program	IS			
b	Scholarly research			Other	program				
	Preservation for future generations		e 🗋						
C	-	tions and surlain I	h			harring and in Dant			
4	Provide a description of the organization's collect	tions and explain	now they furthe	er the organization	s exemp	t purpose in Part			
_	XIII.								
5	During the year, did the organization solicit or rec						□	Π	
_	assets to be sold to raise funds rather than to be		irt of the organi	zation's collection	?		. 🗌 Ye	s 🗌 N	0
Pa	rt IV Escrow and Custodial Arrang							_	
	Complete if the organization and	swered "Yes"	on Form 99	0, Part IV, line	9, or re	eported an am	ount on	Form	
	990, Part X, line 21.								
1a	Is the organization an agent, trustee, custodian or		-				_	_	
	included on Form 990, Part X?						Ye	s N	0
b	If "Yes," explain the arrangement in Part XIII and	complete the follo	owing table:						
						Ai	mount		
С	Beginning balance				. 10	:			
d	Additions during the year				. 10	ł			
е	Distributions during the year)			
f	Ending balance								
2a	Did the organization include an amount on Form				· · · ·			s 🗌 N	0
b	If "Yes," explain the arrangement in Part XIII. Ch								-
	rt V Endowment Funds.				artyan			•	
	Complete if the organization and	swered "Yes"	on Form 99	0 Part IV line	10				
							(-) [
4		(a) Current year	(b) Prior yea	ar (c) Two yea	ITS DACK	(d) Three years back	(e) FOL	r years back	
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and								
	losses								
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the current y	ear end balance	(line 1g, colum	n (a)) held as:					
а	Board designated or quasi-endowment	%							
b	Permanent endowment %								
С	Term endowment %								
	The percentages on lines 2a, 2b, and 2c should e	equal 100%.							
3a	Are there endowment funds not in the possessio		ion that are hel	d and administere	d for the				
	organization by:	5						Yes N	ю
	(i) Unrelated organizations						. 3a(i)		
	(ii) Related organizations								
b	If "Yes" on line 3a(ii), are the related organization								
4	Describe in Part XIII the intended uses of the org	•					. 0.0		
	rt VI Land, Buildings, and Equipme	-							
1 0	Complete if the organization and		on Form 99	0 Part IV line	11a S	ee Form 990	Part X I	ine 10	
	Description of property			Cost or other basis					
	Description of property	(a) Cost or othe (investme		(other)		Accumulated epreciation	(u) BO	ok value	
10	Land	``		(50.01)		.,			
1a ⊾									
b	Buildings								
C	Leasehold improvements			7,500		7,500		<u> </u>	
d				4,356		1,452		2,90	4
e	Other								
Tota	I. Add lines 1a through 1e. (Column (d) must equ	ual Form 990, Pai	rt X, column (B	i), line 10c.,)				2,90	<u>4</u>

EEA

II Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) F	Financial derivatives		
(2)	Closely-held equity interests		
(3)			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Tota	I. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total (Column (b) must equal Form 990 Part X col (B) line 13)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) BECURITY DEPOSITS	1,700
(2)AUCTION ITEMS	625
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.).	2,325

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1) Federal ir	ncome taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (I	b) must equal Form 990, Part X, col. (B) line	e 25.). ►

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2a a Net unrealized gains (losses) on investments. 2a b Donated services and use of facilities 2b 13,800 c 76,329 2e 90,12 d Other (Describe in Part XIII.) 2d 76,329 e Add lines 2a through 2d 2d 76,329 e Add lines 2a through 2d 3 599,13 d Amounts included on Form 990, Part VIII, line 12, but not on line 1: 4a 4a a Investment expenses not included on Form 990, Part VIII, line 7b 4a 4c b Other (Describe in Part XIII.) 4b 4c c Add lines 4a and 4b 5 599,13 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 716,76 1 Total expenses and losses per audited financial statements 2a 1 716,76 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a 1 716,76 3 Subtract line 2e	Schedu		6-2267496	Page 4
1 Total revenue, gains, and other support per audited financial statements 1 689,26 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2a 2a 2a 2 Net unrealized gains (losses) on investments. 2b 13,800 2c 2d 4 Other (Describe in Part XIII.) 2d 76,329 2e 90,12 3 Subtract line 2e from line 1 3 599,13 3 599,13 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a 4a 4a 4 Amounts included on Form 990, Part VIII, line 7b 4a 4c 5 5 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>). 5 599,13 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2a 2a 76,329 6 Other (Describe in Part XIII.) 2a 2a 76,329 76,329 a Prior year adjustments	Par		r Return.	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2a a Net unrealized gains (losses) on investments. 2a b Donated services and use of facilities 2b 13,800 c C 2c 2d d Other (Describe in Part XIII.) 2c 2d a Add lines 2a through 2d 2c 90,12 3 Subtract line 2e from line 1 3 599,13 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 4a 4a b Other (Describe in Part XIII.) 4b 4c c 5 599,13 599,13 Part XII Reconciliation of Form 990, Part VIII, line 7b 4a 4c b Other (Describe in Part XIII.) 5 599,13 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 716,76 1 Total expenses and losses per audited financial statements 2a 2a 2a 76,329 2 Ado lines 2a through 2d 2d 76,329 2a </th <th></th> <th>Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.</th> <th></th> <th></th>		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
a Net unrealized gains (losses) on investments. 2a b Donated services and use of facilities 2b 13,800 c Recoveries of prior year grants 2c 2d d Other (Describe in Part XIII.) 2d 76,329 e Add lines 2a through 2d 3 599,13 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 4a 4a b Other (Describe in Part XIII.) 4a 4c c Add lines 4a and 4b 5 599,13 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. 5 Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 716,76 1 Total expenses and use of facilities 2a 2a 2a 2 Add lines 2 athrough 2d 90, Part IX, line 25: 2a 1 716,76 a Donated services and use of facilities 2a	1	Total revenue, gains, and other support per audited financial statements	1	689,264
b Donated services and use of facilities 2b 13,800 c Recoveries of prior year grants 2c 2d d Other (Describe in Part XIII.) 2d 76,329 e Add lines 2a through 2d 3 599,13 3 Subtract line 2e from line 1 3 599,13 a Investment expenses not included on Form 990, Part VIII, line 7b 4a 4c b Other (Describe in Part XIII.) 4c 5 Total revenue. Add lines 3a and 4c. (This must equal Form 990, Part I, line 12.). 5 599,13 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. 5 Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 716,76 a Donated services and uses per audited financial statements 2a 2a b Prior year adjustments 2a 2a 2a c Other (Describe in Part XIII.) 2a 2a 2a b Prior year adjustments 2a 2a 2a 2a c Other (Describe in Part XIII.) 2a 2a 2a 2a </td <td>2</td> <td>Amounts included on line 1 but not on Form 990, Part VIII, line 12:</td> <td></td> <td></td>	2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
c Recoveries of prior year grants 2c 2d 76,329 d Other (Describe in Part XIII.) 2d 76,329 90,12 3 Subtract line 2e from line 1 3 599,13 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 4a 4a 4a 1 Investment expenses not included on Form 990, Part VIII, line 7b 4b 4c 5 5 Other (Describe in Part XIII.) 4b 4c 5 599,13 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. 5 599,13 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. 5 599,13 Part XII Reconciliation of Form 990, Part IX, line 25: 0 1 716,76 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2b 2c 76,329 e Add lines 2a through 2d	а	Net unrealized gains (losses) on investments		
d Other (Describe in Part XIII.) 2d 76,329 e Add lines 2a through 2d 2e 90,12 3 Subtract line 2e from line 1 3 599,13 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 4a 4a a Investment expenses not included on Form 990, Part VIII, line 7b 4a 4b b Other (Describe in Part XIII.) 4c 5 599,13 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. 5 599,13 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. 5 599,13 Total expenses and losses per audited financial statements 1 716,76 a Donated services and use of facilities 2a 2a b Prior year adjustments 2b 2c 2d c Other (Describe in Part XIII.) 2d 76,329 2e 76,329 e Add lines 2a through 2d 2d 76,329 2e 76,329 e Add lines 2a through 2d 2d 76,329 2e 76,329	b	Donated services and use of facilities		
e Add lines 2a through 2d 2e 90,12 3 Subtract line 2e from line 1 3 599,13 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 4a 4a a Investment expenses not included on Form 990, Part VIII, line 7b 4a 4b 4c 5 Other (Describe in Part XIII.) 5 599,13 599,13 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 716,76 1 Total expenses and losses per audited financial statements 2a 2a 2a 2 Onated services and use of facilities 2a 2b 2c 76,329 e Add lines 2a through 2d Other (Describe in Part XIII.) 2a 2a 2a 76,329 e Add lines 2a through 2d Op, Part VIII, line 7b 3 640,43 4 Amounts included on Form 990, Part VIII, line 7b 3 640,43 4 Amounts included on Form 990, Part VIII, line 7b 3 640,43 b Other (Describe in Part XIII.) 3 640,43	С	Recoveries of prior year grants		
3 Subtract line 2e from line 1 3 599,13 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 4a 4a a Investment expenses not included on Form 990, Part VIII, line 7b 4a 4b 4c 5 Other (Describe in Part XIII.) 4c 5 599,13 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 716,76 1 Total expenses and losses per audited financial statements 2a 1 716,76 2 Amounts included on Form 990, Part IX, line 25: a 1 716,76 2 Other (Describe in Part XIII.) 2b 2c 2d 76,329 2 Add lines 2a through 2d 2c 2d 76,329 3 640,43 4 Amounts included on Form 990, Part VIII, line 7b 4a 4a 4a 4a 4 Amounts included on Form 990, Part VIII, line 7b 4a 4c 4c 4c	d	Other (Describe in Part XIII.)		
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 4a a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4c c Add lines 4a and 4b 4c 5 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>). 5 599,13 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. 5 599,13 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. 1 716,76 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a 1 716,76 a Donated services and use of facilities 2a 2a 2a b Prior year adjustments 2a 2a 2a 76,329 c Other (Describe in Part XIII.) 2d 76,329 3 640,43 4 Amounts included on Form 990, Part VIII, line 7b 4a 4a 4a 4a b Other (Describe in Part XIII.) 3 640,43 640,43 640,43 4 Amounts included on Form 990, Part IX, line 25, b	е	Add lines 2a through 2d	2e	90,129
a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4c c Add lines 4a and 4b 4c 5 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>). 5 599,13 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 1 716,76 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a 2a 2a b Prior year adjustments 2b 2c 2d 76,329 c Other losses 2c 2d 76,329 2e 76,329 e Add lines 2a through 2d 25, but not on line 1: 3 640,43 3 Subtract line 2e from line 1 25, but not on line 1: 4a 4b 4c b Other (Describe in Part XIII.) 4a 4b 4c 4c c Add lines 4a and 4b Form 990, Part VIII, line 7b 4a 4c <td>3</td> <td>Subtract line 2e from line 1</td> <td>3</td> <td>599,135</td>	3	Subtract line 2e from line 1	3	599,135
b Other (Describe in Part XIII.) 4b 4c c Add lines 4a and 4b 5 599,13 7 total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.). 5 599,13 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 716,76 1 Total expenses and losses per audited financial statements 2a 1 716,76 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a 2a 1 a Donated services and use of facilities 2b 2c 2d 76,329 c Other (Describe in Part XIII.) 2d 76,329 3 640,43 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 3 640,43 4a a Investment expenses not included on Form 990, Part VIII, line 7b 4a 4a 4a b Other (Describe in Part XIII.) 4b 4c 4c	4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
c Add lines 4a and 4b 4c 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.). 5 599,13 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 1 716,76 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 1 716,76 a Donated services and use of facilities 2a	а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
5 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>)	b	Other (Describe in Part XIII.)		
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 1 716,76 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2 1 a Donated services and use of facilities 2a 2b 2b b Prior year adjustments 2b 2c 2c c Other losses 2d 76,329 2e 76,329 e Add lines 2a through 2d	С		4c	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.1Total expenses and losses per audited financial statements1716,762Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities2a	-		-	599,135
1Total expenses and losses per audited financial statements1716,762Amounts included on line 1 but not on Form 990, Part IX, line 25:2a	Par		per Return.	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b				
a Donated services and use of facilities 2a 2a b Prior year adjustments 2b 2b c Other losses 2c 2d d Other (Describe in Part XIII.) 2d 76,329 e Add lines 2a through 2d 2d 76,329 3 Subtract line 2e from line 1 3 640,43 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 4a 4a b Other (Describe in Part XIII.) 4a 4a b Other (Describe in Part XIII.) 4b 4c	1		1	716,763
b Prior year adjustments 2b 2c c Other losses 2c 2d d Other (Describe in Part XIII.) 2d 76,329 e Add lines 2a through 2d 2e 76,329 3 Subtract line 2e from line 1 3 640,433 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 4a 4a b Other (Describe in Part XIII.) 4b 4c	2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
c Other losses 2c 2d 76,329 d Other (Describe in Part XIII.) 2d 76,329 2e 76,329 e Add lines 2a through 2d 2a 76,329 3 640,433 3 Subtract line 2e from line 1 3 640,433 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 4a 4a b Other (Describe in Part XIII.) 4b 4c	а			
d Other (Describe in Part XIII.) 2d 76,329 e Add lines 2a through 2d 2e 76,329 3 Subtract line 2e from line 1 3 640,433 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 4a 4a b Other (Describe in Part XIII.) 4b 4c	b	Prior year adjustments 2b		
e Add lines 2a through 2d 2e 76,32 3 Subtract line 2e from line 1 3 640,43 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 4a 4a a Investment expenses not included on Form 990, Part VIII, line 7b 4a 4a b Other (Describe in Part XIII.) 4b 4c	С	Other losses		
3 Subtract line 2e from line 1 3 640,43 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 4 4 a Investment expenses not included on Form 990, Part VIII, line 7b 4a 4a b Other (Describe in Part XIII.) 4b 4c c Add lines 4a and 4b 4c 4c	d	Other (Describe in Part XIII.)		
4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b	е	Add lines 2a through 2d	2e	76,329
a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4b c Add lines 4a and 4b 4c	3	Subtract line 2e from line 1	3	640,434
b Other (Describe in Part XIII.) 4b c Add lines 4a and 4b 4c	4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
c Add lines 4a and 4b	а	Investment expenses not included on Form 990, Part VIII, line 7b		
	b	Other (Describe in Part XIII.)		
	C		4c	
	-		5	640,434
Part XIII Supplemental Information.	Par	t XIII Supplemental Information.		
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line	Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4;	Part X, line	

2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

01. Other revenues not included on Form 990 (Part XI, line 2d)

FORM 990, PART I, LINE 12 INCLUDES AN OFFSET TO REVENUE FOR DIRECT FUNDRAISING EXPENSES OF \$76,329

AS REPORTED ON FORM 990, PART VIII, LINE 8B.

Schedule D (Form 990) 2019 HEAL MINISTRIES INC	26-2267496	Page 5
Part XIII Supplemental Information (continued)		
02. Other expenses not included on Form 990 (Part XII, line 2d)		
DIRECT FUNDRAISING EXPENSES OF \$76,329 WERE REPORTED ON FORM 990, PART VI	II, LINE 8B AS AN	OFFSET TO
REVENUE. SEE ALSO SCHEDULE D, PART XI, LINE 2D.		
EEA	Schedule	D (Form 990) 2019

SCHEDU	s	OMB No. 1545-0047					
		► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or	16.	2013			
Department of th	Department of the Treasury • Attach to Form 990.		Open to Publ				
•	Internal Revenue Service For www.irs.gov/Form990 for instructions and the latest information.						
Name of the orga	anization		Employer	r identification number			
HEAL MIN	ISTRIES	INC	26-226	57496			
Part I	General	Information on Activities Outside the United States. Complete if the organization	answere	ed "Yes" on			
	Form 990), Part IV, line 14b.					
1 For	1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and						
other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to							
award the grants or assistance?							

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)នា	JB-SAHARAN AFRICA	1	2	PROGRAM SERVICES	INDIGENT RELIEF	309,373
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
<u>(</u> 10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a b	Subtotal	1	2			309,373
С	Totals (add lines 3a and 3b)	1	2			309,373

Schedule F (Form 990) 2019

HEAL MINISTRIES INC

26-2267496

Page **2**

Part II	Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990,								
	Part IV, line 15, fo	or any recipient who	received more than \$5,00	0. Part II can be	duplicated if addit	ional space is r	needed.		
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	FUND PROGRAM	254,894	WIRE TRANSFE			
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)	the total sumbles of south t			ing her the fame int					
by	the IRS, or for which the g	grantee or counsel has pr	ove that are recognized as charit rovided a section 501(c)(3) equiva	alency letter					

Schedule F (Form 990) 2019

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV appraisal, othe
1)							
2)							
3)							
4)							
5)							
6)							
7)							
3)							
))							
0)							
1)							
2)							
3)							
4)							
5)							
6)							
7)							
3)							

Page 3 Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III

Schedu	le F (Form 990) 2019 HEAL MINISTRIES INC	26-2267496			Page 4
Par	t IV Foreign Forms				
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	🗆	Yes	x	No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	🗆	Yes	x	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	🗆	Yes	x	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)		Yes	x	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)		Yes	x	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	🛛	Yes	x	No
EEA		Schedu	le F (Fo	orm 99	0) 2019

Schedule F (Form 990) 2019

Part V

Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

26-2267496

Page 5

01. Supplemental Information (Part V, Other)

ALL FUNDS TRANSFERRED TO THE NON-GOVERNMENT AGENCY (NGO) IN UGANDA ARE OVERSEEN BY HEAL

MINISTRIES INC. EMPLOYEES WHO ARE LOCATED IN JINJA UGANDA. THOSE EMPLOYEES PROVIDE

SUMMARIES OF ACTIVITIES FOR ALL AMOUNTS REQUESTED FROM HEAL MINISTRIES INC. THOSE

EMPLOYEES INSURE THE FUNDS ARE EXPENDED IN ACCORDANCE WITH THE MISSION OF HEAL MINISTRIES

INC. THE NGO IN UGANDA ALSO HAS A GOVERNING BOARD THAT OVERSEES ACCOUNTING AND AUDITS OF

THE ACTIVITIES IN UGANDA AND WORKS CLOSELY WITH THE EMPLOYEES OF HEAL MINISTRIES INC. AS

THEY CARRY OUT THE DAILY ACTIVITIES.

SCHEDULE G	Supplemer	ntal Informati	on Regard	ling Fund	Iraising or Gan	ning Act	ivities	OMB No. 1545-0047	
Form 990 or 990-EZ) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.							r if the	2019	
							Open to Public Inspection		
Name of the organization	Employer ide	ntification number							
HEAL MINISTRIES I	NC						26-22	67496	
Part I Fundraisi	ng Activities	. Complete if	the organiz	zation ans	wered "Yes" on	Form 99	0, Part IV	, line 17.	
Form 990-E	Z filers are not	required to cor	mplete this	oart.					
1 Indicate whether the	organization rais	ed funds through	any of the fol	lowing activit	ties. Check all that a	pply.			
a 🗌 Mail solicitations			e 🗌 🗄	Solicitation of	f non-government gr	ants			
b Internet and emai	solicitations		f 🗌 🗧	Solicitation of	f government grants				
c 🗌 Phone solicitation	S		g 🗌 :	Special fund	aising events				
d 🗌 In-person solicitat	ions								
2a Did the organization or key employees listb If "Yes," list the 10 hi	ed in Form 990, ghest paid indivic	Part VII) or entity luals or entities (f	in connectior	with profess	sional fundraising se	ervices?		es 🗌 No e	
compensated at leas	t \$5,000 by the c	organization.							
(i) Name and address or entity (fundra		(ii) Activity	custody o	draiser have r control of putions?	(iv) Gross receipts from activity	(or re fundrai	ount paid to tained by) ser listed in tol. (i)	(vi) Amount paid to (or retained by) organization	
			Yes	No			- (/		
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
Total				· · · · ·					
3 List all states in which registration or licensin	-	is registered or li	censed to sol	icit contributi	ons or has been not	tified it is e	xempt from		

Schedule G (Form 990 or 990-EZ) 2019 HEAL MINISTRIES INC

26-2267496 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with into ater th

		gross receipts greater than	\$5,000.			
			(a) Event #1 ANNUAL EVENT	(b) Event #2 CHRISTMAS VI	(c) Other events	(d) Total events (add col. (a) through col. (c))
0			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	109,587	11,038		120,625
ш	2	Less: Contributions	85,387			85,387
	3	Gross income (line 1 minus				
		line 2)	24,200	11,038		35,238
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs	6,966	2,223		9,189
Direct Expenses	7	Food and beverages	14,810	31		14,841
Dire	8	Entertainment	3,210			3,210
	9	Other direct expenses	5,311	262		5,573
	10	Direct expense summary. Add lines	4 through 9 in column (d)			32,813
	11	Net income summary. Subtract line				2,425
Pa	rt II		-	Yes" on Form 990, Part	IV, line 19, or reported r	more than
		\$15,000 on Form 990-EZ,	line ba.	(b) Dull toba (instant		(d) Total coming (odd
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
keve						
ш	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	□ Yes % □ No	□ Yes % □ No	□ Yes % □ No	
	7	Direct expense summary. Add lines	2 through 5 in column (d)			
	8	Net gaming income summary. Sub	tract line 7 from line 1, colu	mn (d)		
•	Г-	stor the state(a) in which the arc	tion conducto comina cott	tion		
9 a b	ls	nter the state(s) in which the organizat the organization licensed to conduct of 'No," explain:	gaming activities in each of	f these states?	• • • • • • • • • • • • • • • • •	Yes 🗌 No
		·				
		ere any of the organization's gaming 'Yes," explain:	licenses revoked, suspend	-	e tax year?	Yes 🗌 No

SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

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

Department of the Treasury Internal Revenue Service

Name of the organization

OMB No. 1545-0047

Q Open to Public Inspection

Employer identification number

26-2267496

HEAL MINISTRIES INC

01. Officer, directors, etc. family relationship (Part VI, line 2)

BOARD MEMBERS RODNEY SYLER AND LISA SYLER ARE HUSBAND AND WIFE.

BOARD MEMBERS SAM DAVIS AND SUZIE DAVIS ARE HUSBAND AND WIFE.

BOARD MEMBERS JUDY WILCOX AND ELIZABETH WILCOX ARE MOTHER AND DAUGHTER.

BOARD MEMBER SUZANNA BARNHART IS THE DAUGHTER OF SAM AND SUZIE DAVIS.

BOARD MEMBER TREY WEIR IS THE SON OF TINA WEIR, EXECUTIVE DIRECTOR.

BOARD MEMBERS TREY WEIR & RACHEL WEIR ARE HUSBAND AND WIFE.

02. Form 990 governing body review (Part VI, line 11)

THE BOARD FINANCE COMMITTEE AND EXECUTIVE DIRECTOR REVIEW THE FINANCIAL STATEMENTS USED TO

PREPARE THE 990 RETURN. THE FORM 990 WAS FORWARDED TO EACH ACTING BOARD MEMBER PRIOR TO

ITS FILING, WITH A REQUEST TO REVIEW THE RETURN.

03. Conflict of interest policy compliance (Part VI, line 12c)

POTENTIAL CONFLICTS ARE MONITORED BY BOTH THE EXECUTIVE DIRECTOR AND THE OPERATIONS

DIRECTOR AND PRESENTED TO THE FINANCE COMMITTEE IF ANY MATTERS NEED FURTHER DISCUSSION

AND/OR ACTION.

04. CEO, executive director, top management comp (Part VI, line 15a)

THE COMPENSATION PACKAGE OF THE EXECUTIVE DIRECTOR IS REVIEWED AND APPROVED BY THE BOARD

OF DIRECTORS AT THE ANNUAL BUDGET MEETING.

05. Form 990 availability to public (Part VI, line 18)

FORM 990 IS ALSO DISCLOSED ONLINE AT GUIDESTAR.ORG UNDER THE ORGANIZATION'S PROFILE.

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization	Employer identification number
HEAL MINISTRIES INC	26-2267496
06. Governing documents, etc, available to public (Part VI, line 19)	

DOCUMENTS ARE MADE AVAILABLE FOR PUBLIC INSPECTION, AS REQUIRED BY LAW, DURING NORMAL

BUSINESS HOURS OR AS COORDINATED INDIVIDUALLY WITH THE REQUESTING PARTY.

07. General explanation attachment

AT THE JAMES PLACE IN JINJA, UGANDA, HEAL MENTORS WOMEN & CHILDREN HOPING THAT, THROUGH

THE PROCESS, THEY WILL FIND HOPE, FEEL LOVED AND VALUED. THE MAIN FOCUS OF ALL THE

EDUCATION PROGRAMS AT THE JAMES PLACE IS TO PROVIDE AN INCOME FOR THESE VULNERABLE WOMEN

SO THAT THEY CAN PROVIDE FOR THEIR CHILDREN, PROVIDE EDUCATION FOR THE CHILDREN SO THAT

THEY CAN SUCCEED IN SCHOOL & KEEP FAMILIES TOGETHER. THE PROGRAMS INCLUDE CHILDCARE,

PRESCHOOL, KINDERGARTEN, COMMUNITY OUTREACH KIDS CLUB, POTTERY, SEWING, LEATHER TRADES,

JEWELRY DESIGN, & BASKET WEAVING. OVER 1,000 FAMILIES HAVE BENEFITTED FROM THESE

PROGRAMS. IN ADDITION TO THE ABOVE, HEAL HOUSES TEAMS & INTERNS TO ASSIST THE 60

FULL-TIME STAFF MEMBERS THROUGHOUT THE YEAR.

Statement of Program Service Accomplishments

2019 PG01

Name(s) as shown on return

Your Social Security Number

26-2267496

Statement #4

HEAL MINISTRIES INC

FORM 990-PART III(A)

Statement of Service Accomplishment

PROGRAM SERVICE CODE	
PROGRAM SERVICE EXPENSES	\$564267
GRANTS AND ALLOCATIONS INCLUDED IN ABOVE EXPENSE	\$254894
PROGRAM SERVICES REVENUE	\$618878

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.

	Federal Supporting Statements	2019 PG01
Name(s) as shown on return	rederar oupporting otatements	Tax ID Number
HEAL MINIST	RIES INC	26-2267496
		Statement #EL4
Sec	tion 1.263(a)-1(f) de minimis safe harbor el	ection
	MINISTRIES INC	
Address: P EIN: 26-226	O BOX 50361, NASHVILLE, TN 37205 7496	
Statement:	Taxpayer is making the de minimis safe harbo	r election
under §1.26	3(a)-1(f).	

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