

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2018**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A** For the 2018 calendar year, or tax year beginning **JUL 1, 2018** and ending **JUN 30, 2019**

<b>B</b> Check if applicable:  Address change Name change Initial return Final return/terminated Amended return Application pending	<b>C</b> Name of organization <b>THE FOUNDRY MINISTRIES, INC.</b>		<b>D</b> Employer identification number <b>63-0624278</b>
	Doing business as		<b>E</b> Telephone number <b>205-428-8449</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>8,408,859.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>BESSEMER, AL 35021-0824</b>		<b>H(a)</b> Is this a group return for subordinates? ..... Yes <input checked="" type="checkbox"/> No
<b>F</b> Name and address of principal officer: <b>MICAH ANDREWS</b> <b>SAME AS C ABOVE</b>		<b>H(b)</b> Are all subordinates included? Yes No	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527		If "No," attach a list. (see instructions)	
<b>J</b> Website: <b>WWW.FOUNDRYMINISTRIES.COM</b>		<b>H(c)</b> Group exemption number ▶	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶		<b>L</b> Year of formation: <b>1994</b>	<b>M</b> State of legal domicile: <b>AL</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>THE ORGANIZATION OPERATES A NON-PROFIT, CHRIST-CENTERED RESCUE MISSION AND LONG-TERM ADDICTION</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>19</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>19</b>
	<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>5</b>	<b>159</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>500</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 38	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>5,752,722.</b>	<b>6,424,476.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>1,652,194.</b>	<b>1,370,590.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>67.</b>	<b>-26,662.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>393,704.</b>	<b>338,895.</b>
		<b>7,798,687.</b>	<b>8,107,299.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>0.</b>	<b>0.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>3,101,577.</b>	<b>3,263,591.</b>
	<b>16 a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>535,258.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>5,266,710.</b>	<b>5,187,597.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>8,368,287.</b>	<b>8,451,188.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>-569,600.</b>	<b>-343,889.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>5,621,814.</b>	<b>5,241,126.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>3,227,105.</b>	<b>3,190,306.</b>
		<b>2,394,709.</b>	<b>2,050,820.</b>

**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.

<b>Sign Here</b>	Signature of officer		Date		
	<b>MICAH ANDREWS, CEO</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	<b>MEGAN RANDOLPH</b>	<i>Megan Randolph</i>	<b>06/16/20</b>	<input type="checkbox"/>	<b>P00989558</b>
Firm's name ▶ <b>WARREN AVERETT, LLC</b>			Firm's EIN ▶ <b>45-4084437</b>		
Firm's address ▶ <b>2500 ACTON ROAD</b> <b>BIRMINGHAM, AL 35243</b>			Phone no. <b>205-979-4100</b>		

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE ORGANIZATION OPERATES A NON-PROFIT, CHRIST-CENTERED RESCUE MISSION AND LONG-TERM ADDICTION RECOVERY CENTER. THE MINISTRY PROVIDES SHELTER FOR HOMELESS, FOOD AND CLOTHING TO MEN AND WOMEN. THE ORGANIZATION HOUSES MORE THAN 300 INDIVIDUALS AND PROVIDES VARIOUS

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 If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 7,579,163. including grants of \$ ) (Revenue \$ 1,410,643. ) TO RESTORE HOPE AND REBUILD THE LIVES OF THE ADDICTED, EX-INMATE AND DESTITUTE THROUGH CHRIST-CENTERED RE-ENTRY, RECOVERY AND RESCUE.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 7,579,163.