Form **990**

(Rev. January 2020) Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047 2019

Open to Public Inspection

Α	For the	e 2019 calendar y	year, or tax year begi	nning	0	6-01	, 2019, an	d ending	<u> </u>	05	-31 ,2020			
В	Check if	applicable:	C Name of organizationH	EALING GROVE	HEALTH CENT	ER INC	A SOC	IAL PU	RPOSE	DC Emplo	yer identification number			
	Address	change	Doing business as								84-4194962			
	Name ch	ange	Number and street (or F	P.O. box if mail is not deliv	ered to street address)		F	Room/suite		E Teleph	none number			
X	Initial retu	Initial return 148 GOODYEAR ST City or town, state or province, country, and ZIP or foreign postal code								(408)583-6338				
	Final retu									G Gross	receipts			
	Amended	d return	SAN JOSE, CA 9	5110						\$	130,209			
	Application	on pending	F Name and address of p					Н	(a) Isthisagi	roup return fo	or subordinates? Yes X No			
								н	(b) Are all s	ubordinate	es included? Yes No			
ı	Tax-exer	mpt status: X 501	1(c)(3) 501(c) () (insert no.)	4947(a)(1) or	527			If "No," a	attach a lis	t. (see instructions)			
J	Website		EALINGGROVE.OR	G		_		Н			number ►			
K	Form of o	organization: X Corp		sociation Other ►		L Yea	ar of formation				al domicile: CA			
	art I	Summary									· · · · · · · · · · · · · · · · · · ·			
	1	<u> </u>	the organization's miss	sion or most signific	ant activities: T	HE MIS	SSION I	S TO S	HARE 1	THE LO	OVE OF JESUS			
		•	-	-	_						E NATIONS" TO OUR			
Activities & Governance		COMMUNITY.												
nar		00111101111111												
Ver	2	Check this box	► ☐ if the organization	n discontinued its o	perations or dispos	sed of mo	ore than 25	5% of its i	net asset	S				
ဇ္ဗ	3		ng members of the gov							3	1			
∞	4		pendent voting membe								1			
ţį	5		individuals employed i							5	0			
Ξ̈́	6		volunteers (estimate if							6	<u> </u>			
ĕ	72		business revenue from							7a	0			
	1		usiness taxable incom							7b	0			
	- 5	Net unrelated bu	usiness taxable incom	e nonn onn 990-1,		• • • •	• • • •			10	-			
		Contributions on	nd grants (Part VIII, line	1h)					Prior Year		Current Year			
Φ	8		-								130,209			
ž	9	-	e revenue (Part VIII, lir											
Revenue	10		me (Part VIII, column (0			
ш	1.7		Part VIII, column (A), li								0			
	12		add lines 8 through 11								130,209			
	13		lar amounts paid (Part								0			
	14		or for members (Part I								0			
S	15		compensation, employe								55,907			
Expenses	16a		ndraising fees (Part IX,		•						0			
×	. _b	-	g expenses (Part IX, co											
Ш	1		(Part IX, column (A), I								133,557			
	1		Add lines 13-17 (mus			• • • •	• • • • •				189,464			
		Revenue less ex	xpenses. Subtract line	18 from line 12 •	• • • • • • • •	• • • •	• • • • •				(59,255)			
Net Assets or	ĕ							Beginnii	ng of Curre	nt Year	End of Year			
sset	<u> 20</u>	•	art X, line 16)		• • • • • • • • •	• • • •	• • • • •				515,535			
et A	21	,	Part X, line 26) • • •		• • • • • • • •	• • • •	• • • • •				574,790			
			ind balances. Subtrac	t line 21 from line 20)	• • • •	• • • • •				(59,255)			
	art II	Signature					A- Al I A F		dana and back	-f 14.1-				
			e that I have examined this ret ation of preparer (other than o					my knowied	ige and bell	er, it is				
Sig	'n		HO, MD											
		Signature of officer								Date	е			
He	re		HO, MD, PRESI	DENT/CEO										
			t name and title	To		Ι_					DTIN			
_		Print/Type prepare	er's name	Preparer's signature		Dat	e		Check	if	PTIN			
Pa			IIANG, CPA	EDWARD CHIAN	G, CPA	08-	-20-202	1	self-emp	oloyed	P00229090			
	epare		CHIANG	AND YOUNGBERG	LLP			Firm	's EIN ▶					
Us	e Onl	y Firm's address ►	2007 W	HEDDING STREE	T SUITE 209			Phor	ne no.					
			SAN JOS	E CA 95128						408-2	244-2002			
Ma	y the IR	S discuss this retu	um with the preparer s	hown above? (see i	nstructions)						Yes No			

Part IV

84-4194962

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," 1 X 2 2 X 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 X 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 X Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III. 5 X Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 6 have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 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," 8 X Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a 9 custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or 9 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V 10 Х 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more 11b X c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more 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 11d X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Х 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 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 13 X 14a X 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 15 Х 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 X Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 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 18 X Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 19 X 20a X **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?........ 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 21 X

84-4194962

Form 990 (2019) HEALING GROVE HEALTH CENTER INC A SOCIAL PURPOSE C

Part 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		X
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		X
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? <i>If "Yes," complete Schedule L, Part I</i>	25a		X
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?	0Eh		.,
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%			
	controlled entity or family member or any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	20		
21	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			
	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			
	"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		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"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 L	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)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	051-		
26	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
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		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		X
31	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	31		
55	19? Note: All Form 990 filers are required to complete Schedule O.	38	x	
Par		33	Α	
ı aı	Check if Schedule O contains a response or note to any line in this Part V			
	2.122 36.16666 6 Contains a respense of fixed to any mile in the rate of the rest.	- •	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		

19) HEALING GROVE HEALTH CENTER INC A SOCIAL PURPOSE C
Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No
2 a	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 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
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,	_		
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	r_		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		X
с 6а	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	50		
ua	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		v
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	va		X
b	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.0		
a	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	х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? • • • • • • • • • • • • • • • • • • •	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		х
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		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		х
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		X
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		Х
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		Х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
0	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			
1	Section 501(c)(12) organizations. Enter:			
a	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.)			
2a	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	120		
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			
С	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 Q	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		х
	If "Yes," see instructions and file Form 4720, Schedule N.			
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.			

84-4194962

Part 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 instructions.
	Check if Schedule O contains a response or note to any line in this Part VI
Section 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			
	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			
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		X
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		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	70		77
h	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,	7h		77
8	stockholders, or persons other than the governing body?	7b		X
0	the year by the following:			
•	The governing body?	8a	x	
a 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	UD	Λ	
•	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.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		х
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	x	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	x	
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	X	
13	Did the organization have a written whistleblower policy?	13	X	
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	X	
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			
	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	461		
202	organization's exempt status with respect to such arrangements?	16b		
3ec 17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Upon request 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			
_•	CUEPVI HO MD (408) 583_6338 448 COODVEAD ST SAN TOSE CA 95110			

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HEALING GROVE HEALTH CENTER INC A SOCIAL PURPOSE C

84-4194962

Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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 ending 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.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles er and	Pos eck m s per d a dir	son is rector,	han one s both ar htrustee) Highest compensated employee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) CHERYL HO, MD PRESIDENT/CEO	10.00	х		x				0	0	0
(2)		A		A						<u> </u>
<u>(3)</u>										
<u>(4)</u>										
<u>(5)</u>										
<u>(6)</u>										
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<u>(10)</u>										
<u>(11)</u>										
<u>(12)</u>										
<u>(13)</u>										
<u>(14)</u>										

Form **990** (2019)

Part VII

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

84-4194962

	(A) Name and title		Position (do not check more than one box, unless person is both a officer and a director/trustee						(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation from the		
		(list any hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	orgai	om the nization and l organizatio	
<u>(15)</u>													
(16)													
<u>(17)</u>													
<u>(18)</u>													
<u>(19)</u>													
(20)													
<u>(21)</u>													
(22)													
(23)													
(24)													
(25)													
1b	Subtotal							_					
c d	Total from continuation sheets to Part VII, Sect Total (add lines 1b and 1c)						• • • •		0	0			0
2	Total number of individuals (including but not limit									_			U
	reportable compensation from the organization	<u> </u>										V N	0
3	Did the organization list any former officer, direct	tor trustee	kev en	nplov	/ee	or h	niahest	con	nnensated			Yes N	lo
•	employee on line 1a? If "Yes," complete Schedu.		-				-				3	X	[
4	For any individual listed on line 1a, is the sum of re	eportable cor	npens	ation	anc	doth	er com	npen	sation from the				
	organization and related organizations greater th	an \$150,000)? If "Y	'es,"	con	nple	te Sch	edul	le J for such				
_	individual									• • • • • • • •	4	X	[
5	Did any person listed on line 1a receive or accrue for services rendered to the organization? <i>If "Yes</i> "						_				5	X	,
Secti	on B. Independent Contractors	s, complete	Conca	idic (3 101	ouc	ii pero	011				- 4	<u> </u>
1	Complete this table for your five highest compensa	ted independ	dent co	ntra	ctors	s tha	t recei	ved	more than \$100,00	00 of			
	compensation from the organization. Report comp	ensation for	the cal	lenda	ar ye	ear e	ending	with	or within the organ	nization's tax year.			
	(A)								(B)		(C)		
	Name and business address	SS							Description of service	es	Compens	ation	
-													
2	Total number of independent contractors (including received more than \$100,000 of compensation from	-				ted a	above)) wh	0				

Statement of Revenue

Part VIII

HEALING GROVE HEALTH CENTER INC A SOCIAL PURPOSE C 84-4194962

Check if Schedule O contains a response or note to any line in this Part VIII (A) (B) (C) (D) Total revenue Revenue excluded Related or exempt Unrelated function revenue business revenue from tax under sections 512-514 1a Federated campaigns 1a 1b Contributions, Gifts, Grants and Other Similar Amounts **c** Fundraising events 1c **d** Related organizations 1d e Government grants (contributions) . . 1e **f** All other contributions, gifts, grants, and similar amounts not included above 130,209 1f g Noncash contributions included in 1g | \$ 130,209 2a Program Service Revenue f All other program service revenue 3 Investment income (including dividends, interest, and Income from investment of tax-exempt bond proceeds (i) Real (ii) Personal 6a Gross rents 6a **b** Less: rental expenses . . 6b c Rental income or (loss) (i) Securities (ii) Other **7a** Gross amount from sales of assets other than inventory 7a **b** Less: cost or other basis 7b Other Revenue and sales expenses . . **c** Gain or (loss) 7**c** 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses 8b c Net income or (loss) from fundraising events 9a Gross income from gaming activities, See Part IV, line 19 9a **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 10a **b** Less: cost of goods sold 10b c Net income or (loss) from sales of inventory **Business Code** 11a 130,209 0 0 0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a response or note to	any line in this Part IX			<u>x</u>
	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
_	and domestic governments. See Part IV, line 21 • • •				
2	Grants and other assistance to domestic				
2	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
4	foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members				
3	trustees, and key employees				
6	Compensation not included above, to disqualified				
U	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B) • • • • • •				
7	Other salaries and wages	50,721	45,649	5,072	
8	Pension plan accruals and contributions (include	30/121	13/013	3,012	
•	section 401(k) and 403(b) employer contributions) • •				
9	Other employee benefits				
10	Payroll taxes	5,186	4,668	518	
11	Fees for services (nonemployees):				
а	Management				
b	Legal	47,850		47,850	
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	1,708	564	1,144	
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.) MEDICAL SUPPLIES	AFF	AFF		
a		455	455	210	
b	TRAINING MEDICAL LICENSING	219 170		219 170	
c d	MEDICAL LICENSING MEDICAL WASTE	150		170	
e e	All other expenses	83,005	75,193	6,408	1,404
25	Total functional expenses. Add lines 1 through 24e. •	189,464	126,529	61,531	1,404
26 26	Joint costs. Complete this line only if the	107,404	120,529	01,531	1,404
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				

		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		1	
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	168,294
	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	
ıχ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
ğ	9	Prepaid expenses and deferred charges		9	17,950
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	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		15	329,291
	16	Total assets. Add lines 1 through 15 (must equal line 33)	0	16	515,535
	17	Accounts payable and accrued expenses		17	249,134
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
Lia		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		0.5	
	00	of Schedule D		25	325,656
	26	Total liabilities. Add lines 17 through 25	0	26	574,790
		Organizations that follow FASB ASC 958, check here			
Ses	07	and complete lines 27, 28, 32, and 33.		07	(FO OFF)
lan	27 28	Net assets without donor restrictions		27 28	(59,255)
Ва	20	Organizations that do not follow FASB ASC 958, check here		20	
Pun		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
ts c	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
sse	30 31	Retained earnings, endowment, accumulated income, or other funds		31	
۲ ۲	32	Total net assets or fund balances	0	32	/50 255\
N E	33	Total liabilities and net assets/fund balances	0	33	(59,255) 515,535
	აა		U	JJ	515,535

EEA Form **990** (2019)

10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Thinancial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash 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 Accrual 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: Separate basis, consolidated basis Both consolidated and separate basis c 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: 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 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	Form	990 (2019) HEALING GROVE HEALTH CENTER INC A SOCIAL PURPOSE C 84-4194962	<u> </u>	Pa	age 12
1 Total revenue (must equal Part VIII, column (A), line 12) 2 189, 26 2 189, 26 3 3 3 3 20 2 3 3 3 20 2 3 3 3 3 3 3 3 3 3	Par	t XI Reconciliation of Net Assets			
2 189,46 3 Revenue less expensess. Subtract line 2 from line 1 3 (59,25 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 Net unrealized gains (losses) on investments 5 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Donated services and use of facilities 7 Investment expenses 7 7 8 Prior period adjustments 8 Other changes in ret assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 7 Investment expenses and use of facilities 8 Prior period adjustments 9 Other changes in ret assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 7 Investment (B)) 8 Part XII Financial Statements and Reporting 8 Check if Schedule O contains a response or note to any line in this Part XII 9 Interpretation 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? 1 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: 9 Separate basis, consolidated basis, or both: 9 Separate basis, consolidated basis, or both: 9 Separate basis, consolidated basis or both: 9 Separate basis, consolidated basis of both consolidated and separate basis 1 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: 9 Separate basis, consolidated basis or both: 9 Separate basis or consolidated basis		Check if Schedule O contains a response or note to any line in this Part XI			
3 (59,25 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 5 Net unrealized gains (losses) on investments 5 5 5 6 Donated services and use of facilities 6 7 Investment expenses 7 7 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 11 Timancial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash Accrual Other	1	Total revenue (must equal Part VIII, column (A), line 12)		130,	209
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 7 7 8 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash 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? 1 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 addited by an independent accountant? 2b x 1f 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis, or both: Separate basis Consolidated basis or both: Separate basis Consolidated basis addited by an independent accountant? 1f 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis, or both: Separate basis Consolidated basis addited by an independent accountant? 2b x 1f 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis Consolidated basis, or both: Separate basis Consolidated basis or both: Separate basis Consolidated b	2	Total expenses (must equal Part IX, column (A), line 25)		189,	464
5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 3.2, column (B)) 10 (59,25) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990:	3	Revenue less expenses. Subtract line 2 from line 1		(59,	255
6 Donated services and use of facilities 6 7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 (59,25 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash 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: Separate basis, consolidated basis, or both: Separate basis Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis Consolidated basis Both consolidated and separate basis Consolidated basis Consolidated basis Both consolidated and separate basis Consolidated basis Consolidated basis Accountant? 2c 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?	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))			
7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 (59, 25 Part XII) Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash 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 Vere the organization's financial statements compiled or reviewed by an independent accountant? 2b Vere the organization's financial statements combiled or reviewed and a separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed basis, consolidated basis Both consolidated and separate basis c If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis Consolidated basis Both consolidated and separate basis c If "Yes," to line 2 a 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? 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?	5	Net unrealized gains (losses) on investments			
8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32. column (B)) 10 Vest assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32. column (B)) 10 (59, 25) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash 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? 1 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: 2b Vere the organization's financial statements audited by an independent accountant? 1 Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes," theck a box below to indicate whether the financial statements for the year were audited on a separate basis Consolidated basis Both consolidated and separate basis c If "Yes," theck a box below to indicate whether the financial statements for the year were audited on a separate basis Consolidated basis Both consolidated and separate basis c If "Yes," theck a box below to indicate whether the financial statements for the year were audited on a separate basis Consolidated basis Both consolidated and separate basis c If "Yes," 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 Sing	6	Donated services and use of facilities			
9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) The part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash 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? 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? 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: 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? 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?	7	Investment expenses			
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Timancial Statements and Reporting	8	Prior period adjustments			
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Timancial Statements and Reporting	9	Other changes in net assets or fund balances (explain on Schedule O)			0
Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis Consolidated basis Both consolidated and separate basis Consolidated basis Consolidated basis Both consolidated and separate basis Consolidated basis Consolidated basis Both consolidated and separate basis Consolidated basis Consolidate	10				
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Accounting method used to prepare the Form 990:	Par			` '	
Accounting method used to prepare the Form 990:		Check if Schedule O contains a response or note to any line in this Part XII			. 🗆
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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: 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 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 X	1	Accounting method used to prepare the Form 990: Cash Cash Other			
Were the organization's financial statements compiled or reviewed by an independent accountant? 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 Were the organization's financial statements audited by an independent accountant? 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: Separate basis Consolidated basis Both consolidated and separate basis 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? 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? 2a X		If the organization changed its method of accounting from a prior year or checked "Other," explain in			
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Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? 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: Separate basis Consolidated basis Both consolidated and separate basis 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? 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?		,			
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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: Separate basis Consolidated basis Both consolidated and separate basis 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? 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 X	b		2b		х
separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 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? 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 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? 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 X		·			
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? 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 X		_'			
the audit, review, or compilation of its financial statements and selection of an independent accountant? 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 X	С				
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 X			2c		
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 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?					
Single Audit Act and OMB Circular A-133?	За				
	-		3a		х
2 100, and the organization areas go the required addition in the organization and not undergo the	b				
required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3h		

EEA

Form **990** (2019)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

Complete 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.

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

2019
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number

UEA	TTM	G GROVE HEALTH CENTER IN	C A COCTAT D	TIPPOSE C			84-419496	2			
	rt I	Reason for Public Charity			omnlete	thic nart					
		nization is not a private foundation bec		*			.) dee instructions	•			
1	Ji gai	A church, convention of churches, or		-							
2		A school described in section 170(b									
3	Н	A hospital or a cooperative hospital s									
	H	·	· ·			, , ,	V4VAVIII) Entartha				
4	Ш	A medical research organization ope	rated in conjunctio	on with a nospital describ	ea in sec i	(0) 170(0)	(I)(A)(III). Enter the				
_	П	hospital's name, city, and state:	ofit of a college or .	university assessed or open	otod by o c	201/04/05/05	tal unit described in				
5	Ш										
•		section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
6	Н		-				and the constraint of the				
7	Ш	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) . (Complete Part II.)									
_	П			•							
8	Н	A community trust described in secti					20 1 1 1 1				
9	Ш	An agricultural research organization					-	ge			
		or university or a non-land-grant colle	ge of agriculture (s	see instructions). Enter th	e name, ci	ty, and stat	e of the college or				
		university:	(4)	2.4/00/			1: (
10	X	An organization that normally receive									
		receipts from activities related to its e	·								
		support from gross investment income					rom businesses				
	П	acquired by the organization after Ju									
11	Н	An organization organized and opera	•	,							
12	Ш	An organization organized and operat	•	· ·							
		of one or more publicly supported org									
		Check the box in lines 12a through 12						•			
	а	Type I. A supporting organization				-		ng			
		the supported organization(s) the		• • • • • • • • • • • • • • • • • • • •	rity of the o	directors or	trustees of the				
		supporting organization. You mu	•								
	b	Type II. A supporting organization	·			_					
		control or management of the sup	porting organization	on vested in the same pe	ersons that o	control or r	manage the supported				
		organization(s). You must comp	olete Part IV, Sect	tions A and C.							
	С		 A supporting orga 	anization operated in co	nnection w	rith, and fu	nctionally integrated wi	th,			
		its supported organization(s) (see		•							
	d	☐ Type III non-functionally integr	rated. A supporting	g organization operated	in connect	ion with its	supported organizatio	n(s)			
		that is not functionally integrated.	The organization of	generally must satisfy a d	listribution i	requiremer	nt and an attentiveness				
		requirement (see instructions). Y	•	*	•						
	е	Check this box if the organization	received a written	determination from the If	RS that it is	a Type I,	Type II, Type III				
		functionally integrated, or Type III	non-functionally in	ntegrated supporting org	anization.						
	f	Enter the number of supported organ			• • • •	• • • •	• • • • • • • • •	• • • •			
	g	Provide the following information about	ut the supported or	rganization(s).	T		T				
	(i	Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	-	(v) Amount of monetary	(vi) Amount of			
				(described on lines 1-10 above (see instructions))	docum	ur governing nent?	support (see instructions)	other support (see instructions)			
				,,,				,			
					Yes	No					
(A)											
(B)											
(5)											
(C)											
(D)											
(E)											
Tota	<u> </u>										
							ı				

HEALING GROVE HEALTH CENTER INC A SOCIAL PURPOSE C Schedule A (Form 990 or 990-EZ) 2019 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar 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 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 **5** The portion of total contributions by 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) **Public support.** Subtract line 5 from line 4 Section B. Total Support **(b)** 2016 (c) 2017 (d) 2018 Calendar year (or fiscal year beginning in) ▶ (a) 2015 **(e)** 2019 (f) Total **7** Amounts from line 4 **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 **10** Other income. Do not include gain or loss from the sale of capital assets 11 Total support. Add lines 7 through 10... **12** Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage % 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 14 % 16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check 17a 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

EEA Schedule A (Form 990 or 990-EZ) 2019

b 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sed	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.")					130,209	130,209
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					130,209	130,209
7a	Amounts included on lines 1, 2, and 3						<u> </u>
	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.)						130,209
Sec	ction B. Total Support	I .	•	'	1		•
	endar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6					130,209	130,209
10a	Gross income from interest, dividends,						<u> </u>
	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.)		d		b	130,209	130,209
14	First five years. If the Form 990 is for the or	ganization's fi	rst, second, thi	rd, fourth, or fit	fth tax year as	a section 501(c)(3)
	organization, check this box and stop here						
Sed	ction C. Computation of Public Support						
	Public support percentage for 2019 (line 8, c			column (f)) .		15	%
	Public support percentage from 2018 Sched					16	%
	ction D. Computation of Investment In						
	Investment income percentage for 2019 (line			ine 13, column	n (f))	17	%
	Investment income percentage from 2018 So					18	%
	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 organize	-	_				
-	line 18 is not more than 33 1/3%, check this						
20	Private foundation. If the organization did r	-	_	-	•		

Part IV Supporting

Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 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.
- 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*
- **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.*
- 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.
- **4a** 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.
- **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.*
- **c** 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.
- 5a 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).
- **b 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 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.
- 7 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).
- **8** 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).*
- **9a** 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.*
- **b** 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.*
- c 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.
- **10a** 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.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3с		
4-		
4a		
4.		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
6.		
9b		
9с		
10a		
401-		
10b		

Pai	τιν	Supporting Organizations (continuea)			
				Yes	No
		e organization accepted a gift or contribution from any of the following persons?			
а	-	on who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
		the governing body of a supported organization?	11a		
		y member of a person described in (a) above?	11b		
		controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B.	Type I Supporting Organizations			
1	Did the	e directors, trustees, or membership of one or more supported organizations have the power to		Yes	No
•		ly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	_	ar? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	_	led the organization's activities. If the organization had more than one supported organization,			
		be how the powers to appoint and/or remove directors or trustees were allocated among the supported			
		zations and what conditions or restrictions, if any, applied to such powers during the tax year.			
	-		1		
2		organization operate for the benefit of any supported organization other than the supported			
	_	zation(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
		providing such benefit carried out the purposes of the supported organization(s) that operated,			
		ised, or controlled the supporting organization.	2		
Sec	tion C.	Type II Supporting Organizations			
				Yes	No
1		majority of the organization's directors or trustees during the tax year also a majority of the directors			
		ees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		agement of the supporting organization was vested in the same persons that controlled or managed			
		oported organization(s).	1		
Sec	tion D.	All Type III Supporting Organizations			
_	5			Yes	No
1		e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	_	ration's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		i) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	_		
_	_	ration's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	_	ration(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	_	vanization maintained a close and continuous working relationship with the supported organization(s).	2		
3	-	son of the relationship described in (2), did the organization's supported organizations have a			
	_	ant voice in the organization's investment policies and in directing the use of the organization's			
		e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		ted organizations played in this regard.	3		
Sec		Type III Functionally Integrated Supporting Organizations	_ 4		
ı		the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	SITUC	uuris)	
a b		e organization satisfied the Activities Test. <i>Complete line 2 below.</i> e organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
		e organization is the parent of each of its supported organizations. <i>Complete line's below.</i> E organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (</i> a	coo in	ctruct	tions)
с 2		es Test. Answer (a) and (b) below.	SCC III	Yes	No
		ostantially all of the organization's activities during the tax year directly further the exempt purposes of		163	140
а		oported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify</i>			
		supported organizations and explain how these activities directly furthered their exempt purposes,			
		e organization was responsive to those supported organizations, and how the organization determined			
		e organization was responsive to those supported organizations, and now the organization determined ese activities constituted substantially all of its activities.	2a		
h		e activities described in (a) constitute activities that, but for the organization's involvement, one or more	_u		
		organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
		s for the organization's position that its supported organization(s) would have engaged in these			
		es but for the organization's involvement.	2b		
3		of Supported Organizations. Answer (a) and (b) below.			
a		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u		s of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
h		e organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ju		
~		upported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
		, , , , , , , , , , , , , , , , , , ,			

Schedule A (Form 990 or 990-EZ) 2019 HEALING GROVE HEALTH CENTER INC A SOCORDAY Type III Non-Functionally Integrated 509(a)(3) Supporting (94962 Page
1 Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust or	n Nov. 20, 1970 (expla	,
instructions. All other Type III non-functionally integrated supporting orga	anizations	must complete Section	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount	t,		
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

4

5

6

Enter greater of line 2 or line 3.

Income tax imposed in prior year

emergency temporary reduction (see instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organia	zations (continued)	
Sec	tion D - Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish exer			
2	Amounts paid to perform activity that directly furthers exempt			
	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.			
_7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	e organization is respons	sive	
	(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			
	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			
	From 2014			
	From 2015			
	From 2016			
d	From 2017			
$\overline{}$	From 2018			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
<u>i</u>	Carryover from 2014 not applied (see instructions)			
<u>j</u> _	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.			
5	Remaining underdistributions for years prior to 2019, if			
	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			
	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:			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			

e Excess from 2019

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)

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.

Department of the Treasury Internal Revenue Service Name of the organization

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

2019

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

HEA	LING GROVE HEALTH CENTER INC A SOCIAL PURPOSE C	84-4194962
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Account	unts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	
	funds are the organization's property, subject to the organization's exclusive legal control?	
6	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	
	conferring impermissible private benefit?	
Pa	rt II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
		a historically important land area
		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 contribution in the contribution in the form of a contribution in the contribution in t	nservation
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	. 2a
b	Total acreage restricted by conservation easements	. 2b
C	Number of conservation easements on a certified historic structure included in (a)	
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
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization	
	tax year ►	ğ
4	Number of states where property subject to conservation easement is located ►	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	- -
	▶	3 · · , · · ·
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ea	asements during the vear
	▶ \$	<u> </u>
8	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)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense state	ement, and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements the	
	organization's accounting for conservation easements.	
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and ba	alance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in further	ance 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 balan	nce sheet works of
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	
	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	
	following amounts required to be reported under FASB ASC 958 relating to these items:	•
а	Revenue included on Form 990, Part VIII, line 1	▶ \$
b	Assets included in Form 990, Part X	· ————————————————————————————————————

Pai	rt III Organizations Maintaining (Collections of A	Art, Histo	rical T	reasures,	or Ot	ner Similar As	ssets (co	ntinue	ed)
3	Using the organization's acquisition, accession,	and other records,	check any of	the follo	wing that ma	ke signit	icant use of its			
	collection items (check all that apply):									
а	Public exhibition		d 🗌	Loan	or exchange p	orogram	S			
b	Scholarly research		е 🗌	Other						
С	Preservation for future generations									
4	Provide a description of the organization's colle	ctions and explain h	now they furt	her the c	rganization's	exempt	purpose in Part			
	XIII.									
5	During the year, did the organization solicit or re	eceive donations of	art, historical	treasure	es, or other si	milar				
	assets to be sold to raise funds rather than to be maintained as part of the organization's collection?									
Pai	rt IV Escrow and Custodial Arran	gements.								
	Complete if the organization ar	nswered "Yes" (on Form 9	90, Pa	rt IV, line 9	9, or re	ported an amo	ount on F	orm	
	990, Part X, line 21.									
1a	Is the organization an agent, trustee, custodian									
								🗌 Yes	i 🗌 1	No
b	If "Yes," explain the arrangement in Part XIII an	d complete the follo	wing table:							
							Am	ount		
C	Beginning balance					. 1c				
d	Additions during the year					. 1d				
е	9 ,					. 1e				
f	Ending balance					. 1 <u>1f</u>				
2a	Did the organization include an amount on Form	n 990, Part X, line 2	1, for escrow	or custo	odial account	liability?		. Yes	s 🗌 1	No
b_	If "Yes," explain the arrangement in Part XIII. C	heck here if the exp	lanation has	been pro	ovided on Par	rt XIII •			<u>. </u>	
Pai	rt V Endowment Funds.									
	Complete if the organization ar	nswered "Yes" (on Form 9	90, Pa	rt IV, line	10.				
		(a) Current year	(b) Prior	rear .	(c) Two years	back	(d) Three years back	(e) Four	years bac	ck
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	•	line 1g, colu	mn (a)) h	neld as:					
а	Board designated or quasi-endowment	%								
b	Permanent endowment ▶ %									
С	Term endowment ► %									
	The percentages on lines 2a, 2b, and 2c should	•								
3a	Are there endowment funds not in the possessi	ion of the organizati	on that are h	eld and	administered	for the		ı		
	organization by:								Yes	No
	(,	• • • • • • • • •	• • • • •		• • • • • •	• • •		. 3a(i)		
	(ii) Related organizations	• • • • • • • • •	• • • • •		• • • • • •	• • •		. 3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	•		ıle R?		• • •	• • • • • • •	. 3b		
4	Describe in Part XIII the intended uses of the o		ment funds.							
Pai	t VI Land, Buildings, and Equipm			00 D	. 1) / 12	4.4 0	F 000 I		40	
	Complete if the organization ar	nswered "Yes" (on Form 9	90, Pa	irt IV, line	11a. S	ee Form 990, I	art X, II	<u>10.</u>	
	Description of property	(a) Cost or othe		. ,	other basis		Accumulated	(d) Boo	(value	
		(investme	rit)	(c	other)	de	preciation			
1a	Land	•								
b	Buildings	•								
C	Leasehold improvements	•								
d	Equipment	•								
<u>e</u>	Other	•								
Total	L. Add lines 1a through 1e. (Column (d) must ed	rual Form 990 Par	t X column	(R) line	10c)					

Part VII	Investments -	Other	Securities

	100 0111 01111 000,1 411 17, 1111	e 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) Financial derivatives	• • • • •	
(2) Closely-held equity interests	• • • • •	
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E) (F)		
(F) (G)		
(H)		
Total. (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, lin	e 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.).		
	Vaa" on Form OOO Dart IV lin	a 11d Can Form OOD Dart V line 15
(a) Description in Progress (2) Prosit - Long Term		
(a) Description in Progress		(b) Book value 304,229 13,111
(a) Description in Progress (2)DEPOSIT - LONG TERM		(b) Book value 304,22 13,11
(a) Description in Progress (2)PEPOSIT - LONG TERM (3)PUE FROM HG FOUNDATION		(b) Book value 304,22 13,11
(a) Description in Progress (2)PPOSIT - LONG TERM (3)PUE FROM HG FOUNDATION (4)		(b) Book value 304,22 13,11
(a) Description in PROGRESS (2)DEPOSIT - LONG TERM (3)DUE FROM HG FOUNDATION (4) (5) (6) (7)		(b) Book value 304,229 13,111
(a) Description in Progress (2)DEPOSIT - LONG TERM (3)DUE FROM HG FOUNDATION (4) (5) (6) (7) (8)		(b) Book value 304,229 13,113
(a) Description in PROGRESS (2)DEPOSIT - LONG TERM (3)DUE FROM HG FOUNDATION (4) (5) (6) (7)		(b) Book value 304,229 13,111
(a) Description In Progress (2peposit - Long Term (3pue From Hg Foundation (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.).	iption	(b) Book value 304,229 13,111 11,949
(a) Description In PROGRESS (2)DEPOSIT - LONG TERM (3)DUE FROM HG FOUNDATION (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). Part X Other Liabilities. Complete if the organization answered "	iption	(b) Book value 304,229 13,11: 11,949
(a) Description In PROGRESS (2peposit - Long Term (3pue From Hg Foundation (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). Part X Other Liabilities. Complete if the organization answered "ine 25.	Yes" on Form 990, Part IV, Iin	(b) Book value 304,229 13,11: 11,949
(a) Description of liability (a) Description of liability	iption	(b) Book value 304,229 13,11: 11,949
(a) Description of liability (1) Federal income taxes	Yes" on Form 990, Part IV, Iin	(b) Book value 304,229 13,11: 11,949
(a) Description of liability (1) Formula In Progress (2) PROSIT - LONG TERM (3) DUE FROM HG FOUNDATION (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). Part X Other Liabilities. Complete if the organization answered "' line 25. 1. (a) Description of liability (1) Federal income taxes (2) ACCRUED PAYROLL	Yes" on Form 990, Part IV, lin (b) Book value 44,167	(b) Book value 304,229 13,11: 11,949
(a) Description of liability (1) CONSTRUCTION IN PROGRESS (2) DEPOSIT - LONG TERM (3) DUE FROM HG FOUNDATION (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). Part X Other Liabilities. Complete if the organization answered "Ine 25. 1. (a) Description of liability (1) Federal income taxes (2) CCRUED PAYROLL (3) ACCRUED PAYROLL TAXES	Yes" on Form 990, Part IV, lin (b) Book value 44,167 4,417	(b) Book value 304,229 13,11: 11,949
(a) Description of liability (1) CONSTRUCTION IN PROGRESS (2) DEPOSIT - LONG TERM (3) DESCRIPTION (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). Part X Other Liabilities. Complete if the organization answered "ine 25. 1. (a) Description of liability (1) Federal income taxes (2) CRUED PAYROLL (3) CRUED PAYROLL TAXES (4) DESCRIPTION OF LIABLES (5) DESCRIPTION OF LIABLES (6) DESCRIPTION OF LIABLES (7) DESCRIPTION OF LIABLES (8) DESCRIPTION OF LIABLES (9) DESCRIPTION OF LIABLES (9) DESCRIPTION OF LIABLES (1) DESCRIPTION OF LIABLES (2) DESCRIPTION OF LIABLES (4) DESCRIPTION OF LIABLES (1) DESCRIPTION OF LIABLES (2) DESCRIPTION OF LIABLES (2) DESCRIPTION OF LIABLES (3) DESCRIPTION OF LIABLES (4) DESCRIPTION OF LIABLES (4) DESCRIPTION OF LIABLES (4) DESCRIPTION OF LIABLES (5) DESCRIPTION OF LIABLES (6) DESCRIPTION OF LIABLES (7) DESCRIPTION OF LIABLES (8) DESCRIPTION OF LIABLES (8) DESCRIPTION OF LIABLES (9) DESCRIPTION OF LIABLES (1) DESCRIPTION OF LIABLES (1) DESCRIPTION OF LIABLES (1) DESCRIPTION OF LIABLES (2) DESCRIPTION OF LIABLES (1) DESCRIPTION OF LIABLES (2) DESCRIPTION OF LIABLES (3) DESCRIPTION OF LIABLES (4) DESCRIPTION OF LIABLES (4) DESCRIPTION OF LIABLES (5) DESCRIPTION OF LIABLES (6) DESCRIPTION OF L	Yes" on Form 990, Part IV, lin (b) Book value 44,167 4,417 8,300	(b) Book value 304,229 13,11: 11,949
(a) Description of liability (1) Federal income taxes (2) DEFERRED CONCIERGE REVENUE (3) DESCRIPTION (A) PROGRESS (2) DEPOSIT - LONG TERM (3) DESCRIPTION (B) FOUNDATION (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). Part X Other Liabilities. Complete if the organization answered "Value of the complete of the co	Yes" on Form 990, Part IV, Iin (b) Book value 44,167 4,417 8,300 39,771	(b) Book value 304,229 13,11: 11,949
(a) Description STRUCTION IN PROGRESS (2DEPOSIT - LONG TERM (3DUE FROM HG FOUNDATION (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). Part X Other Liabilities. Complete if the organization answered "ine 25. 1. (a) Description of liability (1) Federal income taxes (2ACCRUED PAYROLL (3ACCRUED PAYROLL TAXES (4DEFERRED CONCIERGE REVENUE (5DEFERRED RENT (6\$MALL BUSINESS LOAN	Yes" on Form 990, Part IV, Iin (b) Book value 44,167 4,417 8,300 39,771 4,000	(b) Book value 304,229 13,11: 11,949
(a) Description IN PROGRESS (2peposit - Long Term (3pue from hg foundation (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). Part X Other Liabilities. Complete if the organization answered "ine 25. 1. (a) Description of liability (1) Federal income taxes (2ACCRUED PAYROLL (3ACCRUED PAYROLL TAXES (4PEFERRED CONCIERGE REVENUE (5PEFERRED RENT (6SMALL BUSINESS LOAN (7OTHER ACCRUED LIABILITIES	Yes" on Form 990, Part IV, Iin (b) Book value 44,167 4,417 8,300 39,771	(b) Book value 304,229 13,11: 11,949
(1)CONSTRUCTION IN PROGRESS (2)DEPOSIT - LONG TERM (3)DUE FROM HG FOUNDATION (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). Part X Other Liabilities. Complete if the organization answered "Inne 25. 1. (a) Description of liability (1) Federal income taxes (2)ACCRUED PAYROLL (3)ACCRUED PAYROLL TAXES (4)DEFERRED CONCIERGE REVENUE (5)DEFERRED RENT (6)SMALL BUSINESS LOAN (7)OTHER ACCRUED LIABILITIES (8)	Yes" on Form 990, Part IV, Iin (b) Book value 44,167 4,417 8,300 39,771 4,000	(b) Book value 304,229 13,113 11,949
(1)CONSTRUCTION IN PROGRESS (2)DEPOSIT - LONG TERM (3)DUE FROM HG FOUNDATION (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). Part X Other Liabilities. Complete if the organization answered "' line 25. 1. (a) Description of liability (1) Federal income taxes (2)ACCRUED PAYROLL (3)ACCRUED PAYROLL TAXES (4)DEFERRED CONCIERGE REVENUE (5)DEFERRED RENT (6)SMALL BUSINESS LOAN (7)OTHER ACCRUED LIABILITIES (8) (9)	Yes" on Form 990, Part IV, lin (b) Book value 44,167 4,417 8,300 39,771 4,000 225,001	(b) Book value 304,229 13,113 11,949
(1) Description IN PROGRESS (2) DEPOSIT - LONG TERM (3) DEFROM HG FOUNDATION (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). Part X Other Liabilities. Complete if the organization answered "Inne 25. 1. (a) Description of liability (1) Federal income taxes (2) ACCRUED PAYROLL (3) ACCRUED PAYROLL TAXES (4) DEFERRED CONCIERGE REVENUE (5) DEFERRED RENT (6) MALL BUSINESS LOAN (7) OTHER ACCRUED LIABILITIES (8)	Yes" on Form 990, Part IV, lin (b) Book value 44,167 4,417 8,300 39,771 4,000 225,001	(b) Book value 304,229 13,113 11,949 229,293 e 11e or 11f. See Form 990, Part X,

Pai	T XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	r Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
а	Net unrealized gains (losses) on investments	
b	Donated services and use of facilities	
С	Recoveries of prior year grants	
d	Other (Describe in Part XIII.) 2d	
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b • • • • • • • • • • • • • • • • • •	
b	Other (Describe in Part XIII.) 4b	
С	Add lines 4a and 4b	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
Pai	t 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
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
а	Donated services and use of facilities	
b	Prior year adjustments	
С	Other losses	
d	Other (Describe in Part XIII.) 2d	
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII.) 4b	
С	Add lines 4a and 4b	4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5
Pai	t XIII Supplemental Information.	
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; P	art X, line
2; Pa	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	

EEA Schedule D (Form 990) 2019

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization 84-4194962 HEALING GROVE HEALTH CENTER INC A SOCIAL PURPOSE C 01. Form 990 governing body review (Part VI, line 11) THE GOVERNING BODY REVIEWS THE TAX RETURNS BEFORE FILING. 02. Conflict of interest policy compliance (Part VI, line 12c) THE ORGANIZATION HAS A CONFLICT OF INTEREST POLICY IN PLACE. 03. CEO, executive director, top management comp (Part VI, line 15a) THERE IS NO EXECUTIVE COMPENSATION AT THIS TIME. 04. Other officer or key employee compensation (Part VI, line 15b THERE IS NO OFFICER COMPENSATION AT THIS TIME. 05. Form 990 availability to public (Part VI, line 18) THE FORM 990 IS MADE AVAILABLE TO THE PUBLIC UPON REQUEST. 06. Governing documents, etc, available to public (Part VI, line 19) GOVERNING DOCUMENST ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST. 07. List of other expenses (Part IX, line 24e) SEE OVERFLOW STATEMENTS

990 **2019** Page 1 Overflow Statement FEIN HEALING GROVE HEALTH CENTER INC A SOCIAL PURPOSE C 84-4194962 CONTRIBUTIONS, INCOME - OTHER Description Amount 79,935 DONATIONS 7,294 42,980 Total: \$ 130,209 COVID TESTING REVENUE CONTRIBUTIONS AND GRANTS PROGRAM SERVICE EXPENSES - INSURANCE Description WORKMAN'S COMP INSURANCE 564 **INSURANCE** Description \$ 1,144 Total: \$ 1,144 LIABLILITY INSURANCE PROGRAM SERVICES - EXPENSES Amount Description COMMON AREA CHARGES 8,771 35,794 DEFERRED RENT 1,313 TRANSPORTATION SAAS EXPENSES 1,900 21 TELEPHONE CALL CENTER 310 400 PATIENT GIFT CARDS OTHER SUPPLIES 859 18,829 RENT ASSISTANCE 3,859 GROCERIES COVID TESTING 2,387 FOOD STORAGE INFRASTRUCTURE 750 Total: \$ 75,193

990	Overflow Statement	2019 Page 2
Name(s) as shown on return		FEIN
HEALING GROVE	HEALTH CENTER INC A SOCIAL PURPOSE C	84-4194962

EXPENSES - MANAGEMENT AND GENERAL

Description	Amount	
COMMON AREA CHARGES	\$	975
DEFERRED RENT		3,977
OFFICE SUPPLIES	,	290
VIDEO PRODUCTION		299
BANK CHARGES		606
VOLUNTEER APPRECIATION		261
Total:	\$	6,408

FUNDRAISING

Description		Amount
ADVERTISING	\$	493
PROMOTIONAL MATERIALS		911
	Total: \$	1,404

PREPAID EXPENSES

Description	Amount	
PREPAID INSURANCE	\$	7,846
PREPAID RENT		7,654
PREPAID OTHER		2,450
Total:	\$	17,950