# Form **990**

# **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047 2020

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

		2020 colondor v		www.irs.gov/Form990 for mst					21 2021
			ear, or tax year begin		06-01 , 2020				-31 ,2021
		applicable:		EALING GROVE HEALTH C	SENTER INC A S	·			er identification number
$\equiv$	ddress o	· ·	Doing business as						84-4194962
$\equiv$	ame cha	•	·	.O. box if mail is not delivered to street ad	ldress)	Room/su	uite E	Telepho	ne number
∐ Ir	itial retu	irn	448 GOODYEAR						(408) 583-6338
∐ F	nal retu	rn/terminated	City or town, state or pro	ovince, country, and ZIP or foreign postal of	code		1	G Gross r	·
∐ A	mended	return	SAN JOSE, CA	95110				\$	1,627,952
A	pplication	n pending	F Name and address of pr	incipal officer: CHERYL HO			H(a) Is this a gro	oup return for	subordinates? Yes No
			SAME AS C ABO	VE			H(b) Are all su	bordinates	included? Yes No
I T	ax-exen	npt status: X 501	(c)(3) 501(c) (	) <b>(</b> insert no.) 4947(a)(1) c	or 527		If "No," at	ttach a list.	See instructions
J W	ebsite:	► WWW.HI	EALINGGROVE.OR	G			H(c) Group ex	emption nu	ımber <b>&gt;</b>
K F	orm of o	rganization: X Corp	poration Trust As	sociation Other ►	L Year of form	ation: 20	19 M Sta	ate of legal	domicile: CA
Par	t I	Summary							
	1	Briefly describe t	the organization's miss	sion or most significant activities:	THE MISSION	IS TO	SHARE T	HE LO	VE OF JESUS
		THROUGH HEA	ALTH CARE, SOU	CARE, AND CULTURE O	CARE TO BRING	"THE H	EALING O	F THE	NATIONS" TO OUR
Activities & Governance		COMMUNITY							
, La									
Ş	2	Check this box ▶	→ ☐ if the organizatio	n discontinued its operations or o	disposed of more tha	n 25% of	its net assets	3.	
Ğ	3	Number of voting	g members of the gove	erning body (Part VI, line 1a)				3	1_
oδ v	4	Number of indep	endent voting membe	rs of the governing body (Part V	'I, line 1b)			4	1
iţie	5	Total number of	individuals employed i	n calendar year 2020 (Part V, lir	ne 2a)			5	0
ξį	6	Total number of	volunteers (estimate if	necessary)				6	
∢	7a	Total unrelated b	ousiness revenue from	Part VIII, column (C), line 12				7a	0
	b	Net unrelated bu	usiness taxable income	e from Form 990-T, Part I, line 1	1			7b	0
							Prior Year		Current Year
	8	Contributions and	d grants (Part VIII, line	1h)			130,	209	1,562,985
ē	9		-	e 2g)					64,961
enr	10	-		A), lines 3, 4, and 7d)					6
Revenue	11			nes 5, 6d, 8c, 9c, 10c, and 11e)					0
_	12			(must equal Part VIII, column (A			130,	209	1,627,952
	13			IX, column (A), lines 1-3) • •	,				0
	14		. ,	X, column (A), line 4)					0
	15	•	·	e benefits (Part IX, column (A), I			55.	907	518,059
es		•		column (A), line 11e)	,			, , , , ,	0
Expenses			expenses (Part IX, co	, ,,	107,80				
꼾	17	-		· · · · —			133,	557	916,870
_	18			t equal Part IX, column (A), line 2			189,		1,434,929
	19			18 from line 12				255)	193,023
	1.0		.poooo.				inning of Curren	- 1	End of Year
ts or	20	Total assets (Pa	rt X line 16)				515,		526,002
\sse Bala	21	Total liabilities (F	, ,				574,		392,234
Net Assets or Fund Balances	22	`	, ,	line 21 from line 20				255)	133,768
Par		Signature					(05)		
Unde	penalti	es of perjury, I declare	that I have examined this reti	urn, including accompanying schedules ar			wledge and belie	f, it is	
true,	correct,	and complete. Declarat	ion of preparer (other than of	ficer) is based on all information of which	preparer has any knowledge	Э.			
		CHERYL	JUNE HO THEIU						
Sigr	1	Signature of c						Date	
Here	•	CHERYL	JUNE HO THEIU	CEO					
			name and title						
		Print/Type prepare	r's name	Preparer's signature	Date		Check	<b>X</b> if F	PTIN
Paid	I	JONATHAN 1	YOUNGBERG CPA	JONATHAN YOUNGBERG C	CPA 08-29-2	022	self-empl	_	P00933343
	arei			AND YOUNGBERG LLP			Firm's EIN	•	
•	Only			HEDDING STREET SUITE	209		Phone no.		
	-			CA 95128	-			408-2	44-2002
May	he IR:	S discuss this retu		nown above? (see instructions)					X 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 Is the organization required to complete Schedule B, Schedule of Contributors See instructions? . . . . . . . . . . . . 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 5 X assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III . . . . . . . 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. 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 Х 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 X 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," 11a X b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more 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 Schedule D, Parts XI and XII 12a 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 Did the organization maintain an office, employees, or agents outside of the United States? .............. 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 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 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 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 x

Form 990 (2020) HEALING GROVE HEALTH CENTER
Part IV Checklist of Required Schedules (continued)

	The state of the s		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		168	NO
	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? If "Yes," complete Schedule L, Part 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?	051		_
00	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26		•
27	controlled entity or family member or any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>	26		Х
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? <i>If</i>			
	"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,			_
25-	or IV, and Part V, line 1	34		X
35a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a		Х
b	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 • • • • • • • • • • • • • • • • • •	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	330		
30	related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- 00		Α
•	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	<u> </u>		
	19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	x	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
	· · · · · · · · · · · · · · · · · · ·		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
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	х	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		103	140
	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	х	
	<b>Note</b> : If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	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		х
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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? • • • • • • • • • • • • • • • • • • •	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
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		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? • • • • •	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C2	7h		
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.			
a	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		Х
0	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b 14	Section 501(c)(12) organizations. Enter:			
11 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			
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		
	<b>Note:</b> 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		х
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		X
	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		х
	If "Vos " complete Form 4720 Schodule O			

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			. X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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		х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
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			
	one or more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	х	
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			
•	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	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		x
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
_	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120	Λ	
Ŭ	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	17	Α	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	х	
a b	Other officers or key employees of the organization	15b	X	
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	130	Α	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
Ioa	with a taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	100		Α
IJ	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
		16h		
Sec	organization's exempt status with respect to such arrangements?	16b		
3 <del>6</del> 6 17				
	List the states with which a copy of this Form 990 is required to be filed  Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c))			
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.			
10	Own website			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
20	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			

JULIE BONNER (408)583-6338, 448 GOODYEAR ST, SAN JOSE, CA 95110

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#### HEALING GROVE HEALTH CENTER INC A S

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.

K 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 ss per d a dir	son is	han one s both ar /trustee)  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) ANGELA BYMASTER, DOCTOR	40.00								
MD	4				X		35,031	0	0
(2) CHERYL HO PRESIDENT/CEO	10.00	x		x			0	0	0
(3)				Λ			- U		
<u>(4)</u>									
<u>(5)</u>									
<u>(6)</u>									
<u>(7)</u>									
<u>(8)</u>									
<u>(9)</u>									
<u>(10)</u>									
<u>(11)</u>									
<u>(12)</u>									
<u>(13)</u>									
<u>(14)</u>									
								1	

HEALING GROVE HEALTH CENTER INC A S 84-4194962

						(C)							
	(A) Name and title		Position (do not check more than one box, unless person is both a officer and a director/trustee				s both ar /trustee)		(D)  Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the		r tion
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	orga	nization d organiz	and
<u>(15)</u>													
(16)													
<u>(17)</u>													
<u>(18)</u>													
<u>(19)</u>													
(20)													
(21)													
(22)													
(23)													
(24)													
(25)													
1b c d	Subtotal	ion A .						٠ ,	35,031	0			0
2	Total number of individuals (including but not limit	ed to those I											
	reportable compensation from the organization	<u> </u>										Yes	No
3	Did the organization list any <b>former</b> officer, direct employee on line 1a? <i>If "Yes," complete Schedul</i>						-				3		x
4	For any individual listed on line 1a, is the sum of re organization and related organizations greater th	eportable co	mpensa	ation	and	oth	er com	pen	sation from the				
	individual										4		x
	Did any person listed on line 1a receive or accrue for services rendered to the organization? If "Yes						_				5		x
	on B. Independent Contractors												
1	Complete this table for your five highest compensation from the organization. Report comp												
	(A)								(B)		(C)	-4:	
	Name and business addres	3							Description of service		Compens	auUII	
	Total number of independent contractors (including	g but not lim	ited to	thos	e lis	ted :	above)	wh	0				

Part VIII

Statement of Revenue

		Check if Schedule O contains a response or	note to any line in thi	s Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Service Contributions, Giffs, Grants and Other Similar Amounts	1a b c d e f f g h	Total. Add lines 1a-1f	60 c c c c c c c c c c c c c c c c c c c	1,562,985	64,961		Sections 312–314
Program Service Revenue		All other program service revenue	•	64,961			
Other Revenue	b c d sa	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	oceeds	6	6		
	9a b c 10a b	Gross income from gaming activities, See Part IV, line 19	0a				
Miscellanous Revenue	е	All other revenue		1.627.952	64.967	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 a	any line in this Part IX			X
Do	not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
8b,	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	35,031	35,031		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	443,608	347,880	47,864	47,864
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	39,420	31,536	3,942	3,942
11	Fees for services (nonemployees):				
а	Management				
b	Legal	6,886		6,886	
С	Accounting	599		599	
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	11,940			11,940
13	Office expenses	8,638	7,774	432	432
14	Information technology	27,216	13,608	13,608	
15	Royalties	·	·	·	
16	Occupancy				
17	Travel	3,848	3,848		
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	38,021	38,021		
23	Insurance	16,203	·	16,203	
24	Other expenses. Itemize expenses not covered	·		·	
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	MEDICAL SUPPLIES	17,013	17,013		
b		2,460	2,460		
С		476	476		
d		3,677	3,677		
е		779,893	626,090	110,179	43,624
25	Total functional expenses. Add lines 1 through 24e	1,434,929	1,127,414	199,713	107,802
26	Joint costs. Complete this line only if the		, , -	,	• <del>-</del>
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here      The combined is a combined in the combined				
	following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet** 

		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing		1	52,337
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	168,294	4	27,989
	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	
	7	Notes and loans receivable, net		7	
ets	8	Inventories for sale or use		8	
Assets	9	Prepaid expenses and deferred charges	17,950	9	20,211
4	10a	Land, buildings, and equipment: cost or other	17,750		20,211
	100	basis. Complete Part VI of Schedule D 10a 430,340			
	b			10c	392,319
	11	Less: accumulated depreciation		11	392,319
	12	Investments - other securities. See Part IV, line 11		12	
	13	·		13	
		Investments - program-related. See Part IV, line 11		14	
	14	Intangible assets	200 201		22 146
	15	Other assets. See Part IV, line 11	329,291	15	33,146
	16	Total assets. Add lines 1 through 15 (must equal line 33)	515,535	16	526,002
	17	Accounts payable and accrued expenses	474,136	17	259,545
	18	Grants payable		18	
	19	Deferred revenue		19	8,892
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liak		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	100,654	25	123,797
	26	Total liabilities. Add lines 17 through 25	574,790	26	392,234
		Organizations that follow FASB ASC 958, check here ▶ 🗓			
S		and complete lines 27, 28, 32, and 33.			
ü	27	Net assets without donor restrictions	(59,255)	27	116,275
sala	28	Net assets with donor restrictions		28	17,493
D E		Organizations that do not follow FASB ASC 958, check here ▶			
Ē		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	
et/	32	Total net assets or fund balances	(59,255)	32	133,768
	33	Total liabilities and net assets/fund balances	515,535	33	526,002

EEA

Form **990** (2020)

Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1,	627,	952
2	Total expenses (must equal Part IX, column (A), line 25)	1,	434,	929
3	Revenue less expenses. Subtract line 2 from line 1		193,	023
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		(59,	255)
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)			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	32, column (B))		133,	768
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			. 🗆
			Yes	No
1	Accounting method used to prepare the Form 990:  Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	, i	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate basis, consolidated basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on			
	Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			
	Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	_		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		
EEA		Form	990 (2	2020)

### SCHEDULE A (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

OMB No. 1545-0047

2020

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.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

_		G GROVE HEALTH CENTER IN					84-419496	
Pa	rt I	Reason for Public Charity	<b>y Status.</b> (All o	rganizations must o	complete	this par	t.) See instructions	3.
The	orga	nization is not a private foundation bec	ause it is: (For lines	s 1 through 12, check on	ly one box.	)		
1		A church, convention of churches, or	association of chu	rches described in <b>sect</b>	ion 170(b)	(1)(A)(i).		
2		A school described in section 170(b	)(1)(A)(ii). (Attach	Schedule E (Form 990	or 990-EZ)	.)		
3		A hospital or a cooperative hospital s	service organization	n described in <b>section</b> 1	70(b)(1)(A	)(iii).		
4		A medical research organization ope	rated in conjunctio	n with a hospital describ	ed in <b>sect</b>	ion 170(b)	(1)(A)(iii). Enter the	
		hospital's name, city, and state:						
5		An organization operated for the bene	efit of a college or u	iniversity owned or oper	ated by a c	jovernmen	tal unit described in	
		section 170(b)(1)(A)(iv). (Complete	Part II.)					
6		A federal, state, or local government		nit described in section	170(b)(1)	(A)(v).		
7	X	An organization that normally receive	· ·		. , , ,	. , . ,	m the general public	
		described in section 170(b)(1)(A)(vi	•	• • • • • • • • • • • • • • • • • • • •			3	
8	П	A community trust described in <b>secti</b>						
9	П	An agricultural research organization			erated in co	niunction	with a land-grant collec	ne
-	ш	or university or a non-land-grant colle						,-
		university:	go o. agoaa.o (o			.,,	o or and comogo or	
10	П	An organization that normally receive	s: (1) more than 33	1/3% of its support from	n contributi	ons memb	ership fees and gross	
		receipts from activities related to its e	. ,	• • • • • • • • • • • • • • • • • • • •				
		support from gross investment income	•		, ,	,		
		acquired by the organization after Ju		·		,	iom buomicocco	
11	П	An organization organized and opera			•	,		
12	H	An organization organized and opera	-	•			carry out the numoses	•
	ш	of one or more publicly supported org	•	•				
		Check the box in lines 12a through 12	=					•
	а	Type I. A supporting organization						-
	u	the supported organization(s) the		•		•		19
		supporting organization. You mu			inty of the c	iii CCtO13 OI	trustees of the	
	b	Type II. A supporting organization	•		ith ite eupr	orted orac	nization(s) by baying	
	b	control or management of the sur	•			_		
		•		•	isons man		nanage the supported	
	_	organization(s). You must comp			nnaatian	ith and for	antinum allu into avata d usi	∔h.
	С	Type III functionally integrated		·				и,
	لہ	its supported organization(s) (see	•	•				m/a)
	d	Type III non-functionally integrated	• • •					n(S)
		that is not functionally integrated.		•		•	it and an attentiveness	
	_	requirement (see instructions). Y					Time II Time III	
	е	Check this box if the organization				sa rype i,	туре п, туре ш	
		functionally integrated, or Type II			anization.			
	f	Enter the number of supported organ			• • • • •	• • • • •		• • • •
	g	Provide the following information about		` ,	(led le the e		(-) A	(-d) A (
	(I	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the o	Ü	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))	docum	-	instructions)	instructions)
					Vac	Na		
					Yes	No		
(A)								
(B)								
(C)								
(D)								
<b>(=</b> `								
(E)								
Tota	1							

Part II

Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

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

Section A. Public Support (d) 2019 Calendar year (or fiscal year beginning in) ▶ (a) 2016 **(b)** 2017 (c) 2018 (e) 2020 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . . . 130,209 1,627,946 1,758,155 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 ..... Total. Add lines 1 through 3 ..... 130,209 1,627,946 1,758,155 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 1,758,155 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2016 (b) 2017 (c) 2018 (d) 2019 (f) Total (e) 2020 1,758,155 7 Amounts from line 4...... 130,209 1,627,946 **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 (Explain in Part VI.) . . . . . . . . . . . . . . . 11 Total support. Add lines 7 through 10... 1,758,155 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) ► X Section C. Computation of Public Support Percentage 14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) . . . . . . . . 14 % % 16a 33 1/3% support test - 2020. 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 - 2019. 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 - 2020. 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 b 10%-facts-and-circumstances test - 2019. 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 supported 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.)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) ▶	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	<b>(e)</b> 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513.						_
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
_	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
<u></u>	line 6.)						
	ction B. Total Support endar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(a) 2019	(4) 2010	(a) 2020	(f) Total
	Amounts from line 6	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	( <b>d</b> ) 2019	<b>(e)</b> 2020	(f) Total
	Gross income from interest, dividends,						
106	payments received on securities loans, rents,						
	royalties, and income from similar sources • •						
h	Unrelated business taxable income (less						
D	section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
•	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the orga	nization's first	, second, third,	fourth, or fifth	tax year as a s	section 501(c)(3	3)
	organization, check this box and stop here						▶ 🗌
Se	ction C. Computation of Public Suppo	rt Percentag	je				
	Public support percentage for 2020 (line 8, c					15	%
	Public support percentage from 2019 Sched					16	%
	ction D. Computation of Investment In						
	Investment income percentage for 2020 (line					17	%
	Investment income percentage from 2019 S					18	%
19a	33 1/3% support tests - 2020. If the organize						
	17 is not more than 33 1/3%, check this box	-	-	· ·			
b	33 1/3% support tests - 2019. If the organiz						
	line 18 is not more than 33 1/3%, check this	-	_	-	•		_
20	<b>Private foundation.</b> If the organization did r	not check a bo	x on line 14, 19	9a, or 19b, che	ck this box and	d see instruction	ns ▶

Part IV Supportin

#### Supporting Organizations

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

#### **Section A. All Supporting Organizations**

- 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 lines 3b and 3c 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 lines 4b and 4c 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 lines 5b and 5c 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?
- 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		
	JU		
	3с		
	4a		
	4b		
	4c		
	5a		
	Ja		
	5b		
	5c		
	6		
	7		
	8		
	0-		
	9a		
	9b		
	30		
	9с		
	10a		
	_		_
	10b		
A (Fo	rm 990	or 990-E	Z) 2020

	ule A (Form 990 or 990-EZ) 2020		Р	age
Par	t IV Supporting Organizations (continued)		Vaa	NI.
44	Has the examination accepted a gift or contribution from any of the following persons?		Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?	11a		
h	A family member of a person described in line 11a above?	11b		
	A 35% controlled entity of a person described in 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide</i>	110		
C	detail in <b>Part VI.</b>	11c		
Sec	tion B. Type I Supporting Organizations	110		
-	non B. Type i cupporting organizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	-		
_	organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part</i>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
	mon or type in outper initig or game in		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
	,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have	2		
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	truc	tions)	).
а	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see in	struct	tions
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			

trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.

**b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3a

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Or			
1	☐ Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	n Nov. 20, 1970 <i>(expla</i>	in in <b>Part VI</b> ). <b>See</b>
	instructions. All other Type III non-functionally integrated supporting organ	izations	must complete Section	ns A through E.
Sec	tion 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		
Sec	tion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in <b>Part VI</b> ):			
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 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	/ integra	ted Type III supporting	organization
	(see instructions).			

EEA Schedule A (Form 990 or 990-EZ) 2020 Schedule A (Form 990 or 990-EZ) 2020 HEALING GROVE HEALTH CENTER INC A S 84-41

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

	· · · · · · · · · · · · · · · · · · ·						
Sec	ction D - Distributions		Current Year				
1	Amounts paid to supported organizations to accomplish exempt purposes			1			
2	Amounts paid to perform activity that directly furthers exempt purposes of support						
	organizations, in excess of income from activity	2					
3	3 Administrative expenses paid to accomplish exempt purposes of supported organizations						
4	4 Amounts paid to acquire exempt-use assets			4			
5	Government Qualified set-aside amounts (prior IRS approval required) - provide details in Part VI)						
6	6 Other distributions (describe in Part VI). See instructions.						
7	7 Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which the organization is responsive						
	(provide details in Part VI). See instructions.						
9	Distributable amount for 2020 from Section C, line 6			9			
10	Line 8 amount divided by line 9 amount			10			
			(**)		/····\		

10	Line 8 amount divided by line 9 amount		10	
Sec	etion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1_	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2020			
а	From 2015			
b	From 2016			
C	From 2017			
d	From 2018			
e	From 2019			
f	Total of lines 3a through 3e			
	Applied to underdistributions of prior years			
	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from			
	Section D, line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2020 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
8_	Breakdown of line 7:			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
<u> </u>	Excess from 2020			

Part VI	<b>Supplemental Information.</b> 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.

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number

	LING GROVE HEALTH CENTER INC A S		84-4194962
Pa	rt I Organizations Maintaining Donor Advised Fu	inds or Other Similar Funds or Acco	ounts.
	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 w	riting that the assets held in donor advised	
	funds are the organization's property, subject to the organization	on's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor ad	visors in writing that grant funds can be used	d
	only for charitable purposes and not for the benefit of the dono	r or donor advisor, or for any other purpose	
	conferring impermissible private benefit?		
Pa	rt II Conservation Easements.		
	Complete if the organization answered "Yes" or	n Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (e.g., recreation or edu	cation) Preservation o	of a historically important land area
	Protection of natural habitat	Preservation o	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form of a co	onservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а		• • • • • • • • • • • • • • • • • • • •	2a
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic structure		2c
d	Number of conservation easements included in (c) acquired at		
	historic structure listed in the National Register	• • • • • • • • • • • • • • • • • • • •	2d
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated by the org	ganization during the
	tax year		
4	Number of states where property subject to conservation ease		
5	Does the organization have a written policy regarding the period		П., П.,
	violations, and enforcement of the conservation easements it h		
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	ndling of violations, and enforcing conservat	tion easements during the year
_	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, handling	ig of violations, and enforcing conservation e	easements during the year
_	<b>\\$</b>		0.40.40
8	Does each conservation easement reported on line 2(d) above	• • • • • • • • • • • • • • • • • • • •	
^			
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footnot	s to the organizations illiancial statements the	rial describes the
Da	organization's accounting for conservation easements.  rt III Organizations Maintaining Collections	of Art Historical Treasures or (	Other Similar Assets
1 6	Complete if the organization answered "Yes" of		other ominar Assets.
1a	If the organization elected, as permitted under FASB ASC 958		halance sheet works
ıa	of art, historical treasures, or other similar assets held for publi	•	
	service, provide, in Part XIII the text of the footnote to its finan		nance of public
b	If the organization elected, as permitted under FASB ASC 958		ince sheet works of
b	art, historical treasures, or other similar assets held for public e		
	provide the following amounts relating to these items:	stribition, education, or research in futilieral	nce of public service,
	(i) Revenue included on Form 990, Part VIII, line 1		<b>▶ ¢</b>
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treas		·
2			iii, provide tile
_	following amounts required to be reported under FASB ASC 9 Revenue included on Form 990, Part VIII, line 1		<b>▶ ¢</b>
a h	Assets included in Form 990, Part X		
LJ	rigging introduction of the control		• • • • • • • • • • • • • • • • • • •

Cahad	lule D (Form 990) 2020 HEALING GROVE HEALT	THE CENTER THE A	2		84-41	01062		Page 2
_	rt III Organizations Maintaining Colle			. or Otl			(cont	
3	Using the organization's acquisition, accession, and					100010	(00///	mucuj
•	collection items (check all that apply):	omor rootido, oriotik drij	or the following that the	ano oigim	iodik doo oi ko			
а	Public exhibition	d [	Loan or exchange	programs	3			
b	Scholarly research	e [	Other	program				
c	Preservation for future generations							
4	Provide a description of the organization's collections	s and explain how they fo	uther the organization's	s exempt	numose in Part			
•	XIII.	o and oxplain now they ha	inio organization	o oxompt	parpood iii i ait			
5	During the year, did the organization solicit or receive	e donations of art historic	al treasures or other s	similar				
	assets to be sold to raise funds rather than to be ma					П	Yes	□No
Pa	rt IV Escrow and Custodial Arrangem		944			<u> </u>		
	Complete if the organization answer		990. Part IV. line	9. or re	ported an ar	nount (	on For	m
	990, Part X, line 21.			0, 00	po. 10 a a a.			
1a	Is the organization an agent, trustee, custodian or oth	ner intermediary for contri	butions or other assets	not				
		• • • • • • • • • • • •					Yes	□No
b	If "Yes," explain the arrangement in Part XIII and cor							
_	g	9			Δ.	Amount		
С	Beginning balance			. 1c				
d	A 1.000 1 1 1 1							
e	Distributions during the year			. 1e				
f	Ending balance			. 1f				
2a	Did the organization include an amount on Form 990	, Part X, line 21, for escro	ow or custodial accoun	t liability?		П	Yes	No
b	If "Yes," explain the arrangement in Part XIII. Check							ī
	rt V Endowment Funds.							
	Complete if the organization answer	ered "Yes" on Form	990, Part IV, line	10.				
	(a)	Current year (b) Price	or year (c) Two year	s back	(d) Three years bad	ck <b>(e)</b>	Four year	ırs back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and							
	losses							
d	Grants or scholarships							
е	Other expenditures for facilities and							
	programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the current year	end balance (line 1g, co	lumn (a)) held as:					
а	Board designated or quasi-endowment	%						
b	Permanent endowment ▶ %							
С	Term endowment ▶ %							
	The percentages on lines 2a, 2b, and 2c should equa	al 100%.						
3а	Are there endowment funds not in the possession of	f the organization that are	held and administered	for the			_	
	organization by:					_	Ye	s No
	(i) Unrelated organizations					3	a(i)	
	(-,					3	a(ii)	
b	If "Yes" on line 3a(ii), are the related organizations list	sted as required on Sche	dule R?				3b	
4	Describe in Part XIII the intended uses of the organization		S.					
Pa	rt VI Land, Buildings, and Equipment							
	Complete if the organization answer	ered "Yes" on Form	990, Part IV, line	11a. Se	ee Form 990	, Part 2	K, line	10.
	Description of property	(a) Cost or other basis	(b) Cost or other basis		Accumulated	(d)	Book va	lue
		(investment)	(other)	de	preciation			

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value		
1a	Land						
b	Buildings						
С	Leasehold improvements	382,194		33,184	349,010		
d	Equipment	47,351		4,718	42,633		
_ е	Other STMD1E.	795		119	676		
Total	Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.)						

	<ul><li>(a) Description of security or category (including name of security)</li></ul>		(b) Book value		(c) Method of value Cost or end-of-year man	
(1) Financial					·	
2) Closely-h	neld equity interests					
(3) Other						
(A)						
(B)						
(C)						
(D)						
(E) (F)						
(G)						
(H)						
` '	nn (b) must equal Form 990, Part X, col. (B) line 12.	) <b> ▶</b>				
Part VIII	Investments - Program Related.	,		<u> </u>		
	Complete if the organization answered	"Yes" on For	m 990, Part IV	, line 11c. S	See Form 990, Part	X, line 13.
	(a) Description of investment		(b) Book value		(c) Method of value	uation:
					Cost or end-of-year man	ket value
(1)						
(2)						
(3)						
(4)						
(5)						
(6) (7)						
(8)						
(8)						
(9)	nn (b) must equal Form 990, Part X, col. (B) line 13.	) <b>.</b>				
(9)	nn (b) must equal Form 990, Part X, col. (B) line 13. Other Assets.	) <b> &gt;</b>				
(9) Total. (Colun			m 990, Part IV	, line 11d. S	See Form 990, Part	X, line 15.
(9) Total. (Colun	Other Assets.  Complete if the organization answered		m 990, Part IV	, line 11d. \$		X, line 15.
(9) Total. (Colun Part IX	Other Assets.  Complete if the organization answered	"Yes" on For	m 990, Part IV	, line 11d. \$		) Book value
(9) Total. (Colun Part IX  (1)DUE FR	Other Assets.  Complete if the organization answered  (a) Dec	"Yes" on For	ท 990, Part IV	, line 11d. \$		) Book value 8,695 13,113
(9) Total. (Colun Part IX  (1)pue fr (2)peposi (3)constr	Other Assets.  Complete if the organization answered  (a) Decomposition (b) Decomposition (c) Decompos	"Yes" on For	m 990, Part IV	, line 11d. \$		) Book value 8,695 13,113
(9) Total. (Colum Part IX  (1)DUE FR (2)DEPOSI (3)CONSTR (4)	Other Assets.  Complete if the organization answered  (a) Decomplete if the organization answered  T - LONG TERM	"Yes" on For	m 990, Part IV	, line 11d. S		) Book value 8,695 13,113
(9) Total. (Colum Part IX  (1)DUE FR (2)DEPOSI (3)CONSTR (4) (5)	Other Assets.  Complete if the organization answered  (a) Decomplete if the organization answered  T - LONG TERM	"Yes" on For	m 990, Part IV	, line 11d. \$		) Book value 8,695 13,113
(9) Total. (Colum Part IX  (1)DUE FR (2)DEPOSI (3)CONSTR (4) (5) (6)	Other Assets.  Complete if the organization answered  (a) Decomplete if the organization answered  T - LONG TERM	"Yes" on For	m 990, Part IV	, line 11d. \$		) Book value 8,699 13,113
(9) Total. (Colun Part IX  (1)pue FR (2)peposi (3)constr (4) (5) (6) (7)	Other Assets.  Complete if the organization answered  (a) Decomplete if the organization answered  T - LONG TERM	"Yes" on For	m 990, Part IV	, line 11d. \$		) Book value 8,695 13,113
(9) Total. (Colun Part IX  (1)DUE FR (2)DEPOSI (3)CONSTR (4) (5) (6) (7) (8)	Other Assets.  Complete if the organization answered  (a) Decomplete if the organization answered  T - LONG TERM	"Yes" on For	m 990, Part IV	, line 11d. S		) Book value 8,695 13,113
(9) Total. (Colum Part IX  (1)DUE FR (2)DEPOSI (3)CONSTR (4) (5) (6) (7) (8) (9)	Other Assets.  Complete if the organization answered  (a) Description  T - LONG TERM  UCTION IN PROGRESS	"Yes" on For			(b	8,695 13,113 11,338
(9) Total. (Column Part IX  (1)DUE FR (2)DEPOSI (3)CONSTR (4) (5) (6) (7) (8) (9) Total. (Column Part IX	Other Assets. Complete if the organization answered (a) Dec. OM HG FOUNDATION T - LONG TERM UCTION IN PROGRESS	"Yes" on For				8,695 13,113 11,338
(9) Total. (Colum Part IX  (1)DUE FR (2)DEPOSI (3)CONSTR (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered  (a) Description  T - LONG TERM  UCTION IN PROGRESS  Inn (b) must equal Form 990, Part X, col. (B) line 15.  Other Liabilities.	"Yes" on For			(b	8,695 13,113 11,338
(9) Total. (Column Part IX  (1)DUE FR (2)DEPOSI (3)CONSTR (4) (5) (6) (7) (8) (9) Total. (Column Part IX	Other Assets. Complete if the organization answered (a) Dec. OM HG FOUNDATION T - LONG TERM UCTION IN PROGRESS	"Yes" on For			(b	8,695 13,113 11,338
(9) Total. (Column Part IX  (1)DUE FR (2)DEPOSI (3)CONSTR (4) (5) (6) (7) (8) (9) Total. (Column Part X	Other Assets. Complete if the organization answered  (a) Dec. OM HG FOUNDATION T - LONG TERM CUCTION IN PROGRESS  Inn (b) must equal Form 990, Part X, col. (B) line 15. Other Liabilities. Complete if the organization answered	"Yes" on For	m 990, Part IV		(b	8,695 13,113 11,338
(9) Total. (Colum Part IX  (1)DUE FR (2)DEPOSI (3)CONSTR (4) (5) (6) (7) (8) (9) Total. (Colum Part X	Other Assets. Complete if the organization answered  (a) Det  OM HG FOUNDATION  T - LONG TERM  UCTION IN PROGRESS  Inn (b) must equal Form 990, Part X, col. (B) line 15.  Other Liabilities.  Complete if the organization answered line 25.	"Yes" on For	m 990, Part IV		(b	8,695 13,113 11,338
(9) Total. (Colum Part IX  (1)DUE FR (2)DEPOSI (3)CONSTR (4) (5) (6) (7) (8) (9) Total. (Colum Part X	Other Assets. Complete if the organization answered  (a) Dec. OM HG FOUNDATION T - LONG TERM OUCTION IN PROGRESS  Inn (b) must equal Form 990, Part X, col. (B) line 15. Other Liabilities. Complete if the organization answered line 25.  (a) Description of liability income taxes	"Yes" on For	m 990, Part IV		(b	8,695 13,113 11,338
(9) Total. (Colum Part IX  (1) UE FR (2) EPOSI (3) CONSTR (4) (5) (6) (7) (8) (9) Total. (Colum Part X  1. (1) Federal (2) EFERR	Other Assets. Complete if the organization answered  (a) Dec. OM HG FOUNDATION T - LONG TERM OUCTION IN PROGRESS  Inn (b) must equal Form 990, Part X, col. (B) line 15. Other Liabilities. Complete if the organization answered line 25.  (a) Description of liability income taxes	"Yes" on For	m 990, Part IV		(b	8,695 13,113 11,338
(9)  Total. (Colum Part IX)  (1) UE FR (2) EPOSI (3) CONSTR (4) (5) (6) (7) (8) (9)  Total. (Colum Part X)  1. (1) Federal (2) EFERR (3) SMALL	Other Assets. Complete if the organization answered  (a) Dec. OM HG FOUNDATION T - LONG TERM CUCTION IN PROGRESS  Other Liabilities. Complete if the organization answered line 25.  (a) Description of liability income taxes  LED RENT	"Yes" on For	m 990, Part IV		(b	8,695 13,113 11,338
(9)  Total. (Column Part IX)  (1)DUE FR (2)DEPOSI (3)CONSTR (4) (5) (6) (7) (8) (9)  Total. (Column Part X)  1. (1) Federal (2)DEFERR (3)SMALL (4)DUE TO (5)	Other Assets. Complete if the organization answered  (a) Dec. OM HG FOUNDATION T - LONG TERM CUCTION IN PROGRESS  Other Liabilities. Complete if the organization answered line 25.  (a) Description of liability income taxes  ED RENT BUSINESS LOAN	"Yes" on For	m 990, Part IV		(b	8,695 13,113 11,338
(9) Total. (Column Part IX  (1) DUE FR (2) EPOSI (3) CONSTR (4) (5) (6) (7) (8) (9) Total. (Column Part X  1. (1) Federal (2) EFERR (3) MALL (4) UE TO (5) (6)	Other Assets. Complete if the organization answered  (a) Dec. OM HG FOUNDATION T - LONG TERM CUCTION IN PROGRESS  Other Liabilities. Complete if the organization answered line 25.  (a) Description of liability income taxes  ED RENT BUSINESS LOAN	"Yes" on For	m 990, Part IV		(b	8,695 13,113 11,338
(9) Total. (Colum Part IX  (1) UE FR (2) EPOSI (3) CONSTR (4) (5) (6) (7) (8) (9) Total. (Colum Part X  1. (1) Federal (2) EFERR (3) SMALL (4) UE TO (5) (6) (7)	Other Assets. Complete if the organization answered  (a) Dec. OM HG FOUNDATION T - LONG TERM CUCTION IN PROGRESS  Other Liabilities. Complete if the organization answered line 25.  (a) Description of liability income taxes  ED RENT BUSINESS LOAN	"Yes" on For	m 990, Part IV		(b	8,695 13,113 11,338
(9) Total. (Colum Part IX  (1) UE FR (2) EPOSI (3) CONSTR (4) (5) (6) (7) (8) (9) Total. (Colum Part X  1. (1) Federal (2) EFERR (3) MALL (4) UE TO (5) (6) (7) (8)	Other Assets. Complete if the organization answered  (a) Dec. OM HG FOUNDATION T - LONG TERM CUCTION IN PROGRESS  Other Liabilities. Complete if the organization answered line 25.  (a) Description of liability income taxes  ED RENT BUSINESS LOAN	"Yes" on For	m 990, Part IV		(b	8,695 13,113 11,338
(9) Total. (Colum Part IX  (1) UE FR (2) EPOSI (3) CONSTR (4) (5) (6) (7) (8) (9) Total. (Colum Part X  1. (1) Federal (2) EFERR (3) MALL (4) UE TO (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered  (a) Dec. OM HG FOUNDATION T - LONG TERM CUCTION IN PROGRESS  Other Liabilities. Complete if the organization answered line 25.  (a) Description of liability income taxes  ED RENT BUSINESS LOAN	"Yes" on Formula (b) Book v	m 990, Part IV		(b	8,695 13,113 11,338

Pa	Reconciliation of Revenue per Audited Financial Statements With Revenue per	er Retui	'n.
	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	1,627,952
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а			
b			
С	. , ,		
d			
е		2e	
3	Subtract line 2e from line 1	3	1,627,952
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	' '	_	
b			
C		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,627,952
Pa	Reconciliation of Expenses per Audited Financial Statements With Expenses	s per Re	eturn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		1 101 000
1	Total expenses and losses per audited financial statements	1	1,434,929
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a		-	
b	• •	-	
C		-	
d		- 20	
е 3	Subtract line 2e from line 1	2e 3	1,434,929
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	3	1,434,929
a			
b		-	
C		4c	
5	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	5	1,434,929
	art XIII Supplemental Information.		1,434,323
	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4;	Part X, lin	e
2; Pa	art 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) 2020

### **SCHEDULE 0** (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

**Open to Public** Inspection

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.

84-4194962 HEALING GROVE HEALTH CENTER INC A S 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 DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST. 07. List of other expenses (Part IX, line 24e) SEE OVERFLOW STATEMENTS

FOR YOUR RECORDS ONLY Federal Supporting Statements	2020 PG01
Name(s) as shown on return	Tax ID Number
HEALING GROVE HEALTH CENTER INC A S	84-4194962

FORM 990 - SCHEDULE D - PART VI - LINE 1E STATEMENT #D1E INVESTMENTS - OTHER

<b>DESCRIPTION</b> OF INVESTMENT FURNITURE AND FIXTURES - STOVE	COST/BASIS (INVESTMENT)	COST/BASIS (OTHER)	DEPR 119	BOOK VALUE 676
TOTAL	795	o	119	676

990	Overflow Statement	<b>2020</b> Page 1
Name(s) as shown on return		FEIN
HEALING GROVE HE	ALTH CENTER INC A S	84-4194962

# STATEMENT OF REVENUE - DETAIL

Description		Amount
DEBT FORGIVENESS INCOME	\$	4,000
COVID-19 TESTING REIMBURSEMENT		723,464
DONATIONS		144,881
Total:	\$ <u></u>	872,345

# OTHER EXPENSES - PROGRAM SERVICES

Description	Amount
COVID SHIPPING	\$ 10,570
ELECTRONIC MEDICAL RECORDS	36,423
RENT	39,970
CAM CHARGES	39,249
DEFERRED RENT	34,133
UTLITIES	6,657
INTERNET	2,706
FACILITY MAINTENANCE	3,235
FIELD MAINTEANANCE	35,413
MISC EQUIPMENT	9,676
POSTAGE/SHIPPING	765
MISC	2,891
CALL CENTER AND TEXT MESSAGES	330
PATIENT GIFT CARDS	4,420
OTHER SUPPLIES	10,486
BOOKS	1,478
FOOD	15,279
EDUCATIONAL SUPPORTS	1,220
RENT ASSISTANCE	3,700
DESTINATION HOME PAYMENTS	311,349
GROCERIES	1,846
COVID TESTING	14,146
FOOD STORAGE	186
EMPLOYMENT PROGRAM	12,600
YOUTH GROUP	1,035
STATE INCOME TAXES	25,000
VOLUNTEER APPRECIATION	444
CLEANING SUPPLIES	633
BACKGROUND CHECKS	250
Total:	\$ 626,090

990 Overf	low Statement	<b>2020</b> Page 2
Name(s) as shown on return		FEIN
HEALING GROVE HEALTH CENTER IN	IC A S	84-4194962

# OTHER EXPENSES - MANAGEMENT AND GENERAL

Description		Amount
TRAINING		\$ 2,500
MEDICAL LICENSING		4,306
PHYSICIANS MEDICAL GROUP		600
MEDICAL WASTE		385
RENT		2,221
CAM CHARGES		2,216
DEFERRED RENT EXPENSE		1,896
UTILITIES		370
INTERNET		150
FACILITY MAINTENANCE		180
JANITOR		29,168
SECURITY		2,928
STAFF APPRECIATION AND RETREATS		7 <b>,</b> 872
PROFESSIONAL MEMBERSHIP FEES		1,230
DESTINATION HOME PAYMENTS		34,594
OFFICE INFRASTRUCTURE		19,563
	Total: \$	110,179

# OTHER EXPENSES - FUNDRAISING

Description	Amount
RENT	\$ 2,221
CAM CHARGES	2,216
DEFERRED RENT EXP	1,896
UTILITIES	370
INTERNET	150
FACILITY MAINTENANCE	181
VIDEO PRODUCTION	15,750
BANK CHARGES	6,849
MARKETING	13,991
Total:	\$ 43,624