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

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

	For th	ne 2021 calendar v	ear, or tax year begin	nning		·01 , 2021, a	nd endi	ina	0	5-31 ,20	22
<u>-</u>		f applicable:		ALING GROVE HEA			ina cita	ıı ıg	1	loyer identifica	
				ALING GROVE HEA	LIH CENIER	INCAS			D EIIIP	84–419	
H		s change	Doing business as				I		l		1902
님	Name c	•	,	O. box if mail is not delivered to	o street address)		Room/su	ite	E lelep	phone number	
Ц	Initial re		448 GOODYEAR								83-6338
Ц	Final re	turn/terminated	City or town, state or pro	vince, country, and ZIP or forei	gn postal code				G Gros	ss receipts	
Ц	Amende	ed return	SAN JOSE, CA	95110					\$		1,185,647
	Applicat	tion pending	F Name and address of pr	incipal officer:				H(a) Is this a	group return	for subordinates?	Yes X No
					_			H(b) Are all	subordina	tes included?	Yes No
I	Tax-exe	empt status: X 501	(c)(3) 501(c) () (insert no.) 49	947(a)(1) or	527		If "No,"	' attach a li	ist. See instruction	ons
J	Websit		EALINGGROVE.OR	3				H(c) Group	exemption	number 🕨	
K	Form of	organization: X Corp	poration Trust Ass	sociation Other ►		L Year of formati	on: 20 1	L9 м	State of le	gal domicile:	CA
Pa	rt I	Summary									
	1	Briefly describe t	the organization's miss	ion or most significant a	ctivities: THE	MISSION	IS TO	SHARE	THE I	LOVE OF	JESUS
		THROUGH HEA	LTH CARE, SOUI	CARE, AND CULT	URE CARE T	O BRING "	THE H	EALING	OF TH	E NATION	IS" TO OUR
Governance		COMMUNITY									
<u>na</u>											
Ver	2	Check this box ▶	if the organization	n discontinued its operat	ions or disposed	of more than	25% of i	ts net asse	ets.		
ဇ္ဗ	3			erning body (Part VI, line					1		1
∞ ∞	4	Number of indep	endent votina member	s of the governing body	(Part VI. line 1b)			. 4		1
ties	5	•	J	n calendar year 2021 (P	•	´					0
Activities &	6		volunteers (estimate if						. 6		
Ą			`	Part VIII, column (C), lir					. 7a		0
				from Form 990-T, Part							0
		• Hot amolated be	ionioco taxabio income	month only occupy and	1, 1110 11 0 0			Prior Year		Curr	rent Year
	8	Contributions and	d grants (Part VIII, line	1h)					2,985	Ouri	891,366
ø	9		•	e 2g)					4,961		293,864
Ž	10	_		A), lines 3, 4, and 7d)					6		417
Revenue	11		, ,	nes 5, 6d, 8c, 9c, 10c, ar							0
Œ	12	,	, ,,,	must equal Part VIII, co	,			1 62	7 052		
	13			IX, column (A), lines 1-3	, ,			1,62	7,952		1,185,647
	14			• • •	•						0
	15	•	ther compensation, employee benefits (Part IX, column (A), lines 5-10) 5								
S			Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)								626,004
Expenses	16		, ,	, ,,							0
xbe	47	•	expenses (Part IX, co			•		014	. 070		F20 767
Ш				nes 11a-11d, 11f-24e)					6,870		530,767
	18			t equal Part IX, column (4,929		1,156,771
	19	nevenue less ex	penses. Subtract line	18 from line 12	• • • • • •	• • • • • •			3,023		28,876
ō	9 G	Tatal assats (Da					Begi	nning of Curr		End	of Year
Assets	<u>E</u> 20	`	,	• • • • • • • • • • •		• • • • • •	•		5,142		431,901
Net A	를 21	,	Part X, line 26)				•		2,035		269,918
	∄ 22 art II			line 21 from line 20 .		• • • • • •	•	13.	3,107		161,983
		Signature I		ırn, including accompanying sc	and statemen	ate and to the heet	of my know	wlodgo and ho	diof it is		
				ficer) is based on all information			Of HITY KITO	wiedge and be	iller, it is		
Sig	ın	CHERYL Signature of a	•							nto.	
		Signature of officer								ate	
Не	ıe	CHERYL Type or print i	HO, MD, PRESII	ENT							
		1,		Bronararia aigneture		Data				DTIN	
D- 1	الم!	Print/Type preparer		Preparer's signature		Date		Check	_	PTIN	
Pai			YOUNGBERG CPA	JONATHAN YOUNGE		04-17-20			nployed	P0093	3343
Preparer				AND YOUNGBERG LI				Firm's EIN			
US	e On	y Firm's address ▶		EDDING ST SUITE	209		F	Phone no.			_
				E CA 95128					408-	-244-2002	
Ma	tha II	29 dicouse this ratu	m with the preparer of	nown above? See instru	otione					 X	Ves 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 Х 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 Rev. Proc. 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. 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 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," 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 Х 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 Х 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 (2021) HEALING GROVE HEALTH CENTER INC A S Page 4 84-4194962 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 22 Х 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated 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 24a X 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c 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 25a X 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? 25b Х 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 X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key 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 27 Х 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): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 28a X 28b X A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If 28c X 29 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 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," 32 complete Schedule N, Part II X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 X Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 X 35a 35a X If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable

36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 X 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. 38 Х

Part V	Statements Regarding Other IRS Filings and Tax Compliance	
	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	1a	o			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and					
	reportable gaming (gambling) winnings to prize winners?			1c	x	

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	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 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		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).	F-		
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		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
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?	60		v
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6a		X
b	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	OD		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
u	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		
c	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		x
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	_		
11	Section 501(c)(12) organizations. Enter:			
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.)	40		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	_		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.	104		
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? <i>If "No," provide an explanation on Schedule Q</i>	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.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? • • • • • • • • • • • • • • • • • • •	17		
	If "Yes," complete Form 6069.			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

Sec	ction 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		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7-		
b	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7h		v
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	7b		X
0	the year by the following:			
а	The governing body?	8a	x	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	- 55		
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	9		х
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 2	11a	X	
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	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done.	12c	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	Х	
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? The organization's CEO, Executive Director, or top management official	15a	v	
a b	Other officers or key employees of the organization	15b	X	
IJ	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	130	X	
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		х
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			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
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,			
00	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			
	BRETT BYMASTER (408)583-6338, 448 GOODYEAR ST, SAN JOSE, CA 95110			

-orm	000	(2021)
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HEALING GROVE HEALTH CENTER INC A S

4-	4	1	9	4	9	6	2	

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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 relat	ed organizat	ion co	mper	nsat	ed a	ny curr	ent	officer, director, or	trustee.		
				((C)	-					
(A) Name and title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/	(E) Reportable compensation from related	(F) Estimated amount of other compensation from the	
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee Individual trustee or director		Key employee	Highest compensated employee		organization (W-2/ 1099-MISC/ 1099-NEC)	organizations W-2/ 1099-MISC/ 1099-NEC	organization and related organizations	
(1) ANGELA BYMASTER	40.00					_		100			
MD (2) CHERYL HO, DR	10.00					Х		105,750	0	0	
PRESIDENT/CEO		x		X				47,040	o	o	
<u>(3)</u>											
(4)											
<u>(5)</u>											
<u>(6)</u>											
<u>(7)</u>											
<u>(8)</u>											
<u>(9)</u>											
<u>(10)</u>											
(11)											
(12)											
(13)											
(14)											

Form 990 (2021)

2

Part	VII Section A. Officers, Directors, Trustee					ıho:	et Co	mn	eneated Employe		41949	702	<u>'</u>	age 8
ı uı	(A) Name and title	(C) Position (do not check more than one				(D) Reportable compensation from the	(E) Reportable compensation from related organizations (W-2/		(F) Estimated an of othe compensa					
		(list any hours for related organizations below dotted line)	Individual trustee or director	employee Key employee Officer Institutional trustee Individual trustee or director		Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)		orga	rom the nization d organiz		
<u>(15)</u>														
(16)														
<u>(17)</u>														
(18)_														
<u>(19)</u>														
(20)														
(21)														
(22)														
(23)														
(24)														
(25)														
1b	Subtotal	ion Δ			• •	• •	• •	• •						
d	Total (add lines 1b and 1c)			 	• •		• • •		152,790		0			0
2	Total number of individuals (including but not limit									of				
	reportable compensation from the organization	>												1
													Yes	No
3	Did the organization list any former officer, direct		-			_			•					
4	employee on line 1a? If "Yes," complete Schedu For any individual listed on line 1a, is the sum of re									• • • • • •	• • •	3		X
4	organization and related organizations greater th													
	individual • • • • • • • • • • • • • • • • • • •				• •			• •				4		x
5	Did any person listed on line 1a receive or accrue	compensation	on from	any ı	unrel	atec	d orga	aniza	ation or individual					
	for services rendered to the organization? If "Yes	s," complete	Sched	lule J	for s	uch	pers	on			• • •	5		х
Sect	on B. Independent Contractors													
1	Complete this table for your five highest compensa													
	compensation from the organization. Report comp	pensation for	tne cai	enda	r yea	r en	aing	with		nization's tax	year.	(6)		
	(A) Name and business addres	ss							(B) Description of service	ees	((C) Compens	ation	
	. Tamo and basinoss address													

Total number of independent contractors (including but not limited to those listed above) who

1			Check if Schedule O contains a response or r	note to any line in thi	s Part VIII			
1a Forterated campatigns 1a					, ,	Related or exempt	Unrelated	Revenue excluded from tax under
10 10 10 10 10 10 10 10		1a	Federated campaigns 1a					
C		I						
1 Total. Add lines 18-11 Subiness Code S21110 293,864 293,864	nts nts		·					
1 Total. Add lines 18-11 Subiness Code S21110 293,864 293,864	ສູ່ອີ	d						
1 Total. Add lines 18-11 Subiness Code S21110 293,864 293,864	ifts, r Ar	е		15,000				
1 Total. Add lines 18-11 Subiness Code S21110 293,864 293,864	aj. Bija	f	- '					
1 Total. Add lines 18-11 Subiness Code S21110 293,864 293,864	ig ig			876,366				
1 Total. Add lines 18-11 Subiness Code S21110 293,864 293,864	the the	g	Noncash contributions included in	,				
1 Total. Add lines 18-11 Subiness Code S91,366	d of		lines 1a-1f 1g	\$				
2a MEDICAL FRES 521110 293,864 293,864	ಶ ಕ	h	Total. Add lines 1a-1f		891,366			
B				Business Code				
3 Investment income (including dividends, interest, and other similar amounts)		2a	MEDICAL FEES	621110	293,864	293,864		
3 Investment income (including dividends, interest, and other similar amounts)	<u>8</u>	b						
3 Investment income (including dividends, interest, and other similar amounts)	Ser	С						
3 Investment income (including dividends, interest, and other similar amounts)	e e	d						
3 Investment income (including dividends, interest, and other similar amounts)	g E	_						
1	Ĕ	l .						
A Income from investment of tax-exempt bond proceeds		g	Total. Add lines 2a-2f	• • • • • •	293,864			
A Income from investment of tax-exempt bond proceeds Royalties		3						
Second S			,		417	417		
Ga Gross rents Ga Gross rents Ga Gross rents Ga Gross rental expenses Ga Gross rental expenses Ga Gross amount from sales of assets other than inventory Gain or (loss) Gain or (·					
Second S		5						
b Less: rental expenses . c Rental income or (loss) 6c d Net rental income or (loss) 6c d Net rental income or (loss) 7a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses . 7b c Gain or (loss)				(ii) Personal				
Rental income or (loss) d Net rental income or (loss) 7a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses . 7b c Gain or (loss) 7c d Net gain or (loss)								
d Net rental income or (loss) 7a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses								
Ta Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses			` ,					
Sales of assets other than inventory b Less: cost or other basis and sales expenses			` ′					
other than inventory b Less: cost or other basis and sales expenses . 7b C Gain or (loss) 7c d Net gain or (loss)		7a	aross amount nom	(II) Other				
b Less: cost or other basis and sales expenses . 7b c Gain or (loss)								
and sales expenses 7b		b	,					
C Gain or (loss)	Φ							
d Net gain or (loss)	n H	c						
of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities, See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory b Less: cost of goods sold c Net income or (loss) from sales of inventory b Less: cost of goods sold d All other revenue e Total. Add lines 11a-11d	Je K							
of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities, See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory b Less: cost of goods sold c Net income or (loss) from sales of inventory b Less: cost of goods sold d All other revenue e Total. Add lines 11a-11d	e.							
of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities, See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory b Less: cost of goods sold c Net income or (loss) from sales of inventory b Less: cost of goods sold d All other revenue e Total. Add lines 11a-11d	₽		events (not including \$					
b Less: direct expenses 8b .			of contributions reported on line					
C Net income or (loss) from fundraising events 9a Gross income from gaming activities, See Part IV, line 19 b Less: direct expenses C Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less: cost of goods sold b Less: cost of goods sold c Net income or (loss) from sales of inventory Business Code 4 All other revenue e Total. Add lines 11a-11d A loss income from gaming activities Business Code			1c). See Part IV, line 18 8a	1				
9a Gross income from gaming activities, See Part IV, line 19		b	Less: direct expenses 8t					
activities, See Part IV, line 19 9a 9b		С	Net income or (loss) from fundraising events	▶				
Business Code Description Paragraphy Paragraphy		9a	Gross income from gaming					
C Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances			activities, See Part IV, line 19 98	1				
Total. Add lines 11a-11d								
Tetums and allowances 10a 10b 10b 10b 10b 10b 10c 10c		С	Net income or (loss) from gaming activities •••					
Doc Doc		10a						
C Net income or (loss) from sales of inventory		_						
Business Code		l						
11a		С	inet income or (loss) from sales of inventory • •					
C Total. Add intestration		11-		Business Code				
C Total. Add intestration	ous le							
C Total. Add intes that the	llan enu		·					
C Total. Add intes that the	Rev							
	Ē							
					1,185,647	294,281	0	0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4)		- - - - - - - - - -		
Section SULICIES And SULICIES	organizations must come	niete all collimns. All otner	organizations must com	iniete collimn (A)
	organizatione made comp	sicio an ociannio. i in cuior	organizatione made com	pioto ocianini (71).

	Check if Schedule O contains a response or note to	any line in this Part IX		• • • • • • • • • •	
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) 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				
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	573,499	516,149	28,675	28,675
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	52,505	46,955	2,775	2,775
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	7,000		7,000	
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	34,923			34,923
13	Office expenses	4,578	4,120	229	229
14	Information technology	29,488	16,505	12,983	
15	Royalties				
16	Occupancy	198,976	151,720	39,287	7,969
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	46,354	46,354		
23	Insurance	22,917		22,917	
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 LAB FEES AND LICENSE	15,706	15,706		
b	PATIENT THERAPY FEES	19,773	19,773		
С	UTILITIES	19,967	17,971	998	998
d	VARIOUS PROGRAM EXPENSES	44,180	44,180		
е	All other expenses	86,905	65,732	14,881	6,292
25	Total functional expenses. Add lines 1 through 24e	1,156,771	945,165	129,745	81,861
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here ▶ ☐ if				
	following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet**

2 Savings and temporary cash investments 2 3			Check if Schedule O contains a response or note to any line in this Part X			
1 Cash - non-interest-boaring 52,337 1 24,817				(A)		(B)
Section Sect				Beginning of year		End of year
3 Pledges and grants receivable, net		1	Cash - non-interest-bearing	52,337	1	24,817
4 Accounts receivable, net 5 Loars and other receivables from any current or former officer, director, trustes, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 6 Loars and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(8) 7 Notes and loars receivable, net 9 Prepaid expenses and deferred charges 8 Inventories for sale or use 8 Inventories for sale or use 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 11 Investments - publicly traded securities 12 Investments - propriative persons. See Part IV, line 11 13 Investments - propriative persons. See Part IV, line 11 14 Intangible assets 15 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 18 29, 59, 17 Ref. 18 4, 46.7 19 Deferred revenue 19 Deferred revenue 20 Tax-evernpt food liabilities 21 Escrow or outstodial account liability. Complete Part IV of Schedule D 22 Loars and other payables to any current or former officer, direction for the food into the food of the payables to unrelated third parties 23 Secund mortgages and notes payable to unrelated third parties 24 Unsecured notes and loars payable to unrelated third parties 25 Total liabilities. Add lines 17 through 25 26 Total liabilities. Add lines 17 through 25 27 Net assets without donor restrictions 29 Net assets without donor restrictions 115,615 27 158,309 28 Net assets with donor restrictions 17,492 28 3,674 79 16 Total assets without donor restrictions 17,492 29 Total liabilities. Add lines 17 through 25 30 Paid-in or capital suphus, or land, building, or equipment fund 30 Paid-in or capital suphus, or land, building, or equipment fund 31 Petatian de arrings, endowment, accumulated income, or other funds 31 Total acceptance and because the payable to unrelated fund and because and complete lines 27, 28, 32, and 33. 16 Tot		2	Savings and temporary cash investments		2	
S Loans and other receivables from any current or former officer, director, trusties, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5		3	Pledges and grants receivable, net		3	
S 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		4	Accounts receivable, net	41,819	4	14,704
Section Controlled entity or family member of any of these persons 5		5	Loans and other receivables from any current or former officer, director,			
Figure			trustee, key employee, creator or founder, substantial contributor, or 35%			
The property of the propert			controlled entity or family member of any of these persons		5	
The Notes and loans receivable, net The Notes and loans receivable, net The Notes and loans receivable, net The Notes and colores for sale or use The Notes and colores for sale or use The Notes and colores and deferred charges The Notes and colores and color		6	Loans and other receivables from other disqualified persons (as defined			
8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 Prepaid expenses and deferred charges 9 9 9 9 9 9 9 9 9			under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D		7	Notes and loans receivable, net		7	
10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	ets	8	Inventories for sale or use		8	
10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	Ass	9	Prepaid expenses and deferred charges		9	
Basis. Complete Part VI of Schedule D 10a 426,321 10b 82,408 402,997 10c 343,913 11 11 11 12 12 13 11 12 13 11 13 11 14 11 13 11 14 11 15 15 15 15 15		10a	Land, buildings, and equipment: cost or other			
B						
11 Investments - publicly tracked 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 15 48, 467 16 Total assets. Add lines 1 through 15 (must equal line 33) 525, 142 16 431, 901 17 Accounts payable and accrued expenses 259, 547 17 86, 165 18 Grants payable 18 19 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to 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 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 24 25 Other liabilities including federal income tax, payables to related third parties 24 26 Other liabilities and other liabilities on tincluded on lines 17-24). Complete Part X of Schedule D 132, 488 25 183, 753 26 Total liabilities Add lines 17 through 25 392, 035 26 269, 918 27 Organizations that follow FASB ASC 958, check here □ and complete lines 29 through 33. 28 Net assets with donor restrictions 115,615 27 158,309 29 Capital stock or trust principal, or current funds 29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 30 Paid-in or capital surplus, or land, building, or equipment fund 30 161,983 31 161,983 31 161,983 31 31,107 32 161,983 31 31,107 32 31,61,983 31 31,007 32 31,61,983 31 31,007 32 31,61,983 31 31,007 32 31,61,98		b		402,997	10c	343,913
12 Investments - other securities. See Part IV, line 11 13 14 Investments - program-related. See Part IV, line 11 13 14 Intangible assets .		11	Investments - publicly traded securities	,	11	•
13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 27,989 15 48,467 16 Total assets. Add lines 1 through 15 (must equal line 33) 525,142 16 431,901 17 Accounts payable and accrued expenses 259,547 17 86,165 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 22 Loans and other payables to 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 22 23 24 Unsecured notes and loans payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and other liabilities not included on lines 17-24). Complete Part X of Schedule D 132,488 25 183,753 25 269,918 269,918 27 28 392,035 26 269,918 27 28 36,74 39 39 28 36,74 39 39 28 36,74 39 39 29 Capital stock or trust principal, or current funds 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30 31 31 161,983 31 31 31 31 31 31 31		12			12	
Intangible assets 14		13			13	
15 Other assets. See Part IV, line 11 27,989 15 48,467 16 Total assets. Add lines 1 through 15 (must equal line 33) 525,142 16 431,901 17 Accounts payable and accrued expenses 259,547 17 86,165 18 Grants payable 18 19		14	• •		14	
16 Total assets. Add lines 1 through 15 (must equal line 33)		15	Other assets. See Part IV, line 11	27,989	15	48,467
17		16			16	
18 Grants payable 18 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 20 21 22 22 23 24 24 24 24 25 25 26 269 918 26 27 28 27 28 28 27 28 28		17			17	
20 Tax-exempt bond liabilities		18		·	18	•
21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to 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 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 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 26 Total liabilities. Add lines 17 through 25 27 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 28 Net assets with odnor restrictions 29 Net assets with donor restrictions 29 Capital stock or trust principal, or current funds 29 Capital stock or trust principal, or current funds 29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 33 Total net assets or fund balances 21 Loans and other payables to any current of funds on the follow FASB ASC 958, check here funds and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 33 Paid-in or capital surplus, or land, building, or equipment fund 30 Paid-in or capital surplus, or land, building, or equipment fund 32 Total net assets or fund balances		19	Deferred revenue		19	
22 Loans and other payables to 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 22 23 24 25 25 26 26 26 26 26 26		20	Tax-exempt bond liabilities		20	
trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	G	22				
23 Secured mortgages and notes payable to unrelated third parties	Ë					
23 Secured mortgages and notes payable to unrelated third parties	abil				22	
Total 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	=	23			23	
parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		24	Unsecured notes and loans payable to unrelated third parties		24	
Schedule D 132,488 25 183,753 26 Total liabilities. Add lines 17 through 25 392,035 26 269,918		25	Other liabilities (including federal income tax, payables to related third			
Total liabilities. Add lines 17 through 25			parties, and other liabilities not included on lines 17-24). Complete Part X			
Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions			of Schedule D	132,488	25	183,753
Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions		26	Total liabilities. Add lines 17 through 25	392,035	26	269,918
Net assets without donor restrictions						
Problem 27 Net assets without donor restrictions	w		and complete lines 27, 28, 32, and 33.			
Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances Total liabilities and net assets/fund balances Net assets with donor restrictions 17,492 28 3,674 29 29 117,492 28 3,674 29 117,492 28 3,674 29 117,492 28 3,674 29 117,492 28 3,674 29 117,492 28 30 31 31 31 31 31 32 31 31 32 33 33 3431,901	čé	27	Net assets without donor restrictions	115,615	27	158,309
Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds	alar	28	Net assets with donor restrictions	17,492	28	3,674
Section Sect	Ä		Organizations that do not follow FASB ASC 958, check here			
29 Capital stock or trust principal, or current funds	<u>.</u> Ë		and complete lines 29 through 33.			
gg 30 Paid-in or capital surplus, or land, building, or equipment fund 30 31 Retained earnings, endowment, accumulated income, or other funds 31 32 Total net assets or fund balances 133,107 32 161,983 33 Total liabilities and net assets/fund balances 525,142 33 431,901	or F	29	Capital stock or trust principal, or current funds		29	
31 Retained earnings, endowment, accumulated income, or other funds 31	ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
32 Total net assets or fund balances 133,107 32 161,983 33 Total liabilities and net assets/fund balances 525,142 33 431,901	SS	31			31	
Z 33 Total liabilities and net assets/fund balances	et A	32		133,107	32	161,983
		33	Total liabilities and net assets/fund balances		33	431,901

EEA

Form **990** (2021)

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,	185,	647
2	Total expenses (must equal Part IX, column (A), line 25)	1,	156,	771
3	Revenue less expenses. Subtract line 2 from line 1		28,	876
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		133,	107
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))		161,	983
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 Cash Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on			
	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			
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		
	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 (2021)

SCHEDULE A (Form 990)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization **Employer identification number** HEALING GROVE HEALTH CENTER INC A S 84-4194962 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X 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.) 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. C Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see instructions) above (see instructions)) document? instructions) Yes (A) (B) (C) (D) (E) Total

84-4194962 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.)

	on A. Public Support			T	T	T	T
Calen	dar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")			130,209	1,627,946	1,172,611	2,930,766
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			130,209	1,627,946	1,172,611	2,930,766
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)						815,263
6	Public support. Subtract line 5 from line 4.						2,115,503
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4			130,209	1,627,946	1,172,611	2,930,766
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources						
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						2,930,766
12	Gross receipts from related activities, etc.	(see instruction	ons)			12	_
13	First 5 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(d	c)(3)
	organization, check this box and stop her	æ					▶ □
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2021 (line 6	6, column (f), d	livided by line 1	1, column (f))		14	72.18 %
15	Public support percentage from 2020 Sch	edule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2021. If the organ	ization did not	check the box	on line 13, an	d line 14 is 33	1/3% or more,	check this
	box and stop here. The organization qual	ifies as a publ	icly supported	organization .			► X
b	33 1/3% support test - 2020. If the organ	ization did not	check a box o	n line 13 or 16	a, and line 15	is 33 1/3% or m	nore, check
	this box and stop here. The organization	qualifies as a	publicly suppor	ted organizati	on		▶ □
17a	10%-facts-and-circumstances test - 202	_					
	10% or more, and if the organization mee	ts the facts-an	d-circumstance	es test, check t	this box and st	op here. Expla	in in
	Part VI how the organization meets the fa-	cts-and-circum	nstances test.	Γhe organization	on qualifies as	a publicly supp	orted
	organization						
b	10%-facts-and-circumstances test - 202	20. If the orgar	nization did not	check a box o	n line 13, 16a,	16b, or 17a, a	nd line
	15 is 10% or more, and if the organization	meets the fac	cts-and-circums	stances test, cl	neck this box a	and stop here .	Explain
	in Part VI how the organization meets the	facts-and-circ	umstances tes	t. The organiza	ation qualifies a	as a publicly su	pported
	organization						▶ □
18	Private foundation. If the organization di	d not check a	box on line 13,	16a, 16b, 17a	, or 17b, check	k this box and s	see
	instructions	<u> </u>	<u></u>	<u> </u>			▶ □
							

Schedule A (Form 990) 2021

84-4194962

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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 fumished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
4	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						
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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
••	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part VI.)						
12	Total support. (Add lines 9, 10c, 11,						
13	and 12.)						
4.4	*	ranizationla fi	rot occord thi	rd fourth or fi	th toy year as	o coetion FO1/a	\(\(\)\(\)
14	First 5 years. If the Form 990 is for the or	•			-	•	~ ~
<u> </u>	organization, check this box and stop her				• • • • • • •		· · · · · ▶ <u> </u>
	on C. Computation of Public Suppor			10 1 (f)		45	
15	Public support percentage for 2021 (line 8		-			15	<u>%</u>
16	Public support percentage from 2020 Sch			• • • • • • •	• • • • • • •	16	%
	on D. Computation of Investment Inc						
17	Investment income percentage for 2021 (I			-		17	%
18	Investment income percentage from 2020					18	%
19a	33 1/3% support tests - 2021. If the orga						
	17 is not more than 33 1/3%, check this be	ox and stop h	ere. The organ	nization qualifie	es as a publicly	supported org	anization ►
b	33 1/3% support tests - 2020. If the organizati						
	line 18 is not more than 33 1/3%, check this box	x and stop here	e. The organization	on qualifies as a	publicly support	ed organization	▶ □
20	Private foundation. If the organization did	d not check a	box on line 14,	19a, or 19b, c	check this box a	and see instruc	tions ▶ 🗌

EEA Schedule A (Form 990) 2021

Part IV **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 Organiza	tions
------------------------------------	-------

	ion A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			110
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status	•		
_	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer</i>			
Ja	lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	Ja		
	satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the</i>			
	organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	0.5		
·	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	30		
тa	"Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	74		
b	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination	75		
·	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
ou	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).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	Ju		
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
J	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? <i>If "Yes," provide detail in Part VI.</i>	6		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line	-		
_	7? If "Yes," complete Part I of Schedule L (Form 990).	8		
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 .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which			
-	the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit			
-	from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9с		
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			

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

10a

supporting organizations)? If "Yes," answer 10b below.

determine whether the organization had excess business holdings.)

Part I	Supporting Organizations (continued)			
			Yes	No
11	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		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Section	on B. Type I Supporting 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 Part VI 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? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
04	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations		V	NI -
			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	1		
2	organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers directors or trustees either (i) appointed or elected by the currented	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? <i>If "No," explain in Part VI how</i>			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
3	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Section	on 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	inst	ructio	ons).
a	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>			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruc	ctions)		
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 on 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. Answer lines 3a and 3b below.			
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.	3a		
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.	3b		

Schedu	e A (Form 990) 2021 HEALING GROVE HEALTH CENTER INC A S		84-4194	962	Page
Part	, , , , , , , , , , , , , , , , , , ,				
1	Check here if the organization satisfied the Integral Part Test as a qualifying				
	instructions. All other Type III non-functionally integrated supporting organ	izati	ons must complete Section		
Secti	on A - Adjusted Net Income		(A) Prior Year	` '	ent Year onal)
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			
Secti	on B - Minimum Asset Amount		(A) Prior Year	' '	ent Year onal)
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			
C	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 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 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			
Secti	on C - Distributable Amount			Currer	ıt 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			

emergency temporary reduction (see instructions). 6 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization 7 (see instructions).

Enter greater of line 2 or line 3.

Income tax imposed in prior year

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

5

Schedule A (Form 990) 2021 EEA

4 5

Part					
Sect	Current Year				
1	Amounts paid to supported organizations to accomplish ea	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed		
	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				
5	Qualified set-aside amounts (prior IRS approval required)	- provide details in Part	· VI)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.				
9	9 Distributable amount for 2021 from Section C, line 6			9	
10	10 Line 8 amount divided by line 9 amount 10				
		(i)	(ii)		(iii)

Section E - Distribution Allocations (see instructions) Comparison of	10	Line 8 amount divided by line 9 amount	 10	
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2021 a From 2016	Secti	,	 Underdistributions	Distributable
(reasonable cause required - explain in Part VI). See instructions. 3	1	Distributable amount for 2021 from Section C, line 6		
instructions. 3 Excess distributions carryover, if any, to 2021 a From 2016	2	Underdistributions, if any, for years prior to 2021		
3 Excess distributions carryover, if any, to 2021 a From 2016		(reasonable cause required - explain in Part VI). See		
a From 2016	-	instructions.		
b From 2017	3	Excess distributions carryover, if any, to 2021		
c From 2018	а	From 2016		
d From 2019	b	From 2017		
e From 2020	С	From 2018		
f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2021 distributable amount i Carryover from 2016 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2021 from Section D, line 7: \$ a Applied to underdistributions of prior years b Applied to 2021 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2022. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2017 b Excess from 2019 c Excess from 2020 c Excess from 2020 c Excess from 2020	d	From 2019		
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j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2021 from Section D, line 7: a Applied to underdistributions of prior years b Applied to 2021 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2022. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2017 b Excess from 2018 c Excess from 2020 c Excess from 2020	h	Applied to 2021 distributable amount		
4 Distributions for 2021 from Section D, line 7: a Applied to underdistributions of prior years b Applied to 2021 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2022. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2017 b Excess from 2018 c Excess from 2020 d Excess from 2020	i	Carryover from 2016 not applied (see instructions)		
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a Applied to underdistributions of prior years b Applied to 2021 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2022. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2017 b Excess from 2018 c Excess from 2019 d Excess from 2020	4	Distributions for 2021 from		
b Applied to 2021 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2022. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2017 b Excess from 2018 c Excess from 2020		Section D, line 7: \$		
c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2022. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2017 b Excess from 2018 c Excess from 2019 d Excess from 2020	а	Applied to underdistributions of prior years		
5 Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2022. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2017 b Excess from 2018 c Excess from 2019 d Excess from 2020	b	Applied to 2021 distributable amount		
any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. 6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2022. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2017 b Excess from 2018 c Excess from 2020	С	Remainder. Subtract lines 4a and 4b from line 4.		
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6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2022. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2017 b Excess from 2018 c Excess from 2019 d Excess from 2020		any. Subtract lines 3g and 4a from line 2. For result		
and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2022. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2017 b Excess from 2018 c Excess from 2019 d Excess from 2020		greater than zero, explain in Part VI. See instructions.		
Part VI. See instructions. 7 Excess distributions carryover to 2022. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2017 b Excess from 2018 c Excess from 2019 d Excess from 2020	6	Remaining underdistributions for 2021. Subtract lines 3h		
7 Excess distributions carryover to 2022. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2017 b Excess from 2018 c Excess from 2019 d Excess from 2020		and 4b from line 1. For result greater than zero, explain in		
and 4c. 8 Breakdown of line 7: a Excess from 2017 b Excess from 2018 c Excess from 2019 d Excess from 2020		Part VI. See instructions.		
8 Breakdown of line 7: a Excess from 2017 b Excess from 2018 c Excess from 2019 d Excess from 2020	7	Excess distributions carryover to 2022. Add lines 3j		
a Excess from 2017 b Excess from 2018 c Excess from 2019 d Excess from 2020		and 4c.		
b Excess from 2018 c Excess from 2019 d Excess from 2020	8	Breakdown of line 7:		
c Excess from 2019 d Excess from 2020	а	Excess from 2017		
d Excess from 2020	b	Excess from 2018		
5 Funda from 0001	С	Excess from 2019		
e Excess from 2021	d	Excess from 2020		
	e	Excess from 2021		

EEA Schedule A (Form 990) 2021 Schedule A (Form 990) 2021 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

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

OMB No. 1545-0047

Open to Public Inspection

Name o	t the organization		Emp	loyer identification number
HEAL:	ING GROVE HEALTH CENTER INC A S			84-4194962
Pa	rt I Organizations Maintaining Donor Advised F	unds or Other Sim	nilar Funds or Accoun	its.
	Complete if the organization answered "Yes" or			
		(a) Donor ad		(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 v	writing that the accete l	and in donor advised	
3	funds are the organization's property, subject to the organization	~		Yes No
6		_		
6	Did the organization inform all grantees, donors, and donor ac			
	only for charitable purposes and not for the benefit of the done	•		□ v □ v ₋
Day	conferring impermissible private benefit?	• • • • • • • • •		Yes No
Par		E 000 B 111		
	Complete if the organization answered "Yes" or			
1	Purpose(s) of conservation easements held by the organization		_	
	Preservation of land for public use (for example, recreation	n or education)		ically important land area
	Protection of natural habitat		Preservation of a certifi	ied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contri	bution in the form of a cons	servation
	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
С	Number of conservation easements on a certified historic stru	cture included in (a)		2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not o	on a	
	historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, o	r terminated by the organi	zation during the
	tax year ▶			
4	Number of states where property subject to conservation eas	ement is located	•	
5	Does the organization have a written policy regarding the peri	iodic monitoring, inspe	ction, handling of	
	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting, ha			
	▶	,	Ü	3
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and e	nforcing conservation eas	ements during the vear
	▶ \$	3 · · · · · · · · · · · · ·	.	3 · · · · · · · · · · · · · · · · · · ·
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirem	ents of section 170(h)(4)(E	3)(i)
	and section 170(h)(4)(B)(ii)?	, ,	, , , , ,	
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footno		·	
	organization's accounting for conservation easements.	g		
Par	t III Organizations Maintaining Collections	of Art. Historical	Treasures, or Othe	r Similar Assets.
	Complete if the organization answered "Yes" or			
1a	If the organization elected, as permitted under FASB ASC 95			ance sheet works
	of art, historical treasures, or other similar assets held for pub			
	service, provide in Part XIII the text of the footnote to its finar			oo of pasie
b	If the organization elected, as permitted under FASB ASC 95			shoot works of
b	art, historical treasures, or other similar assets held for public	•		
	•	eximplificity education, (or research in futfillerance	or public service,
	provide the following amounts relating to these items:			Φ.
	(i) Revenue included on Form 990, Part VIII, line 1			' <u>'</u>
_	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical trea			provide the
	following amounts required to be reported under FASB ASC	-		. •
a	Revenue included on Form 990, Part VIII, line 1	• • • • • • • • •		· · • \$
h	Assets included in Form 990 Part X			E

Schedule	D (Form 990) 2021 HEALING GROVE HEALTH CENTER INC A S		84-41949	062 Page 2
Part	t III Organizations Maintaining Collections of Art, Historical Treasu	res, or O	ther Similar Ass	
3	Using the organization's acquisition, accession, and other records, check any of the following	that make si	gnificant use of its	
	collection items (check all that apply):			
а	Public exhibition d Loan or exchar	nge program	ıs	
b	☐ Scholarly research e ☐ Other			
С	Preservation for future generations			
4	Provide a description of the organization's collections and explain how they further the organi	ization's exe	mpt purpose in Part	
	XIII.			
5	During the year, did the organization solicit or receive donations of art, historical treasures, or	r other similaı	•	
	assets to be sold to raise funds rather than to be maintained as part of the organization's coll	lection?		Yes No
Part	t IV Escrow and Custodial Arrangements.			
	Complete if the organization answered "Yes" on Form 990, Part IV,	, line 9, or	reported an amo	unt on Form
	990, Part X, line 21.			
1a	Is the organization an agent, trustee, custodian or other intermediary for contributions or other	r assets not		
	included on Form 990, Part X?			Yes No
b	If "Yes," explain the arrangement in Part XIII and complete the following table:			
			Amo	unt
С	Beginning balance	1	С	
d	Additions during the year	1	d	
е	Distributions during the year		е	
f	Ending balance		f	
2a	Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial a	account liabil	ity?	Yes No
b	If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided	ed on Part XII	·	
Part	t V Endowment Funds.			
	Complete if the organization answered "Yes" on Form 990, Part IV,	, line 10.		
	(a) Company (b) Prince (c) To		(d) Three years head	(a) Faurinana haali

		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance					
b	Contributions					
С	Net investment earnings, gains, and					
	losses					
d	Grants or scholarships					
е	Other expenditures for facilities and					
	programs					
f	Administrative expenses					
g	End of year balance					
_						

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

а	Board designated or quasi-	endo	owment	▶_	9	%
b	Permanent endowment	•		%		
_	Torm and aumont		0/			

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

org	anization by:		Yes	No
i)	Unrelated organizations	3a(i)		
ii)	Related organizations	3a(ii)		
f "	Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

b

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

	Complete if the organization anowered Tee on Femine 1911, and Tra. Gee Femine 191.					
	Description of property	(a) Cost or other basis	(b) Cost or other basis	(c) Accumulated	(d) Book value	
		(investment)	(other)	depreciation		
1a	Land					
b	Buildings					
C	Leasehold improvements	382,194		75,650	306,544	
d	Equipment	44,127		6,758	37,369	
e	Other					
Total.	Add lines 1a through 1e. (Column (d) must equal	Form 990, Part X, colum	n (B), line 10c.)	 	343,913	

EEA Schedule D (Form 990) 2021

84-4194962

Dart VII	Investments -	Other	Securities
Pail VII	HIVESHIEHIS -	Oulei	Securities

(a) Decorption of Incountry or rangeory (b) Book value (c) Matthed of valuation (Cost or and of-year market value (c) Closely-held equity inherests (c) Closely (c) Closel	rait vii	Complete if the organization answered	d "Yes" on For	m 990, Part	IV, line 11	o. See Form	990, Part X, line 12.
(1) Financial derivatives		(a) Description of security or category				(c)	Method of valuation:
(2) Clasely-hald equally interests (A) (B) ((4) Financial a					Cost or e	nd-of-year market value
(3) Other (A) (B) (C) (C) (D) (E) (F) (G) (G) (F) (G) (G) (F) (F) (G) (F) (F) (G) (F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F	` ,		• • • • • •				
(A) (B) (C) (C) (D) (C) (C) (F) (G) (G) (H) (Total (Column (b) must equal Form 990, Part X, col. (B) line 12.)▶ Part VIII Investments - Program Related.	,	ad equity interests	• • • • • •				
(B) (C) (C) (D) (E) (E) (F) (G) (F) (G) (F) (G) (F) (G) (F) (G) (F) (F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F							
C C C C C C C C							
(ii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iiii) (iii)							
(F) (G) (G) (H) Totals (Column (b) must equal Form 990, Part X, col. (B) line 12.)▶ Part VIII Investments - Program Related.							
(G)							
(G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12)							
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12)							
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12							
Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Coord or end-of-year market value							
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Member of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10	Total. (Colum		'.) ▶				
(a) Description of investment (b) Book value (c) Method of valuation: Cost of end-of-year market value (c) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	Part VIII						
(1) (2) (3) (4) (5) (6) (7) (8) (9) (7) (8) (9) (7) (8) (9) (1) (1) (1) (2) (8) (9) (9) (1) (1) (1) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (1) (1) (1) (1) (1) (2) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (9) (1) (1) (1) (1) (1) (1) (1) (1) (2) (1) (2) (1) (2) (1) (3) (1) (3) (1) (3) (1) (3) (1) (3) (1) (3) (1) (3) (1) (3) (1) (3) (1) (3) (1) (3) (1) (3) (1) (3) (1) (3) (1) (3) (3) (3) (4) (4) (5) (5) (6) (7) (7) (8) (8) (9) (9) (9) (10) (11) (11) (12) (13) (14) (15) (15) (15) (16) (17) (17) (18) (18) (19) (19) (10) (10) (10) (10) (10) (10) (10) (10		Complete if the organization answered	d "Yes" on For	m 990, Part	: IV, line 110	c. See Form 9	990, Part X, line 13.
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX		(a) Description of investment		(b) Book va	lue		
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX	(1)						
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value (1) FREPAID RENT (b) Exercition (b) Book value (2) Exercition 1 in Progress 13, 12 (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). ▶ 48, 46 Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) Due To Big Foundation 90 (3) Description of liability (b) Book value (2) Due To Big Foundation 90 (3) Description of liability (b) Book value (2) Description of liability (b) Book value (2) Description of liability (b) Book value (3) Other Liabilities (c) Other							
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) PREPAID RENT (2) DEPOSIT - LONG TERM (3) 13, 11 (3) CONSTRUCTION IN PROGRESS (19, 36 (6) (7) (8) (9) (9) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)▶ 48, 46 Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (e) Description of liability (b) Book value (1) Federal innorme taxes (2) DEFERRED RENT 94, 115 (4) DEFERRED CONCIERGE REVENUE 13, 648 (5) EFFERRED GRANT REVENUE 30,000 (6) MAIL BUSINESS LOAN 45,900 (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.). ▶ 183,753 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the							
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value (1) PREPAID RENT (2) Description (3) Description (4) PREPAID INSURANCE (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)							
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) Separation IN PROGRESS (19, 36) (4) PREPAID INSURANCE (12, 74) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)							
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX							
(8) (9) (9) (9) (9) (9) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) PREPAID RENT (3) 24 (2) DEPOSIT - LONG TERM (3) 13, 11 (3) CONSTRUCTION IN PROGRESS (19, 24 (5) (6) (7) (8) (9) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)							
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)							
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)							
Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.		n (h) must equal Form 990. Part X. col. (R) line 13)				
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) PREPAID RENT 3, 24 (2) DEPOSIT - LONG TERM 13, 11 (3) CONSTRUCTION IN PROGRESS 19, 36 (4) PREPAID INSURANCE 12, 74 (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). ► 48, 46 (Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2DUE TO HG FOUNDATION 90 (3) DEFERRED CONCIERGE REVENUE 13, 648 (5) DEFERRED GRANT REVENUE 30, 000 (6) EMALL BUSINESS LOAN 45, 900 (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► 183,753 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the			.,				
(a) Description (b) Book value (1PREPAID RENT 3,24 (2DEPOSIT - LONG TERM 13,11 (3PONSTRUCTION IN PROGRESS 1,2,74 (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). ► 48,46 Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2DUE TO HG FOUNDATION 90 (3DEFERRED RENT 94,115 (4DEFERRED CONCIERGE REVENUE 13,648 (5DEFERRED GRANT REVENUE 30,000 (6) (7) (8) (9) (7) (8) (9) (9) (1) Folds (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► 183,753 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	Turtix		l "Ves" on For	m 000 Part	IV line 11	See Form	000 Part X line 15
(1) PREPAID RENT (2) DEPOSIT - LONG TERM (3) CONSTRUCTION IN PROGRESS (4) PREPAID INSURANCE (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). ► 48,46 Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) UE TO HG FOUNDATION 90 (3) DEFERRED RENT 94,115 (4) DEFERRED CONCIERGE REVENUE 13,648 (5) DEFERRED GRANT REVENUE 30,000 (6) SMALL BUSINESS LOAN 45,900 (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.). ► 183,753 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	-	· •		111 000, 1 011		1. 000 1 01111	
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Part			Return.
	Complete if the organization answered "Yes" on Form 990, Part I	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 2a	1	
b	Donated services and use of facilities)	
С	Recoveries of prior year grants	:	
d	Other (Describe in Part XIII.) 2d	i	
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 4a	1	
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
Part			r Return.
	Complete if the organization answered "Yes" on Form 990, Part I	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	1	
b	Prior year adjustments)	
С	Other losses	:	
d	Other (Describe in Part XIII.)	i	
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	1	
b	Other (Describe in Part XIII.)		
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
Part			
	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines		art X, line
2; Part	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ad	Iditional information.	
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EEA Schedule D (Form 990) 2021

SCHEDULE O (Form 990)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or Form 990-EZ.

Form 990 for the latest information.

Open to Public Inspection

Employer identification number

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 OFFICER COMPENSATION LISTED ON THIS RETURN. 04. Other officer or key employee compensation (Part VI, line 15b THERE IS OFFICER COMPENSATION THIS YEAR. 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.

990	Overflow Statement (This page is not filed with the return. It is for your records only.)	2021 Page 1
Name(s) as shown on return		FEIN
HEALING GRO	VE HEALTH CENTER INC A S	84-4194962

OTHER INCOME

Description	Amount
HEALING GROVE HEALTH GRANT	\$ 847,000
PROGRAM INCOME	3,140
DONATIONS	3,519
TAX REFUND	9,671
LEGAL REFUNDS	13,036
Total:	\$ 876,366

FUNCTIONAL EXPENSES - PROGRAM SERVICES

Description	Amount
MEDICAL WASTE	\$ 715
GENETIC TESTING	8,516
COVID SHIPPING	163
MISC MEDICAL EQUIPMENT	38
MEDICAL FORMS AND SUPPLIES	9,016
AUTO AND TRANSPORTATION COSTS	2,846
BACKGROUND CHECKS	505
EMPLOYMENT PROGRAM	9,520
POSTAGE-FEDEX	1,054
SPORTS PROGRAM FACILITY RENTALS	1,131
STAFF APPRECIATION	5,038
MEALS AND ENTERTAINMENT	288
FOOD	7,693
OTHER SUPPLIES	8,341
PATIENT GIFT CARDS	3,686
MISC	163
MISC EQUIPMENT	889
LOSS ON DISPOSAL OF FIXED ASSETS	6,130
Total	l: \$ 65,732

FUNCTIONAL EXPENSES - MANAGEMENT AND GENERAL

Description	Amount
TRAINING	\$ 2,396
BOOKS	2,693
BANK AND CREDIT CARD FEES	3,719
PROFESSIONAL MEMBERSHIP FEES AND DUES	1,114
MEDICAL LICENSING	3,820
MEDICAL WASTE	715
FACILITY MAINTENANCE	424
Total:	\$ 14,881

990	Overflow Statement (This page is not filed with the return. It is for your records only.)	2021 Page 2
Name(s) as shown on return		FEIN
HEALING GRO	VE HEALTH CENTER INC A S	84-4194962

Description PROPUGETON			Amount
JIDEO PRODUCTION	 Tot	;al: \$	6,292 6,292

Next Year's Depreciation Worksheet

2021 (This page is not filed with the return. It is for your records only.)

Tax ID Number Name(s) as shown on return HEALING GROVE HEALTH CENTER INC A S 84-4194962

	HEALTH CENTER INC A S			_		1194962
n Multi-Form	Description	Date	Basis	Method	Life	Deduction
1	BUILDINGS - LEASEHOLD IM	11-30-2020	387,998	SL	39	9,949
1	FURNITURE AND FIXTURES	11-30-2020	795	М	5	153
1	COMPUTER EQUIPMENT	11-30-2020	19,976	м	5	3,835
1	MEDICAL EQUIPMENT	11-30-2020	11,946	M	5	2,294
1	AUTOMOBILES	11-30-2020	4,740	м	5	910
1	OTHER EQUIPMENT	11-30-2020	5,920	м	5	1,137
	TOTAL					18,278