Form	990
FOIIII	220

Department of the Treasury Internal Revenue Service

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# \*\* PUBLIC DISCLOSURE COPY \*\* Return of Organization Exempt From Income Tax

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

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

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



<u>A</u>	For the	e 2021 calendar year, or tax year beginning and	ending					
Ba	Check if pplicabl	e: C Name of organization		D Employer identific	cation number			
	Addre	HEALING HOUSING, INC.						
	Name			47-375804	41			
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number				
	Final return	P.O. BOX 2385		888-445-4				
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	812,286.			
	Amen return	BRENTWOOD, IN 37024		H(a) Is this a group re				
	Applic tion pendi	F Name and address of principal officer: INACEI DEVINE		for subordinates				
	·	SAME AS C ABOVE		H(b) Are all subordinates in				
		empt status: $X = 501(c)(3) = 501(c) () = 4947(a)(1) ()$	or 527		list. See instructions			
_		te: WWW.HEALINGHOUSING.ORG		H(c) Group exemption				
	orm of art I	rorganization: X Corporation Trust Association Other ►	<b>L</b> Year	of formation: 2015 N	State of legal domicile: <b>TN</b>			
Г								
e		Briefly describe the organization's mission or most significant activities: <u>TO RI</u> WOMEN IN RECOVERY FROM DRUG AND ALCOHOL A			LIVING IO			
Activities & Governance		Check this box  Check this box			ata			
/err	23	-	ons or disposed of more than 25% of its net assets.					
ğ		Number of independent voting members of the governing body (Part VI, line 1a)		<u>    10</u> 10				
8			of individuals employed in calendar year 2021 (Part V, line 13)					
ties		Total number of volunteers (estimate if necessary)		<u> </u>				
ži		Total unrelated business revenue from Part VIII, column (C), line 12			28.			
Ă		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.			
				Prior Year	Current Year			
	8	Contributions and grants (Part VIII, line 1h)		368,548.	782,036.			
nue	9	Program service revenue (Part VIII, line 2g)		18,105.	30,222.			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		64.	28.			
Ê	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-6,518.	0.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		380,199.	812,286.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		159,586.	184,948.			
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
Expenses		Total fundraising expenses (Part IX, column (D), line 25)  53,40						
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		219,078.	287,665.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		378,664.	472,613.			
		Revenue less expenses. Subtract line 18 from line 12		1,535.	339,673.			
S OF			Be	ginning of Current Year	End of Year			
sset	20	Total assets (Part X, line 16)		200,826.	552,421.			
Net Assets (	21	Total liabilities (Part X, line 26)		38,361.	31,312.			
ž	22	Net assets or fund balances. Subtract line 21 from line 20		162,465.	521,109.			
1 2 2								

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer		Date						
Here	TRACEY LEVINE, EXECUTI	VE DIRECTOR							
	Type or print name and title								
	Print/Type preparer's name	Preparer's signature	Date Check	] PTIN					
Paid	FRANCES E. LEAHY	FRANCES E. LEAHY	11/14/22 self-employed	P00713593					
Preparer	Firm's name 🕒 KRAFTCPAS PLLC		Firm's EIN 🕨 62	2-0713250					
Use Only	Firm's address 🖕 555 GREAT CIRCLE	ROAD							
	-242-7351								
May the IRS discuss this return with the preparer shown above? See instructions									
132001 12-0	132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)								

<pre>If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in hov If "Yes," describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of Section 501(c)(3) and 501(c)(4) organizations are required to report the am revenue, if any, for each program service reported. 4a (code:) (Expenses \$ 362,719. including grants of \$ HEALING HOUSING IS A NONPROFIT RESIDE WOMEN WITH LIMITED FINANCIAL RESOURCE ARE HEALING FROM ALCOHOL AND DRUG ADD WE'VE SERVED MORE THAN 400 WOMEN, PRO PARTICIPANTS AND CELEBRATED MORE THAN HAVE REMAINED SOBER DURING THEIR PART AND A GROWING SISTERHOOD OF ALUMNAE A SUPPORT FOR LIFELONG RECOVERY. HEALING HOUSING PROVIDES RESIDENTS HO CARE, INCLUDING:  * COMPLETE PSYCHOLOGICAL EVALUATION, 4b (code:) (Expenses \$ including grants of \$</pre>	IN RECOVERY FROM DRUG AND /ear which were not listed on the //ear were
1       Briefly describe the organization's mission:         TO RESTORE PURPOSEFUL LIVING TO WOMEN ALCOHOL ADDICTION.         2       Did the organization undertake any significant program services during the prior Form 990 or 990-E2?         If "Yes," describe these new services on Schedule O.         3       Did the organization cease conducting, or make significant changes in how if "Yes," describe these changes on Schedule O.         4       Describe the organization's program service accomplishments for each of Section 501(c)(3) and 501(c)(4) organizations are required to report the am revenue, if any, for each program service reported.         4a       (Code:) (Expenses \$ 362,719.including grants of \$ HEALING HOUSING IS A NONPROFIT RESIDE WOMEN WITH LIMITED FINANCIAL RESOURCE ARE HEALING FROM ALCOHOL AND DRUG ADD WE' VE SERVED MORE THAN 400 WOMEN, PROPARTICIPANTS AND CELEBRATED MORE THAN HAVE REMAINED SOBER DURING THEIR PART AND A GROWING SISTERHOOD OF ALUMNAE A' SUPPORT FOR LIFELONG RECOVERY.         HEALING HOUSING PROVIDES RESIDENTS HO CARE, INCLUDING: * COMPLETE PSYCHOLOGICAL EVALUATION,         4b         (Expenses \$	IN RECOVERY FROM DRUG AND  //ear which were not listed on the  //ear which were not listed on the  it conducts, any program services?
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4c       (Code:) (Expenses \$ including grants of \$	
4c         (Code:) (Expenses \$ including grants of \$	
	) (Revenue \$
4d Other program services (Describe on Schedule O.)	
(Expenses \$ including grants of \$	
4e         Total program service expenses         362,719.	) (Revenue \$ )
	Form <b>990</b> (202
2 31114 781331 22934-22934 2021.0	) (Revenue \$ ) Form <b>990</b> (202

Form	990	(2021)
FUIII	990	(2021)

 Form 990 (2021)
 HEALING HOUSING, INC.

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes." complete			
-	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
-	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	<u> </u>		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	Part VI	11a	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	110		
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
~	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ч	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
u		11d		x
•	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e	Х	- 23
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		23	
f	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
10-	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		- 23	
IZd		12a	х	
h	Schedule D, Parts XI and XII	12a	- 23	
D		12b		x
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	120		X
14a	Did the survey includes a second state of the state of th	14a		X
		140		- 23
U	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
15		15		x
16	foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		- 23
10		16		x
17	or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<u> </u>
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<b>–</b> "		<u> </u>
10		18		x
19	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"		1	
13		19		x
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
		20a 20b		
	It "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
21		04		x
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		1 27

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Form	aan	(2021)
FUIII	330	120211

Form	<u>990 (2021)</u> HEALING HOUSING, INC. 47-37	58041	P	age <b>4</b>
	rt IV Checklist of Required Schedules (continued)	<u>,,,,</u>		age -
	i (ontindod)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	. 23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<b>24b</b>		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
-1	any tax-exempt bonds?	. <u>24c</u>		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<b>24d</b>		<u> </u>
258	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a discussified person during the year? (6) Year a complete Ochastula (2) Part (	25a		x
h	transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		
D D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
		25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	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 persons? If "Yes," complete Schedule L, Part III			X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	. 28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	<b>28</b> b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	. <b>28c</b>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	. 30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
00	Schedule N, Part II	. 32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	. 33		
54	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2			X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		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           t V         Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		$\square$
		<u>م</u>	Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a	3		
	Enter the number of Forms W-2G included on 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		v	
	(gambling) winnings to prize winners?	<b>1</b> C		
132004	↓ 12-09-21 <b>/</b>	Form	1330	(2021)

# 15131114 781331 22934-22934

<sup>2021.05000</sup> HEALING HOUSING, INC. 22934-21

b       If Yes, "tosi Thise it Tries a form 980-T for this yes," <i>If Yes</i> To line 3b, provide an explanation on Schedule 0       90         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 bark account, securities account; or other financial account);       4a         b       If Yes," enter the name of the foreign country (such as a bark account, securities account; or other financial accounts (FBAR).       5a         5a       Was the organization the organization file form 808617       5a         5b       Dota by taxable party notify the organization file form 808617       5a         5a       Dota by taxable party notify the organization file form 808617       5a         5a       Dota by taxable party notify the organization file form 808617       5a         5a       Dota by taxable party notify the organization file form 808617       5a         5a       Dota by taxable party notify the organization file a schartable contributions?       5a         5b       D'se the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       5b         7       Organization seve againment necess 057 formate party as a contribution of autom 70(c).       7a         7       Did the organization netwing againment necess 057 formate party as a contribution or autom fanom 20 morautom file forem 80828       7c <th></th> <th></th> <th>1</th> <th></th> <th>Yes</th> <th>No</th>			1		Yes	No
b       It atest one is reported on line 2a, dd the organization file all required to <i>e-file</i> . See instructions.       2a       X         3a       Dd the organization have unrelated basiness gross income of \$1,000 or more during the year?       3a       3a         3b       D d the organization have unrelated basiness gross income of \$1,000 or more during the year?       3a       3a         3c       A tary time during the catendary sun, dit the organization have an interest 1, or a signature or other authority over, a financial accounts (FBR).       5a       4a         3c       Was the organization approximation thave an interest 1, or a signature or other authority over, a financial accounts (FBR).       5a       5a         3c       Was the organization approximation that its may time during the axy set?       5a       5a       5a         3c       Was the organization approximation that its was or is a party to a prohibited tax sholter transaction?       5b       5a       5a         3c       Organization shart was not ac docurbles or shurlable contributions?       7a       7a </td <td>2a</td> <td></td> <td>- F</td> <td></td> <td></td> <td></td>	2a		- F			
Note: If the sum of lines 1a and 2a is greater than 220, you may be required to <i>x</i> -fits. See instructions.         Image: Control of the set o					v	
30       Did the organization have unrelated business gross income of \$1,000 or more during the year?       30         b       If 'Yes', has If the al Form 9900 for this year? <i>B Not 's time 30, provide an explanation or Schedule O</i> 30         c       At any time during the calendar year, did the organization have an interest in, or a signuture or other authonty over, a francial accounts in strongin country is used to any time during the taxy sen?       4a         b       If 'Yes', instal fitted a Form 9900 any the sa bank account, securities account, or other financial Accounts (FBAF).       5a         b       B       Sensitivities or the organization fitted the organization fitted the may time during the taxy year?       5a         c       If 'Yes', instal fitted a form 9900 regross that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible a charitable contributions?       5a         c       If 'Yes', if due organization fitted were were saitaten an that such contributions or gifts were not tax deductible contributions under section 170(c).       6b         d       If 'Yes', if due organization network were saitaten an tharty for goods and services provided the pays and the signal account of the argonization services provided 7       7a         d       If 'Yes', if due organization receive deductible contributions and argonization services provided 7       7a         d       If 'Yes', if due organization fitted were were saitaten that such contribution cons accos argonization sequinter saitatin a gene sai	b			2b		
b       If Yes, * has If liked a Form 350-T for this yea?       If Yes, * has If liked a Form 350-T for this yea?       If a 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 Toreign country (such as a bank account, securities account, or other financial account)?       If * Yes, * enter the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAP).       If * Yes, * enter the name of the foreign country (such as a bank account, securities account, or other financial Accounts (FBAP).         56       Was the organization the organization that it was or is a party to a prohibited tax sheler transaction?       If a         50       Did any taxabia party notify the organization that it was or is a party to a prohibited tax sheler transaction solit       If * Yes, * id the organization nual gross necelys that are normally greater than \$100,000, and did the organization solit       If * Yes, * id the organization nual gross necelys that are normally greater than \$100,000, and did the organization solit was required       If * Yes, * id the organization nual gross necelys that are normally greater than \$100,000, and did the organization solit was required       If * Yes, * id the organization nucleus exhibite transaction a party to godd and services provided to the party or the was required       If * Yes, * id the organization nucleus exhibite transaction and party for godd and services provided to the party or the was required       If * Yes, * id the organization nucleus exhibite transaction and party for godd and services provided to the party or the was required       If * Yes, * id the organization nucleus exhibite transaction       If * Yes, * *	0-			0-		x
4a       At any time during the calendar year, did the organization have an interest in, or a signature or other submetly over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR), between the near of the foreign country between the submetly counts (FBAR), between the organization is bank account, so curities account, or other financial accounts (FBAR), between the organization is form 1890, FTP 14, Report of Foreign Bank and Financial Accounts (FBAR), between the organization is form 1890, FTP 14, Report of Foreign Bank and Financial Accounts (FBAR), between the accounts of the organization is form 8896, TP 160, Between the startice of the foreign experiments for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), between the accounts act decutable form 8896, TP 14, Sec 1, Sec 1						
fnancial account in a foreign country (such as a bank account, securities account, or other financial account)?       4a         b If "Yes," enter the name of the foreign country is provided to the provided on the organization and the organization that the was or is a party to a prohibuted tax shelter transaction?       5a         5a Was the organization the organization that the was or is a party to a prohibuted tax shelter transaction?       5b         5b D dary taxabile party notify the organization that the was or is a party to a prohibuted tax shelter transaction?       5c         6 Does the organization the organization that the was or is a party to a prohibuted tax shelter transaction?       5c         6 Does the organization nucled with every solicitation an express statement that such contributions orgits were not tax deductible contributions?       6b         7 Organizations that may receive deductible contributions under section 170(c).       7a       7a         10 If the organization notify the donor of the value of the goods or services provided 10 the pavo?       7a       7a         10 If the organization netwing way myensi.       7a       7a       7a       7a         10 If the organization netwing way myensi.       7a				30		
b       If 'Yes,' end the mere of the foreign country       Image: the second s	44			12		x
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       Sa         50       Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?       Sa         51       Was the organization have annual gross receipts that are normally greater than \$100.000, and did the organization solid ary contributions should be organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions?       So         11       11 "vss," did the organization near express of \$15 made party as a contribution and party for goods and services provided to the payor?       7a         11       11 "vss," did the organization near express of \$15 made party as a contribution and party for goods and services provided to the payor?       7b         11       11 "vss," did the organization notify the donor of the value of the goods or services provided?       7b         12       12 did the organization and, express statement that such contract?       7c         14       11 "vss," did the organization notify the donor of the value of the goods or services provided?       7c         14       11 "vss," did the organization failed via quified intelectual property, dir which it was required?       7c         14       11 "vss," via the number of Forms 8282 field during the year       7d       7d         14       11 "vss," via the mainthi of a form advised fund Asset funds.       7a	h			- <del>1</del> 0		
5a       Was the organization a party to a prohibited tax sheler transaction at any time during the tax year?       5a       1         b       Did any taxable party notify the organization file Form 886617.       5c       5c         6a       Dest the organization have annual gross receipts that are normally greater than \$100.000, and idd the organization solicit any contributions that ween tax adductible as charitable contributions?       6a         7       Organization have annual gross receipts that are normally greater than \$100.000, and idd the organization solicit any contributions that may receive deductible contributions and party for goods and services provided?       6a         7       Organization stat may receive deductible contributions under section 170(c).       7a       7a         7       Organization notify the donor of the value of the goods or services provided?       7b       7c         7       Did the organization notify the donor of the value of the goods or services provide?       7c       7c         7       Did the organization notify the donor of the value of the goods or services provide?       7c       7c         8       H "Yes," idd the organization notify the donor of the value of the organization file Form 8082 filed during the year       7d       7d       7d         9       If we organization contribution of cars, bots, airplanes, or other value of contract?       7d       7d       7d         9       Sponsoring organizatio	U		counts (EBAB)			
b       Did any taxable party notify the organization file Form 8886-7?       56       56         c       If 'Yes' to line 5a or 5b, did the organization file Form 8886-7?       6a       5c         d       Does the organization nave annual gross receipts that are normally greater than \$100,000, and did the organization solidt any contributions of the organization include with every solicitation an express statement that such contributions or gitts were not tax deductible as charable contributions?       6a       6a         7       Organization stat may receive deductible contributions under section 170(c).       7a       7a       7a         0       If the organization notify the donor of the value of the goods or services provided?       7b       7c       7c         c       Did the organization notify the donor of the value of the goods or services provided?       7c       7c         d       If 'Yes,' idd the organization notify the donor of the value of the goods or services provided?       7c       7c         d       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7c       7d         g       If the organization receive as contribution of qualified intellectual property, did the organization file a Form 8899 as required?       7t       7t         g       If the organization make any taxable distributions under section 4966?       9a       9a       9b       9a       9b	5a			5a		X
c       If "Yes" to line 5a or 5b, did the organization file Form 8896-17       5c         Ga       Dess the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that ween tot tax deductible a charitable contributions?       6a         D       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions and parity for goods and services provided to the payor?       7a         7       Organizations that may receive deductible contributions under section 170(c).       10 the organization notify the donor of the value of the goods or services provided?       7b         7       Did the organization notify the donor of the value of the goods or services provided?       7c       7c         10 the organization covering any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7c       7d         11 'Yes, " indicate the number of Forms 8282 filed during the year       7d       7d       7d         11 the organization receive a contribution of qualified intellectual property, did the organization file a Form 10886 or 1008-C?       7n       7d         12 the organization maintaining donor advised funds.       Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       9a         9 sponsoring organization make a distribution to a donor, donoradvised fund maintained by the sponsoring organization m						X
6a       Des the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?       6a       6a         bit "Ves," did the organization include with every solicitation an express statement that such contributions or gitts were not tax deductible contributions under section 170(c).       6b       6c         bit the organization neceve apayment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payo?       7a						
ary contributions that were not tax deductible as charitable contributions?       6a       6b         b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       7a         c) Did the organization tay receive deductible contributions under section 170(c).       7a       7a         a) Did the organization notify the donor of the value of the goods or services provided?       7a       7a         c) Did the organization notify the donor of the value of the goods or services provided?       7a       7a         c) Did the organization notify the donor of the value of the goods or services provided?       7a       7a         c) Did the organization receive any kinds, directly or indirectly, no parsonal benefit contract?       7t       7t         d) If "Yes," indicate the number of Forms 8282 filed during the year       7d       7t       7t         d) Did the organization received a contribution of qualified intellectual property, did the organization file Form 898 as required?       7t       7t         f) If the organization maintaining door advised funds.       Did a contrabuscion maintaining door advised fund.       8       8         g) Sponcoring organization make any taxable distributions under section 4966?       9a       9b       9b       9b         Did the sponsoning organization make any taxable distributions under section 4966?       9a       9b       9b						
b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6b         7       Organizations that may receive deductible contributions under section 170(c).       10         b       If "Yes," did the organization excess of \$55 made partly as a contribution and partly for goods and services provided to the payor?       7a         b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b         c       Did the organization service any tunds, directly or indirectly, to pay premiums on a personal benefit contract?       7c         c       Did the organization receive a contribution of qualified infleticular property, id the organization file a Tom 889 as required?       7d         f       Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Tom 898 as required?       7d         f       H of the organization maken at traxible distributions under section 49667       9a         9       Sponsoring organization make ang traxible distributions under section 49667       9a         9       Sponsoring organizations. Enter:       10a         a       Initiation feas and capital contributions included on Part VIII, line 12       10a         10       Section 501(c)(2) organizations. Enter:       10a       10b         a       Gross income from membe				6a		x
were not tax deductible?     6b       7     Organizations that may receive deductible contributions under section 170(c).     7a       9     Did the organization nective a payment in excess of \$75 made partly as a contribution and partly for goods and services provided?     7b       0     Did the organization nective a payment in excess of \$75 made partly as a contribution and partly for goods and services provided?     7b       0     Did the organization nective a payment in excess of \$75 made partly as a contribution and partly for goods and services provided?     7c       10     Hores, 'indicate the number of Forms 8282 filed during the year     Ta     7c       11     Ta     7c     7c     7c       12     If 'tyes,' indicate the number of Forms 8282 filed during the year     7a     7c     7c       11     If the organization received a contribution of qualified intellectual property, did the organization file Form 0898 as required?     7n     7a       11     the organization meceived a contribution of cars, boats, anighanes, or other vehicles, did the organization file Form 0896?     7a     7a       11     the organization received a contribution of cars, boats, anighanes, or other vehicles, did the organization file Form 0898.     7a     7a       12     Sponsoring organization make any taxable distributions under section 4966?     9a     9b     9a       10     Did the sponsoring organization nacle a distribution to a donor, donora dv	b					
7       Organizations that may receive deductible contributions under section 170(c).       7a         a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a       7a         bill the organization notify the donor of the value of the goods or services provided?       7a       7a       7a         c Did the organization notify the donor of the value of the goods or services provided?       7a       7a       7a         c Did the organization notify the donor of the value of the goods or services provided?       7a       7a       7a         c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7c       7t	~			6b		
a       bit the organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided 7       78       78         b       ft "Yes," did the organization netly the donor of the value of the goods or services provided 7       78       78         c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       76       78         d       If "Yes," indicate the number of Forms 8282 filed during the year       71       74       74         d       If "Yes," indicate the number of Forms 8282 filed during the year       72       74       74         d       If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       76       76         d       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098C7       78       78         9       Sponsoring organization make any taxable distributions under section 49667       98       9       9         9       Sponsoring organization make any taxable distributions under section 49667       96       9       9         10       drass income from there sources. Dran or bar velices       10a       10a <td>7</td> <td></td> <td></td> <td></td> <td></td> <td></td>	7					
b       f"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       f"Yes," indicate the number of Forms 8282 filed during the year       7d       7d         d       f"Yes," indicate the number of Forms 8282 filed during the year pay premiums, directly or indirectly, on a personal benefit contract?       7f       7f         f       Did the organization, diring the year, pay premiums, directly, on a personal benefit contract?       7f       7f         g       Sponsoring organization maintaining doora advised funds. Did a doora advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       8a         b       Did the sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organization make any taxable distributions under section 4966?       9a         b       Gross income from methes or shareholders       10a         t       Intel contractive of mother sources. (Do not net amounts due or paulit to the resources against amounts due or received from them.)       11b         coss income from methes or shareholders       11a       10b         coss income from methems or shareholders       12b       13a         section 50			vices provided to the pavor?	7a		x
c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       76       76         d       If "Ses," indicate the number of Forms 8282 filed during the year       7d       76       76         d       If wear, indicate the number of Forms 8282 filed during the year       7d       76       77         d       If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7f       76       77         f       Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7f       7f </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>						
to file Form 8282?       7c         d If "Yes," indicate the number of Forms 8282 filed during the year       7d         7d       7d         8       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7f         7d       1       1         7d       1       1       1         7d       1       1       1       1         7d       1       1       1       1       1       1       <						
d       If "Yes," indicate the number of Forms 8282 filed during the year       Image: Contract in the image: Contrest in the image: Contrest in the image: Contract in the image: C	-			7c		x
e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       7e         f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7f       7f         g       If the organization received a contribution of qualified intellectual property, did the organization file a Form 198e.C?       7g       7g         8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a         9       Sponsoring organizations maintaining donor advised funds.       9a       9a         9       Sponsoring organizations maintaining donor advised funds.       9a       9a         9       Sponsoring organization make any taxable distributions under section 4966?       9a       9a         9       Socton 501(c)(7) organizations. Enter:       10a       10a       10b         11       Section 501(c)(12) organizations. Enter:       11a       10b       10b         12       Socton 501(c)(12) organizations. Enter:       11a       11b       12a         13       Section 501(c)(12) organizations. Enter:       11a       11b       12a         14       Socton 501(c)(20) arganization filteres treeoived or accrued during the year       12b	d					
f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       77       78         g       If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-07       78         h       If the organization received a contribution of acris, boats, airplanes, or other vehicles, did the organization file a Form 1098-07       71         h       If the organization received a contribution of acris, boats, airplanes, or other vehicles, did the organization file a Form 1098-07       71         h       Sponsoring organization maintaining donor advised funds.       Did the sponsoring organization make any taxable distributions under section 4966?       9a         9       Did the sponsoring organization make any taxable distribution sunder section 4966?       9a       9b         9       Section 501(c)(7) organizations. Enter:       10a       10b       10b         11       Borss income from members or shareholders       11a       10b       10b         12       Section 501(c)(2) organizations. Enter:       11a       10b       10b       10c         12       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in leu of Form 1041?       12a       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a       13a       13a </td <td></td> <td></td> <td>I</td> <td>7e</td> <td></td> <td>X</td>			I	7e		X
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-C?         8       Sponsoring organization have excess business holdings at any time during the year?       8         9       Sponsoring organization make any taxable distributions under section 4966?       9a         9       Did the sponsoring organization make any taxable distributions under section 4966?       9a         9       Section 501(c)(7) organizations. Enter:       10a       10a         10       Initiation fees and capital contributions included on Part VIII, line 12       10a       10b         9       Socion 501(c)(7) organizations. Enter:       10b       10b       10b         11       Section 501(c)(12) organizations. Enter:       10a       10b       10b         12       Socion 501(c)(12) organizations. Enter:       10b       10b       10b         23       Section 501(c)(12) organizations. Enter:       11b       12a       12a         3       Gross income from them sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       12b       12a         24       Section 501(c)(22) qualiffed nonprofit health insurance issuers. <td></td> <td></td> <td></td> <td></td> <td></td> <td>X</td>						X
h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h         8       Sponsoring organizations maintaining donor advised funds.       8         9       Sponsoring organization make excess business holdings at any time during the year?       8         9       Sponsoring organization make any taxable distributions under section 4966?       9a         9       Did the sponsoring organization make any taxable distributions under section 4966?       9a         0       Section 501(c)(7) organizations. Enter:       10a         1       Initiation fees and capital contributions included on Part VIII, line 12       10a         1       Section 501(c)(12) organizations. Enter:       10b         a       Gross income from methers ourses. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11a         2       Section 501(c)(2) qualified nonprofit health insurance issuers.       12b       12a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note: See the instructions for inddor atning services during the year?       14a       14b       14b       14b         b       I'see, "neat the amount of reserves on hand       13a       13a       13a       13a         No				7g		
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9       Sponsoring organizations maintaining donor advised funds.       9a         a       Did the sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organization make any taxable distribution to a donor, donor advisor, or related person?       9b         0       Section 501(c)(7) organizations. Enter:       10a       10a         1       Initiation fees and capital contributions included on Part VIII, line 12       10a       10b         1       Section 501(c)(12) organizations. Enter:       10b       10b       10b         1       Section 501(c)(12) organizations. Enter:       10a       11b       11b         a       Gross income from members or shareholders       11a       11b       12a         b       Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a       13a         13       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a       13a       14a       14a <t< td=""><td></td><td></td><td>,</td><td>8</td><td></td><td></td></t<>			,	8		
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10       Section 501(c)(7) organizations. Enter:       10a       10b         a       Initiation fees and capital contributions included on Part VIII, line 12. for public use of club facilities       10b       10b         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       10b         11       Section 501(c)(12) organizations. Enter:       11a       10b       10b         a       Gross income from members or shareholders       11a       11b       12a         b       Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         22a       Section 4947(a)(11 non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         3       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a       13a         3       Section for eserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13a       13a         4       Did the organization receive any payments for indoor tanning services during the tax year?       14a       14b         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b       14b       14b				9b		
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11       Section 501(c)(12) organizations. Enter:       11a       11a         a       Gross income from members or shareholders       11a       11b         b       Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       11b         122       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a       13a         13       Section sol iccnsed to issue qualified health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13a       14a         14       Did the organization receive any payments for indoor tanning services during the tax year?       14a       14a         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       15         16       Is the organization an educational inform 4720, Schedule N.       16       16       16         17       Yes," complete Form 4720, Schedule O.       16       17	а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
a Gross income from members or shareholders       11a         b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b         12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a         3 Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b       14a         b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14a         b If "Yes," see the instructions and file Form 4720, Schedule N.       15       15       15         if "Yes," see the instructions and file Form 4720, Schedule N.       16       16       16         if "Yes," complete Form 4720, Schedule O.       16       16       17         c Section 501(c)(21) organization. Subject to the section 4968 excise tax on net investment income?       16       17	b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
b       Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       11b         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a         3       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?       14a       14a         144       Did the organization receive any payments for indoor tanning services during the tax year?       14b       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         16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16         17       Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any       16 <td>1</td> <td>Section 501(c)(12) organizations. Enter:</td> <td></td> <td></td> <td></td> <td></td>	1	Section 501(c)(12) organizations. Enter:				
amounts due or received from them.)       11b       12a         Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b       13b         c       Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?       14a       14a         144       Did the organization receive any payments for indoor tanning services during the tax year?       14a       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       15         16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       16         17       Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any       16       16	а	Gross income from members or shareholders	11a			
22a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b         33       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       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       13b       13c         c       Enter the amount of reserves on hand       13c       14a       14a         Did the organization receive any payments for indoor tanning services during the tax year?       14a       14b       14b         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b       15         15       Is the organization an educational institution subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or       15       15         16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       16         17       Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine ope	b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b         3       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b       13a         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       13b       13c         c       Enter the amount of reserves on hand       13c       14a       14a         Ji       Did the organization receive any payments for indoor tanning services during the tax year?       14a       14a         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b       14b         J5       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       15         J6       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       16         J7       Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any       16       16 <td></td> <td>amounts due or received from them.)</td> <td>11b</td> <td></td> <td></td> <td></td>		amounts due or received from them.)	11b			
3 Section 501(c)(29) qualified nonprofit health insurance issuers.   a Is the organization licensed to issue qualified health plans in more than one state?   Note: See the instructions for additional information the organization must report on Schedule O.   b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans   c Enter the amount of reserves on hand   13a 13b   14a 13c      14b 14a   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?   16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?   16 If "Yes," complete Form 4720, Schedule O.	2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
a Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       Image: Comparization is licensed to issue qualified health plans         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       13b         c Enter the amount of reserves on hand       13c       14a         14a       14a       14a         b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</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         16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16         17       Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any       1	b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
Note: See the instructions for additional information the organization must report on Schedule O.       Image: Constraint of the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       Image: Ima	3	Section 501(c)(29) qualified nonprofit health insurance issuers.				
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       13b         c       Enter the amount of reserves on hand       13c         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</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         If "Yes," see the instructions and file Form 4720, Schedule N.       16       16         I6       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16         If "Yes," complete Form 4720, Schedule O.       16       17         Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any       18	а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
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b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15         16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16         16       Is the organizations. Did the trust, any disqualified person, or mine operator engage in any       16			13c			
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         16       15         16       16         17       Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any       16				14a		X
excess parachute payment(s) during the year?       15         If "Yes," see the 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         If "Yes," complete Form 4720, Schedule O.       16         If "Yes," complete Form 4720, Schedule O.       16         If "Section 501(c)(21) organizations.       Did the trust, any disqualified person, or mine operator engage in any				14b		
If "Yes," see the instructions and file Form 4720, Schedule N.         Is the organization an educational institution subject to the section 4968 excise tax on net investment income?         If "Yes," complete Form 4720, Schedule O.         If Section 501(c)(21) organizations.         Did the trust, any disqualified person, or mine operator engage in any	5					.,
16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16 <t< td=""><td></td><td></td><td></td><td>15</td><td></td><td>X</td></t<>				15		X
If "Yes," complete Form 4720, Schedule O.         If Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any	-					.,
7 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any	6		income?	16		X
	_					
activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	7					
If "Yes," complete Form 6069.				17		

Form 9	990 (2	021)
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## HEALING HOUSING, INC.

Check if Schedule O contains a response or note to any line in this Part VI

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X

Sec	tion A. Governing Body and Management						
4	Enter the number of unting members of the entermine hads at the set of the barriers	.		10		Yes	No
та	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>		<u> </u>			
	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 0.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		ny other				
2					2		х
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the			·····  -'	2		- 23
5					3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 9				4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass				5		X X X X
6	Did the organization have members or stockholders?			····· –	6		X
о 7а	Did the organization have members, stockholders, or other persons who had the power to elect or ap			···· –	<u> </u>		
	more members of the governing body?	-			'a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st			····· ⊢	<u> </u>		
~	persons other than the governing body?			-	'b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea			···· F	~		
а	The governing body?	-	-	Ę	a	х	
b	Each committee with authority to act on behalf of the governing body?				sb l	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read				-		
	organization's mailing address? <i>If "Yes." provide the names and addresses on Schedule O</i>				9		х
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)				
						Yes	No
Da	Did the organization have local chapters, branches, or affiliates?			<b>1</b>	0a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such ch						
				1	Оb		
la	Has the organization provided a complete copy of this Form 990 to all members of its governing body				1a		Х
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13			1	2a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				2b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y						
	on Schedule O how this was done	, ,		1	2c	X	
3	Did the organization have a written whistleblower policy?				3		Х
4	Did the organization have a written document retention and destruction policy?				4		Х
5	Did the process for determining compensation of the following persons include a review and approva	l by inc	lependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official			1	5a	Х	
	Other officers or key employees of the organization			1	5b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
ба	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent wi	th a				
	taxable entity during the year?			1	6a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its pa	articipation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization	's				
	exempt status with respect to such arrangements?			1	6b		
ec	tion C. Disclosure						
7	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright TN$						
3	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990-	T (section 501	(c)(3)s or	ıly) a	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website X Another's website X Upon request Other (explained)		,				
Э	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict o	f interest polic	y, and fir	anc	ial	
	statements available to the public during the tax year.						
0	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	records				
	TRACEY LEVINE - 888-445-4325						
	PO BOX 2385, BRENTWOOD, TN 37024					000	
2006	12-09-21			F	orm	990	(202
	6 14 E01221 20224 20224 20234 2023					~ ~	~ ~
.1	14 781331 22934-22934 2021.05000 HEALING	HOUS	SING, IN	IC.		22	2

Form 990 (2021) HEALING HOUSING, INC.	47-3758041	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Com	pensated	
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	h or within the organization?	s tax year.
<ul> <li>List all of the organization's current officers, directors, trustees (whether individuals or organizations), regar</li> </ul>	dless of amount of compens	sation.

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

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

(A)	(B)		(C)		(D)	(E)	(F)			
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		officer and a director/trustee)		tee)	from	from related	other		
	(list any	recto				the	organizations	compensation		
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee	upens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional		nploy	st con yee	L	1099-1420)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationo
(1) TRACEY LEVINE	40.00									
EXECUTIVE DIRECTOR		1		X				48,123.	0.	0.
(2) DAVID JONES	3.00									
CHAIR OF THE BOARD		Х		Х				0.	0.	0.
(3) ANGELA DEANE	1.00									
SECRETARY		Х		Х				0.	0.	0.
(4) DAVID HETTINGER	3.00									
TREASURER		Х		Х				0.	0.	0.
(5) MIKE HARPER	1.00									
DIRECTOR		Х						0.	0.	0.
(6) OLIVIA SMITH	2.00									
DIRECTOR		Х						0.	0.	0.
(7) SHERRIE CAVIN	1.00									
DIRECTOR		Х						0.	0.	0.
(8) LAURA BRANTLEY	1.00									
DIRECTOR		Х						0.	0.	0.
(9) ANGELA GOODE	2.00									
DIRECTOR		Х						0.	0.	0.
(10) JANE ROACH	1.00									
DIRECTOR		Х						0.	0.	0.
(11) DOUG RALLS	1.00									_
DIRECTOR		х						0.	0.	0.
		l								
										Form <b>990</b> (2021)
132007 12-09-21										

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132007 12-09-21

## 15131114 781331 22934-22934

	<u>990 (2021)</u> HEALING H	<u>iousing,</u>	I	NC	•					47-37	<u>580</u>	41	Pa	.ge <b>8</b>
Par	t VII Section A. Officers, Directors, Trust	tees, Key Emp	ploy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week (list any hours for related	box offi	(C) Positio do not check more ox, unless person officer and a direct			Disition the more than one person is both an a director/trustee)		(D) Reportable compensation from the organization (W-2/1099-MISC/	(E) Reportable compensation from related organizations (W-2/1099-MIS( 1099-NEC)	;	Estir amo ot compe	n the	of ion
		organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-NEC)			and r organi		
С	Subtotal Total from continuation sheets to Part VII Total (add lines 1b and 1c)	I, Section A							48,123. 0. 48,123.		0.0.0			0.0.0.
2	Total number of individuals (including but no compensation from the organization							o re		000 of reportable				0
3	Did the organization list any <b>former</b> officer,	,	,			,	,	0	, , , ,	,	ſ		'es	No
4	line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i> For any individual listed on line 1a, is the su and related organizations greater than \$150	Im of reportabl	e co	mpe	nsat	tion	and	oth	ner compensation from the	ne organization		3		X X
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." com	accrue compen	isati	on fr	om a	any	unre	elate	ed organization or individ	lual for services		5		X
Sec 1	tion B. Independent Contractors Complete this table for your five highest cor										oncatik			
<u> </u>	the organization. Report compensation for t										manc		<u> </u>	
	(A) Name and business	address	NC	ONE	<u> </u>				(B) Description of s	ervices	Co	(C) mpens	ation	
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz		ot lin	nited	l to t	thos (		ted	above) who received mo	ore than				
						,	-					orm 90	30 (2	001)

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				contai	ns a respo	onse o	r note to any line	e in this Part VIII	(6)	·····	
								<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ţ	1	а	Federated campaigns		1a						
and Other Similar Amounts											
Am			Fundraising events								
ilar			Related organizations								
Sim			Government grants (contr								
ler (			All other contributions, gifts,			-	782,036.				
O₿			similar amounts not included Noncash contributions included in				102,030.				
and		-	Total. Add lines 1a-1f				•	782,036.			
				<u></u>		<u> </u>	Business Code	,			
	2	а	PARTICIPANT F	EES	5	Ī	623990	30,222.	30,222.		
Revenue		b									
- nu		с									
eve		d				_					
r		е									
			All other program service								
			Total. Add lines 2a-2f					30,222.			
	3		Investment income (includ	•				20		20	
			other similar amounts)					28.		28.	
	4		Income from investment of		•	•	oceeds				
	5		Royalties		(i) Rea		(ii) Personal				
	6	~	Cross ropts	6a	() 1104	·	(1) 1 01301121				
			Gross rents Less: rental expenses	6b							
			Rental income or (loss)	6c							
			Net rental income or (loss	· · · ·							
			Gross amount from sales of		(i) Securit	ties	(ii) Other				
			assets other than inventory	7a							
			Less: cost or other basis								
			and sales expenses	7b							
		с	Gain or (loss)	7c							
		d	Net gain or (loss)				►				
	8		Gross income from fundraisi								
			including \$								
			contributions reported on		-						
			Part IV, line 18			8a					
			Less: direct expenses			8b					
			Net income or (loss) from Gross income from gamin		-						
	9		Part IV, line 19			9a					
			Less: direct expenses			9b					
			Net income or (loss) from								
			Gross sales of inventory, I	•	•						
			and allowances			10a					
			Less: cost of goods sold								
			Net income or (loss) from				►				
		•					Business Code				
1	11	а				[					
		b				[					
		с				[					
1		d	All other revenue								
			Total. Add lines 11a-11d					010 000	20.000		
	12		Total revenue. See instruction	ons .			🕨	812,286.	30,222.	28.	0.

HEALING HOUSING, INC.

Form 990 (2021)

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<sup>9</sup> 

Form	990	(2021)	
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HEALING HOUSING, INC. Part IX Statement of Functional Expenses

	Check if Schedule O contains a response t include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	rants and other assistance to domestic organizations		CAPCINES	general expenses	expenses
	nd domestic governments. See Part IV, line 21				
	arants and other assistance to domestic				
	ndividuals. See Part IV, line 22				
	irants and other assistance to foreign				
0	rganizations, foreign governments, and foreign				
	dividuals. See Part IV, lines 15 and 16				
	enefits paid to or for members				
	compensation of current officers, directors,				
tr	ustees, and key employees	48,123.	22,523.	12,800.	12,800
	ompensation not included above to disqualified				
	ersons (as defined under section 4958(f)(1)) and				
p	ersons described in section 4958(c)(3)(B)				
	other salaries and wages	127,053.	111,853.		15,200
	ension plan accruals and contributions (include	-	-		•
	ection 401(k) and 403(b) employer contributions)				
	other employee benefits				
	ayroll taxes	9,772.	7,496.	714.	1,562
	ees for services (nonemployees):	·	·		•
aN	lanagement				
	egal	618.		618.	
	ccounting	24,900.	2,626.	22,274.	
	obbying				
	rofessional fundraising services. See Part IV, line 17				
	ivestment management fees				
	other. (If line 11g amount exceeds 10% of line 25,				
-	olumn (A), amount, list line 11g expenses on Sch O.)	10,183.	3,655.	651.	5,877
	dvertising and promotion	10,183. 9,679.	274.	651. 1,834.	<u> </u>
	office expenses	28,566.	17,127.	8,491.	2,948
	nformation technology			,	•
	oyalties				
		108,088.	99,938.	6,315.	1,835
	ravel	1,704.	99,938. 1,339.	365.	•
	ayments of travel or entertainment expenses	•			
	or any federal, state, or local public officials				
	conferences, conventions, and meetings				
	nterest				
	ayments to affiliates				
	epreciation, depletion, and amortization	904.	454.	225.	225
	isurance	4,414.	2,207.	2,207.	
<b>4</b> 0 at lii	ther expenses. Itemize expenses not covered bove. (List miscellaneous expenses on line 24e. If ne 24e amount exceeds 10% of line 25, column (A), mount, list line 24e expenses on Schedule 0.)				
	PROGRAMMING EXPENSE	86,498.	81,116.		5,382
	EVENTS	12,111.	12,111.		5,502
с с		± <i>2</i> , ± ± ± •	<u> </u>		
c_ d					
	Il other expenses				
	otal functional expenses. Add lines 1 through 24e	472,613.	362,719.	56,494.	53,400
	<b>bian functional expenses.</b> Add lines 1 through 24e		502,715.		55,400
	eported in column (B) joint costs from a combined				
	ducational campaign and fundraising solicitation.				
60	heck here here if following SOP 98-2 (ASC 958-720)				

132010 12-09-21

2021.05000 HEALING HOUSING, INC.

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		controlled entity or family member of any of the			5							
	6	Loans and other receivables from other disquali	fied persons	as defined								
		under section 4958(f)(1)), and persons described	l in section 4	4958(c)(3)(B)		6						
s	7	Notes and loans receivable, net				7						
Assets	8	Inventories for sale or use			8							
βŝ	9				9,736.	9	6,964.					
	10a	Land, buildings, and equipment: cost or other										
		basis. Complete Part VI of Schedule D	10a	3,580.								
	b	Less: accumulated depreciation		2,720.	0.	10c	860.					
	11	Investments - publicly traded securities				11						
	12	Investments - other securities. See Part IV, line -				12						
	13	Investments - program-related. See Part IV, line			13							
	14	Intangible assets				14						
	15	Other assets. See Part IV, line 11			6,000.	15						
	16	Total assets. Add lines 1 through 15 (must equ	al line 33) .		200,826.	16	6,964. 860. 6,000. 552,421. 12,552. 12,552. 18,760. 31,312. 519,091. 2,018.					
	17	Accounts payable and accrued expenses		19,583.	17	12,552.						
	18	Grants payable				18						
	19	Deferred revenue				19						
	20	Tax-exempt bond liabilities			20							
	21	Escrow or custodial account liability. Complete			21							
S	22	Loans and other payables to any current or form	irector,									
Liabilities		trustee, key employee, creator or founder, subs	butor, or 35%									
iabi		controlled entity or family member of any of the			22							
	23	Secured mortgages and notes payable to unrela	ted third pa	rties		23						
	24	Unsecured notes and loans payable to unrelated	d third partie	es		24						
	25	Other liabilities (including federal income tax, pa	yables to rel	lated third								
		parties, and other liabilities not included on lines	s 17-24). Cor	mplete Part X								
		of Schedule D			18,778.	25	18,760.					
	26	Total liabilities. Add lines 17 through 25			38,361.	26	31,312.					
		Organizations that follow FASB ASC 958, che	ck here 🕨	X								
ces		and complete lines 27, 28, 32, and 33.										
an	27	Net assets without donor restrictions			159,697.	27	519,091.					
Ba	28	Net assets with donor restrictions		<u></u>	2,768.	28	2,018.					
Fund Balances		Organizations that do not follow FASB ASC 9	58, check h	ere 🕨 🗌								
Ę		and complete lines 29 through 33.										
o s	29	Capital stock or trust principal, or current funds				29						
set	30	Paid-in or capital surplus, or land, building, or ed	nd		30							
Net Assets or	31	Retained earnings, endowment, accumulated in	come, or oth	ner funds		31						
Nei	32	Total net assets or fund balances		162,465.	32	521,109.						
	33	Total liabilities and net assets/fund balances			200,826.	33	552,421.					
							Form <b>990</b> (2021)					

HEALING HOUSING, INC.

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

1 Cash - non-interest-bearing

3 Pledges and grants receivable, net

4 Accounts receivable, net

Loans and other receivables from any current or former officer, director,

trustee, key employee, creator or founder, substantial contributor, or 35%

Savings and temporary cash investments

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**(B)** End of year

535,579.

3,018.

(A) Beginning of year

181,322.

2,768.

1,000.

1 2

3

4

5

Form 990 (2021) Part X | Balance Sheet

2

5

Form	HEALING HOUSING, INC.	47-	3758041	Pag	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	812		
2	Total expenses (must equal Part IX, column (A), line 25)	2	472		
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>73.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	162	2,4	65.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	18	3,9	71.
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	521	.,1	09.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			v	
	review, or compilation of its financial statements and selection of an independent accountant?			Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audi			
	Act and OMB Circular A-133?		<u>3a</u>		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			000	L

Form **990** (2021)

132012 12-09-21

Department of the Treasury Internal Revenue Service

(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. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2021
Open to Public Inspection

Nar	ne of t	the organization							identification number
			ING HOUSING						7-3758041
Pa	art I	Reason for Public C	Charity Status.	(All organizations must c	complete th	nis part.) S	ee instruction	S.	
The	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only o	one box.)			
1		A church, convention of chu	urches, or associatio	n of churches described	l in <b>sectio</b>	n 170(b)(1	1)(A)(i).		
2		A school described in secti	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990).)				
3		A hospital or a cooperative	hospital service orga	anization described in s	ection 170	(b)(1)(A)(ii	ii).		
4		A medical research organization						(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a col	lege or university owned	l or operate	ed by a go	overnmental ur	nit describe	ed in
		section 170(b)(1)(A)(iv). (C		<b>č</b>		, ,			
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).		
	X	An organization that normal	•				.,	e general r	ublic described in
•		section 170(b)(1)(A)(vi). (Co			onn a gove	innontai		e general p	
8		A community trust describe		1)(A)(vi) (Complete Par	+ 11 )				
9		An agricultural research org			-	ad in coniu	unction with a	land-grant	college
3		or university or a non-land-g							
		university:	frank college of agrici			lame, ony	, and state of	the college	
10		An organization that normal	lly receives (1) more	than 22 1/20/ of its our	ort from o	ontributior		n food and	d aroos respirate from
10		•						•	•
		activities related to its exem		-					-
		income and unrelated busin		(less section 511 tax) in	om busines	ses acqui	red by the org	anization a	itter Julie 30, 1975.
		See section 509(a)(2). (Cor			(at. ) 0 a a		O(-)(A)		
11		An organization organized a	•	, ,	•				nurnance of one or
12		An organization organized a	•	•	•		-	•	
		more publicly supported org	-						Sheck the box on
		lines 12a through 12d that o						-	- ii
â		<b>Type I.</b> A supporting orga	-	-	• • • •	-			
		the supported organization			i majority o	of the direc	ctors or trustee	es of the su	ipporting
		organization. You must c							
ł	<b>)</b>	<b>Type II.</b> A supporting orga	-				-		-
		control or management o			ame perso	ns that co	ntrol or manag	je the supp	ported
		organization(s). You mus	-						
C		<b>Type III functionally inte</b>						y integrate	d with,
		its supported organization							
C		Type III non-functionally	• •					Ũ	
		that is not functionally inte			-		-	an attentiv	reness
		requirement (see instructi	,	•					
e	•	Check this box if the orga					Type I, Type I	I, Type III	
		functionally integrated, or		nally integrated supporti	ng organiz	ation.			
1		er the number of supported o	-						
		vide the following information			(iv) is the oros	inization listed			
	(	<ul> <li>i) Name of supported organization</li> </ul>	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of support (see in	-	(vi) Amount of other support (see instructions)
		organization		above (see instructions))	Yes	No	support (see in	structions	
Tot	al								

HEALING HOUSING, INC.

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

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

Sec	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	250,515.	318,571.	319,177.	368,548.	782,036.	2038847.		
2	Tax revenues levied for the organ-								
	ization'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	250,515.	318,571.	319,177.	368,548.	782,036.	2038847.		
	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,								
							744,610.		
6	·····						1294237.		
	Public support. Subtract line 5 from line 4.						1294257.		
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	(f) Total		
	Amounts from line 4	250,515.	318,571.	319,177.	368,548.	782,036.	2038847.		
		250,515.	510,5710	515,177	500,540.	702,0301	2030047.		
0	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,	83.	42.	33.	64.	28.	250.		
	and income from similar sources	03.	42.		04.		250.		
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		0.01				0.01		
	assets (Explain in Part VI.)		291.				291.		
	Total support. Add lines 7 through 10						2039388.		
	Gross receipts from related activities,	,	,			12	30,222.		
13	First 5 years. If the Form 990 is for th	-	rst, second, third, t	fourth, or fifth tax y	ear as a section 5/	01(c)(3)	. —		
80	organization, check this box and stor						<b>&gt;</b>		
	tion C. Computation of Publi						62 16		
	Public support percentage for 2021 (I					14	<u>63.46 %</u>		
	Public support percentage from 2020					15	86.40 %		
16a	<b>33 1/3% support test - 2021.</b> If the c	•		•		•			
	stop here. The organization qualifies								
D	33 1/3% support test - 2020. If the c	0		,		,			
47-	and stop here. The organization qual								
178	I7a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization								
	-			-	-	-			
Ŀ	meets the facts-and-circumstances te	-	-		-	7a and line 15 is			
D	10% -facts-and-circumstances test	-							
	more, and if the organization meets the								
10	organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions								
10	rivate roundation. If the organizatio	n diu not check a		a, 100, 17a, 0f 170	, check this dox a				
						Schedule A	(Form 990) 2021		

Schedule A	(Form 990	) 202

HEALING	HOUSING,	INC.
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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.)

Sec	ction A. Public Support		1	1		1	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</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 per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	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 loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organi	zation,
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2021 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%
	Public support percentage from 2020					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	<b>)21</b> (line 10c, colur	mn (f), divided by l	ine 13, column (f))		17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2021. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than 3	3 1/3%, and lir	ne 17 is not
	more than 33 1/3%, check this box ar						▶∟
b	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						ion ▶
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins		
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<sup>2021.05000</sup> HEALING HOUSING, INC.

HEALING HOUSING, INC.

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

## 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 Organizations

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

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Schedule A	(Form 990) 2021	HEALING	HOUSING,	INC.
Part IV	Supporting Organia	zations (contin	nued)	

2

1

2

3

2a

2b

3a

Yes No

<u>No</u> Yes

			Yes	Na
			res	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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion 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? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>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</i>			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		

Did the organization operate for the benefit of any supported organization other than the supported 2 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	d. or controlled the supporting organization.	
Section C. T	Type II Supporting Organizations	

Yes No 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 the supported organization(s). 1

Je	Section D. An Type in Supporting Organizations						
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 ta	ax					
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the						
	organization's governing documents in effect on the date of notification, to the extent not previously provided?						

- 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).
- By reason of the relationship described on line 2, above, did the organization's supported organizations have a З 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. Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. b

c L	The organizatio	n supported a gover	nmental entity.	Describe in Part	VI how	you supported a	governmental entity	/ (see instruction <u>s).</u>
-----	-----------------	---------------------	-----------------	------------------	--------	-----------------	---------------------	-------------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 132025 01-04-22

3b Schedule A (Form 990) 2021

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22934-21

1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	n Nov. 20, 1970 ( <i>explain in</i> <b>F</b>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must c	omplet	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in 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		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
_	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	integra	ted Type III supporting organ	nization (see

HEALING HOUSING, INC.

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

instructions).

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

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e Excess from 2021

3 Excess distributions carryover, if any, to 2021 a From 2016 **b** From 2017 c From 2018 d From 2019 e From 2020 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 2018 c Excess from 2019 d Excess from 2020

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**Current Year** 

(iii) Distributable Amount for 2021

Schedule A (Form 990) 2021

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 				_			1 / - 1	_

Sche	Schedule A (Form 990) 2021 HEALING HOUSING, INC. 47-						
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Sect	tion D - Distributions						
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1			
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported					
	organizations, in excess of income from activity			2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	s	3			
4	Amounts paid to acquire exempt-use assets			4			
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide 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	ne organization is responsive	9				
	(provide details in Part VI). See instructions.			8			
9	Distributable amount for 2021 from Section C, line 6			9			
10	Line 8 amount divided by line 9 amount			10			
Sect	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	IS			
1	Distributable amount for 2021 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2021 (reason-						
	able cause required - explain in Part VI). See instructions.						
2	Evenes distributions composer if any to 2001						

Schedule A	(Form 990) 2021	HEALING	G HOUSING,	INC.	47-3758041 Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	mation. Pro , 2, 3b, 3c, 4b, lines 2 and 3; F	vide the explanatior 4c, 5a, 6, 9a, 9b, 9c Part IV, Section E, li	ns required by Part I c, 11a, 11b, and 11 nes 1c, 2a, 2b, 3a, a	I, line 10; Part II, line 17a or 17b; Part III, line 12; c; Part IV, Section B, lines 1 and 2; Part IV, Section C, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, ete this part for any additional information.
132028 01-04-2	2			20	Schedule A (Form 990) 202

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# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

\*\* PUBLIC DISCLOSURE COPY \*\*

# Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Employer identification number

47-3758041

Nume of the organiz					
	HEALING				
Organization type (check one):					

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

INC.

HOUSING

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

### **Special Rules**

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year  $\dots$   $\blacktriangleright$  \$

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

47-3758041

### HEALING HOUSING, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 25,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 2 X Person Payroll 30,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 115,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 X Person Payroll Noncash 50,000. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 110,810. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 6 X Person Payroll 25,000. Noncash \$ (Complete Part II for noncash contributions.) 123452 11-11-21

Schedule B (Form 990) (2021)

15131114 781331 22934-22934

2021.05000 HEALING HOUSING, INC.

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22934-21

Name of organization

Page **2** Employer identification number

HEALING HOUSING, INC.

47-3758041

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	-21	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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Schedule B (Fo	orm 990) (2021)
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Name of organization

Page **3** 

Employer identification number

# HEALING HOUSING, INC.

47-3758041

Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		 \$	

# $15131114 \ 781331 \ 22934 - 22934$

2021.05000 HEALING HOUSING, INC. 22934-21

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Name of or	rganization			Employer identification number
HEALTN	NG HOUSING, INC.			47-3758041
Part III		) through (e) and the following line ent charitable, etc., contributions of <b>\$1,000 or l</b>	ry. For organizations	at total more than \$1,000 for the year
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desci	ription of how gift is held
-		(e) Transfer of gift	<b> </b>	
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of tran	isferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desci	ription of how gift is held
-		(e) Transfer of gift	:	
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of tran	sferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desci	ription of how gift is held
-		(e) Transfer of gift		
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of tran	isferor to transferee
(a) No				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desci	ription of how gift is held
		(e) Transfer of gift		
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tran	isferor to transferee
123454 11-11-	-21	25		Schedule B (Form 990) (202

 $15131114 \ 781331 \ 22934 - 22934$ 

2021.05000 HEALING HOUSING, INC. 22934-21

50	HEDULE D	Supplement	al Financial Statements		OMB No. 1545-0047
	n 990)	Complete if the org	anization answered "Yes" on Form 990,		2021
•	nent of the Treasury		), 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.		Open to Public
	Revenue Service		90 for instructions and the latest information.	1	Inspection
Nam	e of the organizati	on HEALING HOUSING, II	NC	Em	ployer identification number $47 - 3758041$
Par	t I Organiza		d Funds or Other Similar Funds or A	ccour	
		n answered "Yes" on Form 990, Part IV, lin		oooui	
			(a) Donor advised funds	(b) Fur	ds and other accounts
1	Total number at er	nd of year			
2		f contributions to (during year)			
3	Aggregate value of	f grants from (during year)			
4		t end of year			
5	-		writing that the assets held in donor advised fur		
			exclusive legal control?		Yes No
6	•	•	dvisors in writing that grant funds can be used		
	impermissible priv		r donor advisor, or for any other purpose confer	•	
Par			ganization answered "Yes" on Form 990, Part IV		
1		servation easements held by the organization		,	
		o of land for public use (for example, recrea		orically	important land area
	Protection o	f natural habitat	Preservation of a cer	tified his	storic structure
	Preservation	n of open space			
2			fied conservation contribution in the form of a co	onserva	
	day of the tax year	r.			Held at the End of the Tax Year
				2a	
b	•			2b	
с с			ucture included in (a)	2c	
d				2d	
3			eased, extinguished, or terminated by the orgar		during the tax
Ŭ	year ►		oused, extinguished, or terminated by the organ	Lation	
4		where property subject to conservation eas	sement is located		
5	Does the organiza	tion have a written policy regarding the per	riodic monitoring, inspection, handling of		
	,	orcement of the conservation easements it			
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservati	on ease	ements during the year
	▶				
7		es incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation ea	semen	ts during the year
•	►\$			\ <i>(</i> :)	
8	and section 170(h)	1 ()	e satisfy the requirements of section 170(h)(4)(E	,,,,	Yes No
9			on easements in its revenue and expense stater		
Ū		÷ .	note to the organization's financial statements th		
_	organization's acc	ounting for conservation easements.	-		
Par	t III Organiza	ations Maintaining Collections of	f Art, Historical Treasures, or Other S	Simila	r Assets.
	Complete if	f the organization answered "Yes" on Form	1990, Part IV, line 8.		
1a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and ba	ance sl	neet works
		· ·	olic exhibition, education, or research in furthera	nce of I	public
	· •		ncial statements that describes these items.		
b	-		8, to report in its revenue statement and balance		
		sures, or other similar assets held for public ing amounts relating to these items:	exhibition, education, or research in furtheranc	e or pu	
	-				\$
2			asures, or other similar assets for financial gain,		·
	•	unts required to be reported under FASB A	· · · · · · · · · · · · · · · · · · ·		
а	-		~ 	. 🕨	\$
b					\$
LHA	For Paperwork Re	eduction Act Notice, see the Instructions	s for Form 990.		Schedule D (Form 990) 2021

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 9
132051	10-28-21

Schedule D (Form 990) 2021

22934-21

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Sche		HOUSING,						47-37			age <b>2</b>
Par	t III Organizations Maintaining C	Collections of Ar	t, Histo	orical Tre	easures, or	<sup>•</sup> Other	<sup>-</sup> Similaı	r Assets	(contir	nued)	
3	Using the organization's acquisition, access	ion, and other record	s, check	any of the	following that	make si	gnificant ι	use of its			
	collection items (check all that apply):										
а	Public exhibition	c			hange progra						
b	Scholarly research	e	•	Other							
с	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explair	n how th	ey further th	ne organizatio	n's exen	npt purpos	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, his	storical treas	sures, or othe	r similar	assets		_		_
	to be sold to raise funds rather than to be m								Yes		No
Par	t IV Escrow and Custodial Arran		ete if the	organizatio	on answered "	Yes" on	Form 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa	art X, line 21.									
1a	Is the organization an agent, trustee, custod								_	_	_
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing ta	able:							
									Amoun	t	
	Beginning balance										
	Additions during the year										
	Distributions during the year										
	•										
	Did the organization include an amount on F						ty?	L	Yes		No
_	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete							vara baak		wooro	book
		(a) Current year	(0) P	rior year	(c) Two year	SDACK	(d) Three y	TEALS DACK	(e) Four	years	DACK
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
-	and programs										
f	Administrative expenses										
g	End of year balance				<u> </u>						
2	Provide the estimated percentage of the cur			j, column (a	)) held as:						
a	Board designated or quasi-endowment		_%								
	Permanent endowment										
С	Term endowment	_%									
2-	The percentages on lines 2a, 2b, and 2c sho		ation that	t are hold a	ad administer	ad far th		tion			
38	Are there endowment funds not in the posse	ession of the organiza	ation that	t are neiù ar	iu auministere	eatorth	e organiza	alion	l	Yes	No
	by: (i) Unrelated organizations								3a(i)	100	
									3a(ii)		
h	(ii) Related organizations	ations listed as requir	red on Sc	chadula R2					3b		
4	Describe in Part XIII the intended uses of the								50		
Par		ŭ	willent it								
	Complete if the organization answere		). Part IV	. line 11a. S	See Form 990.	Part X.	line 10.				
	Description of property	(a) Cost or c	-		t or other		ccumulate	ad l	(d) Boo	k valu	
	Description of property	basis (investr		. ,	(other)	• •	preciation	~	(4) 000	. valut	-
1a	Land		,		. ,	-					
	Buildings										
	Leasehold improvements										
	Equipment				3,580.		2,72	20.		8	60.
	Other				,		- / •				
-	. Add lines 1a through 1e. (Column (d) must e		X colum	n (R) line 1	0c)					8	60.
		<u>squari unii 330, Pall</u>	A, COIUIT	<u>, ine i</u>	00./			Schodulo	D (Carm		

Schedule D (Form 990) 2021

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Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990 Part IV line	11c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-vear market value
	(w) DOON VALUE		Si your market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (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)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)		
Part X Other Liabilities.	15.)		
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990. Part X. line 25.	
(-) Descriptions of Reference			(b) Book value
			(8) 2001 Value
			17 2/2
			<u>    17,242.</u> 1,518.
	INVOLTED		Ι, ΟΙΟ.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line			18,760.
2. Liability for uncertain tax positions. In Part XIII, provide	the text of the footnote to	o the organization's financial statements th	at reports the
organization's liability for uncertain tax positions under	FASB ASC 740. Check h	ere if the text of the footnote has been pro-	vided in Part XIII 🗴

Schedule D (Form 990) 2021 HEALING HOUSING, INC.

Part VII Investments - Other Securities.

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	dule D (Form 990) 2021 HEALING HOUSING, INC.			58041 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Sta		ie per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	812,286.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			812,286.
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		
b	Other (Describe in Part XIII.)	4b		
с	Add lines <b>4a</b> and <b>4b</b>		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.	)		812,286.
5 <b>Pa</b>	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12. rt XII Reconciliation of Expenses per Audited Financial Sta	)		812,286.
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.	) atements With Expen		
5 Ра 1	Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12,</i> rt XII Reconciliation of Expenses per Audited Financial Sta	) atements With Expen ne 12a.	ses per Return.	472,613.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12. rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line	) atements With Expen ne 12a.	ses per Return.	
1	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12 <b>t XII</b> Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements	) atements With Expen ne 12a.	ses per Return.	
1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.         t XII       Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" on Form 990, Part IV, line         Total expenses and losses per audited financial statements       Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities       Donated services and use of facilities	) atements With Expen ne 12a. 2a	ses per Return.	
1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12, rt XII         Reconciliation of Expenses per Audited Financial Statements         Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	) atements With Expen ne 12a. 2a 2b	ses per Return.	
1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12, rt XII         Reconciliation of Expenses per Audited Financial Statements         Complete if the organization answered "Yes" on Form 990, Part IV, line         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	) atements With Expen ne 12a. 2a 2b 2c	ses per Return.	
1 2 b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.         Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.         Reconciliation of Expenses per Audited Financial Statements         Complete if the organization answered "Yes" on Form 990, Part IV, line         Total expenses and losses per audited financial statements       Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities       Prior year adjustments         Other losses       Other losses in Part XIII.)	) atements With Expen ne 12a. 2a 2b 2c 2c 2d	5 ses per Return.	472,613.
1 2 b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12         Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12         Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" on Form 990, Part IV, line         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	) atements With Expen ne 12a. 2a 2b 2c 2c 2d	5 ses per Return. 1 2e	472,613.
1 2 b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.         Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.         Reconciliation of Expenses per Audited Financial Statements         Complete if the organization answered "Yes" on Form 990, Part IV, line         Total expenses and losses per audited financial statements       Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities       Prior year adjustments         Other losses       Other losses in Part XIII.)	) atements With Expen ne 12a. 2a 2b 2c 2c 2d	5 ses per Return. 1 2e	472,613.
1 2 b c d 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12         Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12         Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" on Form 990, Part IV, line         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1	) atements With Expen ne 12a. 2a 2b 2c 2d 2d	5 ses per Return. 1 2e	472,613.
1 2 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12         Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12         Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" on Form 990, Part IV, line         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	) atements With Expen ne 12a. 2a 2b 2c 2d 2d	5 ses per Return. 1 2e	472,613.
1 2 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.         TXII         Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" on Form 990, Part IV, line         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part IVIII, line 7b	) atements With Expen ne 12a. 2a 2b 2c 2d 2d 	5 ses per Return. 1 2e 3	472,613. 0. 472,613. 0.
1 2 d e 3 4 b c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.         TXII         Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" on Form 990, Part IV, line         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part IVIII, line 7b         Other (Describe in Part XIII.)	) atements With Expen ne 12a. 2a 2b 2c 2d 2d 4a 4b	5 ses per Return. 1 2e 3 3	472,613. 0. 472,613.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE ORGANIZATION QUALIFIES AS A NOT-FOR-PROFIT ORGANIZATION EXEMPT FROM

FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.

ACCORDINGLY, INCOME TAXES ARE NOT PROVIDED.

MANAGEMENT PERFORMS AN EVALUATION OF ALL INCOME TAX POSITIONS TAKEN OR

EXPECTED TO BE TAKEN IN THE COURSE OF PREPARING THE ORGANIZATION'S INCOME

TAX RETURNS TO DETERMINE WHETHER THE INCOME TAX POSITIONS MEET A "MORE

LIKELY THAN NOT" STANDARD OF BEING SUSTAINED UNDER EXAMINATION BY THE

APPLICABLE TAXING AUTHORITIES. MANAGEMENT HAS PERFORMED ITS EVALUATION OF

ALL INCOME TAX POSITIONS TAKEN ON ALL OPEN INCOME TAX RETURNS AND HAS

DETERMINED	THAT	THERE	WERE	NO	POSITIONS	TAKEN	THAT	DO	NOT	MEET	THE	"MORE
132054 10-28-21										Sc	hedule	D (Form 990) 2021
					29	)						

Schedule D (Form 990) 2021 HEALING HOUSING, INC.	47-3758041 Page 5
Part XIII Supplemental Information (continued)	
LIKELY THAN NOT" STANDARD. ACCORDINGLY, THERE ARE NO PROVIS	SIONS FOR INCOME
TAXES, PENALTIES OR INTEREST RECEIVABLE OR PAYABLE RELATING	Ι ΤΟ ΙΙΝΟΈΡΤΑΙΝ
TAKES, TENALITES ON INTEREST RECEIVABLE ON TATABLE RELATING	F TO UNCERTAIN
INCOME TAX POSITIONS IN THE ACCOMPANYING FINANCIAL STATEMEN	ITS.
	Schedule D (Form 990) 2021

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SCHEDULE O (Form 990)

Name of the organization

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

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

Open to Public Inspection Employer identification number 47-3758041

OMB No. 1545-0047

HEALING HOUSING, INC.

# FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

MEDICATION MANAGEMENT,

INDIVIDUAL THERAPY,

MEDICAL AND DENTAL CARE

SPIRITUAL FORMATION CLASSES

FEMALE-SPECIFIC INTENSIVE OUTPATIENT THERAPY

COMPREHENSIVE VOCATIONAL TRAINING PROGRAM

WORKSHOPS ON CRITICAL SUBJECTS SUCH AS TRAUMA AND GRIEF RECOVERY.

FORM 990, PART VI, SECTION B, LINE 11B:

REVIEWED BY DAVID HETTINGER AND TRACEY LEVINE PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH MEMBER OF THE BOARD OF DIRECTORS IS ASKED TO REVIEW THE CONFLICT OF

INTEREST POLICY ANNUALLY AND DISCLOSE ANY CONFLICTS AND IDENTYING ANY

CIRCUMSTANCES IN WHICH THE DIRECTOR BELIEVES COULD CONSITITUTE A CONFLICT

OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15A:

THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS REVIEWED SALARIES FOR

EXECUTIVE DIRECTORS OF SIMILAR ORGANIZATIONS AND SET THE SALARY FOR THAT

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POSITION BASED ON COMPARABILITY AND BASED ON THE ORGANZATION'S CURRENT

REVENUE LEVEL.

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### THE ORGANIZATION HAS NO OTHER OFFICERS OR KEY EMPLOYEES EMPLOYED.

Schedule O (Form 990) 2021

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM PRIOR YEARS.

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