EXTENDED TO NOVEMBER 15, 2019

Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

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

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

A F	For the	e 2018 calendar year, or tax year beginning	and	ending					
	Check if applicable	e: C Name of organization			D Employer identifi	cation number			
	Addre	ss HEALING HOUSING, INC.							
	Name chang	- · · ·			47-3	758041			
	Initial return	Number and street (or P.O. box if mail is not delive	ered to street address)	Room/suite	E Telephone number				
	□Final return	P.O. BOX 2385			888-445-4325				
	termir ated		P or foreign postal code		G Gross receipts \$ 348,135.				
L	Amen return Applio	DRENIWOOD, IN 37024			H(a) Is this a group re				
	tion pendi	F Name and address of principal officer: TAAC.	EY LEVINE		for subordinates				
		SAME AS C ABOVE			<b>H(b)</b> Are all subordinates in				
			(insert no.) 4947(a)(1)	or 527	1	list. (see instructions)			
		te: WWW.HEALINGHOUSING.ORG	ninting Other	1	H(c) Group exemption				
	orm of	forganization: X Corporation Trust Asso	ciation Other	<b>L</b> Year	of formation: 2013	M State of legal domicile: TN			
1 6	_	Briefly describe the organization's mission or most significant si	anificant activities. TO R	FCTOPF	DIIDDOGFFIII.	T.TVING TO			
9	1	WOMEN IN RECOVERY FROM DRUG				DIVING 10			
jan	2	Check this box if the organization disconting				cote			
Governance	3	Number of voting members of the governing body (Pa	·		3	8			
Ĝ	4	Number of independent voting members of the government of the gove				8			
<b>ფ</b>	1 -	Total number of individuals employed in calendar year				9			
iţi		Total number of volunteers (estimate if necessary)				60			
Activities &		Total unrelated business revenue from Part VIII, colur				0.			
_ ⋖		Net unrelated business taxable income from Form 99				0.			
					Prior Year	Current Year			
Ф	8	Contributions and grants (Part VIII, line 1h)			153,099.	318,571.			
ž	9	Program service revenue (Part VIII, line 2g)			17,662.	23,981.			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, at	nd 7d)		83.	42.			
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9	c, 10c, and 11e)		80,407.	-10,096.			
		Total revenue - add lines 8 through 11 (must equal Pa			251,251.	332,498.			
	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),			0.	0.			
es	15	Salaries, other compensation, employee benefits (Par			107,598.	163,347.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line			0.	0.			
ă	b	Total fundraising expenses (Part IX, column (D), line 2			117 ()	170 425			
ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 1			117,635.	178,435.			
	1	Total expenses. Add lines 13-17 (must equal Part IX,			225,233.	341,782.			
	19	Revenue less expenses. Subtract line 18 from line 12			26,018.	-9,28 <b>4</b> .			
Net Assets or		Total coasts (Dort V. line 16)		Ве	ginning of Current Year 176,493.	End of Year 169,115.			
Asse	20 21	Total liabilities (Part X, line 16)  Total liabilities (Part X, line 26)			127.	1,983.			
let/	22	Net assets or fund balances. Subtract line 21 from lin	 aa 20		176,366.	167,132.			
Pa	art II	Signature Block	le 20		17075000	101/1321			
Und	er pena	alties of perjury, I declare that I have examined this return, inc	cluding accompanying schedules	s and stateme	ents, and to the best of my	/ knowledge and belief, it is			
		ct, and complete. Declaration of preparer (other than officer)				,			
Sig	n	Signature of officer			Date				
Her	·e	·	E DIRECTOR						
		Type or print name and title							
		1 1 1	reparer's signature		Date Check C	PTIN			
Paid	i	JULIE BARTLETT		1	0/31/19 self-employ				
-	parer	Firm's name LBMC, PC			Firm's EIN ▶	62-1199757			
Use	Only	Firm's address P.O. BOX 1869	24 1062			45\205 4622			
		BRENTWOOD, TN 3702			Phone no. (6	15)377-4600			
May	the II	RS discuss this return with the preparer shown above	? (see instructions)			X Yes No			

	990 (2018) <b>HEALIN</b>	G HOUSING, INC.	47-3758	041 Page 2
Pa	rt III Statement of Program S	ervice Accomplishments		
	Check if Schedule O contains a	response or note to any line in this Part II	L	
1	Briefly describe the organization's mis			
		<u>UL LIVING TO WOMEN IN</u>	RECOVERY FROM DRUG AND	
	ALCOHOL ADDICTION.			
_				
2	, ,	gnificant program services during the year	F	
			L	Yes X No
_	If "Yes," describe these new services			Yes X No
3			onducts, any program services?	Yes ANO
	If "Yes," describe these changes on S			
4			ree largest program services, as measured by ex	-
			of grants and allocations to others, the total expe	nses, and
4-	revenue, if any, for each program serv		\ /-	24,272.)
4a	(Code:) (Expenses \$		IPPORTIVE SERVICES FOR WO	
		AND ALCOHOL ADDICTION		MEN III
	RECOVERT FROM DRUG	AND ALCOHOL ADDICTION	1 •	
	-			
	-			
	-			
4b	(Cada: \ \ (Euranaaa f)	including suggests of th	) (Revenue \$	
40	(Code:) (Expenses \$	including grants of \$		,
	-			
	-			
	-			
4c	(Code: ) (Expenses \$	including grants of \$	) (Revenue \$	<u> </u>
	, (Expenses ¢	moduling grante of \$\psi\$	, (10101110 \$	
4d	Other program services (Describe in S	chedule O.)		
	(Expenses \$	including grants of \$	) (Revenue \$	)
4e	Total program service expenses ▶	259,595.		

# Form 990 (2018) 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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 Revenue Procedure 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? <i>If</i> "Yes," <i>complete</i>			
Ü	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	۰		<del> </del>
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		١		X
10	If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	40		X
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		_^
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	l	37	
_	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	l
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			l
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
_		_		_

Form 990 (2018) HEALING HOUSING, INC. 47-3758041 Page 4

Part IV Checklist of Required Schedules (continued)

	·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			1
	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?	24b		
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?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
<b>L</b>	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			1
		25b		X
26	Schedule L, Part I  Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	230		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?   If "Yes,"			1
	complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			1
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			1
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			77
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
0.4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		x
350	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	55a		
	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?	002		
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
		38	X	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 11			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	Щ

HEALING HOUSING, INC 47-3758041 Page 5 Form 990 (2018) Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За **b** If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х 4a **b** If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Х 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). Х 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 If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g 7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the

Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a

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

sponsoring organization have excess business holdings at any time during the year?

Did the sponsoring organization make any taxable distributions under section 4966?

Sponsoring organizations maintaining donor advised funds.

c Enter the amount of reserves on hand

Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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?

If "Yes," see 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.

Form **990** (2018)

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Form 990 (2018) HEALING HOUSING, INC. 4 / - 3 / 5 8 U 4 1 Pag
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response Page 6 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3	Х	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c		X
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶TN			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3))	only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	TRACEY LEVINE - 888-445-4325			
	PO BOX 2385, BRENTWOOD, TN 37024			

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

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

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization no (A)	(B)				C)			(D)	(E)	(F)	
Name and Title	Average	(-1-		Pos	itior			Reportable	Reportable	Estimated	
	hours per				check more than one ess person is both an			compensation	compensation	amount of	
	week		cer an	id a d	irecto	r/trus	tee)	from	from related	other	
	(list any	Individual trustee or director						the	organizations	compensation	
	hours for related	e or di	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization	
	organizations	ruste	Institutional trustee		/ee	m pen		(***-2/1099-141130)		and related	
	below	dual t	utiona	_	Key employee	st col	Je.			organizations	
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former			· ·	
(1) MIKE HARPER	0.25										
CHAIRPERSON	0.00	Х						0.	0.	0.	
(2) KAROL MANGIONE	15.00										
DIRECTOR	0.00	Х						0.	0.	0.	
(3) LAURA BRANTLEY	0.25										
DIRECTOR	0.00	Х						0.	0.	0.	
(4) ANGELA DEANE	0.25										
DIRECTOR	0.00	Х						0.	0.	0.	
(5) DAVID HETTINGER	0.40			l						•	
TREASURER	0.00	Х		Х				0.	0.	0.	
(6) DAVID JONES	0.50									•	
DIRECTOR	0.00	Х						0.	0.	0.	
(7) DAVID DENISE	0.25									0	
DIRECTOR	0.00	Х						0.	0.	0.	
(8) SHERRIE CAVIN	0.00			٠,					0	0	
SECRETARY (9) OLIVIA MILLER	0.00 40.00			Х				0.	0.	0.	
EXECUTIVE DIRECTOR	0.00			х				37,344.	0.	^	
(10) TRACEY LEVINE	40.00			^				37,344.	0.	0.	
EXECUTIVE DIRECTOR	0.00			х				13,750.	0.	0.	
IMPOULTE DIRECTOR	0.00							13,730.	0.	0.	
		-									
		-									
				L	L	L	L				
		1	I	I	l	1					

ı uı	Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	<u> Hig</u>	ghes	st C	ompensated Employee	s (continued)				
	(A)	(B)				<b>C</b> )			(D)	(E)			(F)	
	Name and title	Average	(do		Pos		<b>າ</b> than ເ	one	Reportable	Reportable	,	Est	imated	
		hours per	box	, unle	ss per	rson i	is both	n an	compensation	compensation	- 1		ount of	
		week (list any		T	la a a	l	1711 03	(00)	from	from related			ther	_
		hours for	lirecto				L		the organization	organization (W-2/1099-MIS			ensatior m the	1
		related	e or 0	stee			ısatec		(W-2/1099-MISC)	(***-2/1099-14110	,		nization	
		organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee		(** 2/ 1885 **********************************			•	related	
		below	/idual	tution	er	Key employee	lest co	ner				orgar	nizations	;
		line)	Indi	Insti	Officer	Key	E High	Former						
														_
-														_
											-			_
														_
1b	Sub-total	ı				l	· ·	<b></b>	51,094.		0.		0	١.
	Total from continuation sheets to Part VI								0.		0.		0	٠.
	Total (add lines 1b and 1c)							<b></b>	51,094.		0.		0	١.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable	Э			
	compensation from the organization											1,	Yes N	0
3	Did the organization list any <b>former</b> officer.	, director, or tru	uste	e, ke	y en	olqn	yee,	or l	highest compensated er	nployee on	ſ		Yes N	0
	line 1a? If "Yes," complete Schedule J for s	•			•	•	•		•			3	X	2
4	For any individual listed on line 1a, is the su										···· [			
	and related organizations greater than \$150	0,000? If "Yes,	" co	mpl	ete S	Sche	edule	Jf	or such individual			4	X	2
5	Did any person listed on line 1a receive or a	accrue comper	nsati	on f	rom	any	unre	elate	ed organization or individ	dual for services				
Sec	rendered to the organization? If "Yes," control B. Independent Contractors	plete Schedul	e J f	or su	ıch r	oers	on					5	X	
1	Complete this table for your five highest co	mpensated inc	depe	nde	nt co	ontra	acto	rs th	nat received more than \$	3100,000 of comp	 pensat	ion fror	n	_
	the organization. Report compensation for	the calendar y	ear e	endir	ng w	ith c	or wi	thin	the organization's tax y	ear.				
	( <b>A)</b> Name and business	address	NO	INC	₹.				<b>(B)</b> Description of s	ervices	С	(C) ompen		
									·					_
-														_
											_ <del></del>			
								1						
2	Total number of independent contractors (i		ot lir	nite	d to t	thos	se lis	ted	above) who received mo	ore than				
	\$100,000 of compensation from the organi	zation >				(	)						00 /	

		Check if Schedule O conta	ains a response	or note to any line	e in this Part VIII			
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	( <b>D)</b> Revenue excluded from tax under sections 512 - 514
ठ ठ	1 a	Federated campaigns	1a					
ani		Membership dues						
2 8		Fundraising events		181,869.				
ifts ar A		Related organizations						
a,e		Government grants (contributi						
Sig		All other contributions, gifts, gran	· —					
her E		similar amounts not included above		136,702.				
ξĐ	g	Noncash contributions included in lines		-				
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f			318,571.			
				Business Code				
ø	2 a	PARTICIPANT FEE	S	623990	23,981.	23,981.		
Ş	b							
Program Service Revenue	С							
an eve	d							
B	е							
ğ	f	All other program service reve	nue	623990				
	g	Total. Add lines 2a-2f		<b>&gt;</b>	23,981.			
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)			42.			42.
	4	Income from investment of tax	x-exempt bond p	roceeds				
	5	Royalties		<b></b>				
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)		<b></b>				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)						
		Net gain or (loss)		·				
nue	8 a	Gross income from fundraising including \$181,8						
eve		contributions reported on line						
Other Reven		Part IV, line 18	a					
ţ.	b	Less: direct expenses	b	15,637.				
0	С	Net income or (loss) from fund	draising events	<u></u>	-10,387.			-10,387.
	9 a	Gross income from gaming ac	tivities. See					
		Part IV, line 19	a					
	b	Less: direct expenses	b					
	С	Net income or (loss) from gam	ing activities					
	10 a	Gross sales of inventory, less	returns					
		and allowances	a					
	b	Less: cost of goods sold	b					
-	С	Net income or (loss) from sales	s of inventory	<b>&gt;</b>				
		Miscellaneous Revenue		Business Code				
	11 a	CREDIT CARD REB	ATE	623990	291.	291.		
	b							
	С							
		All other revenue			001			
		Total. Add lines 11a-11d		<b>&gt;</b>	291.	0.4 0.70		10 245
	12	Total revenue. See instructions		<b>&gt;</b>	332,498.	24,272.	0.	-10,345.

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**)
Fundraising (B) Program service expenses (C) Management and general expenses Do not include amounts reported on lines 6b. Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, 51,094. 12,774. 38,320. trustees, and key employees ..... Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 87,508. 87,508. 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 14,142. 7,837. 6,305. Other employee benefits 9 10,603. 5,814. 4,789. 10 Payroll taxes 11 Fees for services (non-employees): 29,500. 29,500. Management 1,020. 1,020. Legal 8,750. 8,750. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 2,417.6,040. 1,712. 1,911 Advertising and promotion 12 2,055. 1,773. 282 Office expenses 13 14,303. 7,152. 7,151. Information technology 14 15 Royalties 78,479. 78,479. 16 Occupancy 193. 33. 160. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 Depreciation, depletion, and amortization ..... 22 4,415. 2,221. 2,194. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 18,635. 18,635. UTILITIES 1,589. PAYROLL PROCESSING FEES 6,226. 4,637. 2,499. 2,499. BANK FEES 1,744. 1,744. d DRUG TESTING SUPPLIES 4.576. 1.549. 2,227. 800. All other expenses 341,782. 259,595. 79,034. 3,153. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

Form 990 (2018)
Part X | Balance Sheet

11   Investments - publicly traded securities   12   Investments - other securities. See Part IV, line 11   12   13   Investments - program-related. See Part IV, line 11   13   14   Intangible assets   14   15   16   16   17   17   18   18   18   18   18   18	Par	rt X	Balance Sheet					
Beginning of year			Check if Schedule O contains a response or not	e to any	/ line in this Part X			
Pleages and grants receivable, net  3 Pleages and grants receivable, net  4 Accounts receivable, net  5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L  6 Loans and other receivables from other disqualified persons (as defined under section, 4958(f)(II), persons described in section 4958(k)(S)(B), and contributing employers and sponsoring organizations of section 501(c)(0) voluntary employees beneficiary organizations (see instr), Complete Part II of Sch L  7 Notes and loans receivable, net  8 Inventiones for sale or use  9 Prepaid expenses and deferred charges  10 Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D  10 Land, buildings, and equipment: cost or other basis. Complete Part IV, line 11  11 Investments - program-related. See Part IV, line 11  12 Investments - program-related. See Part IV, line 11  13 Investments - program-related. See Part IV, line 11  14 Intangible assets  15 Other assets. See Part IV, line 11  16 Total assets. Add lines 1 through 15 (must equal line 34)  17 Accounts payable and accrued expenses  17 Accounts payable and accrued expenses  170 Accounts payable and accrued expenses  171 Accounts payable and accrued expenses  172 Logonizations that folious FAS 117 (ASC defectors, tustees, key employees, highest compensated employees, and disqualified persons. Complete Part IV of Schedule D  22 Loans and other payable to current and former officers, or related third parties, an						<b>(A)</b> Beginning of year		
2   Savings and temporary cash investments   2   2   2   3   4   916   4   Accounts receivable, net   2   900   3   4   916   4   4   5   835   5   5   5   5   5   5   5   5   5		1	Cash - non-interest-bearing			165,337.	1	144,750.
Pedges and grants receivable, net								
5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L  6 Loans and other receivables from other disqualified persons (as defined under section 4950(f(1)) persons described in section 4950(f(3)) good contributing employers and sponsoring organizations of section 501(c)(9) voluntary employers beneficiary organizations of section 501(c)(9) voluntary employees beneficiary organizations of section 501(c)(9) voluntary employees to sentiary organizations for sale or use  9 Prepaid expenses and deferred charges  9 Popular dexpenses and deferred charges  10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D  1 Less: accumulated depreciation  1 Investments - publicly traded securities  1 Investments - publicly traded securities  1 Investments - publicly traded securities  1 Investments - propram-related. See Part IV, line 11  1 Investments - propram-related. See Part IV, line 11  1 Investments - propram-related. See Part IV, line 11  1 Investments - propram-related. See Part IV, line 11  1 Investments - propram-related. See Part IV, line 11  1 Investments - propram-related see Test 1 Investments - propram-related see						2.900.		4.916.
5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L  6 Loans and other receivables from other disqualified persons (as defined under section 4950(f(1)) persons described in section 4950(f(3)) good contributing employers and sponsoring organizations of section 501(c)(9) voluntary employers beneficiary organizations of section 501(c)(9) voluntary employees beneficiary organizations of section 501(c)(9) voluntary employees to sentiary organizations for sale or use  9 Prepaid expenses and deferred charges  9 Popular dexpenses and deferred charges  10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D  1 Less: accumulated depreciation  1 Investments - publicly traded securities  1 Investments - publicly traded securities  1 Investments - publicly traded securities  1 Investments - propram-related. See Part IV, line 11  1 Investments - propram-related. See Part IV, line 11  1 Investments - propram-related. See Part IV, line 11  1 Investments - propram-related. See Part IV, line 11  1 Investments - propram-related. See Part IV, line 11  1 Investments - propram-related see Test 1 Investments - propram-related see								5.835.
trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(0/1)), persons described in section 4958(0/3)(9), and contributing employees and sponsoring organizations of section 501 (c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepald expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10b Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 13 Investments - other securities. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Other assets. See Part IV, line 11 17 Accounts payable and accrued expenses 1 127 · 17 1, 983. 18 Grants payable and accrued expenses 1 127 · 17 1, 983. 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Exerce or or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Total liabilities. Add lines 17 (hough 25 26 Total liabilities. Add lines 17 (hough 25 27 Unsecured notes and loans Payable to unrelated third parties 29 Organizations that follow SFAS 117 (ASC 958), check here  and complete lines 27 through 34. 29 Organizations that on to follow SFAS 117 (ASC 958), check here  and complete lines 27 through 34. 20 Call at section of the data of the payable to current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained carrings, endowment, accumulated income, or other funds 33 Tota								3,73331
Part II of Schedule L  6					, , , , , , , , , , , , , , , , , , ,			
6 Loans and other receivables from other disqualified persons (as defined under section 4958(n)(1)), persons described in section 4958(n)(3)(6), and contributing employees beneficiary organizations of section 501(n)(0) voluntary employees beneficiary organizations (see instr). Complete Part II of Sch L  7 Nemerotic so and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10b Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 11 Investments - publicity traded securities 12 Investments - propraire-elated. See Part IV, line 11 13 Investments - propraire-elated. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 127 Total assets. Add lines 1 through 15 (must equal line 34) 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. 29 Complete Part II of Schedule L 29 Secured mortgages and notes payable to unrelated third parties 20 Chre liabilities (including federal income tax, payables to related third parties 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. 20 Complete Part II of Schedule L 21 Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Total liabilities. Add lines 17 through 25 26 Total liabilities. Add lines 17 through 25 27 Unsercited net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), che					· · · · ·		5	
Section 4958(N/1), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employers and sponsoring organizations (see instr.). Complete Part II of Sch L.		6	***************************************					
employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L			·					
## Page   Personal Complete   Part   I of Sch L   6   6								
7 Notes and loans receivable, net	S						6	
9 Prepaid expenses and deferred charges  10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D  11 Investments - publicly traded securities  12 Investments - publicly traded securities  13 Investments - publicly traded securities  14 Intragible assets  15 Other assets. See Part IV, line 11  17 Accounts payable and accrued expenses  18 Grants payable  19 Deferred revenue  20 Tax-exempt bond liabilities  21 Lessrow or custodial account liability. Complete Part IV of Schedule D  22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule D  21 Escrow or custodial account liabilities  22 Secured mortgages and notes payable to unrelated third parties  23 Secured mortgages and notes payable to unrelated third parties  24 Unsecured notes and loans payable to unrelated third parties  25 Other liabilities not included on lines 17-24). Complete Part X of Schedule D  26 Total liabilities. Add lines 17 through 25  27 Total liabilities. Add lines 17 through 25  28 Temporarily restricted net assets  29 Organizations that follow SFAS 117 (ASC 958), check here   29 Permanently restricted net assets  29 Organizations that do not follow SFAS 117 (ASC 958), check here   20 Capital stock or trust principal, or current funds  31 Paicin or capital surplus, or land, building, or equipment fund  31 Paicin or capital surplus, or land, building, or equipment fund  31 Paicin or capital surplus, or land, building, or equipment fund  32 Retained earnings, endowment, accumulated income tunds  33 Total net assets or fund balances  176, 366. 33 167, 132.	set	7						
9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D  11 Investments - publicity traded securities 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. See Part IV, line 11 17 Accounts payable and accrued expenses 18 Grants payable and accrued expenses 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecurde notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties 26 Total liabilities, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net a	As						8	
10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   10a   2 , 8 6 6 .   0		9					9	
11   Investments - publicly traded securities   11   12   12   12   12   12   12   1		10a						
11   Investments - publicly traded securities   11   12   12   12   12   12   12   1			basis. Complete Part VI of Schedule D	10a	2,866.			
11   Investments - publicly traded securities   11   12   12   12   12   12   12   1		b	Less: accumulated depreciation	10b	2,866.	0.	10c	0.
12   Investments - other securities. See Part IV, line 11   13   Investments - program-related. See Part IV, line 11   13   13   14   Intangible assets   14   15   Other assets. See Part IV, line 11   8, 256 ⋅ 15   13, 614 ⋅ 16   Total assets. See Part IV, line 11   8, 256 ⋅ 15   13, 614 ⋅ 16   Total assets. Add lines 1 through 15 (must equal line 34)   176, 493 ⋅ 16   169, 115 ⋅ 17   17   1, 983 ⋅ 18   Grants payable and accrued expenses   127 ⋅ 17   17   1, 983 ⋅ 18   Grants payable and accrued expenses   127 ⋅ 17   17   1, 983 ⋅ 18   18   19   Deferred revenue   19   20   Tax-exempt bond liabilities   20   21   22   22   23   24   24   25   25   26   26   27   27   28   27   28   29   29   29   29   29   29   29		l	Investments - publicly traded securities		11			
13   Investments - program-related. See Part IV, line 11   14   Intangible assets   15   Intangible assets   176, 493. 16   169, 115.   17   Intangible assets. Add lines 1 through 15 (must equal line 34)   176, 493. 16   169, 115.   17   1, 983.   18   Intangible assets. Add lines 1 through 15 (must equal line 34)   176, 493. 16   169, 115.   17   1, 983.   18   Intangible assets. Add lines 1 through 15 (must equal line 34)   176, 493. 16   169, 115.   179, 17   1, 983.   18   Intangible assets   127. 17   1, 983.   18   Intangible assets   127. 17   1, 983.   Intangible assets   19   Intangible assets   10, 9, 115.   Intangible assets   10, 9, 11		12			12			
15 Other assets. See Part IV, line 11   8 , 256		13				13		
15 Other assets. See Part IV, line 11   8 , 256		14	Intangible assets				14	
16 Total assets. Add lines 1 through 15 (must equal line 34)  17 Accounts payable and accrued expenses  18 Grants payable  19 Deferred revenue  20 Tax-exempt bond liabilities  21 Escrow or custodial account liability. Complete Part IV of Schedule D  22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.  Complete Part II of Schedule L  23 Secured mortgages and notes payable to unrelated third parties  24 Unsecured notes and loans payable to unrelated third parties  25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17·24). Complete Part X of Schedule D  26 Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117 (ASC 958), check here ▼		15					15	13,614.
Tax-exempt bond liabilities  20  Tax-exempt bond liabilities  21  Escrow or custodial account liability. Complete Part IV of Schedule D  22  Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.  Complete Part II of Schedule L  23  Secured mortgages and notes payable to unrelated third parties  24  Unsecured notes and loans payable to unrelated third parties  25  Other liabilities (including federal income tax, payables to related third parties and other liabilities not included on lines 17·24). Complete Part X of Schedule D  26  Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34.  27  Unrestricted net assets  28  Permanently restricted net assets  29  Permanently restricted net assets  29  Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □  and complete lines 30 through 34.  30  Capital stock or trust principal, or current funds  31  Paid-in or capital surplus, or land, building, or equipment fund  31  Retained earnings, endowment, accumulated income, or other funds  31  Total net assets or fund balances  176 , 366 . 33  167 , 132 .		16			ı		16	
Tax-exempt bond liabilities  Tax-exempt bond liabilities  Escrow or custodial account liability. Complete Part IV of Schedule D  Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.  Complete Part II of Schedule L  Secured mortgages and notes payable to unrelated third parties  Unsecured notes and loans payable to unrelated third parties  Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D  Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117 (ASC 958), check here ▼ X and complete lines 27 through 29, and lines 33 and 34.  Unrestricted net assets  Organizations that do not follow SFAS 117 (ASC 958), check here ▼ and complete lines 30 through 34.  Capital stock or trust principal, or current funds  Paid-in or capital surplus, or land, building, or equipment fund  Retained earnings, endowment, accumulated income, or other funds  Total net assets or fund balances  176 , 366 , 33 167 , 132 .		17	Accounts payable and accrued expenses			127.	17	1,983.
Tax-exempt bond liabilities  21 Escrow or custodial account liability. Complete Part IV of Schedule D  22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.  Complete Part II of Schedule L  23 Secured mortgages and notes payable to unrelated third parties  24 Unsecured notes and loans payable to unrelated third parties  25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17·24). Complete Part X of Schedule D  26 Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets  28 Temporarily restricted net assets  Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.  30 Capital stock or trust principal, or current funds  31 Paid-in or capital surplus, or land, building, or equipment fund  32 Retained earnings, endowment, accumulated income, or other funds  33 Total net assets or fund balances  20 Data I assets or fund balances  21 Escrow or custodial account liability. Complete Part IV of Schedule D  22 Data I assets  23 Data I assets  24 Data I assets  25 Data I assets  26 Data I assets  27 Data I assets  28 Data I assets  29 Data I assets  29 Data I assets  29 Data I assets  29 Data I assets  20 Data I assets  20 Data I assets  21 Data I assets  22 Data I assets  23 Data I assets  24 Data I assets  25 Data I assets  26 Data I assets  27 Data I assets  28 Data I assets  29 Data I assets  29 Data I assets  20 Data I assets  20 Data I assets  20 Data I assets  21 Data I assets  22 Data I assets  23 Data I assets  24 Data I assets  25 Data I assets  26 Data I assets  27 Data I assets  28 Data I assets  29 Data I assets  20 Data I assets  20 Data I assets  20 Data I assets  21 Data I assets  22 Data I assets  23 Data I assets  24 Data I assets  25 Data I assets  26 Data		18	Grants payable				18	
Secure of custodial account liability. Complete Part IV of Schedule D   21		19	Deferred revenue			19		
22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.  Complete Part II of Schedule L  23 Secured mortgages and notes payable to unrelated third parties  24 Unsecured notes and loans payable to unrelated third parties  25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17·24). Complete Part X of Schedule D  26 Total liabilities. Add lines 17 through 25  Corganizations that follow SFAS 117 (ASC 958), check here ▼ X and complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets  28 Temporarily restricted net assets  29 Permanently restricted net assets  Organizations that do not follow SFAS 117 (ASC 958), check here ▼ Danie of the particular of the particular of the particular of the part X of Schedule D  26 Total liabilities. Add lines 17 through 25  Corganizations that follow SFAS 117 (ASC 958), check here ▼ X and complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets  28 Permanently restricted net assets  Organizations that do not follow SFAS 117 (ASC 958), check here ▼ Danie of the particular of		20				20		
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24 Unsecured notes and loans payable to unrelated third parties  25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17·24). Complete Part X of Schedule D  26 Total liabilities. Add lines 17 through 25  Corganizations that follow SFAS 117 (ASC 958), check here ▼ X and complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets  28 Temporarily restricted net assets  29 Permanently restricted net assets  Organizations that do not follow SFAS 117 (ASC 958), check here ▼ D and complete lines 30 through 34.  30 Capital stock or trust principal, or current funds  31 Paid-in or capital surplus, or land, building, or equipment fund  32 Retained earnings, endowment, accumulated income, or other funds  33 Total net assets or fund balances  24  24  24  24  25  26  27  28  29  29  27  28  29  29  29  29  29  20  20  21  27  28  29  29  29  29  20  20  21  27  28  29  29  29  20  20  21  21  22  23  24  24  24  24  24  24  24  24	es	22						
24 Unsecured notes and loans payable to unrelated third parties  25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17·24). Complete Part X of Schedule D  26 Total liabilities. Add lines 17 through 25  Corganizations that follow SFAS 117 (ASC 958), check here ▼ X and complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets  28 Temporarily restricted net assets  29 Permanently restricted net assets  Organizations that do not follow SFAS 117 (ASC 958), check here ▼ D and complete lines 30 through 34.  30 Capital stock or trust principal, or current funds  31 Paid-in or capital surplus, or land, building, or equipment fund  32 Retained earnings, endowment, accumulated income, or other funds  33 Total net assets or fund balances  24  24  24  24  25  26  27  28  29  29  27  28  29  29  29  29  29  20  20  21  27  28  29  29  29  29  20  20  21  27  28  29  29  29  20  20  21  21  22  23  24  24  24  24  24  24  24  24	Ė							
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25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17·24). Complete Part X of Schedule D  26 Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets  28 Temporarily restricted net assets  29 Permanently restricted net assets  Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.  30 Capital stock or trust principal, or current funds  31 Paid-in or capital surplus, or land, building, or equipment fund  32 Retained earnings, endowment, accumulated income, or other funds  33 Total net assets or fund balances  25 1,983.  176,366. 27 167,132.	_							
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Schedule D  25  Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117 (ASC 958), check here  X and complete lines 27 through 29, and lines 33 and 34.  Unrestricted net assets  Temporarily restricted net assets  Permanently restricted net assets  Organizations that do not follow SFAS 117 (ASC 958), check here  and complete lines 30 through 34.  Capital stock or trust principal, or current funds  Paid-in or capital surplus, or land, building, or equipment fund  Retained earnings, endowment, accumulated income, or other funds  Total net assets or fund balances  176,366. 33  167,132.		25						
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Unrestricted net assets  Temporarily restricted net assets  Permanently restricted net assets  Organizations that do not follow SFAS 117 (ASC 958), check here  and complete lines 30 through 34.  Capital stock or trust principal, or current funds  Paid-in or capital surplus, or land, building, or equipment fund  Retained earnings, endowment, accumulated income, or other funds  Total net assets or fund balances  176 , 366 . 27					k nere 🚩 🔼 and			
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Total field assets of fulfild balances	ţ							
	Re					176,366.		167,132.
		34				176,493.	34	

Form **990** (2018)

Form	990 (2018) HEALING HOUSING, INC.	47-375	8041	Pad	ge <b>12</b>
Pai	t XI Reconciliation of Net Assets			,	
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	332		
2	Total expenses (must equal Part IX, column (A), line 25)	2	341	. , 7	82.
3	Revenue less expenses. Subtract line 2 from line 1	3	<b>-</b> 9	, 2	84.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	176	, 3	66.
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			50.
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	167	, 1	32.
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u> .		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedul	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	te basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the second	ne audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	nedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ingle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	uired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3h		l

#### SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

**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

Open to Public Inspection

Name of the organization

HEALING HOUSING, INC. **Employer identification number** 47-3758041

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support		
Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (c) 2016 (d) 2017	(e) 2018	<b>(f)</b> Total
1 Gifts, grants, contributions, and		
membership fees received. (Do not		
include any "unusual grants.") 3,300. 170,692. 250,515. 33	18,571.	743,078.
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	101	
4 Total. Add lines 1 through 3 3,300. 170,692. 250,515. 33	18,571.	743,078.
5 The portion of total contributions		
by each person (other than a		
governmental unit or publicly		
supported organization) included		
on line 1 that exceeds 2% of the		
amount shown on line 11,		
column (f)		113,027.
6 Public support. Subtract line 5 from line 4.		630,051.
Section B. Total Support		
Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (c) 2016 (d) 2017	(e) 2018	(f) Total
	18,571.	743,078.
8 Gross income from interest,		
dividends, payments received on		
securities loans, rents, royalties,	4.0	1.40
and income from similar sources 24. 83.	42.	149.
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	201	0.01
assets (Explain in Part VI.)	291.	291.
11 Total support. Add lines 7 through 10		743,518.
12 Gross receipts from related activities, etc. (see instructions)		
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501		<b>\</b> X
organization, check this box and stop here Section C. Computation of Public Support Percentage		<b>P</b> A
14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) 14		%
15 Public support percentage from 2017 Schedule A, Part II, line 14	1	——————————————————————————————————————
16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more,		
stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or m		
and <b>stop here.</b> The organization qualifies as a publicly supported organization		
17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line		
and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI I		
meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	-	
b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, a		
more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in P		
organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and se		

## 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	now, please comp	Diete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5	<u></u>					
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
t	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						
8 Se	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
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 five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiza	ation,
	check this box and stop here						<b>.</b>
	ction C. Computation of Publi					T 1	
	Public support percentage for 2018 (li			column (f))		15	%
	Public support percentage from 2017					16	%
	ction D. Computation of Inves					T .= I	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from 2					18	% 7 is not
198	33 1/3% support tests - 2018. If the						/ IS NOT
t	more than 33 1/3%, check this box ar 33 1/3% support tests - 2017. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	
	line 18 is not more than 33 1/3%, che	ck this box and <b>st</b>	<b>top here.</b> The orga	anization qualifies a	as a publicly supp	orted organization	▶□
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see in:	structions	

## Part IV | Supporting Organizations

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

### Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
Ta		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
-		
9b		
9c		
10a		
10b		
990 or 99	0-EZ)	2018

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

Pa	rt V   Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	Nov. 20, 1970 (explain in F	Part VI.) See instructions. All
	other Type III non-functionally integrated supporting organizations must c			
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		
	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 1-1/2% 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 .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 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-functional	ally integrate	d Type III supporting orga	anization (see

Schedule A (Form 990 or 990-EZ) 2018

instructions).

Par	ιv	Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continued)	
Secti	on D - D	Distributions			Current Year
1	Amount				
2	Amount				
	organiza	ations, in excess of income from activity			
3	Adminis	strative expenses paid to accomplish exempt purpose	s of supported organizations	3	
4	Amount	ts paid to acquire exempt-use assets			
5	Qualifie	d set-aside amounts (prior IRS approval required)			
6	Other d	istributions (describe in Part VI). See instructions.			
7	Total a	nnual distributions. Add lines 1 through 6.			
8	Distribu	tions to attentive supported organizations to which th	e organization is responsive		
	(provide	e details in Part VI). See instructions.			
9	Distribu	table amount for 2018 from Section C, line 6			
10	Line 8 a	mount divided by line 9 amount			
Secti	on E - D	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distribu	table amount for 2018 from Section C, line 6			
2	Underd	istributions, if any, for years prior to 2018 (reason-			
	able ca	use required- explain in Part VI). See instructions.			
3	Excess	distributions carryover, if any, to 2018			
а	From 20	013			
b	From 20	014			
С	From 20	015			
d	From 20	016			
е	From 20	017			
f	Total of	f lines 3a through e			
g	Applied	to underdistributions of prior years			
h	Applied	to 2018 distributable amount			
i	Carryov	er from 2013 not applied (see instructions)			
j	Remain	der. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distribu	tions for 2018 from Section D,			
	line 7:	\$			
а	Applied	to underdistributions of prior years			
b	Applied	to 2018 distributable amount			
С	Remain	der. Subtract lines 4a and 4b from 4.			
5	Remain	ing underdistributions for years prior to 2018, if			
	any. Su	btract lines 3g and 4a from line 2. For result greater			
	than zei	ro, explain in <b>Part VI.</b> See instructions.			
6	Remain	ing underdistributions for 2018. Subtract lines 3h			
	and 4b	from line 1. For result greater than zero, explain in			
	Part VI.	See instructions.			
7	Excess	distributions carryover to 2019. Add lines 3j			
	and 4c.				
8	Breakdo	own of line 7:			
а	Excess	from 2014			
b	Excess	from 2015			
С	Excess	from 2016			
d	Excess	from 2017			
е	Excess	from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Schedule A	(Form 990 or 990-EZ) 2018	HEALING HO	USING, IN	IC.	47-3758041	Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1, 2 line 1; Part IV, Section D, lir	<b>lation.</b> Provide the 2, 3b, 3c, 4b, 4c, 5a, nes 2 and 3; Part IV,	e explanations rec 6, 9a, 9b, 9c, 11a Section E, lines 1	uired by Part II, line 10; P a, 11b, and 11c; Part IV, S c, 2a, 2b, 3a, and 3b; Par	art II, line 17a or 17b; Part III, line 12; ection B, lines 1 and 2; Part IV, Section of t V, line 1; Part V, Section B, line 1e; Part t for any additional information.	C,
	,,					

# Schedule A

# Identification of Excess Contributions Included on Part II, Line 5

2018

\*\* Do Not File \*\*

\*\*\* Not Open to Public Inspection \*\*\*

Contributor's Name	Total Contributions	Excess Contributions
CAL TURNER FAMILY FOUNDATION	50,000.	35,130.
BRENTWOOD UMC FOUNDATION	59,107.	44,237.
BRENTWOOD UMC	15,950.	1,080.
RALLS FAMILY FOUNDATION	23,350.	8,480.
KATHIE DUFFER	21,580.	6,710.
VENDENGINE, INC	16,900.	2,030.
JOHN CLAYTON	25,000.	10,130.
DOUG AND PAT RALLS	20,100.	5,230.
Total Excess Contributions to Schedule A, Part II, Line 5	,	113,027.

# Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Organization type (check one):

# **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2018

Name of the organization Employer identification number HEALING HOUSING, INC. 47-3758041

Filoro of		Continu			
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			
		covered by the <b>General Rule</b> or a <b>Special Rule.</b> 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.			
General	Rule				
X	Far an arganization	filing Form 000, 000 F7, or 000 PF that received, during the year, contributions totaling \$5,000 or mare (in manay or			
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.			
Special l	Rules				
	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 or 990-EZ), 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.				
	year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year \( \) \$			
but it mu	st answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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 be filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).			

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization Employer identification number

# HEALING HOUSING, INC.

47-3758041

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
1	BRENTWOOD UNITED METHODIST CHURCH  309 FRANKLIN ROAD  BRENTWOOD, TN 37027	\$15,950.	Person X Payroll		
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
2	BUMC FOUNDATION		Person X		
	309 FRANKLIN ROAD	\$50,000.	Payroll Noncash		
	BRENTWOOD, TN 37027		(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3	BY THE NUMBERS ACTUARIAL		Person X		
	5213 COUNTRY CLUB DRIVE	\$ 7,500.	Payroll Noncash		
	BRENTWOOD, TN 37027		(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
4	JOHN CLAYTON		Person X		
	6023 JOHNSON CHAPEL ROAD	\$20,000.	Payroll Noncash		
	BRENTWOOD, TN 37027		(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
<u> </u>	KATHIE DUFFER		Person X		
	60 MUSIC SQUARE EAST	\$5,070.	Payroll Noncash		
	NASHVILLE, TN 37203		(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
6	JOHN R LINDAHL FOUNDATION		Person X		
_	PO BOX 2408	\$10,000 <b>.</b>	Payroll Noncash		
	BRENTWOOD, TN 37024		(Complete Part II for noncash contributions.)		

Name of organization Employer identification number

# HEALING HOUSING, INC.

47-3758041

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
7	PARADIGM TALENT AGENCY  8942 WILSHIRE BOULEVARD  BEVERLY HILLS, CA 90211	\$5,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
8	DOUG RALLS 5209 SHAW COURT BRENTWOOD, TN 37027	\$\$	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
9	RALLS FAMILY FOUNDATION  23525 MIRAGE LANE  DIAMOND BAR, CA 91765	\$8,900.	Person X Payroll		
(a)	(b)	(c)	(d)		
	Name, address, and ZIP + 4  RALPH ROACH  PO BOX 2909  BRENTWOOD, TN 37024	\$ 7,150.	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		
11_	VENDENGINE  101 CREEKSIDE CROSSING  BRENTWOOD, TN 37027	\$	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.)		

Name of organization 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	
		\$		

Name of organization

Employer identification number

47 – 3758041

Part III				4 / - 3 / 5 8 0 4 1 1(c)(7), (8), or (10) that total more than \$1,000 for the year
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1	g line entry. For o <b>1,000 or less</b> for th	rganizations ne year. (Enter this info. once.)  \$
(a) No	Use duplicate copies of Part III if additional	space is needed.	I	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi	ft	(d) Description of how gift is held
		(e) Transfe	er of gift	
	Transferee's name, address, ar	nd ZIP + 4	R	elationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi	ft	(d) Description of how gift is held
		(e) Transfe	er of gift	
-	Transferee's name, address, ar	nd ZIP + 4	R	elationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi	ft	(d) Description of how gift is held
		(e) Transfe	er of gift	
-	Transferee's name, address, ar	nd ZIP + 4	R	elationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi	ft	(d) Description of how gift is held
		(e) Transfe	er of gift	
	Transferee's name, address, ar	nd ZIP + 4	Re	elationship of transferor to transferee

## **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

HEALING HOUSING, INC.

**Employer identification number** 47-3758041

Par	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in $\boldsymbol{\nu}$	writing that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's $\boldsymbol{\varepsilon}$		
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any other purpose	conferring
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or ed	· —	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а			
b	,		
С	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a	•	
_	listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax
	year		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the peri		Yes No
6	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, I		
6	Starr and volunteer flours devoted to monitoring, inspecting, i	rialiding of violations, and emorcing cons	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion accoments duving the year
7	*     *  **  **  **  **  **  **  *	illing of violations, and emorcing conserva	tion easements during the year
8	Does each conservation easement reported on line 2(d) above	a satisfy the requirements of section 170	(h)(4)(P)(i)
Ü	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
Ū	include, if applicable, the text of the footnote to the organization	·	
	conservation easements.	ion o imanolal statemento that describes	the organization a accounting for
Par		Art, Historical Treasures, or Ot	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue staten	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	nibition, education, or research in furthera	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ		
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pul	blic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
2	If the organization received or held works of art, historical trea		
	the following amounts required to be reported under SFAS 11	16 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		

	t III Organizations Maintaining C	collections of Ar		orical Tre	asures. O	r Othe	r Simi		S /conti		age Z
3	Using the organization's acquisition, accessi								,		
Ū	(check all that apply):	ori, and other record	3, 011001	arry or tric	ionowing that	i aic a si	grimoai	it doc or its	conconor	ritoria	
а	Public exhibition	c	. $\Box$	Loan or evo	hange progra	ame					
b	Scholarly research	6			riarige progra						
	Preservation for future generations	•	·	Other							
с 4	Provide a description of the organization's co	alloctions and avalai	a how th	ov further th	o organizatio	on's ovoi	mnt nu	noso in Bar	· VIII		
									AIII.		
5	During the year, did the organization solicit of to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than the sold to be sold to raise funds rather than the sold to be sold to raise funds rather than the sold to be sold to raise funds rather than the sold to be sold to raise funds rather than the sold to be sold							_	Yes		٦ ٨١٥
Pai	t IV Escrow and Custodial Arran										No
ı aı	reported an amount on Form 990, Pa		ete ii trie	organizatio	n answered	res or	i FOIIII :	990, Part IV,	line 9, or		
			lion , for ,	a antribution	0 0 × 0 th 0 × 0 0	noto not	inaluda				
ıa	Is the organization an agent, trustee, custodi								Yes		٦ ٨١٥
	on Form 990, Part X?							∟	Yes		_ No
D	If "Yes," explain the arrangement in Part XIII	and complete the to	llowing t	able:					Λ		
	Designation belows						-	_	Amour	Ιτ	
	Beginning balance										
	Additions during the year										
_	Distributions during the year										
f	Ending balance							f	<b>-</b>		7
	Did the organization include an amount on F						•	L	Yes		∐ No
	If "Yes," explain the arrangement in Part XIII.										
Pai	t V Endowment Funds. Complete				I				1		
		(a) Current year	(b) F	Prior year	(c) Two yea	rs back	<b>(d)</b> Thr	ee years back	<b>(e)</b> Fou	r years	back
	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr		e (line 1g	g, column (a	)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	<del></del> %	_								
С	Temporarily restricted endowment	<del></del> %									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
За	Are there endowment funds not in the posse	•	ation tha	t are held a	nd administer	red for th	ne orga	nization			
	by:	3					3			Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations										
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requir	ed on S	chedule R?					3b		
4	Describe in Part XIII the intended uses of the										
Pai	t VI Land, Buildings, and Equipm	ent.									
	Complete if the organization answere	d "Yes" on Form 990	). Part IV	/. line 11a. S	See Form 990	). Part X.	line 10				
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) A	Accumu	lated	(d) Boo	k valu	e
10	Land	,		22310			,zo.ac	•			
	Land										
	Buildings										
					2,866.		2	866.			0.
	Equipment	<b>I</b>			_,000.		٠,	300.			<u> </u>
	Other		V 1	(D) // · · · · · · ·	0-1	l					0.
rota	. Add lines 1a through 1e. (Column (d) must e	iquai Form 990, Part	x, colun	าก ( <i>B</i> ). line 1	UC.)						

Schedule D (Form 990) 2018

Part VII Investments - Other Securities.	on Form 000 Port IV lin	a 11h Saa Earm 000 Dart V lina 1/	2
Complete if the organization answered "Yes"  (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cos	
(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"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cos	t or end-of-year market value
<u>(1)</u>			
(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.			
	F 000 B+ N/ E-	- 44 d. O Farra 000 Back V. Fara 44	_
Complete if the organization answered "Yes"	Description	e 11d. See Form 990, Part X, line 13	(b) Book value
(1) SECURITY DEPOSIT	Description		6,000.
OFFICE AGGERG			5,214.
(3) UNDEPOSITED FUNDS			2,400.
			2,400.
<u>(4)</u>			
(7) (8)			
(9)			
	o 15 \		▶ 13,614.
Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities.	<u>e 15.,1</u>		
Complete if the organization answered "Yes"	on Form 990. Part IV. lin	e 11e or 11f. See Form 990. Part X.	line 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 25.)		
2. Liability for uncertain tax positions. In Part XIII, provide		to the organization's financial stater	ments that reports the
organization's liability for uncertain tax positions unde			

	rt XI Reconciliation of Revenue per Audited Financial St	atements With Revenue	e per Return.	- ruge
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d				
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 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	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 1	2.)	5	
Pa	rt XII Reconciliation of Expenses per Audited Financial S	<del>-</del>	ses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.		
1			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а				
b	, , , , , , , , , , , , , , , , , , , ,	I I		
С				
d	, , , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·		
е			I I	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1		
a				
b	,	<u></u>		
c				
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information.	<u>: 18.)                                    </u>	5	
	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4: Part IV lines 1h and 2h: Pr	art V. lino 4: Part V. lino 2: Part	· VI
	s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide		art v, iii le 4, i art A, iii le 2, i art	. Ді,
111103	s zu and 45, and 1 art XII, lines zu and 45. Also complete this part to provide	arry additional information.		

#### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

HEALING	HOUSING, INC.					47-3758	0 4 1
Part I Fundraising Activities.	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 1		
required to complete this par  1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid individendments of the solicitation of the solicitations where the solicitations are solicitations.	sed funds through any of the followin  e Solicitat  f Solicitat  g Special  or oral agreement with any individual  cart VII) or entity in connection with providuals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-g gover aising ding of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	ustody itrol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
List all states in which the organization or licensing.	on is registered or licensed to solicit c		utions	or has been notified	it is e	exempt from reg	<u>L</u> gistration

Pa	ırt I	<b>_</b>	•	·		•
		of fundraising event contributions and gr		<del></del>		s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				LOVE BREAKFAST	5	(add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
ne			(overte type)	(GVGIII LYPO)	(total Hamber)	
Revenue	1	Gross receipts	51,422.	49,071.	86,626.	187,119.
æ	-		,	- , -		, -
	2	Less: Contributions	46,172.	49,071.	86,626.	181,869.
	3	Gross income (line 1 minus line 2)	5,250.			5,250.
	,	Cook prizes				
	4	Cash prizes				
	5	Noncash prizes				
es						
Sens	6	Rent/facility costs				
Direct Expenses						
rect	7	Food and beverages				
ֿ	8	Entortainment				
	9	Entertainment Other direct expenses		2,607.	4,564.	15,637.
		Direct expense summary. Add lines 4 through		,		15,637.
	11	Net income summary. Subtract line 10 from I	ine 3, column (d)		<b>)</b>	-10,387.
Pa	ırt I		answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.		(I.) Dull taba/instant		/ N Takal manaka m /a dal
venue						
			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
evenue			(a) Bingo		(c) Other gaming	col. (a) through col. (c)
Revenue	1	Gross revenue	(a) Bingo		(c) Other gaming	
Revenue	1		(a) Bingo		(c) Other gaming	
	2	Gross revenue  Cash prizes	(a) Bingo		(c) Other gaming	
		Cash prizes			(c) Other gaming	
	2	Cash prizes			(c) Other gaming	
	3	Cash prizes  Noncash prizes			(c) Other gaming	
Direct Expenses Revenue	3	Cash prizes			(c) Other gaming	
	3	Cash prizes  Noncash prizes		bingo/progressive bingo	(c) Other gaming	
	3 4 5	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses		bingo/progressive bingo		
	3 4 5	Cash prizes  Noncash prizes  Rent/facility costs		bingo/progressive bingo		
	3 4 5 6	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor	Yes %	bingo/progressive bingo  Yes%  No	☐ Yes % ☐ No	
	3 4 5	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor	Yes %	bingo/progressive bingo	☐ Yes % ☐ No	
	3 4 5 6	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through	Yes % No  1 5 in column (d)	bingo/progressive bingo  Yes%  No		
Direct Expenses	3 4 5 6 7 8	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through	Yes% No  n 5 in column (d)	bingo/progressive bingo  Yes%  No		
<b>6</b> Direct Expenses	3 4 5 6 7 8 En	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through  Net gaming income summary. Subtract line 7	Yes % No  1 5 in column (d)  7 from line 1, column (d)	yes% No	Yes% No	col. (a) through col. (c)
b 6 Direct Expenses	3 4 5 6 7 8 Enrist	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through  Net gaming income summary. Subtract line 7  ter the state(s) in which the organization conduct the organization licensed to conduct gaming and	Yes%  No  1 5 in column (d)  2 from line 1, column (d)  3 ucts gaming activities:  4 ctivities in each of these	yes% No	Yes% No	col. (a) through col. (c)
b 6 Direct Expenses	3 4 5 6 7 8 Enrist	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through  Net gaming income summary. Subtract line 7	Yes%  No  1 5 in column (d)  2 from line 1, column (d)  3 ucts gaming activities:  4 ctivities in each of these	yes% No	Yes% No	col. (a) through col. (c)
b 6 Direct Expenses	3 4 5 6 7 8 Enrist	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through  Net gaming income summary. Subtract line 7  ter the state(s) in which the organization conduct the organization licensed to conduct gaming and	Yes%  No  1 5 in column (d)  2 from line 1, column (d)  3 ucts gaming activities:  4 ctivities in each of these	yes% No	Yes% No	col. (a) through col. (c)
Direct Expenses	3 4 5 6 7 8 En ls t f "	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through  Net gaming income summary. Subtract line 7  ter the state(s) in which the organization conduct the organization licensed to conduct gaming and	Yes%  No  n 5 in column (d)  from line 1, column (d)  ucts gaming activities:ctivities in each of these	Yes% No	☐ Yes% ☐ No ▶	Yes No

Sch	nedule G (Form 990 or 990 EZ) 2018 HEALING HOUSING, INC. 47	-3758	041	Page 3						
11	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No						
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed									
	to administer charitable gaming?		Yes	□ No						
12	Indicate the percentage of gaming activity conducted in:									
		140-	1	0./						
	a The organization's facility		<u> </u>	%						
	b An outside facility	13b		%						
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:									
	Name									
	Address >									
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No						
k	b If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount									
	of gaming revenue retained by the third party ▶\$									
c	c If "Yes," enter name and address of the third party:									
	Name									
	Address									
16	Gaming manager information:									
	Name									
	Coming manager companyation • C									
	Gaming manager compensation  \$									
	Description of services provided									
	<u></u>									
	Director/officer Employee Independent contractor									
17	Mandatory distributions:									
a	a Is the organization required under state law to make charitable distributions from the gaming proceeds to									
	retain the state gaming license?		Yes	☐ No						
ŀ	<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the									
_	organization's own exempt activities during the tax year > \$									
Pa	art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Dort III. lin	00.0.0	0h 10h						
<u> </u>	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	ran III, IIII	ES 9, 8	30, 100,						

Schedule G	(Form 990 or 990-EZ)	HEALING HOUSING,	INC.	47-3758041 Page 4
Part IV	Supplemental Info	rmation (continued)		

#### SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

# Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Inspection

Name of the organization **Employer identification number** 47-3758041 HEALING HOUSING, INC. FORM 990, PART VI, SECTION A, LINE 3: THE SPERO GROUP PERFORMED MANAGEMENT DUTIES FOR THE ORGAINZATION. FORM 990, PART VI, SECTION B, LINE 11B: REVIEWED BY DAVID HETTINGER, TRACY LEVINE, AND OLIVIA SMITH PRIOR TO FILING. FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS ARE AVALIABLE UPON REQUEST.

## Form **8868**

(Rev. January 2019)

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit <a href="https://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits">www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits</a>.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts

must use	e Form 7004 to request an extension of time to file incor	ne tax retur	ns.					
	_			Enter file	er's identifying	number		
Type or	Name of exempt organization or other filer, see instr	Employer identification number (EIN)						
print	HEALING HOUSING, INC.	47-3758041						
File by the	N	Social or						
due date for filing your return. See	P.O. BOX 2385	Social Se	curity number	(3311)				
instructions	City, town or post office, state, and ZIP code. For a BRENTWOOD, TN 37024	foreign add	ress, see instructions.					
Enter the	Return Code for the return that this application is for (f	ile a separa	te application for each return)			0 1		
Applicat	tion	Return	Application			Return		
Is For		Code	Is For			Code		
Form 99	0 or Form 990-EZ	01	Form 990-T (corporation)			07		
Form 99	0-BL	02	Form 1041-A			08		
Form 47	20 (individual)	03	Form 4720 (other than individual)			09		
Form 990-PF			Form 5227			10		
Form 990-T (sec. 401(a) or 408(a) trust)			Form 6069	11				
Form 99	0-T (trust other than above)	06	Form 8870					
• If the	hone No.   888-445-4325  organization does not have an office or place of busines is for a Group Return, enter the organization's four digit  If it is for part of the group, check this box	t Group Exe	mption Number (GEN)	If this is fo	r the whole gro			
the	equest an automatic 6-month extension of time until e organization named above. The extension is for the organization year $\frac{\mathbf{X}}{\mathbf{X}}$ calendar year $\frac{2018}{\mathbf{X}}$ or $\mathbf{X}$ tax year beginning	ganization's	MBER 15, 2019 , to file return for:	e the exen	npt organization	n return for		
2 If t	the tax year entered in line 1 is for less than 12 months,  Change in accounting period	check reaso	on: Initial return	Final retur	'n			
3a If t	his application is for Forms 990-BL, 990-PF, 990-T, 4720	0, or 6069, e	enter the tentative tax, less					
	y nonrefundable credits. See instructions.			3a	\$	0.		
	his application is for Forms 990-PF, 990-T, 4720, or 606					0		
	timated tax payments made. Include any prior year over			3b	\$	0.		
	llance due. Subtract line 3b from line 3a. Include your p ing FFTPS (Flectronic Federal Tax Payment System). Se	•		3c	\$	0.		

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2019)

instructions.