Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

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

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

Open to Public Inspection

B Cherely Control of Organization D Employer identification number	Α	For th	e 2019 calendar year, or tax year beginning and	enaing						
The contract of the contrac	В	Check if applicab	C Name of organization		D Employer identifie	cation number				
During Dusiness as Number and street (or P.O. box it mail is not delivered to street address) P.O. BOX 2385 P.O. BOX 2485 P.O. BOX										
Number and street (of P.U. to v) right is not netwered to street abouts.s) Noorderant street (of P.U. to v) right is not netwered to street abouts. See Se		chan	ge Doing business as		47-37580	41				
City or town, state or province, country, and ZIP or foreign postal code BRENTWOOD, TN 37024 City or town, state or province, country, and ZIP or foreign postal code BRENTWOOD, TN 37024 H(a) is this a group return for subconfinates? Vee X No H(b) Area hazocontase includes? Vee X N		Initial returr	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	r				
Exercised Experience City or town, state or province, country, and 2/P or foreign postal code RENTWOOD, TN 37024 H(a) is this a group return for subordinates? Yes X No Part No. The American Control of the C	Г	Final	D O BOX 2385							
RRENTWOOD, TN 37024		termi ated			G Gross receipts \$ 350,142.					
Same and address of principal officer. TRACEY LEVINE SAME AS C ABOVE Tax exempts status. Same as C ABOVE Tax exempts		□Amer	DENUMACO DE 17024							
SAME AS C ABOVE	F	∏Appli								
Taxexement status: \$\[\] \] \[\] \] \[\] \] \[\] \[\] \] \[\] \[\] \[\] \] \[\]		pend								
J Website: ▶ WWW . HEALINGHOUSING. ORG Krpm of organization: X Corporation Trust Association Other L Year of formation: 2015 M State of legal domicile: TN	$\overline{}$	T		or 507	1					
Repart Summary				UI 32 <i>1</i>	1 ′	·				
Part Summary			·	1. 1/						
1 Briefly describe the organization's mission or most significant activities: TO RESTORE PURPOSEFUL LIVING TO				L Year	of formation: ZUIS N	A State of legal domicile: 11				
WOMEN IN RECOVERY FROM DRUG AND ALCOHOL ADDICTION.		_	-	пашопп	DIIDDOGEEIII	T TITTING MO				
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Solution	Se	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)							
Solution	ij	6	Total number of volunteers (estimate if necessary)		6					
Solution	Ċ	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a					
8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 23,981. 22,026. 10 Investment income (Part VIII, line 2g) 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 332,498. 339,446. 13 Grants and similiar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising fees (Part IX, column (A), line 1e) 17 Other expenses (Part IX, column (A), line 11e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Total liabilities (Part X, line 26) 23 Total liabilities (Part X, line 26) 24 Total liabilities (Part X, line 26) 25 Total liabilities (Part X, line 26) 26 Total liabilities (Part X, line 26) 27 Total liabilities (Part X, line 26) 28 Total liabilities (Part X, line 26) 29 Total liabilities (Part X, line 26) 20 Total assets (Part X, line 26) 20 Total liabilities (Part X, line 26) 21 Total liabilities (Part X, line 26) 22 Part II Signature Block 21 Total liabilities (Part X, line 26) 22 Part II Signature Block 23 Total liabilities (Part X, line 26) 24 TracCEY LeVINE, EXECUTIVE DIRECTOR 25 TracCEY LeVINE, EXECUTIVE DIRECTOR 25 Trans and 25 Proparer's name 27 TracCEY LeVINE, EXECUTIVE DIRECTOR 28 Firm's address P.O. BOX 1869 29 Print Type preparer's name 29 Total saddress P.O. BOX 1869 20 Print Type preparer's name 20 Firm's address P.O. BOX 1869 20 Print Type print name and title 20 Print Type preparer's name 20 Print Type preparer's name 20 Print Type preparer's name 20 Print Saddress P.O. BOX 1869 20 Print Barry address P.O. BOX 1869 21 Print Saddress P.O. BOX 1869 22 Print Saddress P.O. BOX	_	b	Net unrelated business taxable income from Form 990-T, line 39		7b	0.				
9 Program service revenue (Part VIII, line 2g) 23,981. 22,026. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 42. 101. 21 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 42. 101. 21 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 21 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 332,498. 339,446. 339,446. 339,446. 41 Benefits paid to or for members (Part IX, column (A), lines 1-3) 42 Benefits paid to or for members (Part IX, column (A), lines 1-3) 43 Benefits paid to or for members (Part IX, column (A), lines 1-3) 44 Benefits paid to or for members (Part IX, column (A), lines 1-3) 45 Benefits paid to or for members (Part IX, column (A), lines 5-10) 46 Professional fundraising fees (Part IX, column (A), lines 5-10) 47 Other expenses (Part IX, column (A), line 11e) 48 Total expenses (Part IX, column (A), lines 1-11d, 11f-24e) 49 Total fundraising expenses (Part IX, column (A), lines 25) 40 Total assets (Part X, loumn (A), lines 1-11d, 11f-24e) 41 Total liabilities expenses. Subtract line 18 from line 12 40 Total assets (Part X, line 16) 40 Total assets (Part X, line 16) 41 Total liabilities (Part X, line 16) 42 Total liabilities (Part X, line 26) 42 Total assets or fund balances. Subtract line 21 from line 20 41 Total liabilities (Part X, line 26) 42 Total liabilities (Part X, line 26) 43 Total assets or fund balances. Subtract line 21 from line 20 41 Total liabilities (Part X, line 26) 41 Total liabilities (Part X, line 26) 42 Total assets or fund balances. Subtract line 21 from line 20 41 Total liabilities (Part X, line 26) 42 Total liabilities (Part X, line 26) 43 Total assets or fund balances. Subtract line 21 from line 20 41 Total liabilities (Part X, line 26) 42 Total liabilities (Part X, line 26) 43 Total assets or fund balances. Subtract line 21 from line 20 41 Total liabilities (Part X, line 26) 42 Total liabilities (Part X, line 26) 43 Total expenses (Part IX, column (A), lines 1-10, lines 1-10, lines 1-10, lines 1					Prior Year	Current Year				
9 Program service revenue (Part VIII, line 2g) 23,981. 22,026. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 42. 101. 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 42. 101. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 332,498. 339,446. 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), lines 1-3) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 163,347. 92,083. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. 0. 17 Other expenses (Part IX, column (A), line 12) 29,899. 18 Total expenses (Part IX, column (A), lines 1-11d, 111-24e) 178,435. 250,668. 19 Revenue less expenses. Subtract line 18 from line 12 79,2843,305. 19 Revenue less expenses. Subtract line 18 from line 12 79,2843,305. 20 Total assets (Part X, line 16) 179,331. 11,421. 21 Total liabilities (Part X, line 26) 169,7132. 160,930. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Print/Type preparer's name 7 Preparer Use Only Figne or print name and title Print/Type preparer's name 7 Preparer's signature 9 Date 7 Printy 1 Preparer's signature 9 Printy 1 Printy 1 Printy 1 Preparer's signature 9 Preparer 1 Printy 1 Preparer's signature 9 Printy 2 Signature 9 Printy 3 and 3 Signat	4	8	Contributions and grants (Part VIII, line 1h)		318,571.	319,177.				
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Beginning of Current Year End of Year						344,731.				
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here TRACEY LEVINE, EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name Preparer's signature Preparer's signature Date O6/19/20 Signemployed PTIN O6/19/20 Firm's name LBMC, PC Firm's address P.O. BOX 1869 BRENTWOOD, TN 37024-1869 Phone no. (615) 377-4600			Revenue less expenses. Subtract line 18 from line 12							
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Paid JULIE BARTLETT 06/19/20 if P00742923 Preparer Firm's name LBMC, PC Firm's address P.O. BOX 1869 BRENTWOOD, TN 37024-1869 Phone no. (615)377-4600			Type or print name and title							
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BRENTWOOD, TN 37024-1869 Phone no. (615) 377-4600										
		•			Phone no. (6	15)377-4600				
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Pa	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: TO RESTORE PURPOSEFUL LIVING TO WOMEN IN RECOVERY FROM DRUG AND ALCOHOL ADDICTION.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$238,387. including grants of \$) (Revenue \$22,026. THE ORGANIZATION PROVIDES HOUSING AND SUPPORTIVE SERVICES FOR WOMEN IN RECOVERY FROM DRUG AND ALCOHOL ADDICTION.
4b	(Code:) (Expenses \$ including grants of \$
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
40	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ► 238,387.
→ €	

4e Total program service expenses ▶

HEALING HOUSING, INC. 47-3758041 Page 3 Form 990 (2019) 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)? Х If "Yes," complete Schedule A 2 X Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X public office? If "Yes," complete Schedule C, Part I 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect Х during the tax year? If "Yes," complete Schedule C, Part II 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X 5 similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes." complete Schedule D. Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Х 8 Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? X If "Yes," complete Schedule D, Part IV 9 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 Х or in quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Х 11a Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total Х assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c 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 Х Part X, line 16? If "Yes," complete Schedule D, Part IX 11d 11e e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes." complete Schedule D. Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete X 12a Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? Х 12b If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 X or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 15 Х foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 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 X Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 X column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 Х 18 1c and 8a? If "Yes," complete Schedule G, Part II 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 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

19

20a

20b

Form 990 (2019) HEALING HOUSING, INC.

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			l
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			l
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			l
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	1		
	"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			7.7
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part 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			- v
05	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0.54		
26	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?	000		X
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		1
31		37		X
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	31		<u> </u>
30	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	30	- 22	
	Chack if Schodula O contains a response or note to any line in this Bart V			
	Check if Schedule O Contains a response of flote to any line in this Part v		Yes	No
1.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	2	169	140
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b (_		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	+		
C	(marsh line) with a to prince with a sure of	1c	Х	
	(gambling) winnings to prize winners?	110		

Form 990 (2019) HEALING HOUSING, INC.

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

g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make a distribution under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 9cetion 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13b 13c Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand				Yes	No
b) If all least one is reported on line? 2a, did the organization file all required federal employment tax ceturins? Note: If the sum of lines is a and 2a is greater than 250, you may be required to p-fig (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? b) If "Yes," has it filed a Form 980-7 for this year? If 'No' to line \$5, provide an explanation on Schedule 0 3b If "Yes," has titled a Form 980-7 for this year? If 'No' to line \$5, provide an explanation on Schedule 0 3c If Yes, and the organization are the control to the second of the seco	2a				
Note: if the sum of lines 1a and 2a is greater than 250, you may be required tofile_(see instructions) Job Id the organization have unrelated business gross income of \$1,000 or more during the year? A ray 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)? A a tary 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)? B if "Yes," enter the name of the foreign country [x] B if "Yes," and the the foreign country [x] B if "Yes," and the the organization as a bank account, securities account, or other financial accounts (FBAF). B if "Yes," and the organization and it was or is a party to a prohibitor tax shelter transaction? B if "Yes," and the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax educutibles as charitable contributions? B if "Yes," and the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? B if "Yes," and the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? B if "Yes," and the organization selle expense in excess of \$5 made party as a contribution and party for goods and services provided to the payor? To organizations that many receive deductible contributions under section 17(c). B if the organization receive a payment in excess of \$5 made party as a contribution and party for goods and services provided to the payor? To bid the organization selle, expense in excess of \$5 made party as a contribution and party for goods and services provided to the payor. To bid the organization neceive an		filed for the calendar year ending with or within the year covered by this return 2a			
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 4b If Yes, 'I sea It filed a Form 980 Tor this year?' If 'No' to fine 3b, provide an explanation on Schedule O 4c 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 toneign country (such as a bank account, securities account, or other financial account). Provided the securities account, or other financial account (in a toneign country). See instructions for liting requirements for FinCEN Form 114, Report of Foreign Bank and Financial account(s (FBAF)). See instructions for liting requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FBAF). 5c Was the organization and the organization that it was or is a party to a prohibited tax shelter transaction? 5c Union for the fine for Set Bank and the organization that it was or is a party to a prohibited tax shelter transaction? 5c Union for the organization and the organization for FinCEN Form 888617. 5c If Yes's to lite or spantization include with every solicitation are representative that the organization solicit are yeochritudions from the ware not tax deductible as charitable contributions under section 170(c). 5c If Yes's to lith de organization include with every solicitation are representative that the section of the organization include with every solicitation are representative to the promote of the organization include with every solicitation are provised or the section 170(c). 5d If Yes's to lith the organization receive a notify the donor of the value of the goods or services provided? 5d If Yes's to lith the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the form 8880 are required to file Form 8822 filed during the year 5d If Yes's to lith the organization sell in the promote of the security of the security of the organization file Form 8880 are required to file form 38	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
b if "Yes," has it filled a Form 990-T for this year? if "No." to fine 3b, provide an explanation on Schedule O 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? 4b if "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial account(? 5c in "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5c in "Yes," enter the name of the foreign country be seen instructions for filing requirements for FincPSN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5c in "Yes," to line 5a or 5b, did the organization file Form 88861? 6 in Does the organization and party to a prohibited tax shelter transaction? 6 in "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6 in "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 organizations that may receive deductible contributions under section 170(c). 8 if "Yes," did the organization notify the donor of the value of the goods or services provided? 9 in the organization receive a payment in excess of 575 made party as a contribution and party for goods and services provided to the payor? 9 to life the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 9 to life the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 9 to life the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a form 1986-07 9 the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a form 1986-07 9 Section 501(c)(12) organizations. Enter: 10 in thation fees and capital contributions in nable a dis		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
48 day time during the calendary 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)? 59 li "Yes", where the name of the foreign country (such as a bank account, securities account, or other financial account)? 50 Was the organization of the foreign country (such as a bank account, securities account, or other financial account)? 50 Was the organization of the foreign country (such as a bank account, securities account, or other financial accounts (FBAF). 50 Was the organization to a prohibited tax shelter transaction at any time during the tax year? 51 Say 1 Was the organization that or was the shelter transaction at any time during the tax year? 52 Say 1 Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 53 Organizations that may receive deductible as charitable contributions under section 170(c). 54 Organizations that may receive deductible contributions under section 170(c). 55 Organizations that may receive deductible contributions under section 170(c). 56 Organizations that may receive apayment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 56 Organizations that may receive apayment in excess of \$75 made partly as a contribution of any and the organization and partly for goods and services provided to the section 170(c). 56 Organization service and payor of the value of the goods or services provided? 57 Organizations that may receive a deductible contribution of any section 170(c). 58 Organization service any tunds, directly or indirectly, to pay premiums on a personal benefit contract? 59 Organization services and payor and the section 4980 organizatio	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
financial account in a foreign country (such as a bank account, securities account, or other financial account)? b if "Yes," enter the name of the foreign country \rightarrow 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? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes" to line Sa or Sb, did the organization file Form 8886-17 6a Does the organization annual gross receipts that are nomally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 If "Yes," did the organization notify the donor of the value of the goods or services provided to the payor? 7 If Did the organization receive apprentin lexesses of \$5 made party as a contribution of any and the organization feel to the payor? 7 If Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 If Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 If If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organization reace any qualified intellectual property, did the organization file a Form 1098-C? 9 Sponsoring organization reace and capital contributions of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 9 Sponsoring organization reace and capital contributions and the sponsoring organization make any taxable distributions under section 4986? 9 Sponsoring org	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
b if "Yes," either 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 party to a prohibited tax shelter transaction at any time during the tax year? 5b Was the organization in the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes* to line Sa or Sb, did the organization file Form 88897? 5c a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d b Ultitle organization shall excess of \$76 made partly as contribution and partly for goods and services provided to the payor? 7d If "Yes," did the organization neceive apayment in excess of \$76 made partly as contribution and partly for goods and services provided to the payor? 7e If "Yes," did the organization neceive apayment in excess of \$76 made partly as contribution and partly for goods and services provided to the payor? 7d If "Yes," did the organization and partly for goods and services provided to the payor? 7d If "Yes," did the organization sell, exchange, or otherwise dispose of tangbise personal property for which it was required to the Form 8282? 7e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f If Yes, If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f If the organization received a contribution of qualified intelectual property, did the organization file Form 8899 as required? 7g If the organization has maintaining doone advised funds. 8 Sponsoring organization has maintaining	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
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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 13c 14a 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 on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 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? 16 X	a	•	154		
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c Enter the amount of reserves on hand 13c 14a 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 on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X	-				
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 18 X			14a		х
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 18 X					
excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X					
If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X			15		x
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X					
	16		16		Х

Form 990 (2019) HEALING HOUSING, INC. 47-3758041 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below to line 2 through 7b below

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
_	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 1			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		_X_
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3	X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		_X_
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			7.7
<u>C</u>	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		1	
			Yes	No
	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		v
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40	v	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	^	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	40-		Х
40	in Schedule O how this was done	12c		X
13	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	13 14		X
14 15		14		21
13	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
•	The organization's CEO, Executive Director, or top management official	15a		Х
	Other officers or key employees of the organization	15b		X
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	100		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
104		16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	ioa		
b	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	100		
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)s	only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.	- · · · y /	unui	
	Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	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

INC.

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.

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

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

(A)	(B)	Jiga		((C)		isatt	(D)	(E)	(F)
Name and title	Average		not c	Pos	ition more	than o		Reportable	Reportable	Estimated
	hours per week	box	, unles cer an	ss per ıd a d	rson i irecto	s both or/trus	n an tee)	compensation from	compensation from related	amount of other
	(list any	ector						the	organizations	compensation
	hours for related	Individual trustee or director	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	truste	nal trus		oyee	uad mo		(** 27 1033 141100)		and related
	below	ividual	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) MIKE HARPER	line) 1.00	pul	lus	JJ0	Ke	ig e	For			
CHAIR OF THE BOARD	1.00	Х						0.	0.	0.
(2) OLIVIA SMITH	4.00								•	
DIRECTOR		Х						0.	0.	0.
(3) KAROL MANGIONE	3.00									
DIRECTOR		Х						0.	0.	0.
(4) LAURA BRANTLEY	1.00								_	_
DIRECTOR	1 00	Х						0.	0.	0.
(5) ANGELA DEANE	1.00								•	•
DIRECTOR	2 00	Х						0.	0.	0.
(6) DAVID HETTINGER TREASURER	2.00	Х		х				0.	0.	0
(7) DAVID JONES	1.00	Λ		^				0.	0.	0.
DIRECTOR	1.00	Х						0.	0.	0.
(8) DAVID DENISE	1.00								•	
DIRECTOR		Х						0.	0.	0.
(9) JANE ROACH	2.00									
DIRECTOR		Х						0.	0.	0.
(10) DOUG RALLS	1.00									
DIRECTOR		Х						0.	0.	0.
(11) SHERRIE CAVIN	1.00			l						
SECRETARY	40.00			Х				0.	0.	0.
(12) TRACEY LEVINE EXECUTIVE DIRECTOR	40.00			х				11 250	0.	0
(13) TAMBRY BRECHON	40.00			^				11,250.	0.	0.
EXECUTIVE DIRECTOR	40.00			х				34,928.	0.	0.
EXECUTIVE DIRECTOR				^				34,320.	0.	<u></u>
		-								
						-				
			l	l	l .	l		I		000

932007 01-20-20 Form **990** (2019)

ı aı	Section A. Officers, Directors, Trus	tees, Key Em	<u> Ploy</u>	ees,	anc	<u>iHig</u>	ghes	st C	ompensated Employee	s (continued)			
	(A)	(B)				C)			(D)	(E)			(F)
	Name and title	Average	(do		Pos		ገ than	one	Reportable	Reportable		Esti	mated
		hours per	box	, unle	ss per	rson i	is botl	h an	compensation	compensatio	'n	amo	ount of
		week	_	Cer ar	la a a	recio	or/trus	iee)	from	from related			ther
		(list any hours for	recto						the	organization		•	ensation
		related	or di	99			sated		organization	(W-2/1099-MIS	(C)		m the
		organizations	ustee	trust		90	ubeus		(W-2/1099-MISC)			•	nization related
		below	lual tr	tional	١.	yold	yee y	_					izations
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				o, gui	Lationio
			_	T-	J	×	1	_					
			L										
			-										
			L										
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			<u> </u>										
			1										
			L					<u> </u>	46 170		$\overline{}$		
	Subtotal								46,178.		0.		0.
	Total from continuation sheets to Part VI								0.		0.		0.
	Total (add lines 1b and 1c)							<u> </u>	46,178.		0.		0.
2	Total number of individuals (including but r	ot limited to th	ose	liste	ed ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable	;		0
	compensation from the organization											Ι,	0 Yes No
3	Did the organization list any former officer	director trust	ا مم	(0)/ (mnl	OVA	Or	, hia	sheet compensated emp	lovee on	ſ		162 140
3	line 1a? If "Yes," complete Schedule J for s	•	-	•	•	•		_		•	- 1	3	х
4	For any individual listed on line 1a, is the su												-
7	and related organizations greater than \$150										ı	4	х
5	Did any person listed on line 1a receive or a			•									
	rendered to the organization? If "Yes," con											5	х
Sec	tion B. Independent Contractors												
1	Complete this table for your five highest co	-	-							· · · · · · · · · · · · · · · · · · ·	ensat	ion fron	n
-	the organization. Report compensation for	the calendar y	ear e	endir	ng w	ith c	or wi	thin T		ear.			
	(A) Name and business	addross	3.7/	~ ****	-				(B) Description of s	onvices	C	(C) ompens	
	Name and business	address	11/	INC	<u>. </u>				Description of s	iei vices		ompens	Sation
2	Total number of independent contractors (i	ncluding but n	ot lir	nited	d to	thos	se lis	ted	above) who received mo	ore than			
	\$100,000 of compensation from the organi	zation				()						00 (

47-3758041

			Check if Schedule O	conta	ains a respo	nse o	or note to any lin	e in this Part VIII			
								(A)	(B)	(C)	(D)
								Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
									lunction revenue	business revenue	sections 512 - 514
s s	1	а	Federated campaigns		1a						
ran uni		b	Membership dues								
Ω. E			Fundraising events				104,490.				
ifts ar A											
s, Biis			Government grants (contr								
Š			All other contributions, gifts,								
bet			similar amounts not included				214,687.				
Ē		g	Noncash contributions included in	lines 1	a-1f 1g						
Contributions, Gifts, Grants and Other Similar Amounts		h	Total. Add lines 1a-1f				>	319,177.			
							Business Code				
a l	2	а	PROG.SERV.REV	EN	UE-REI	ıΑ	621400	22,026.	22,026.		
Program Service Revenue		b									
Sel		С									
am eve		d									
ge		е									
P.		f	All other program service	rever	nue		623990				
			Total. Add lines 2a-2f					22,026.			
	3		Investment income (include								
			other similar amounts)					33.			33.
	4		Income from investment of								
	5		Royalties	. <u></u>							
					(i) Rea	l	(ii) Personal				
	6	а	Gross rents	6a							
		b	Less: rental expenses	6b							
		С	Rental income or (loss)	6с							
		d	Net rental income or (loss)	<u> </u>							
	7	а	Gross amount from sales of		(i) Securi	ties	(ii) Other				
			assets other than inventory	7a	1,00	6.					
		b	Less: cost or other basis								
e			and sales expenses	7b	93	88.					
le le		С	Gain or (loss)	7с	(8.					
Be		d	Net gain or (loss)			<u></u>		68.			68.
her Revenue	8	а	Gross income from fundraisi	ng ev	ents (not						
₹			including \$104	, 4	90. of						
			contributions reported on	line	1c). See						
			Part IV, line 18			8a	7,900.				
		b	Less: direct expenses			8b	9,758.				
		С	Net income or (loss) from	fund	raising eve	nt <u>s</u>	>	-1,858.			-1,858.
	9	а	Gross income from gamin	g act	tivities. See						
			Part IV, line 19			9a					
		b	Less: direct expenses			9b					
		С	Net income or (loss) from	gami	ing activitie	s					
	10	а	Gross sales of inventory, I	ess r	returns						
			and allowances			10a					
		b	Less: cost of goods sold			10b					
		С	Net income or (loss) from	sales	of invento	ry)				
,							Business Code				
oŭ.	11	а									
ane		b									
Miscellaneous Revenue		С									
Λisc B		d	All other revenue								
_		е	Total. Add lines 11a-11d				>				
	12		Total revenue See instruction	ne				339 446.	22.026.	0.	1 -1 757.

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 (A) Total expenses Do not include amounts reported on lines 6b. 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, 46,178. 15,392. 15,393. 15,393. 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 39,402. 39,402. 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 97. 97. Other employee benefits 9 6,406. 4,868. 769. 769. 10 Payroll taxes 11 Fees for services (nonemployees): 72,150. 72,000. 150. Management 4,357. 4,357. Legal 27,816. 27,816. 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.) 9,000. 9,000. Advertising and promotion 12 8,161. 8,161. Office expenses 13 13,044. 6,522. 6,522. Information technology 14 Royalties 15 80,964. 80,964. 16 Occupancy 2,730. 2,730. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 346. 346. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 2,465. 1,233. 1,232. 23 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 15,595. 15,595. UTILITIES WEBSITE DOMAIN SERVICES 4,413. 2,207. 2,206. 2,000. 4,381. BANK FEES 2,381. 2,835. d MISCELLANEOUS 2,835. 2.411. 2.411. e All other expenses 342,751. 238,387. 74,465. 29,899. 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. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2019)
Part X | Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to any I	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		144,750.	1	156,641.	
	2	Savings and temporary cash investments			•	2	· · · · · ·
	3	Pledges and grants receivable, net			4,916.	3	0.
	4	Accounts receivable, net			5,835.	4	1,262.
	5	Loans and other receivables from any current	·		·		
		trustee, key employee, creator or founder, su	bstantial co	ntributor, or 35%			
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons describ				6	
Ø	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use		8			
As	9	B			9	8,448.	
	10a	Land buildings and aguinments aget as other	.				
		basis. Complete Part VI of Schedule D	10a	2,866.			
	b	basis. Complete Part VI of Schedule D Less: accumulated depreciation	10b	2,866.	0.	10c	0.
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, lin		12			
	13	Investments - program-related. See Part IV, lir		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	13,614.	15	6,000.		
	16	Total assets. Add lines 1 through 15 (must e			169,115.	16	6,000. 172,351.
	17	Accounts payable and accrued expenses			1,983.	17	11,421.
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Comple	te Part IV of	Schedule D		21	
S	22	Loans and other payables to any current or for	ormer officer	r, director,			
Liabilities		trustee, key employee, creator or founder, su	bstantial co	ntributor, or 35%			
iabi		controlled entity or family member of any of the				22	
_	23	Secured mortgages and notes payable to unr				23	
	24	Unsecured notes and loans payable to unrela	ted third pa	rties		24	
	25	Other liabilities (including federal income tax,	payables to	related third			
		parties, and other liabilities not included on lin	nes 17-24). (Complete Part X			
		of Schedule D		1 000	25	11 101	
	26	Total liabilities. Add lines 17 through 25			1,983.	26	11,421.
w		Organizations that follow FASB ASC 958, o	heck here	► X			
če		and complete lines 27, 28, 32, and 33.			167 130		160 020
<u>a</u>	27				167,132.	27	160,930.
Ä	28					28	
Ĕ		Organizations that do not follow FASB ASC	k here 🕨 📖				
Ϋ́		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fun			29		
sse	30	Paid-in or capital surplus, or land, building, or				30	
ř.	31	Retained earnings, endowment, accumulated			167 120	31	160 020
Š	32	Total net assets or fund balances	167,132. 169,115.	32	160,930.		
	33	Total liabilities and net assets/fund balances			109,115.	33	172,351.

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		9,4	
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,7	
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>05.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	16	7 <u>,1</u>	32.
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		2,8	<u>97.</u>
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	16	0,9	<u>30.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>Ш</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 Schedule	Э.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle 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	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2019)

SCHEDULE A

Internal Revenue Service

Total

(Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

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

Sec	Section A. Public Support											
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total					
1	Gifts, grants, contributions, and											
	membership fees received. (Do not											
	include any "unusual grants.")	3,300.	170,692.	250,515.	318,571.	319,177.	1062255.					
2	Tax revenues levied for the organ-											
	ization's benefit and either paid to											
	or expended on its behalf											
3	The value of services or facilities											
	furnished by a governmental unit to											
	the organization without charge											
4	Total. Add lines 1 through 3	3,300.	170,692.	250,515.	318,571.	319,177.	1062255.					
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)						156,607.					
	Public support. Subtract line 5 from line 4.						905,648.					
	etion B. Total Support											
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total					
	Amounts from line 4	3,300.	170,692.	250,515.	318,571.	319,177.	1062255.					
8	Gross income from interest,											
	dividends, payments received on											
	securities loans, rents, royalties,		2.4	0.2	40	,,	100					
	and income from similar sources		24.	83.	42.	33.	182.					
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				291.		291.					
	assets (Explain in Part VI.)				291.		1062728.					
	Total support. Add lines 7 through 10 Gross receipts from related activities,	eta (aga inatu latis	, no)			12	1002720.					
12 13	First five years. If the Form 990 is for	•	,	d fourth or fifth to								
13	organization, check this box and stop	-			-		▶ X					
Sec	tion C. Computation of Publi											
	Public support percentage for 2019 (I			olumn (f))		14	%					
15	Public support percentage from 2018		•	* * * * * * * * * * * * * * * * * * * *		15	%					
	33 1/3% support test - 2019. If the o					· ·						
	stop here. The organization qualifies	-										
b	33 1/3% support test - 2018. If the o		•									
	and stop here. The organization qual											
17a	10% -facts-and-circumstances test	•	• •									
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check th	is box and stop h	ere. Explain in Pa	rt VI how the organ	ization					
	meets the "facts-and-circumstances"			-								
b	10% -facts-and-circumstances test	-	•		-							
	more, and if the organization meets th	ne "facts-and-circui	mstances" test, ch	eck this box and	stop here. Explair	n in Part VI how the)					
	organization meets the "facts-and-circ	umstances" test.	The organization q	ualifies as a public	ly supported organ	nization	>					
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	· >					

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

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

Se	ction A. Public Support	now, please comp	Diete Part II.)				
Cale	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	nother than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
•	Add lines 7a and 7b						
8 Se	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ► 📗	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization'	s first, second, thir	d, fourth, or fifth to	ax year as a sectio	n 501(c)(3) organiza	ation,
	check this box and stop here						>
	ction C. Computation of Public					т т	
	Public support percentage for 2019 (lin					15	%
						16	%
	ction D. Computation of Inves					T I	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	%
198	a 33 1/3% support tests - 2019. If the						r is not
k	more than 33 1/3%, check this box an 33 1/3% support tests - 2018. 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%, chec						. \square
20	Private foundation. If the organization	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
П	1		
П	2		
	3a		
L	3b		
L	3c		
	4a		
H	4b		
	4c		
	5a		
	<u> </u>		
Г	5b		
	5с		
	6		
L	7		
	8		
\vdash	9a		
	Ok		
	9b		
	9c		
	<i>3</i> 0		
	40		
\vdash	10a		
	104		
	10b		

Par	t IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (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		
	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		
Sect	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		
Sect	tion D. All Type III Supporting Organizations			
			Yes	No
	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		
	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		
	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			
Sect	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	<u> </u>		
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	3		
a	The organization satisfied the Activities Test. Complete line 2 below.	·,-		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instance)	tructions)	
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		
	Parent of Supported Organizations. Answer (a) and (b) below.			
	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? <i>Provide details in</i> Part VI.	3a		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	0.		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Par	t V	Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organ	nizations	
1		Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 (explain in I	Part VI). See instructions. Al
		other Type III non-functionally integrated supporting organizations must c	omplete Se	ctions A through E.	
Secti	on A -	Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net sh	ort-term capital gain	1		
2	Recov	eries of prior-year distributions	2		
3	Other	gross income (see instructions)	3		
4	Add lir	nes 1 through 3.	4		
5	Depre	ciation and depletion	5		
6	Portio	n of operating expenses paid or incurred for production or			
	collect	tion of gross income or for management, conservation, or			
	mainte	enance of property held for production of income (see instructions)	6		
7	Other	expenses (see instructions)	7		
8	Adjus	ted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	on B -	Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggre	gate fair market value of all non-exempt-use assets (see			
	instruc	ctions for short tax year or assets held for part of year):			
а	Averag	ge monthly value of securities	1a		
b	Averag	ge monthly cash balances	1b		
С	Fair m	arket value of other non-exempt-use assets	1c		
d	Total	(add lines 1a, 1b, and 1c)	1d		
е	Disco	unt claimed for blockage or other			
	factors	s (explain in detail in Part VI):			
2	Acquis	sition indebtedness applicable to non-exempt-use assets	2		
3	Subtra	act line 2 from line 1d.	3		
4	Cash	deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see ins	structions).	4		
5	Net va	lue of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multip	ly line 5 by .035.	6		
7		eries of prior-year distributions	7		
8	Minim	um Asset Amount (add line 7 to line 6)	8		
Secti	on C -	Distributable Amount			Current Year
1	Adjust	red net income for prior year (from Section A, line 8, Column A)	1		
2		85% of line 1.	2		
3	Minim	um asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter	greater of line 2 or line 3.	4		
5	Incom	e tax imposed in prior year	5		
6	Distrib	outable Amount. Subtract line 5 from line 4, unless subject to			
		ency temporary reduction (see instructions).	6		
7		Check here if the current year is the organization's first as a non-functional	Illy integrate	ed Type III supporting orga	anization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Sche	dule A (Form 990 or 990-EZ) 2019 HEALING HOUSI	NG. TNC.	4	7-3758041 Page 7
Par				· · · · · · · · · · · · · · · · · · ·
Secti	on D - Distributions	(/ (/) () () ()	(continued)	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		J
2	Amounts paid to perform activity that directly furthers exemp	<u> </u>		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive		
	(provide details in Part VI). See instructions.	•		
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
c	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i_	Carryover from 2014 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D, line 7:			
а	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3			
•	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Schedule A	(Form 990 or 990-EZ) 2019	HEALING HOU	SING, INC.		47-3758041 F	Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1, 2 line 1; Part IV, Section D, lin	ation. Provide the 6, 3b, 3c, 4b, 4c, 5a, 6 es 2 and 3; Part IV, S	explanations required , 9a, 9b, 9c, 11a, 11 ection E, lines 1c, 2a	d by Part II, line 10; Part II, line 1 b, and 11c; Part IV, Section B, I a, 2b, 3a, and 3b; Part V, line 1; lso complete this part for any a	I7a or 17b; Part III, line 12; ines 1 and 2; Part IV, Section C Part V, Section B, line 1e; Part '	,
	(

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2019

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
CAL TURNER FAMILY FOUNDATION	100,000.	78,745.
BRENTWOOD UMC FOUNDATION	59,107.	37,852.
RALLS FAMILY FOUNDATION	23,350.	2,095.
KATHIE DUFFER	21,580.	325.
JOHN CLAYTON	50,000.	28,745.
DOUG AND PAT RALLS	30,100.	8,845.
Total Excess Contributions to Schedule A, Part II, Line 5		156,607.

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.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

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

Part	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, li		
		(a) Donor advised funds	(b) Funds and other accounts
	Total number at end of year		
	Aggregate value of contributions to (during year)		
	Aggregate value of grants from (during year)		
	Aggregate value at end of year		
	Did the organization inform all donors and donor advisors in	-	
	are the organization's property, subject to the organization's		
	Did the organization inform all grantees, donors, and donor		
	for charitable purposes and not for the benefit of the donor		
Part	impermissible private benefit?		
			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (for example, recre		f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
_	Preservation of open space		
	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
	T		0.
	Number of conservation easements on a certified historic st		
	Number of conservation easements included in (c) acquired	•	I I
	listed in the National Register		
	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	e organization during the tax
	year		
	Number of states where property subject to conservation ea	•	
	Does the organization have a written policy regarding the pe		Yes No
	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting	, rianding of violations, and emorcing con-	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing conserva	tion accoments during the year
	S S	diling of violations, and enforcing conserva	tion easements during the year
	Does each conservation easement reported on line 2(d) abo	ve estisfy the requirements of section 170	(b)(4)(D)(i)
	•		
	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservat		
	balance sheet, and include, if applicable, the text of the foot	•	
	organization's accounting for conservation easements.	3	ents that describes the
Part		of Art. Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 9		and halance sheet works
	of art, historical treasures, or other similar assets held for pu	,	
	service, provide in Part XIII the text of the footnote to its fina	, ,	'
	If the organization elected, as permitted under FASB ASC 9		
	art, historical treasures, or other similar assets held for publi	· · · · · · · ·	
	provide the following amounts relating to these items:	o oxination, caacation, or recoaren in fact	norance of public convice,
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
			L 4
	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under FASB		a gan, provide
	Revenue included on Form 990, Part VIII, line 1	_	> \$
	Assets included in Form 990, Part X		
	, 100010 III0Iuuuu III I 01111 330, I all /\		ν Ψ

Par	t III Organizations Maintaining Co	ollections of Ar	t, Hist	orical Tre	easures, o	r Other	Similar As	sets (c	ontinu	ed)	
3	Using the organization's acquisition, accession							•		,	
	collection items (check all that apply):										
а	Public exhibition	C	t	Loan or exc	hange progra	am					
b	Scholarly research	6		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and explain	n how th	ey further th	ne organizatio	on's exem	pt purpose in	Part XIII.			
5	During the year, did the organization solicit or	receive donations	of art, his	storical trea	sures, or othe	er similar a	ssets				
	to be sold to raise funds rather than to be ma	intained as part of t	he orgar	nization's co	llection?			Y	s		No
Par	t IV Escrow and Custodial Arrang	jements. Compl	ete if the	organizatio	n answered	"Yes" on F	orm 990, Par	t IV, line 9), or		
	reported an amount on Form 990, Part										
1a	Is the organization an agent, trustee, custodia	n or other intermed	liary for o	contribution	s or other as	sets not in	cluded				
	on Form 990, Part X?							Ye	s		No
b	If "Yes," explain the arrangement in Part XIII a										
								Am	ount		
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo						y?	Ye			No
	If "Yes," explain the arrangement in Part XIII.										
Par).				
	·	(a) Current year		rior year	(c) Two yea		d) Three years	back (e)	Four y	ears b	ack
1a	Beginning of year balance						-				
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
e	Other expenditures for facilities										
·	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curre	ent vear end halanc	e (line 1c	r column (a	// pelq as.						
a	Board designated or quasi-endowment	•	% %	y, coluitiii (a	jj ricia as.						
b	Permanent endowment		′°								
C	The percentages on lines 2a, 2b, and 2c shou										
22	Are there endowment funds not in the posses	•	ation tha	t are hold a	ad administa	rad for tha	organization				
Ja		ssion of the organiza	alion ina	t are rielu ai	iu auriiriistei	eu ioi iiie	organization		Г	'es	No
	by: (i) Unrelated organizations							[3	a(i)	65	NO
										-	
	(ii) Related organizations	iona listad sa rasuir		obodulo DO					a(ii)	\dashv	
								نا	3b		
4 Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipment		willelit	urius.							
ı uı			Dort IV	/ lina 11a G	coo Form 000	Dort V I	no 10				
	Complete if the organization answered							(-1)		1	
	Description of property	(a) Cost or o			t or other (other)	. ,	cumulated reciation	(d)	Book	vaiue	
	Land	<u> </u>	110116)	Dasis	(Othor)	uep	COIGUOI				
_	Land										
b	Buildings										
C	Leasehold improvements				2 966		2 066				_
d	Equipment				2,866.		2,866.				0.
	Other										_
<u>I ota</u>	. Add lines 1a through 1e. (Column (d) must ed	aual Form 990. Part	X. colun	nn (B). line 1	0c.)		<u></u>				0.

	(9)		
Tot	tal. (Column (b) must equal Form 990. Part X. col. (B) line 25.)		
2.	Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements the	nat reports the	
	organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been pro-	ovided in Part XIII	
			_

(7) (8)

		Reconciliation of Revenue per Audited Financial Statemen	ts With Revenue per Re	eturn.
		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	Amou	unts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net ur	nrealized gains (losses) on investments	2a	
b	Donat	ted services and use of facilities	2b	
С	Recov	veries of prior year grants	2c	
d	Other	(Describe in Part XIII.)	2d	
е	Add li	ines 2a through 2d		2e
3		act line 2e from line 1		3
4		unts included on Form 990, Part VIII, line 12, but not on line 1:	1 . 1	
a		tment expenses not included on Form 990, Part VIII, line 7b	4a	-
b		(Describe in Part XIII.)	4b	+ .
c		ines 4a and 4b		4c
5 Pai	rt XII	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statemen	nts With Expenses per l	<u>5 </u> Return
. u	7411	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	nto With Expended per i	10141111
1	Total			1
2		unts included on line 1 but not on Form 990, Part IX, line 25:		
a		ted services and use of facilities	2a	
b		year adjustments	2b	1 1
c		losses	2c	1
d		(Describe in Part XIII.)		
е		ines 2a through 2d	•	2e
3	Subtra	act line 2e from line 1		3
4	Amou	unts included on Form 990, Part IX, line 25, but not on line 1:		
а	Invest	tment expenses not included on Form 990, Part VIII, line 7b	4a	
	Othor	(Describe in Dest VIII.)	AL	
b	Other	(Describe in Part XIII.)	4b	
	Add li	ines 4a and 4b		4c
c 5	Add li Total	ines 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)		4c 5
c 5 Pa i	Add li Total rt XIII	ines 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information.		5
5 Pa i Provi	Add li Total rt XIII ide the	ines 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV.	/, lines 1b and 2b; Part V, line 4	5
5 Pa i Provi	Add li Total rt XIII ide the	ines 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information.	/, lines 1b and 2b; Part V, line 4	5
5 Pa i Provi	Add li Total rt XIII ide the	ines 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV.	/, lines 1b and 2b; Part V, line 4	5
5 Pa i Provi	Add li Total rt XIII ide the	ines 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV.	/, lines 1b and 2b; Part V, line 4	5
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5 Pa i Provi	Add li Total rt XIII ide the	ines 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV.	/, lines 1b and 2b; Part V, line 4	5
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5 Pa i Provi	Add li Total rt XIII ide the	ines 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV.	/, lines 1b and 2b; Part V, line 4	5
5 Pa i Provi	Add li Total rt XIII ide the	ines 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV.	/, lines 1b and 2b; Part V, line 4	5
5 Pa i Provi	Add li Total rt XIII ide the	ines 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV.	/, lines 1b and 2b; Part V, line 4	5
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5 Pa i Provi	Add li Total rt XIII ide the	ines 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV.	/, lines 1b and 2b; Part V, line 4	5
5 Pa i Provi	Add li Total rt XIII ide the	ines 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV.	/, lines 1b and 2b; Part V, line 4	5
5 Pa i Provi	Add li Total rt XIII ide the	ines 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV.	/, lines 1b and 2b; Part V, line 4	5
5 Pa i Provi	Add li Total rt XIII ide the	ines 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV.	/, lines 1b and 2b; Part V, line 4	5
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5 Pa i Provi	Add li Total rt XIII ide the	ines 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV.	/, lines 1b and 2b; Part V, line 4	5

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

2019

Open to Public Inspection

Name of the organization 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.	sed funds through any of the followin e Solicita f Solicita g Special or oral agreement with any individual cart VII) or entity in connection with providuals or entities (fundraisers) pursu	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 co or con contribu	ustody itrol of	(iv) Gross receipts from activity	tò (d	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
			l				
Total 3 List all states in which the organization	on is registered or licensed to solicit o		utions	or has been notified	it is e	exempt from re	gistration
or licensing.							

Schedule G (Form 990 or 990-EZ) 2019 HEALING HOUSING, INC. 47-3758041 Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events LOVE LEE ANN NONE (add col. (a) through BREAKFAST WOMACK CONCE col. (c)) (event type) (event type) (total number) 78,324. 34,066. 112,390. 1 Gross receipts 78,324. 26,166. 104,490. 2 Less: Contributions 7,900. 7,900. **3** Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs _____ 1,948. 1,948. 3,128. 3,128. 7 Food and beverages 8 Entertainment 631. 4,051. 4,682. 9 Other direct expenses 9,758. 10 Direct expense summary. Add lines 4 through 9 in column (d) -1,858. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue col. (a) through col. (c)) bingo/progressive bingo Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes % Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: _

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

b If "Yes," explain:

Sch	nedule G (Form 990 or 990-EZ) 2019 HEALING HOUSING, INC.	47-375	8041	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?	Г	Yes	No
40			103	140
	Indicate the percentage of gaming activity conducted in:	1.	_ 1	
	a The organization's facility		3a	%
	b An outside facility		3b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records	:		
	Name			
	Address			
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	C	Yes	☐ No
ı	b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amou	nt		
	of gaming revenue retained by the third party \$\sum_{\text{s}}\$			
	c If "Yes," enter name and address of the third party:			
•	on 100, onto hamo and address of the time party.			
	Name ►			
	Address >			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation > \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	·			
•	a Is the organization required under state law to make charitable distributions from the gaming proceeds to	Г	٦.,	
	retain the state gaming license?	∟	Yes	∟ No
ı	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	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); a	ınd Part III	, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

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

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

Inspection

OMB No. 1545-0047

Name of the organization

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

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.