## (Rev. January 2020) 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

<u>A</u>	For t	he 2019 calendar year, or tax year beginning a	nd ending						
В	Check applica	if C Name of organization		D Employer identific	cation number				
	Add	ress THE HEALING PLACE, INC							
	Nan cha	ne Doing business as		61-11647	75				
	lnitia retu	n Number and street (or P.U. box if mail is not delivered to street address)	Room/suite						
L.	Fina retu term	TOZO WEST PARKET STREET		502 585-					
	ated Ame	City or town, state or province, country, and ZIP or foreign postal code	•	G Gross receipts \$					
F	retu App	F Name and address of principal officer: KARYN HASCAL		H(a) Is this a group re for subordinates					
	tion pen	SAME AS C ABOVE		H(b) Are all subordinates in					
$\overline{\Gamma}$	Tax-e	xempt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)	1) or 527	<b>¬</b> ``	list. (see instructions)				
		site: WWW.THEHEALINGPLACE.ORG		H(c) Group exemptio	•				
		of organization; X Corporation Trust Association Other	<b>L</b> Year		A State of legal domicile; <b>KY</b>				
P	art I								
O	1	Briefly describe the organization's mission or most significant activities: $\underline{ extbf{TO}}$							
anc		FROM DRUG AND ALCOHOL ADDICTION, PROVIDE							
Governance	2	Check this box if the organization discontinued its operations or dis		1 1					
30	3			3	30				
٠ «	5	Number of independent voting members of the governing body (Part VI, line 1b Total number of individuals employed in calendar year 2019 (Part V, line 2a)			223				
Activities &	6	Total number of volunteers (estimate if necessary)			20				
ctiv	7 7	a Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.				
ď		Net unrelated business taxable income from Form 990-T, line 39			0.				
				Prior Year	Current Year				
Φ	8	Contributions and grants (Part VIII, line 1h)		6,009,536.	6,210,398.				
Revenue	9	Program service revenue (Part VIII, line 2g)		3,694,820.	4,272,170.				
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		133,823.	1,034,002.				
ш.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,121,586.	426,485.				
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12		11,959,765.	11,943,055.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)  Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10		3,760,874.	5,092,601.				
Expenses	16:	a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
pen		• Total fundraising expenses (Part IX, column (D), line 25)	689.	<u> </u>	<b>J</b>				
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,065,941.	4,853,703.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		7,826,815.	9,946,304.				
	19	Revenue less expenses. Subtract line 18 from line 12		4,132,950.	1,996,751.				
Net Assets or			В	eginning of Current Year	End of Year				
sset	20	Total assets (Part X, line 16)		28,418,797.	32,888,696.				
et	21	Total liabilities (Part X, line 26)		3,135,726.	5,791,875.				
	22 art I	Net assets or fund balances. Subtract line 21 from line 20		25,283,071.	27,096,821.				
14,753	07 72 19 25 19	nalties of perjury, I declare that I have examined this return, including accompanying sched	ilee and etatem	ante and to the beet of my	knowledge and heliaf it is				
		ect, and complete. Declaration of preparer (other than officer) is based on all information of			knowledge and belief, it is				
-	,		,	, ride dry mormodyor					
Sig	n	Signature of officer	1	Date ,					
Her	e	KARYN HASCAL, PRESIDENT	Jaria	V 8/31/200	30				
		Type or print name and title							
	_	Print/Type preparer's name  Preparer's signature		Date Check	PTIN				
Paid		WILLIAM G. CARROLL, CPA WILL A CHARLES	1791	08/27/20 self-employe					
	narer	Firm's name STROTHMAN & COMPANY, P.S.C.		Firm's EIN ▶	61-1191655				
use	Only	Firm's address 325 W. MAIN ST. SUITE 1600 LOUISVILLE, KY 40202-4251		Dh / E	02) 585-1600				
Mar	/ the	IRS discuss this return with the preparer shown above? (see instructions)		I Priorie no. ( 3	X Yes No				

) (Revenue \$

4d Other program services (Describe on Schedule O.)

Total program service expenses

including grants of \$

8,728,058.

Form 990 (2019) THE HEALING PLACE, INC
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			7.7
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	AND SER	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable.		256233	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		- J	
h	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	11a	X	
D		441.		X
С	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11b		Λ
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		Х
ч	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	11c		22
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		l	
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		_ <u>X</u> _
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_X_
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			77
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	X

Form 990 (2019) THE HEALING PLACE, 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			
	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			:
	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%			
	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	- Cart of 2 5 1	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):			9,335,3
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		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			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			3.7
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		v	
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X	<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24	Х	
25.	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a	X	<u> </u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	SSA	-22	<b></b>
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	555		$\Box$
-	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	"		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b		1		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	<u> </u>

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 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.) 11a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c Did the organization receive any payments for indoor tanning services during the tax year? 4 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O. 14b						Yes	No	•
b if at least one is reported on line 2a, did the organization file all required federal analyzyment tax returns?  Note: if the sum of lines is a and 2a is greater than 250, you may be required to e-file (see instructions)  30. Did the organization have unrelated business gress income of \$1,000 or more during the year?  31. A X any time during the calcular year, did the organization have an interest, in or a signature or other authority over, a ferrancial account in a foreign country feur is a start and the second of the country feur is as a bank account, securities account, or other financial account; or a foreign country.  See instructions for filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for the complex provided that the see of the part of the provided to the organization network of the provided that the see of the provided that the see of the part of the part of the organization selected and part of the provided that the see of the part o	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-frig (see instructions) 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 A A ray time during the calendar year (if 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, eccutives account, or other financial accountify? 4 B If "Yes," enter the name of the foreign country [such as a bank account, eccutives account, or other financial accountify? 4 B If "Yes," enter the name of the foreign country [such as a bank account, eccutives account, or other financial accountify? 4 B If "Yes," enter the name of the foreign country [such as a bank account, eccutives account, or other financial accountify? 5 Was the organization a party to a prohibited tax sheller transaction at any time during the tax year? 5 B If "Yes," enter the name of the foreign country [such as a bank account, eccutives account, or other financial accountify? 5 B If "Yes," the inertical party foreign Bank and Financial Accounts (FBAR). 5 Was the organization a party to a prohibited tax sheller transaction at any time during the tax year? 5 B If "Yes," duit the organization file form 8888.7? 6 B If "Yes," duit the organization include with every solicitation an express strainers it that such conflictutions or gifts wore not tax deductible? 6 B If "Yes," duit the organization include with every solicitation and express strainers that such conflictutions or gifts wore not tax deductible? 7 D organizations that may receive deductible conflictutions under section 170c). 8 Did the organization received adjusted to the probability of the proparty of the with the sus required to file Form 8282? 7 Did the organization received any funds, directly or indirectly, to pay premium on a personal benefit contract? 7 Did the organization selection of the value of the guide personal property for which it was required to file form 8282? 8 Did the organiz								
38 Did the organization have unrelated business gross income of \$1,000 or more during the year?  19 If Yes, 'India the did a Form 900 of Yor this year? "I', "Yo," to line 36, provide an explanation on Schedule O.  40 At any time during the calendar year, did the organization have an interest in, or a signature or other arthority over, a financial account in a torsign country (such as a bank account, securities account, or other financial account)?  50 Be in I' Yes, 'India the foreign country.  51 See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FRAR).  52 See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FRAR).  53 Was the organization to a prohibite data whether transaction at any time during the tax year?  54 Was the organization have around gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibilities.  55 Yes a consistent of the organization include with overy solicitation an express statement that such contributions or grits were not tax deductibilities?  56 Variant and the organization include with overy solicitation an express statement that such contributions or grits were not tax deductibilities?  56 Variant and the organization include with overy solicitation an express statement that such contributions or grits were not tax deductibilities?  57 Variant and the organization and the promote of the property of the organization solicit and promote the promote of the organization solicit and promote the promote of the organization solicit and promote the promote that may receive a promote in express of \$75 made partly as a contribution or and partly for goods and services provided to the payor?  58 Variant of the organization receive any payment in excess of \$75 made partly as a contribution or an express provided to the payor?  59 Variant organization receive any payment of the value of the good or services pr	b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns? .		2b	X	are see	1
b if "Ves," has it filled a Form 990-Trot this year? if "No" is line 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; in a foreign country (such as a bank account, securities account, or other financial account; or "Ves," arter the name of the foreign country (such as a bank account, securities account, or other financial account; or "Ves," are the remained of the foreign country (such as a bank account, securities account, or other financial account; or "Ves," and the third in a party to a prohibitotie of the security of the property of the pr			3)		44.56			
44 At any 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 bas halk account, and count of the manner of the foreign country (such as a bash account, and the foreign country (such as a bash account, and the financial accounts (FBAR).  55 Was the organization ap party to a prohibled tax sheller transaction at any time during the tax year?  56 July (any toxable party notify the organization that it was or is a party to a prohibled tax sheller transaction?  57 July (any toxable party notify the organization that it was or is a party to a prohibled tax sheller transaction?  58 July (any toxable party notify the organization that it was or is a party to a prohibled tax sheller transaction?  59 July (any toxable party notify the organization that it was or is a party to a prohibled tax sheller transaction?  59 July (any toxable party notify the donor of transaction and party (any toxable of the organization solicit any contributions that were not tax deductible as charitable contributions?  69 July (any toxable that any toxable of the possibility of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions?  70 July (any toxable that any transaction and party (any toxable of the possibility) (any toxable of the possibility) (and the organization received a contribution of the dimen of the value of the possibility) (any toxable of the possibility) (and the organization field of the promise party and any directly or indirectly, to pay premiums on a personal benefit contract?  70 July (any toxable) (any toxable of the possibility) (and the organization field any think of the organization received a contribution of qualified intellectual property, on a personal benefit contract?  71 July (any the organization received a contribution of qualified intellectual property, on a personal benefit contract?  72 July (an							X	-
financial account in a foreign country (such as a bank account, securities account, or other financial account)?  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF).  So Was the organization a party to a prohibited tax sheller transaction at any time during the tax year?  So Did any taxobile party notify the organization that it was or is a party to a prohibited tax sheller transaction?  So Did in the organization aparty to a prohibited tax sheller transaction?  So Did any taxobile party notify the organization file Form 8898-17?  So 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?  If "Yes," did the organization include with overy solicitation an express statement that such contributions or gits were not tax deductible?  If "Yes," did the organization network apament in access of \$75 made party as a contribution and party for goods and services provided to the peyor?  Organizations that may receive deductible contributions under section 170(c).  If the signalization receives a promine in access of \$75 made party as a contribution and party for goods and services provided to the peyor?  The signalization received a contribution of undersection of the value of the goods or services provided?  The signalization received a contribution of undersective, to pay premiums on a personal benefit contract?  If "Yes," indicate the number of Forms 8282 filed during the year  If the organization received an contribution of undersective, to pay premiums on a personal benefit contract?  If the organization received a contribution of undersective, to pay premiums on a personal benefit contract?  If the organization received an contribution of undersective, to pay premiums on a personal benefit contract?  If the organization received an antitation is qualited intellectual property, did the organization free form 8898					3b			-
b if "Yes," either the name of the foreign country ►  See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF).  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes' to line 5a or 5b, did the organization fill Form 8886 17?  6a Dose the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that was not tax doductible?  6a X  6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts work on tax doductible?  7b Organizations that may receive deductible contributions under section 170(c).  8b If "Yes," did the organization notify the donor of the value of the goods or services provided?  7b If "Yes," did the organization notify the donor of the value of the goods or services provided?  7c If If "Yes," indicate the number of Forms 8282 filed during the year  8c If "Yes," indicate the number of Forms 8282 filed during the year  9c Id the organization received a contribution of qualified intellectual property, did the organization file Form 8998 as required?  9c Id the organization received a contribution of qualified intellectual property, did the organization file Form 1980 c?  9c Sponsoring organization have excess business holdings at any time during the year?  9c Sponsoring organization have excess business holdings at any time during the year?  9c Sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make a any taxable distributions under section 4966?  10d the sponsoring organization make a any taxable distributions under section 4968?  10d the sponsoring organization make a distribution to a donor, donor advised, or related person?  9c Sponsoring organization have excess bu	4a			-	_		7.7	
See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF).  5a Was the organization a party to a prohibited tax shelter transaction at rary time during the tax year?  5b Did any travable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c C If "Yes" to line 5a or 5b, did the organization file Form 8889F17.  5c Does the organization anual gross recolepts that are normally greater than \$100,000, and did the organization solicit any contributions that twen not tax deductible as charitable contributions?  6a X  7a X  7b X			ccoui	11)?	4a	1000	Λ	1
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5	D	,	000110	to (EDAD)				١
b Did any taxable party notify the organization that it was or its a party to a prohibited tax shelter transaction?  if "Yee" to line 5 aor 5 bt, did the organization life Form 8888-17  any contributions that were not tax deductible as charitable contributions?  b if "Yee," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor?  To Ves," did the organization notify the donor of the value of the goods or services provided?  To Id the organization notify the donor of the value of the goods or services provided?  To IVes," indicate the number of Forms 8282 filed during the year  to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any tunds, directly or indirectly, to pay premiums on a personal benefit contract?  To X  If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization, curing the year, pay premiums, directly or indirectly, on a personal benefit contract?  To X  Forms organization, curing the year, pay premiums, directly or indirectly, on a personal benefit contract?  To X  Seponsoring organizations and contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organization service a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations make a distribution to a donor advised funds. Did a donor advised fund maintained by the sponsoring organization make as distributions under section 4966?  Did the sponsoring organizations. Enter:  a Gross income from members or shareholders  b Gross income from members or shareholders  b Gross income from members or additional information the organization filing Form	52				50	08008090	x	1
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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  If "Yes," complete Form 4720, Schedule O.								1
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?  15 X  16 If "Yes," see instructions and file Form 4720, Schedule N.  18 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X  17 If "Yes," complete Form 4720, Schedule O.	b							
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?  15 X  16 If "Yes," see instructions and file Form 4720, Schedule N.  18 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X  17 If "Yes," complete Form 4720, Schedule O.		organization is licensed to issue qualified health plans	13b					
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?  If "Yes," complete Form 4720, Schedule O.		Enter the amount of reserves on hand	13c					
Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.	14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X	-
excess parachute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.	b				14b		<u> </u>	-
If "Yes," see instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.	15							
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.			• • • • • • • • • • • • • • • • • • • •		15	NEW TRACK	X	1
If "Yes," complete Form 4720, Schedule O.	40			0	4-		77	1
	10		ıncoı	ne?	16		_ A	1
		II 199, Complete Form 4720, Schadule C.			Form	990	(2010)	1

Form 990 (2019) THE HEALING PLACE, INC 61
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below.

4.874.44	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.	a i	IVO TE	espons	e				
	Check if Schedule O contains a response or note to any line in this Part VI				X				
Sec	tion A. Governing Body and Management				[ 21				
300	tion A. Governing body and management			Yes	No				
10	Enter the number of voting members of the governing body at the end of the tax year	0		163	IVO				
ıa	If there are material differences in voting rights among members of the governing body, or if the governing	Ť							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.								
h		0							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	Ť							
_	officer, director, trustee, or key employee?	Ì	2	3000 3000 100	Х				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	İ							
•	of officers, directors, trustees, or key employees to a management company or other person?								
4									
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	ſ							
	more members of the governing body?		7a		Х				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	ſ							
	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:	Ī		16.00					
а	The governing body?		8a	Х					
b	Each committee with authority to act on behalf of the governing body?	. [	8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the								
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		_X_				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)								
				Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	.	<b>1</b> 0a		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	х					
11a	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?								
b	<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	.	12a	X					
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		12b	X					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe								
	in Schedule O how this was done	ŀ	12c	<del></del>					
13	Did the organization have a written whistleblower policy?	.	13	X					
14	Did the organization have a written document retention and destruction policy?	.	14	X	38,083.67				
15	Did the process for determining compensation of the following persons include a review and approval by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	ŀ			77				
_	The organization's CEO, Executive Director, or top management official	.	15a		X				
b	Other officers or key employees of the organization	.	15b	100000					
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	l	46-	SARRE	X				
la.	taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation		16a		22				
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's								
			16b	19660, 996	1251610171				
Sec	exempt status with respect to such arrangements? tion C. Disclosure		IUU	L	<u> </u>				
17	List the states with which a copy of this Form 990 is required to be filed ►KY								
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)0	only	availa	ble				
	for public inspection. Indicate how you made these available. Check all that apply.	درد,	Ciny)	uruna					
	X Own website 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, a	and	finan	cial					
	statements available to the public during the tax year.	,,,,,,,		- 1041					
20	State the name, address, and telephone number of the person who possesses the organization's books and records								
_•	THE HEALING PLACE, INC (502) 585-4848								
	1020 WEST MARKET STREET, LOUISVILLE, KY 40202								

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

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

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

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

Check this box if neither the organization ne	or any related	orga	niza	tion	com	npen	sate	ed any current officer, di	rector, or trustee.	
(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	(40		Pos		l than c	ne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son i	is both an or/trustee)		compensation	compensation	amount of
	week		cer an	aaa	recto	r/trus	iee)	from	from related	other
	(list any	or director						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	Individual trustee	Institutional trustee		yee	mpen		(***2/*1099*****100)		and related
	below	dual 1	utions	<u>.</u>	Key employee	st co	ia ia			organizations
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former			
(1) ROB FREDERICK	0.30									
CHAIR		X		Х				0.	0.	0.
(2) ALLYSON STURGEON	0.30									
CHAIR-ELECT		X		X				0.	0.	0.
(3) SCOTT COLOSI	0.30									
PAST CHAIR		X		Х				0.	0.	0.
(4) ANDREW PYLES	0.30									
TREASURER		X		Х				0.	0.	0.
(5) M. DEANE STEWART	0.30							_	_	_
SECRETARY		X		Х				0.	0.	0.
(6) KAREN ASH	0.30							_	_	_
DIRECTOR		X						0.	0.	0.
(7) PEGGY BENNETT	0.30							_	_	_
DIRECTOR		X						0.	0.	0.
(8) JAMES E. BUCHART	0.30									
DIRECTOR		X	L			_		0.	0.	0.
(9) TONI CLEM	0.30		Ì							
DIRECTOR		X				_		0.	0.	0.
(10) ALFONSO CORNISH	0.30									_
DIRECTOR	0.30	X	_		_	-		0.	0.	0.
(11) JOHN COUCH	0.30	x		İ				0.	0.	_
DIRECTOR	0.30	≏	<u> </u>	ļ				- 0.	0.	0.
(12) ROBERT COUCH, MD DIRECTOR	0.30	x						0.	0.	0.
(13) JULIE DENTON	0.30	^			$\vdash$				0.	
DIRECTOR	0.30	X						0.	0.	0.
(14) LARRY DROEGE	0.30	1							•	<u>`</u>
DIRECTOR	0.30	Х						0.	0.	0.
(15) ALAN S. ENGEL	0.30	=								
DIRECTOR		х						0.	0.	0.
(16) SCOTT GREGOR	0.30									
DIRECTOR		х						0.	0.	0.
(17) DEAN HARRISON	0.30									
DIRECTOR		Х						0.	0.	0.

Form 990 (2019) THE HEAL	ING PLAC	Έ,	I	NC	:				61-1164	775 Page	8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	jH k	ghes	t C	ompensated Employee	s (continued)		
(A)	(B)				C)			(D)	(E)	(F)	
Name and title	Average	(do			ition	than o	ne	Reportable	Reportable	Estimated	
	hours per	box	, unle	ss pe	rson i	s both	n an	compensation	compensation	amount of	
	week (list any	_	Jer al	luau	II GOLO	i i i us	(66)	from	from related	other	
	hours for	or director			١.			the organization	organizations (W-2/1099-MISC)	compensation from the	
	related	e or d	tee			sated		(W-2/1099-MISC)	(44-2/1099-141130)	organization	
	organizations	truste	al trus		99/	шреп		(11 27 1000 111100)		and related	
	below	ndividual trustee	nstitutional trustee	<sub> </sub>	sey employee	est co oyee	la la			organizations	
	line)	Indiv	ınstit	Officer	Key e	Highest compensated employee	Former				
(18) WILLIAM JOHN LAISE	0.30										
DIRECTOR		X						0.	0.	0.	•
(19) JOHN MORSE	0.30										
DIRECTOR		X						0.	0.	0.	•
(20) K. THOMAS REICHARD, MD	0.30										
DIRECTOR		X						0.	0.	0.	
(21) ANDREW RIDDLE	0.30										
DIRECTOR		X						0.	0.	0.	•
(22) FERDINAND RISCO	0.30										
DIRECTOR		Х						0.	0.	0.	•
(23) KATIE RYSER	0.30										
DIRECTOR		X						0.	0.	0.	•
(24) LEE DULANEY	0.30										
DIRECTOR		X						0.	0.	0.	•
(25) ROBERT SCHWARTZ	0.30	]									
DIRECTOR		X		<u></u>				0.	0.	0 .	•
(26) RICHMOND SIMPSON	0.30										
DIRECTOR		X			l			0.	0.	0.	
1b Subtotal								0.	0.	0 .	
c Total from continuation sheets to Part V	II, Section A						ightharpoons	232,948.	0.	8,713	
d Total (add lines 1b and 1c)							<u> </u>	232,948.	0.	8,713	•
2 Total number of individuals (including but	not limited to th	ose	liste	ed at	oove	e) wh	o re	eceived more than \$100	,000 of reportable		_
compensation from the organization											<u>l</u>
										Yes No	)
3 Did the organization list any former officer	, director, trust	ee, ł	кеу е	emp	loye	e, oı	hig	hest compensated emp	oloyee on		
line 1a? If "Yes," complete Schedule J for s	such individual									3 X	

	Component on the organization		Yes	No
3	Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	3		Х
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization			
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services			
	rendered to the organization? If "Yes." complete Schedule J for such person	5		X

#### Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	<b>(B)</b> Description of services	<b>(C)</b> Compensation
MCM CONSULTING LLC		
474 ASCOT DR, MAINEVILLE, OH 45039	CONTRACTED CFO	105,200.

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

Part VII Section A. Officers, Directors, Tru						liah	est (	Compensated Employe		<del></del>
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				-, ition	1		Reportable	Reportable	Estimated
	hours	(cl			that		ly)	compensation	compensation	amount of
	per							from	from related	other
	week					oyee		the	organizations	compensation
	(list any	recto				em pl		organization	(W-2/1099-MISC)	from the
	hours for	or di	98			sated		(W-2/1099-MISC)		organization
	related organizations	ustee	trust		e e	ubeus				and related organizations
	below	inal tr	tional		nploy	st con				organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) ROBERT STEINER MD PHD	0.30			Ë						
DIRECTOR	0.00	х						0.	0.	0.
(28) CARSON STEWART	0.30					_	$\vdash$	<u> </u>		
DIRECTOR	- 0.30	х						0.	0.	0.
(29) T. LEE WEYLAND	0.30							, , , , , , , , , , , , , , , , , , ,		
DIRECTOR	0.00	Х						0.	0.	0.
(30) BURT GUINN	0.30									
DIRECTOR	0.00	х						0.	0.	0.
(31) JAY DAVIDSON	50.00									
EXECUTIVE CHAIRMAN	3000			x				98,212.	0.	404.
(32) KARYN HASCAL	60.00									
PRESIDENT				x				134,736.	0.	8,309.
								·		,
		l								
		1								
					<u> </u>					
		<u> </u>			<u> </u>					
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		-						-		
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		ł								
	I	<u> </u>							 	
Tabella DadANI Osablan A Passas								232,948.		Ω 712
Total to Part VII, Section A, line 1c					<i>.</i> .			434,740.	l	8,713.

Form 990 (2019) THE HEA
Part VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to any line	e in this Part VIII			
		Officery Confederate Confederate a recoportion		(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenuè excluded from tax under
					function revenue	business revenue	sections 512 - 514
yy	1 a	Federated campaigns 1a					
ant		Membership dues 1b					
9		Fundraising events 1c	204,739.				
ifts		Related organizations 1d	,		3.46		
nig.		Government grants (contributions) 1e	2,500,419.				
e is		All other contributions, gifts, grants, and		44			
ber		similar amounts not included above 1f	3,505,240.				
Contributions, Gifts, Grants and Other Similar Amounts	c	Noncash contributions included in lines 1a-1f	374,655.			100	
Sor	_	Total. Add lines 1a-1f		6,210,398.			
			Business Code				
υ	2 a	PROGRAM SERVICE FEES	623990	4,272,170.	4,272,170.		
Ş	b	,					
Ser	c	:					
am	c						-
Program Service Revenue	e						
P.	f	All other program service revenue					
		Total. Add lines 2a-2f		4,272,170.			
	3	Investment income (including dividends, interes	st, and				
		other similar amounts)		1,034,002.	899,777.		134,225.
	4	Income from investment of tax-exempt bond pr	roceeds 🕨				
	5	Royalties	<b>)</b>				
		(i) Real	(ii) Personal		40.3	100 (200)	
	6 a	Gross rents					
	b	Less: rental expenses 6b 0.					
	c	Rental income or (loss) 6c 423,465.					
	c	Net rental income or (loss)		423,465.	423,465.		
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
1	b	Less: cost or other basis					
e		and sales expenses 7b					
er Revenue	c	Gain or (loss)					
Be	c	Net gain or (loss)					
	8 a	Gross income from fundraising events (not					
ᅗ		including \$ of					
		contributions reported on line 1c). See			100		
		Part IV, line 18 8a	63,460.				
		Less: direct expenses8b	85,440.				
		Net income or (loss) from fundraising events		-21,980.			-21,980.
	9 a	Gross income from gaming activities. See					
		Part IV, line 19 <u>9a</u>					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities	<b>&gt;</b>				
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
		Less: cost of goods sold10b					
-	C	Net income or (loss) from sales of inventory					
S.		COOM DEIMDIDGEMENT	Business Code 611430	35 000	25,000,		
Miscellaneous Revenue	_	COST REIMBURSEMENT	077470	25,000.	45,000.		
llan	b -	- ''					
Sce	0						
Ξ		All other revenue		25 000			
					5 620 412	0	112 245
	12	Total. Add lines 11a-11d  Total revenue. See instructions	<b>&gt;</b>	25,000. 11,943,055.	5,620,412.	0,	112,245.

## Form 990 (2019) THE HEALING PLACE, INC Part IX Statement of Functional Expenses

Secti	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 respons	se or note to any line in t		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	( <b>D)</b> Fundraising expenses						
1	Grants and other assistance to domestic organizations										
	and domestic governments. See Part IV, line 21										
2	Grants and other assistance to domestic										
	individuals. See Part IV, line 22										
3	Grants and other assistance to foreign										
	organizations, foreign governments, and foreign										
	individuals. See Part IV, lines 15 and 16			Age consists to							
4	Benefits paid to or for members										
5	Compensation of current officers, directors,										
	trustees, and key employees	241,660.	176,412.	45,915.	19,333.						
6	Compensation not included above to disqualified										
	persons (as defined under section 4958(f)(1)) and										
	persons described in section 4958(c)(3)(B)	1 262 125									
7	Other salaries and wages	4,063,435.	3,558,732.	216,804.	287,899.						
8	Pension plan accruals and contributions (include	48 100	40 400		2 526						
	section 401(k) and 403(b) employer contributions)	47,123.	40,493.	3,094.	3,536.						
9	Other employee benefits	374,552.	320,290.	24,578.	29,684.						
10	Payroll taxes	365,831.	305,426.	33,748.	26,657.						
11	Fees for services (nonemployees):										
	Management	44 504	15 005	07 400							
	Legal	44,524.	17,025.	27,499.							
С	Accounting	44,950.		44,950.							
d	Lobbying										
	Professional fundraising services. See Part IV, line 17										
f	Investment management fees										
g	, ,	//1 OOE	276 221	EC 220	10 224						
	column (A) amount, list line 11g expenses on Sch O.)	442,885. 63,735.	376,231.	56,320. 7,828.	10,334.						
12	Advertising and promotion	312,675.	7,939. 231,500.		47,968.						
13	Office expenses	116,403.	68,612.	70,245.	10,930. 27,144.						
14	Information technology	110,403.	00,012.	20,047.	2/,144•						
15	Royalties	1,281,718.	1,276,642.	5,076.							
16	Occupancy	49,126.	34,781.	12,486.	1,859.						
17	Travel	47,1200	34,701.	12,400.	1,000.						
18	Payments of travel or entertainment expenses										
40	for any federal, state, or local public officials Conferences, conventions, and meetings	14,118.		14,118.							
19 20	<b>_</b>	49,580.		49,580.							
20	Interest Payments to affiliates	±5,500 •		±5,500 •							
22	Depreciation, depletion, and amortization	351,308.	344,096.	3,606.	3,606.						
23	Insurance	223,776.	185,721.	37,232.	823.						
23 24	Other expenses. Itemize expenses not covered	22011101	200,7820	3,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ULU :						
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.)										
а	FOOD FOR RESIDENTS	1,009,895.	1,009,895.	A CONTRACTOR OF THE PROPERTY O							
b	SUPPLIES FOR PROGRAMS	410,274.	409,957.		317.						
. с	RESIDENT ALLOWANCES	267,907.	267,907.								
d	MISCELLANEOUS	81,368.	19,317.	51,523.	10,528.						
	All other expenses	89,461.	77,082.	5,308.	7,071.						
25	Total functional expenses. Add lines 1 through 24e	9,946,304.	8,728,058.	730,557.	487,689.						
26	Joint costs. Complete this line only if the organization			•	•						
-	reported in column (B) joint costs from a combined										
	educational campaign and fundraising solicitation.										
	Check here if following SOP 98-2 (ASC 958-720)										

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 8,962,229. 1 990,220. Cash - non-interest-bearing 770,730. Savings and temporary cash investments 3,009. 2 2 1,549,042. 1,209,931. 3 Pledges and grants receivable, net 3 471,512. 725,209. 4 Accounts receivable, net 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) ..... 6 4,495,543. 16,163,900. Notes and loans receivable, net 7 Inventories for sale or use 8 100,895. 9 81,211. Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 10,157,684. basis. Complete Part VI of Schedule D \_\_\_\_\_\_ 10a b Less: accumulated depreciation 10b 3,979,809. 6,323,541. 6,177,875. 10c 230,300. 495,058. 11 Investments - publicly traded securities 11 826,967. Investments - other securities. See Part IV, line 11 780,590. 12 12 Investments - program-related. See Part IV, line 11 13 13 0. 39,032. 14 14 Intangible assets 5,502,136. 5,408,563. 15 Other assets. See Part IV, line 11 15 28,418,797. 32,888,696. 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 591,429. 492,257. 17 Accounts payable and accrued expenses ..... 17 18 Grants payable 18 15,600. 2,400. 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, iabilities. trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 2,528,697. 5,297,218. 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties ..... 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 3,135,726. 5,791,875. Total liabilities. Add lines 17 through 25 26 Organizations that follow FASB ASC 958, check here > X Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 18,001,916. 24,715,309. Net assets without donor restrictions 27 7,281,155. 2,381,512. Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30 Retained earnings, endowment, accumulated income, or other funds 31 31 25,283,071. 27,096,821. 32 32 Total net assets or fund balances 28,418,797. 32,888,696. Total liabilities and net assets/fund balances 33

Form **990** (2019)

c 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?

If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

2c X

Form 990 (2019)

За

Х

#### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

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

Employer identification number THE HEALING PLACE, INC 61-1164775

C.A		neason for Fubile C	Jilanty Status (A	All organizations must co	mpiete tni	is part.) Se	e instructions.		
Γhe	orgar	ization is not a private found	ation because it is: (F	or lines 1 through 12, cl	neck only	one box.)			
1		A church, convention of chi	urches, or associatio	n of churches described	in sectio	n 170(b)(1	)(A)(i).		
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)							
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,							
		city, and state:							
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental unit describe	ed in	
		section 170(b)(1)(A)(iv). (C							
6	37	A federal, state, or local gov	_						
7	X	An organization that norma	-	ntial part of its support fr	om a gove	ernmental i	unit or from the general p	oublic described in	
		section 170(b)(1)(A)(vi). (C							
8		A community trust describe							
9		An agricultural research org							
		or university or a non-land-g	grant college of agrice	ulture (see instructions).	Enter the I	name, city	, and state of the college	or	
		university:							
10		An organization that norma					· ·	- ,	
		activities related to its exem		•			• •	•	
		income and unrelated busir		(less section 511 tax) fro	m busines	ses acqui	red by the organization a	fter June 30, 1975.	
		See <b>section 509(a)(2).</b> (Con	•						
11		An organization organized a	•	•	•				
12		An organization organized a	•		•			• •	
		more publicly supported or	=					Check the box in	
		lines 12a through 12d that	• •				· · · ·		
а			anization operated, s	upervised, or controlled	by its supp	oorted orga	anization(s), typically by	giving	
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	of the direc	tors or trustees of the su	pporting	
	_	organization. You must o	complete Part IV, Se	ctions A and B.					
b			anization supervised	or controlled in connect	ion with its	s supporte	d organization(s), by hav	ring	
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the supp	ported	
	_	organization(s). You mus	t complete Part IV,	Sections A and C.					
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functionally integrate	d with,	
	_	its supported organization	n(s) (see instructions)	. You must complete F	Part IV, Se	ctions A,	D, and E.		
d			<b>r integrated.</b> A supp	orting organization oper	ated in co	nnection w	rith its supported organiz	zation(s)	
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	uirement and an attentiv	/eness	
		requirement (see instructi	ions). <b>You must con</b>	nplete Part IV, Sections	A and D,	and Part	V.		
е		Check this box if the orga	anization received a v	vritten determination fro	m the IRS	that it is a	Type I, Type II, Type III		
		functionally integrated, or	r Type III non-function	nally integrated supportin	ng organiz	ation.			
f		er the number of supported o	•						
g		vide the following information			(iv) Is the orga	nization lieteri			
	1	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
		Organization		above (see instructions))	Yes	No	support (see instructions)	support (see matructions)	
								,	
Γota	.1								
ıVlö	131		<ul> <li></li></ul>	- Control of the Printer College Control of the College College	<ul> <li>- 1960/2017 Applications</li> </ul>	- 100 ACT OF \$100 SEC.	I	ı	

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	tion A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total		
	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	6242413.	4955908.	5038822.	6009536.	6210398.	28457077.		
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								
	Total. Add lines 1 through 3	6242413.	4955908.	5038822.	6009536.	6210398.	28457077.		
	The portion of total contributions								
	by each person (other than a			100		20 miles			
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)			45			1246284.		
6	Public support. Subtract line 5 from line 4.						27210793.		
	tion B. Total Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total		
	Amounts from line 4	6242413.	4955908.	5038822.	6009536.	6210398.	28457077.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources	98,007.	111,172.	181,193.	183,459.	134,225.	708,056.		
9	Net income from unrelated business			1100-3-00-0					
	activities, whether or not the								
	business is regularly carried on								
	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)					63,460.	63,460.		
11	Total support. Add lines 7 through 10						29228593.		
12	Gross receipts from related activities,	etc. (see instruction	ns)			12 4	,243,741.		
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	501(c)(3)			
	organization, check this box and stor	here					<b>&gt;</b>		
Sec	tion C. Computation of Publi	c Support Per	centage						
14	Public support percentage for 2019 (li	ine 6, column (f) di	vided by line 11, co	olumn (f))		14	93.10 %		
	Public support percentage from 2018					15	83.29 %		
16a	33 1/3% support test - 2019. If the o	organization did no	t check the box or	line 13, and line 1	4 is 33 1/3% or me	ore, check this bo			
	stop here. The organization qualifies as a publicly supported organization								
	b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box								
	and stop here. The organization qualifies as a publicly supported organization								
17a	7a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,								
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization								
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization								
b	10% -facts-and-circumstances test								
	more, and if the organization meets the								
	organization meets the "facts-and-circ			-			▶∐		
18	Private foundation. If the organization	n did not check a t	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	<u></u>		

(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.)

Section A. Public Support	olow, ploade comp	noto i art ii.j				
Calendar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1 Gifts, grants, contributions, and	, , , , , , , , , , , , , , , , , , , ,			1		
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513					1	•
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5					·	
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons			<u> </u>			
<b>b</b> Amounts included on lines 2 and 3 received						
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b			•			
8 Public support. (Subtract line 7c from line 6.)			100.00			
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on securities loans, rents, royalties,						
and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b, whether or not the business is						
regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital					]	
assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organiza	tion,
check this box and stop here	····					
Section C. Computation of Publi					<del></del>	
15 Public support percentage for 2019 (I		•	column (f))		15	%
16 Public support percentage from 2018					16	%
Section D. Computation of Inves					T T	
17 Investment income percentage for 20					17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2019. If the	-		•		•	is not
more than 33 1/3%, check this box ar			· ·			▶□
n 22 7/30/ ouropart tagta 9010 lf tha	organization did n	OT CHOOK 3 hav an	una 17 ar lina 10	and line 16 is me	va than 20 1/00/ a	nd .
<b>b 33 1/3% support tests - 2018.</b> If the line 18 is not more than 33 1/3%, che	-			•	•	

#### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

	Yes	No
1		
2	100 000 000000	- sur-whore
За		
		190
3b		
3c	Vouldanies (n.e.	5 Section 844
		VALUE
4a	44146470	333/8385e
4.	323,534	1823
4b		789524A
4c	-885,555	691195766
46		
5a	-190000.2011	100,000,000
		1915/55
5b		
5c		
6	10.0000000	riteria.
7	CAR STATE	A758/2015
8		annagani.
		200
9a		
9b		
9c		
10a	Salasasi	10000000000
10h	ı	i

Pa	TTIV   Supporting Organizations <sub>(continued)</sub>			,
		Language in the control of	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		ļ
b	A family member of a person described in (a) above?	11b		<u> </u>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
		90050395340	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	2002.00	-existence
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,	2	7860	403541544
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	1 2		L
<u> </u>	tion of Type it Supporting Organizations		Vaa	No
4	Ware a majority of the examination's directors or trustees during the tay year also a majority of the directors		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	1	6.965 9000	84308848
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	1		L
	went = 17 in Type in cupper unig ci guintautici		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		***************************************
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		466	
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions)		
2	Activities Test. Answer (a) and (b) below.	2.5% 15.0% 5.12	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			2000
	that these activities constituted substantially all of its activities.	2a	acamastrica	TeXEUs self
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	7.52.68ex	Japan Sara
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a	gangilikai	ngglyggister
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	2012	100000	
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Par	Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970 (explain in F	Part VI). See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E.	
Secti	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other			7.53.180
	factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
•	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
3	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	lly integra	ted Type III supporting orga	anization (see
•	instructions	,og,u		

Schedule A (Form 990 or 990-EZ) 2019

453495.0	Type in item i anodonany integrated occi-	(a)(o) capporting criga	(continuea)	,
Secti	on D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	3		
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	ne 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			
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	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.			Reflection of the second
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016		45	
	From 2017			
e	From 2018			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
_	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	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 <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h		n. Fr	
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j		199	
	and 4c.		The second second	
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018	A Section 18		
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
	(Coo mondocron)
	<del>,</del>
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Schedule A (Form 990 or 990-EZ) 2019 THE HEALING PLACE, INC

61-1164775 Page 8

### 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
TAYLOR FAMILY FOUNDATION	1,000,000.	415,428.
DR. LAFAYETTE G. OWEN M.D.	1,000,000.	415,428.
ANONYMOUS	1,000,000.	415,428.
Fotal Excess Contributions to Schedule A, Part II, Line 5	I	1,246,284.

#### Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Schedule of Contributors**

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

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

OMB No. 1545-0047

2019

Employer identification number

THE HEALING PLACE, INC 61-1164775 Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** 🔟 For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \_\_\_\_\_\_ > \$\_ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Name of organization

Employer identification number

#### THE HEALING PLACE, INC

61-1164775

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	DR. LAFAYETTE G. OWEN M.D.  709 ALTA VISTA ROAD  LOUISVILLE, KY 40206	\$ <u>1,000,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	FATHER JOHN MORGAN TRUST  101 S. FIFTH STREET, 6TH FLOOR  LOUISVILLE, KY 40202	\$ <u>424,427.</u>	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	CITY OF LOUISVILLE-METRO 611 W. JEFFERSON ST LOUISVILLE, KY 40202	\$ <u>190,750.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	BROWN-FORMAN CORPORATION  850 DIXIE HIGHWAY  LOUISVILLE, KY 40210	\$ <u>150,000.</u>	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	DARE TO CARE FOOD BANK  5803 FERN VALLEY RD  LOUISVILLE, KY 40228	\$ <u>243,524.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)

Name of organization

Employer identification number

#### THE HEALING PLACE, INC

61-1164775

Part II None	cash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
FOOD			
<del></del>		\$243,524.	12/31/19
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u> </u>		\$	<del></del>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of organization

Employer identification number

	ALING PLACE, INC			61-1164775			
art III	Exclusively religious, charitable, etc., contributions from any one contributor. Complete columns (a) the	s to organizations described in se rough (e) and the following line en	ection 501(c)(7), (8), or (10) t	hat total more than \$1,000 for the yea			
	completing Part III, enter the total of exclusively religious, char	ritable, etc., contributions of \$1,000 or	less for the year. (Enter this info. on	pe.) ► \$			
	Use duplicate copies of Part III if additional spa	ace is needed.					
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held			
Part I	(b) t dipose of gift	(c) Ose of gift	(u) Desc	Support of flow gift is field			
-							
-							
<u> </u>							
		(e) Transfer of gif	t				
	Transferee's name, address, and	ZIP + 4	Relationship of tra	nsferor to transferee			
-							
-							
-							
a) No.							
rom	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held			
art I							
-							
-							
-							
-		(-) Tu					
		(e) Transfer of gif	T .				
	Transfered's name address and	71D . 4	Deletienskin of two				
	Transferee's name, address, and	ZIP + 4	Relationship of tra	nsferor to transferee			
-							
-							
-	,						
) No.							
rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held			
-	,						
-							
		(e) Transfer of gif	t				
	Transferee's name, address, and	<b>Zi</b> P + 4	Relationship of transferor to transferee				
-			THE SECOND SECON				
<u> </u>							
n) No. from	(b) Purpose of gift	(c) Use of gift	(d) Deed	cription of how gift is held			
art I	(2): a.peee er g	(0) 000 01 g	(4) 500				
-							
-							
-							
-							
	(e) Transfer of gift						
		<b>=</b> 10 .					
<u> </u>	Transferee's name, address, and	ZIP + 4	Relationship of tra	nsferor to transferee			
-							
-							
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ı		1					

#### **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.

2019
Open to Public Inspection

Name of the organization

THE HEALING PLACE, INC

Employer identification number 61-1164775

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements 2b ..... c Number of conservation easements on a certified historic structure included in (a) 2¢ d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990. Part X

Sche		LING PLACE						64775	Page 2
Pai	t III   Organizations Maintaining C	Collections of A	t, Historical	Treasures, o	r Other	Simila	Assets	(contin	ued)
3	Using the organization's acquisition, access	ion, and other record	ls, check any of	the following that	t make sigi	nificant ι	se of its		
	collection items (check all that apply):								
а	Public exhibition	•	d Loan or	exchange progra	am				
b	Scholarly research		Other_						
С	Preservation for future generations								
4	Provide a description of the organization's c	ollections and explai	n how they furth	er the organization	on's exemp	t purpos	se in Part	XIII.	
5	During the year, did the organization solicit of	or receive donations	of art, historical	treasures, or othe	er similar a	ssets		_	
	to be sold to raise funds rather than to be m							Yes	No
Pai	t IV Escrow and Custodial Arran		ete if the organi	zation answered	"Yes" on F	orm 990	, Part IV,	line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.							
1a	Is the organization an agent, trustee, custod		-						
	on Form 990, Part X?			•••••			L	Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:						
								Amount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			<del></del>
f	Ending balance					1f		<del></del>	
	Did the organization include an amount on F				-	·?	L	_ Yes	No No
	If "Yes," explain the arrangement in Part XIII.					• • • • • • • • • • • • • • • • • • • •			
Pai	t V   Endowment Funds. Complete							T	
_		(a) Current year	(b) Prior yea	r <b>(c)</b> Two yea	rs back (c	d) Three y	ears back	(e) Four	years back
1a	Beginning of year balance						•		
b	Contributions								
C	Net investment earnings, gains, and losses				-				···········
d	Grants or scholarships								
е	Other expenditures for facilities		•						
	and programs								
f	Administrative expenses								
g	End of year balance							<u> </u>	
2	Provide the estimated percentage of the cur	=		n (a)) held as:					
a	Board designated or quasi-endowment		%						
	Permanent endowment								
С	Term endowment	%							
_	The percentages on lines 2a, 2b, and 2c sho	•							
за	Are there endowment funds not in the posse	ession of the organiza	ation that are he	id and administer	ed for the	organiza	ition	Γ.	
	by:	•							Yes No
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations		and an Oalaadula					3a(ii)	
				нг				3b	
Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment tunas.					-	
20000	Complete if the organization answere		) Part IV line 11	a Soo Form 000	Dort V lir	20.10			
							<u>.                                      </u>	(-1) D1-	
	Description of property	(a) Cost or o	, ,	Cost or other asis (other)		cumulate eciation	a	(d) Book	value
	Land	•	none Di	310,347.	dehi	ooiati011		210	,347.
_	Land		-   o	397,769.	2 7	96,89	3.5		,874.
b	Buildings			331,103.	4,1.	, 0 , 0	<del>′                                    </del>	J,000	,0/4.
	Leasehold improvements			841,714.	7	93,83	38	17	,876.
	Equipment	ł		607,854.		89,0°			,778.
	Other		V/ '2' "			0,0			,875.
Total	. Add lines 1a through 1e. (Column (d) must e	auai Form 990. Part	x. coiumn (B). li	ne 10c.)				U, 1/	,010.

Part VII Investments - Other Securities.	PLACE, INC	91	1164//5 Page
Complete if the organization answered "Yes" of	on Form 990, Part IV, lin	e 11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)		•	
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" or	on Form 990, Part IV, lin	e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)		, , , , , , , , , , , , , , , , , , ,	,
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, lin	e 11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1) INTEREST RECEIVABLE			1,949,507
(2) DUE FROM RELATED PARTY			3,056,081
(3) ACCOUNTS RECEIVABLE - DEVE	LOPERS FEES		402,975
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	15.)	<u></u>	5,408,563
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	n Form 990, Part IV, lin	e 11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			

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

THE HEALING PLACE, INC Schedule D (Form 990) 2019 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments 2b **b** Donated services and use of facilities c Recoveries of prior year grants 2c 2d d Other (Describe in Part XIII.) e Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2b b Prior year adjustments 2c c Other losses d Other (Describe in Part XIII.) 2d \_\_\_\_\_ e Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: GENERALLY ACCEPTED ACCOUNTING PRINCIPLES PRESCRIBES A COMPREHENSIVE MODEL FOR HOW AN ORGANIZATION SHOULD MEASURE, RECOGNIZE, PRESENT AND DISCLOSE IN ITS FINANCIAL STATEMENTS UNCERTAIN TAX POSITIONS THAT AN ORGANIZATION HAS TAKEN OR EXPECTS TO TAKE ON A TAX RETURN. THERE IS NO IMPACT ON THE

ORGANIZATION'S CONSOLIDATED FINANCIAL STATEMENTS AS A RESULT OF THE

IMPLEMENTATION OF THESE ACCOUNTING PRINCIPLES.

#### **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.

2019

Open to Public Inspection

Name of the organization

THE HEALING PLACE, INC.

Employer identification number

THE HEA.	LING PLACE, INC				61-1164	775
Part I Fundraising Activities. required to complete this part	Complete if the organization answer	red "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
<ul> <li>1 Indicate whether the organization rais</li> <li>a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written o key employees listed in Form 990, Pab If "Yes," list the 10 highest paid indiv compensated at least \$5,000 by the</li> </ul>	ed funds through any of the followin e Solicita f Solicita g Special r oral agreement with any individual art VII) or entity in connection with p	tion of tion of fundra (includ	non-g gover aising of ling 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 c or cor contrib	Did aiser ustody itrol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						
List all states in which the organizatio or licensing.	n is registered or licensed to solicit of	contrib	utions	or has been notified	it is exempt from re	gistration

1.3		of fundraising event contributions and gro	ss income on Form 990	·EZ. lines 1 and 6b. List e	vents with aross receipt	s greater than \$5.000.
			(a) Event #1	(b) Event #2	(c) Other events	Г
				THP GOLF	NONE	(d) Total events
			FREEDOM DINN			(add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue						
eve	1	Gross receipts	224,815.	43,384.		268,199.
ď						
	2	Less: Contributions	170,247.	34,492.		204,739.
	3	Gross income (line 1 minus line 2)	54,568.	8,892.		63,460.
				216		216
	4	Cash prizes		316.		316.
	l _					
Ø	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	37,004.	9,432.		46,436.
xbe	١	Tioninadinity 00013	3770010	3,2021		10,130.
ь П	7	Food and beverages		385.		385.
: ire						
	8	Entertainment				
	9	Other direct expenses	37,571.	732.		38,303.
		Direct expense summary. Add lines 4 through				85,440.
		Net income summary. Subtract line 10 from li				-21,980.
Pa	ırt i	Gaming. Complete if the organization a	answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
	г	\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		(d) Total gaming (add
ne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Revenue						
Ä	1	Gross revenue				
Ś	2	Cash prizes				
SUS						
Expenses	3	Noncash prizes				
텇		D 1/6 1111				
Direct 6	4	Rent/facility costs				
	5	Other direct expenses				
		Ctrior direct experience	Yes%	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7				•	
	-	Direct expense summary. Add lines 2 through	ı 5 in column (d)			
	8					
_	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
	8 En	Net gaming income summary. Subtract line 7	from line 1, column (d)		<b>&gt;</b>	Ves Ne
а	8 En	Net gaming income summary. Subtract line 7 ater the state(s) in which the organization conduct the organization licensed to conduct gaming ac	from line 1, column (d)  cts gaming activities:  ctivities in each of these		<b>&gt;</b>	Yes No
а	8 En	Net gaming income summary. Subtract line 7	from line 1, column (d)  cts gaming activities:  ctivities in each of these		<b>&gt;</b>	Yes No
а	8 En	Net gaming income summary. Subtract line 7 ater the state(s) in which the organization conduct the organization licensed to conduct gaming ac	from line 1, column (d)  cts gaming activities:  ctivities in each of these		<b>&gt;</b>	Yes No
a	En ls i	Net gaming income summary. Subtract line 7 ater the state(s) in which the organization conduct the organization licensed to conduct gaming ac	from line 1, column (d) cts gaming activities:ctivities in each of these	states?	<b>&gt;</b>	
10a	En Isi	Net gaming income summary. Subtract line 7 neer the state(s) in which the organization conduct the organization licensed to conduct gaming active. "No," explain:	from line 1, column (d) cts gaming activities:ctivities in each of these servoked, suspended, or te	states? rminated during the tax y	<b>&gt;</b>	
10a	En Isi	Net gaming income summary. Subtract line 7 ster the state(s) in which the organization conduct the organization licensed to conduct gaming active," explain:	from line 1, column (d) cts gaming activities:ctivities in each of these servoked, suspended, or te	states? rminated during the tax y	<b>&gt;</b>	

Sch	edule G (Form 990 or 990-EZ) 2019 THE HEALING PLACE, INC 61-	<u>-1164</u>	<u>:775</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:	,		
	i The organization's facility	13a		%
	o An outside facility			%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	100		
1-4	Lines the name and address of the person who prepares the organization's gaming/special events books and records.			
	Name			
	Address >			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No
b	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party > \$			
c	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation > \$			
	Description of services provided			
	Description of sorvices provided p			
	Director/officer Employee Independent contractor			
	Mandatory distributions:			
а	ls the organization required under state law to make charitable distributions from the gaming proceeds to			<b></b>
	retain the state gaming license?	🗀	Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
D-	organization's own exempt activities during the tax year > \$			
Ра	<b>Supplemental Information.</b> Provide the explanations required by Part I, line 2b, columns (iii) and (v); and I 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	art III, lir	nes 9, 9	∂b, 10b,
	130, 130, 10, and 170, as applicable. Also provide any additional information. See instructions.			

Schedule	G (Form 990 or 990-EZ)	THE HEALI	NG PLACE,	INC	<u>61-1164775</u>	Page 4
Part IV	G (Form 990 or 990-EZ)  Supplemental Info	ormation (continued	d)			
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#### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

THE HEALING PLACE, INC

Employer identification number

	THE HEALING	PLACE,	INC		61-1	.164775	
Pai							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	etermining	
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods	X		374,655.			
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded						
10	Securities - Closely held stock	,					
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other						
26	Other						
27	Other						
28	Other (						
29	Number of Forms 8283 received by the organi	zation during	g the tax year for c	ontributions			
	for which the organization completed Form 82	83, Part IV, I	Donee Acknowledg	gement29		0	
						Yes	No
30a	During the year, did the organization receive b	y contributio	on any property rep	orted in Part I, lines 1 throug	n 28, that it		
	must hold for at least three years from the date	e of the initia	al contribution, and	which isn't required to be us	ed for		
	exempt purposes for the entire holding period	?				30a	<u> </u>
b	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance	policy that re	equires the review	of any nonstandard contributi	ons?	31 X	
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncash			
	contributions?				••••••	32a	<u> </u>
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in o	column (c) fo	r a type of property	/ for which column (a) is chec	ked,		
	describe in Part II						

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2019

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Schedule M (Form 990) 2019	THE	HEAL]	ING	PLACE,	INC				61-1	164775	P	age 2
Part II Supplementa is reporting in Par this part for any a	Inform	ation.	Provid	e the informa	ation regu	uired by P e number	art I, lines 30 of items rece	b, 32b, and 3 eived, or a cor	3 and whet	her the organ	nization	
- Interport of any a												
				······								
	· · · · · · · · · · · · · · · · · · ·											
	•											
·												
						-						
					· · · · · ·							
-												

#### **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.

Open to Public Inspection

Name of the organization

THE HEALING PLACE, INC

Employer identification number 61-1164775

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
RESTORE PRODUCTIVE LIVES.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THOSE INDIVIDUALS BACK INTO A SELF-SUPPORTED SOCIAL ENVIRONMENT.
FORM 990, PART VI, SECTION A, LINE 1:
THE ORGANIZATION HAS AN EXECUTIVE COMMITTEE THAT FACILITATES DAY-TO-DAY
OPERATIONS AND INTERPRETS BOARD POLICY.
FORM 990, PART VI, SECTION B, LINE 11B:
FORM 990 IS PROVIDED TO THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS FOR
REVIEW AND COMMENT PRIOR TO ITS FILING. A FINAL COPY OF THE FORM 990 IS
ALSO PROVIDED TO THE ENTIRE GOVERNING BODY PRIOR TO ITS FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
AN INTERESTED PERSON INCLUDES AN OFFICER, MEMBER OF THE BOARD OF DIRECTORS
OR MEMBER OF A BOARD COMMITTEE, AND THEIR FAMILY MEMBERS. THE BOARD OF
DIRECTORS IS REQUIRED TO ANNUALLY DISCLOSE ANY EXISTING OR POTENTIAL
CONFLICTS OF INTEREST.
AN OFFICER, DIRECTOR OR BOARD COMMITTEE MEMBER HAVING A POTENTIAL CONFLICT
OF INTEREST AND WHO IS IN ATTENDANCE AT THE MEETING SHALL DISCLOSE ALL
FACTS MATERIAL TO THE CONFLICT OF INTEREST. SUCH DISCLOSURE SHALL BE
REFLECTED IN THE MINUTES OF THE MEETING.

Name of the organization THE HEALING PLACE, INC	Employer identification number 61-1164775
AN INTERESTED PERSON WHO HAS A CONFLICT OF INTEREST SHALL	NOT PARTICIPATE
IN OR BE PERMITTED TO HEAR THE BOARD'S OR COMMITTEE'S DISC	USSION OF THE
MATTER EXCEPT TO DISCLOSE MATERIAL FACTS AND TO RESPOND TO	QUESTIONS. SUCH
PERSON SHALL NOT ATTEMPT TO EXERT HIS OR HER PERSONAL INFL	UENCE WITH
RESPECT TO THE MATTER, EITHER AT OR OUTSIDE THE MEETING. T	HE PERSON HAVING
A CONFLICT OF INTEREST MAY NOT VOTE ON THE CONTRACT OR TRA	NSACTION AND
SHALL NOT BE PRESENT IN THE MEETING ROOM WHEN THE VOTE IS	TAKEN, UNLESS THE
VOTE IS BY SECRET BALLOT. SUCH PERSON'S INELIGIBILITY TO V	OTE SHALL BE
REFLECTED IN THE MINUTES OF THE MEETING.	
FORM 990, PART VI, SECTION C, LINE 19:	
FINANCIAL STATEMENTS ARE MADE AVILABLE VIA THE ORGANIZATION	N'S WEBSITE. THE
GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE MA	DE AVAILABLE UPON
REQUEST.	

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

2019
Open to Public Inspection

OMB No. 1545-0047

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

Inspection

GO TO WWW.IRS.GOV/FORMSSO TO INSTRUC

INC

THE HEALING PLACE

Employer identification number 61-1164775

(g) Section 512(b)(13) õ controlled entity? Direct controlling Yes 0. THE HEALING PLACE 270,123. THE HEALING PLACE 0. THE HEALING PLACE entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. Direct controlling End-of-year assets (e) status (if section Public charity 501(c)(3)) ٠. 252. . Total income 254, Exempt Code ₤ section ਉ Legal domicile (state or Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Legal domicile (state or foreign country) foreign country) KENTUCKY KENTUCKY CENTUCKY DEVELOPER OF MEN'S CAMPUS Primary activity Primary activity HOUSING DEVELOPMENT PRIVATE PAY PROGRAM 9 PROPERTY LLC - 61-1164775 Name, address, and EIN (if applicable) 81-5275735 Name, address, and EIN of related organization of disregarded entity JPD HOUSING LLC - 26-0841408 HEALING PLACE DEVELOPMENT, RECOVERY CHESTNUT, LLC -1020 WEST MARKET STREET 1020 WEST MARKET STREET L020 WEST MARKET STREET LOUISVILLE, KY 40202 LOUISVILLE, KY 40202 LOUISVILLE, KY 40202 Part Part II

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Schedule R (Form 990) 2019

Page 2 61-1164775

THE HEALING PLACE, Schedule R (Form 990) 2019 Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Part III

(a)	(q)	(0)	(p)	(e)	ω	(6)	(µ)	(i)	S	(K)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		General or Percentage managing ownership partner? Yes No
ESH HOUSING LLLP - 26-0841481										
1020 WEST MARKET STREET			JPD HOUSING							
LOUISVILLE, KY 40202	HOUSING	KY	rrc	RELATED	-26.	1,549,835.	X	N/A	×	1.00%
TAYLOR COUNTY COMMUNITY HOPE										
LLLP - 20-5228048, 1020 WEST			-							
MARKET STREET, LOUISVILLE, KY			THE HEALING							
40202	HOUSING	KY	PLACE	RELATED	-170.	76,345.	X	N/A	×	1.00%
THPMC, LLLP - 47-1084672	Γ									
1020 WEST MARKET STREET	HOUSING									
LOUISVILLE, KY 40202	DEVELOPMENT	KY	THP GP, LLC	RELATED			X	N/A	×	
THP GP LLLP - 81-4793249				-						
1020 WEST MARKET STREET			THE HEALING							
LOUISVILLE, KY 40202	HOUSING	KY	PLACE	RELATED	17,447.	256,204.	X	N/A	M	79.00%
	:	4	1							

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. Part IV

(a)	(q)	(c)	(p)	(e)	(t)	(6)	(F)	(E)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling  Type of entity (C corp, S corp,	Type of entity (C corp, S corp,	Share of total income	Share of end-of-year	Percentage ownership	Section 512(b)(13) controlled entity?	on (13) illed y?
		country)		(ienii lo		doodlo		Yes	No
THP ENTERPRISES, INC 61-1330245	PROVIDE EMPLOYEMENT								
1020 WEST MARKET STREET	OPPORTUNITIES TO		THE HEALING						
LOUISVILLE, KY 40202	ALUMNI	KY	PLACE	C CORP	0.	0	100%	X	
		-							

Schedule R (Form 990) 2019

Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Part V

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	is with one or more re	elated organizations listed	n Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	λ.			1a	×	
<b>b</b> Giff, grant, or capital contribution to related organization(s)				<del>Q</del>		×
(8)				2		×
d Loans or loan auarantees to or for related organization(s)				2	×	
				2 4		Þ
				<u>ə</u>		۹
f Dividends from related organization(s)				<b>‡</b>		⊳
r Sala of assets to related organization(s)				- 3	ļ	×
Purchase of assets from related organization(s)				2 4	T	¥ ×
				=		: ×
j Lease of facilities, equipment, or other assets to related organization(s)				: ;=	×	1
k Lease of facilities, equipment, or other assets from related organization(s)				¥		×
I Performance of services or membership or fundraising solicitations for related organization(s)	ınization(s)			=		×
m Performance of services or membership or fundraising solicitations by related organization(s)	ınization(s)			1m		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)			-l		×
o Sharing of paid employees with related organization(s)				10		×
p Reimbursement paid to related organization(s) for expenses				1p		×
<b>q</b> Reimbursement paid by related organization(s) for expenses				19	×	
				1000		
r Other transfer of cash or property to related organization(s)				1	×	
s Other transfer of cash or property from related organization(s)				1s	×	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	vho must complete th	is line, including covered r	elationships and transaction thresholds.			
<b>(a)</b> Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	ved		
(1) TAYLOR COUNTY COMMUNITY HOPE, LLLP	Q	1,787,043.	787,043. LOAN BALANCE			
(2) TAYLOR COUNTY COMMUNITY HOPE, LLLP	Ą	31,136.	AMOUNT RECEIVED AND ACCRUED	ED		
(3) ESH HOUSING LLLP	Д	2,555,429.	429. LOAN BALANCE			
(4) ESH HOUSING LLLP	A	347,526.	AMOUNT RECEIVED AND ACCRUED	Ë		
(6) THPMC, LLLP	Q	18,059,025.	059,025.LOAN BALANCE			
(6) THPMC, LLLP	Ą	1,608,785. AMOUNT	AMOUNT RECEIVED AND ACCRUED	E		
932163 09-10-19			Sc	Form	(066	2019

Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(k) Percentage ownership					Schedule R (Form 990) 2019
(j) neral or F naging rither?					-orm
Gene mana part	 				R (F
(h)   (i) (j) (k)					Schedule
(h) Disproportionate allocations? Yes No					 :
(g) Share of end-of-year assets					
(f) Share of total income					
(e) Are all partners sec. 501(c)(3) er orgs.? Yes No					
parti 50° 61 °					
(d) Predominant income parelated, unrelated, excluded from tax under sections 512-514)		· · · · · · · · · · · · · · · · · · ·			
(c) Legal domicile (state or foreign country)					
(b) Primary activity				·	
(a) Name, address, and EIN of entity					932164 09-10-19

Schedule R (Form 990) 2019 THE HEALING PLACE, INC	61-1164775 Page 5
Part VII Supplemental Information	
Provide additional information for responses to questions on Schedule R. See instructions.	
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