2020 Filing Instructions Healing Vine Harbor Inc Tax year ending 12-31-2020

Form filed:

Form 990 and supplemental forms and schedules

Filing method:

The return will be e-filed once the signed and dated Form 8879-EO has been received by this office. Do not mail the return to the IRS.

Due date:

11-15-2021

The return reflects neither a refund nor a balance due.

Please note:

The Taxpayer First Act requires tax-exempt organizations to electronically file all information returns in the 990 series and related forms for tax years beginning after July 1, 2019. Mailing these returns is no longer allowed.

990

Return of Organization Exempt From Income Tax

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

2020

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

	For the	e 2020 calendar v	ear, or tax year begin	nina		, 2020, a	nd endi	na		, 20			
_		applicable:		aling Vine Hark	or Inc	, = = = = , =			D Fmn	yer identification number			
$\bar{\Box}$	Address	• •	Doing business as	dring vinc narr	701 1110				D	46-2512680			
H		9		O. box if mail is not delivered to			Doom/ou	:4.0	■ Talas	phone number			
二	Name ch	•	,		o street address)		Room/su	ile	■ Telep				
Н	Initial ret		10354 Roundhou						•	(917)902-2326			
\Box		urn/terminated		vince, country, and ZIP or forei	gn postal code					ss receipts			
Н	Amende		Charlotte, NC						\$	41,358			
Ш	Applicati	on pending		ncipal officer: Tracey Q	uestell			H(a) Is this a group return for subordinates?					
			Same as C abov					H(b) Are all s					
		mpt status: X 501			947(a)(1) or	527				ist. See instructions			
	Website		ngvineharbor.co					H(c) Group e					
		organization: X Corp	poration Trust Ass	ociation Other		L Year of formation	on: 20 1	L3 M S	tate of le	gal domicile: NC			
Pa	art I	Summary											
	1	· ·	-	on or most significant a						oal is to serve			
ø										are homeless or			
Governance				HVH will prepar	re these yo	ung women	for	adulthoo	od an	d become positive			
ern			ng citizens.										
Š	2			discontinued its operat					1	_			
	3		•	rning body (Part VI, line	•				3	7			
es	4		•	s of the governing body	,					6			
Activities &	5			calendar year 2020 (P	•				5	0			
	6		volunteers (estimate if i	• /						15			
•				Part VIII, column (C), lir					7a	0			
	b	Net unrelated bu	usiness taxable income	from Form 990-T, Part	I, line 11				7b	0			
								Prior Year		Current Year			
	8		•	1h)				18	, 718	27,843			
ne	9	Program service	e revenue (Part VIII, line 2g)										
Revenue	10	Investment incom	me (Part VIII, column (A), lines 3, 4, and 7d)										
8	11	Other revenue (F	Part VIII, column (A), lin	ies 5, 6d, 8c, 9c, 10c, ar	nd 11e)		٠ 📖			2,500			
	12	Total revenue - a	add lines 8 through 11 (must equal Part VIII, co	lumn (A), line 12)			24	,643	41,358			
	13	Grants and simila	ar amounts paid (Part I	X, column (A), lines 1-3)		•			0			
	14	Benefits paid to	or for members (Part I)	(, column (A), line 4)			٠ 📖			0			
"	15	· ·	ompensation, employee			0							
ses	16a	Professional fund	draising fees (Part IX, o	column (A), line 11e)						0			
Expenses	b	Total fundraising	expenses (Part IX, col	umn (D), line 25) ▶		0							
Щ	17	Other expenses	(Part IX, column (A), lir	nes 11a-11d, 11f-24e)			•	14	,974	22,637			
	18	Total expenses.	Add lines 13-17 (must	equal Part IX, column (A), line 25)		٠ 📖	14	, 974	22,637			
	19	Revenue less ex	penses. Subtract line	18 from line 12			•	9	,669	18,721			
t Assets or	Ses						Begi	nning of Curre	nt Year	End of Year			
sets	<u>E</u> 20	Total assets (Pa	rt X, line 16)				•	31	,158	49,879			
t As	열 21	,	, ,				_			0			
Net Net				line 21 from line 20				31	<u>,158</u>	49,879			
	art II	Signature											
				rn, including accompanying scl cer) is based on all information			of my kno	wledge and beli	ef, it is				
		T.		,									
0:4			0 Sargent										
Sig		Signature of o	officer						Da	ate			
He	re		O Sargent, Tre	asurer									
		1,	name and title	[T = :				T			
_		Print/Type prepare	r's name	Preparer's signature		Date		Check	if	PTIN			
Pai		Lionel San	rgent	Lionel Sargent		07-31-20	21	self-emp	oloyed	P01510732			
	pare		COBB, PL	LC			F	Firm's EIN					
Us	e Onl							hone no.					
			Charlott	e NC 28227					704-	578-0771			
May	the ID	S discuss this rotu	im with the proparer ch	own above? (see instru	ctions)					X Yes No			

46-2512680

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2		х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
•	complete Schedule D, Part III	8		Х
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	_		
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		
11	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
••	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes,"</i>			
u	complete Schedule D, Part VI	11a		х
b				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d				
	reported in 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			
	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		Х
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		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	40		
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	47		3.5
19	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	v	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10	Х	
13	If "Yes," complete Schedule G, Part III	19		х
20 a		20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x

Form 990 (2020) Healing Vine Harbor 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		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
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		Х
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 or-	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	250		
h	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		v
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		X
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member or 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			Λ
	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		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part			
	IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	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		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
•	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
05-	or IV, and Part V, line 1	34		X
35a		35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		3.5
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	330		X
30	related organization? 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	50		
0.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	0.		
	19? Note: All Form 990 filers are required to complete Schedule O.	38	x	
Par				
. aı	Check if Schedule O contains a response or note to any line in this Part V			
	the state of the s	- •	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	х	

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		х
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		Х
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		Х
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
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			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
40	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Sec	tion A. Governing Body and Management			
4.	Establishment of the control of the		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
_	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	_		
	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
_	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	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?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		Х
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45		
a	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	40		
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	46'		
<u> </u>	organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filled			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	Cobb PLLC - Lionel Sargent (917)902-2326, 7427 Matthews Mint Hill Rd, Charlotte, NG	282	227	

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Healing Vine Harbor Inc

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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 nor any relat	ted organizat	ion co	mper	nsat	ed a	ny curi	rent	officer, director, or	trustee.	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles er and	Poseck mass per da a di	son is	han one s both ar Highest compensated employee		(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Tracey Questell										
Executive Director				Х				3,000	0	0
(2) Howard Byrd										
Board Member		Х						0	0	0
(3) Alicia Verdun										
Board Member		Х						0	0	0
(4) Brenda Thompson										
Board Member		х						0	0	0
(5) Jublia Gammon										
Vice Chairman		х		х				0	0	0
(6) Connie Questell										
Secretary		х		х				0	0	0
(7) Lionel O Sargent										
Treasurer		х		х				0	0	0
<u>(8)</u>										
<u>(9)</u>										
(10)										
<u>(11)</u>										
(12)										
(13)										
<u>(14)</u>										

	(A) Name and title	(B) Average hours per week	(do r	not che	Pos eck m s per	C) sition ore the	nan one s both a /trustee)	n	(D) Reportable compensation from the	(E) Reportable compensation from related		(F) Estimated amo of other compensation from the		
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	_	from the anization ed organi	n and	
<u>(15)</u>														
<u>(16)</u>														
<u>(17)</u>														
(18)														
(19)_														
(20)														
(21)														
(22)														
(23)_														
(24)_														
(25)														
1b c d	Subtotal	ed to those I						• ► • ► • ►	3,000 ore than \$100,000)		0	
	reportable compensation from the organization	<u> </u>										Yes	No No	
3	Did the organization list any former officer, direct employee on line 1a? <i>If</i> "Yes," <i>complete Schedul</i> .		-				-		•		. 3		x	
4	For any individual listed on line 1a, is the sum of re organization and related organizations greater the	eportable cor an \$150,000	mpensa)? <i>If</i> "Y	ation ′es,″	and com	othe	er con e Sch	npen edu	sation from the le J for such					
5	individual	compensation	n from	any	unre	elate	ed org	aniz	ation or individual		. 5		x	
Secti	on B. Independent Contractors	-												
1	Complete this table for your five highest compensa compensation from the organization. Report comp										ar			
	(A) Name and business address		uic cai	GIIGO	пус	ai C	ridirig	VVILI	(B) Description of service		(C)			
											•			
2	Total number of independent contractors (including	· ·				ted a	above) wh	10					

46-2512680

Form 990 (2020) Healing Vi
Part VIII Statement of Revenue

		Check if Schedule O contains a response o	note to any line in th	is Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns 1	a				Sections 512-514
	b		b	-			
nts nts	C	'	c 27,843	-			
G To III	d		d 27,045	-			
Contributions, Gifts, Grants and Other Similar Amounts	e		e	-			
ָה <u>יַּ</u>	f	All other contributions, gifts, grants,		-			
Sin		and similar amounts not included above	f				
buti ther	g		•	-			
d ä	9		g \$				
နှဲ ငိ	h			27,843			
			Business Code	27,020			
	2a	Contributions	900099	10,893	10,893		
<u>8</u>	b						
Program Service Revenue	С						
	d		_				
	е						
P.	f	All other program service revenue					
_	g	Total. Add lines 2a-2f		10,893			
	3	Investment income (including dividends, interes					
		other similar amounts)		122			122
	4	Income from investment of tax-exempt bond pro	oceeds▶				
	5	Royalties					
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)	▶				
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a					
	b	Less: cost or other basis					
e		and sales expenses 7b					
venue	1	Gain or (loss) 7c					
	d	Net gain or (loss)	▶				
Other Re	8a	Gross income from fundraising					
ธี		events (not including \$ 27,843					
		of contributions reported on line					
		′ ′ ′ 	8a	_			
	1	•	8b				
	1	Net income or (loss) from fundraising events	· · · · · · · · · · · · · · · · · · ·				
	9a	Gross income from gaming	_				
		· · · · · · · · · · · · · · · · · · ·	9a	-			
	1	•	9b				
		` , , ,	<u></u> ▶				
	10a	Gross sales of inventory, less	00				
		-	0a 0b	-			
	1	5	0b				
	C	Net income or (loss) from sales of inventory .					
	11-	Miggelleness Persists	Business Code	2 500	2 500		
ous le		Miscellaneous Receipts	900099	2,500	2,500		
llan enu	b		-				
Miscellanous Revenue	G C	All other revenue	-				
Ξ̈́	1	Total. Add lines 11a-11d		2,500			
		Total revenue. See instructions		41,358		0	122
				1 1 7 3 3 0	1 20,000	, ,	122

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) (A) Total expenses (B) Do not include amounts reported on lines 6b. 7b. Program service Management and Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 5 Compensation of current officers, directors, 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions) 9 10 11 Fees for services (nonemployees): b d Professional fundraising services. See Part IV, line 17 . f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . 12 491 491 13 448 448 14 2,245 2,245 15 16 17 298 298 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 509 509 20 21 22 Depreciation, depletion, and amortization 23 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) Participants Assistance 2,808 2,808 Program Supplies for Events 4,519 4,519 406 406 c Printing & Copying for Event d Education & Training 230 230 е All other expenses 10,683 10,683 Total functional expenses. Add lines 1 through 24e. . 25 22,637 22,637 0 0 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)

		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	904	1	948
	2	Savings and temporary cash investments	29,754	2	48,931
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	500	4	
	5	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	
	6	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	
	7	Notes and loans receivable, net		7	
ets	8	Inventories for sale or use		8	
Assets	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	31,158	16	49,879
	17	Accounts payable and accrued expenses	•	17	•
	18	Grants payable		18	
	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,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abil		controlled entity or family member of any of these persons		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
		Organizations that follow FASB ASC 958, check here			
		and complete lines 27, 28, 32, and 33.			
ces	27	Net assets without donor restrictions	31,158	27	49,879
<u>ala</u> n	28	Net assets with donor restrictions	•	28	•
Ä		Organizations that do not follow FASB ASC 958, check here			
un n		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
its c	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SSE	31	Retained earnings, endowment, accumulated income, or other funds		31	
¥Α	32	Total net assets or fund balances	31,158	32	49,879
ž	33	Total liabilities and net assets/fund balances	31,158	33	49,879
			==,===	-	,

orm	1 990 (2020) Healing Vine Harbor Inc	46-251	L2680		Pa	age 1 2
Par	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					. 🗌
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1			41,	358
2	Total expenses (must equal Part IX, column (A), line 25)	. 2			22,	637
3	Revenue less expenses. Subtract line 2 from line 1	. 3			18,	721
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	. 4			31,	158
5	Net unrealized gains (losses) on investments	. 5				
6	Donated services and use of facilities	. 6				
7	Investment expenses	. 7				
8	Prior period adjustments	. 8				
9	Other changes in net assets or fund balances (explain on Schedule O)	. 9				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	. 10			49,	879
Par	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					. 🗌
					Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		[2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		[2b		х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of					
	the audit, review, or compilation of its financial statements and selection of an independent accountant?			2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					

required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits EEA Form **990** (2020)

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

3a

3b

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2020

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

▶ Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

Employer identification number

Hea	lin	g Vine Harbor Inc					46-251268			
Pa	rt I	Reason for Public Charity	y Status. (All o	rganizations must o	complete	this part	.) See instructions	3.		
The	orga	nization is not a private foundation bec	ause it is: (For lines	s 1 through 12, check onl	y one box.)				
1		A church, convention of churches, or	association of chu	irches described in sect	ion 170(b)	(1)(A)(i).				
2		A school described in section 170(b)(1)(A)(ii). (Attach	Schedule E (Form 990 o	or 990-EZ)	.)				
3		A hospital or a cooperative hospital s	service organization	n described in section 1	70(b)(1)(A	A)(iii).				
4		A medical research organization ope	rated in conjunctio	n with a hospital describ	ed in sect	ion 170(b)	(1)(A)(iii). Enter the			
		hospital's name, city, and state:								
5		An organization operated for the bene	efit of a college or u	university owned or opera	ated by a g	government	al unit described in			
		section 170(b)(1)(A)(iv). (Complete Part II.)								
6		A federal, state, or local government	tate, or local government or governmental unit described in section 170(b)(1)(A)(v).							
7	\Box	An organization that normally receive	s a substantial part	of its support from a gov	vernmental	unit or fron	n the general public			
		described in section 170(b)(1)(A)(vi). (Complete Part II.)								
8	П	A community trust described in secti		,						
9	П	An agricultural research organization		, , , ,	rated in co	njunction v	vith a land-grant collec	ae		
		or university or a non-land-grant colle				•	•	,		
		university:		,	,	•	9			
10	X	An organization that normally receive	s: (1) more than 33	3 1/3% of its support from	n contributi	ons. membe	ership fees, and gross			
		receipts from activities related to its e	` '	• •		•				
		support from gross investment income	•	•		•				
		acquired by the organization after Ju		,		•				
11		An organization organized and opera	•	• , , , ,	•	,				
12	П	An organization organized and opera	•				carry out the purposes	3		
		of one or more publicly supported or	•	•						
		Check the box in lines 12a through 12		` ' ' '		. , , ,	` ` ` `	•		
	а	Type I. A supporting organization						•		
		the supported organization(s) the		•		•		.9		
		supporting organization. You mu			,					
	b	Type II. A supporting organization	•		ith its supr	orted orga	nization(s), by having			
	_	control or management of the sur	•			•	. ,			
		organization(s). You must comp		•	TOOLO THAT	00111101 01 11	lanago ino oupportou			
	С	Type III functionally integrated			nnection w	ith and fur	actionally integrated wi	ith		
	·	its supported organization(s) (se		•				,		
	d	Type III non-functionally integr	•	·-				n(s)		
	u	that is not functionally integrated.						11(0)		
		requirement (see instructions). Y	-			•	t and an attentiveness			
	е	Check this box if the organization	-				Tyne II Tyne III			
	·	functionally integrated, or Type III				ou Type I, I	ype ii, Type iii			
	f	Enter the number of supported organ	· · · · · · · · · · · · · · · · · · ·		ariizatiori.					
	g	Provide the following information abo						• • • •		
) Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of		
	(1	Thame of supported organization	(II) LIIV	(described on lines 1-10	' '	r governing	support (see	other support (see		
				above (see instructions))	docum	ent?	instructions)	instructions)		
					Yes	No				
					103	140				
(A)										
(B)										
(C)										
_										
(D)										
(C)										
(E)										
Tota	al									

46-2512680 Healing Vine Harbor Inc Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

	(Complete only if you checked th						llify under
_	Part III. If the organization fails to	quality unde	er the tests iis	stea below, pi	ease comple	te Part III.)	
	ction A. Public Support		T	T	T		T
_	endar year (or fiscal year beginning in)▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
•	include any "unusual grants.")						
2	Tax revenues levied for the						
	organization's benefit and either paid to						
_	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
_	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
_	shown on line 11, column (f)						
	Public support. Subtract line 5 from line 4						
	etion B. Total Support endar year (or fiscal year beginning in) >	(a) 2016	(b) 2017	(a) 2019	(4) 2010	(a) 2020	(f) Total
	Amounts from line 4	(a) 2010	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(I) IOIAI
7 8	Gross income from interest, dividends,						
O	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources						
9	Net income from unrelated business						
3	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities, etc. (se	ee instructions	(3			12	
	First five years. If the Form 990 is for the or		•				2)(3)
	organization, check this box and stop here						
Sec	ction C. Computation of Public Suppor	t Percentag	ie				
	Public support percentage for 2020 (line 6, c			column (f)) .		14	%
	Public support percentage from 2019 Sched					15	%
	33 1/3% support test - 2020. If the organiza						
	box and stop here. The organization qualified						
b	33 1/3% support test - 2019. If the organiza			•			_
	this box and stop here. The organization qu						
17a	10%-facts-and-circumstances test - 2020.	•		•			
	10% or more, and if the organization meets t	-					
	Part VI how the organization meets the facts				-	-	
	organization			-	-		_
b	10%-facts-and-circumstances test - 2019.						
	15 is 10% or more, and if the organization m	-					
	in Part VI how the organization meets the fac					-	•
	organization			-			
18	Private foundation. If the organization did n	ot check a bo	x on line 13, 16	Sa, 16b, 17a, o	r 17b, check th	is box and see	
	instructions						▶ □

46-2512680

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

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

Sec	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	9,530	20,024	21,564	24,462	41,236	116,816
2	Gross receipts from admissions, merchandise sold or services performed, or facilities fumished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513.						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
	Total. Add lines 1 through 5	9,530	20,024	21,564	24,462	41,236	116,816
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
_	line 6.)						116,816
	ction B. Total Support	1					
	endar year (or fiscal year beginning in)▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6	9,530	20,024	21,564	24,462	41,236	116,816
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources		19	75	182	122	398
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b		19	75	182	122	398
11	Net income from unrelated business						
	activities not included in line 10b, whether						
40	or not the business is regularly carried on						
14	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)	1.0					1.0
12	Total support. (Add lines 9, 10c, 11,	10					10
	and 12.)	9,540	20,043	21,639	24,644	41,358	117,224
14	First 5 years. If the Form 990 is for the orga						11/,221
•	organization, check this box and stop here	•		•	,	(, (,	▶ □
Sec	ction C. Computation of Public Suppor						
	Public support percentage for 2020 (line 8, c			column (f))		15	99.65 %
	Public support percentage from 2019 Sched					16	99.63 %
	ction D. Computation of Investment In						
17				ne 13. column	(f))	17	0.00 %
18	Investment income percentage from 2019 Se	•				18	0.00 %
	33 1/3% support tests - 2020. If the organiz						
	17 is not more than 33 1/3%, check this box						
b	33 1/3% support tests - 2019. If the organiz	-	-	•		-	
	line 18 is not more than 33 1/3%, check this						
20	Private foundation. If the organization did r	-	-	-			
	<u>_</u>			,			

Part IV **Supporting Organizations**

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

Section A. All Supporting Organizations

- 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.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 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).
- 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
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A (Form 99	90 or 990-E	Z) 2020

Sched	Ale A (Form 990 or 990-EZ) 2020 Healing Vine Harbor Inc 46-2512680		P	age
Par	t IV Supporting Organizations (continued)			
	,		Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
<u> </u>	detail in Part VI.	11c		
sec	tion B. Type I Supporting Organizations		Vaa	NI.
4	Did the according to the description of the according to the first of		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	4		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If</i> "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
S00	tion C. Type II Supporting Organizations			
566	tion 6. Type it Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	140
•	or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control</i>			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
	man - man a proper mag a a game a man a		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	_		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have	2		
	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 ins	truc	tions)).
	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see in		
	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	0-		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	0.		
•	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	2-		
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		

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

Sched	ule A (Form 990 or 990-EZ) 2020 Healing Vine Harbor Inc		46-2512	2680	Page 6
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	ganiz	ations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	n Nov. 20, 1970 <i>(explai</i> i	n in Part VI). \$	See
	instructions. All other Type III non-functionally integrated supporting organi	izations	s must complete Section	s A through E	
Soc	etion A - Adjusted Net Income		(A) Prior Year	(B) Currei	nt Year
360	tion A - Adjusted Net income		(A) FIIOI Teal	(optio	nal)
_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			
Soc	tion B - Minimum Asset Amount		(A) Prior Year	(B) Currei	nt Year
360	tion B - Millimum Asset Amount		(A) FIIOI Teal	(optio	nal)
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			
b	Average monthly cash balances	1b			
c	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
_3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
_7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sec	tion C - Distributable Amount			Current	Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			

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

6

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

EEA

Distributions to attentive supported organizations to which the organization is responsive

(provide details in Part VI). See instructions.

Distributable amount for 2020 from Section C, line 6

8

9

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)	
Sec	tion D - Distributions	Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes 1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported	
	organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations 3	
4	Amounts paid to acquire exempt-use assets 4	
5	Qualified set-aside amounts (prior IRS approval required) - provide details in Part VI) 5	
6	Other distributions (describe in Part VI). See instructions.	
7	Total annual distributions. Add lines 1 through 6.	

10	D Line 8 amount divided by line 9 amount			
Sec	etion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
_ 3	Excess distributions carryover, if any, to 2020			
	From 2015			
b	From 2016			
C	From 2017			
d	From 2018			
е	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
e	Excess from 2020			
			0-1	/

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
-	
_	

SCHEDULE G (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.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization					Employer ide	entification number
Healing Vine Harbor Inc						12680
Part I Fundraising Activities Form 990-EZ filers are not	•	•		wered "Yes" on	Form 990, Part IV	, line 17.
1 Indicate whether the organization rais				ies. Check all that a	oply.	
a Mail solicitations	ou rurruo un ougri		_	f non-government gr		
b Internet and email solicitations				f government grants	arito	
c Phone solicitations				raising events		
d n-person solicitations		9 🗆 🤇	peciai iuliui	aising events		
2a Did the organization have a written or	r oral agreement v	vith any individ	dual (includin	na officere directore	tructoes	
or key employees listed in Form 990,						es No
b If "Yes," list the 10 highest paid individ				_		_
	,	unuraisers) pu	ilsualii io ag	reements under with	cii the iunuraisei is to t	e e
compensated at least \$5,000 by the c	nganization.					
					(v) Amount paid to	
(i) Name and address of individual	(T) A (1.11		draiser have r control of	(iv) Gross receipts	(or retained by)	(vi) Amount paid to (or retained by)
or entity (fundraiser)	(ii) Activity		utions?	from activity	fundraiser listed in	organization
		Yes	No		col. (i)	
1		162	NO	-		
•						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<u>Total</u>						
3 List all states in which the organization	is registered or li	censed to soli	cit contributi	ons or has been not	ified it is exempt from	
registration or licensing.						
-						

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		J	(a) Event #1 Giving Tuesd (event type)	(b) Event #2 PFAT (event type)	(c) Other events None (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	(****)	(****)		
œ	2	Less: Contributions	15,768	12,746		28,514
		line 2)	(15,768)	(12,746)		(28,514)
	4	Cash prizes				
	5	Noncash prizes				
uses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Direc	8	Entertainment				
	9	Other direct expenses		640		640
	10 Direct expense summary. Add lines 4 through 9 in column (d)					640
	11	Net income summary. Subtract line				(29,154)
Pa	rt II		~	Yes" on Form 990, Part	IV, line 19, or reported	more than
		\$15,000 on Form 990-EZ,	line 6a.			
en			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue						
<u>~</u>	1	Gross revenue				
es	2	Cash prizes				
≅xpens	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes %	
	7	Direct expense summary. Add lines	2 through 5 in column (d)			
	8	Net gaming income summary. Subt	tract line 7 from line 1, colur	mn (d)		
9 a b	ls	nter the state(s) in which the organizate the organization licensed to conduct of "No," explain:		these states?		Yes No
		ere any of the organization's gaming l'Yes," explain:	licenses revoked, suspende	ed, or terminated during the	tax year?	Yes No

SCHEDULE 0 (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.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number Healing Vine Harbor Inc 46-2512680

01. Officer, directors, etc. family relationship (Part VI, line 2)
Connie Questell, Board Secretary, is the mother of Executive Director Tracey Questell.
Both Connie and Tracey are passionate about the success of Healing Vine Harbor and the
relationship is not a factor.
02. Form 990 governing body review (Part VI, line 11)
The 2020 tax return will be reviewed by the Executive Director and prepared, reviewed and
signed by the Board Treasurer.
03. Governing documents, etc, available to public (Part VI, line 19)
Financial Statements, Tax returns are available to the public upon request.
04. List of other expenses (Part IX, line 24e)
Exec Director Stipend \$3,000 & Contract Labor \$6,507
21200002 Sorpena 40,000 a comprace 20202 40,000.