Form **990**

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)

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. 2022

Open to Public

OMB No. 1545-0047

For the 2022 calendar year, or tax year beginning 2022, and ending 20 Check if applicable: C Name of organization Healing Vine Harbor Inc D Employer identification number Address change Doing business as 46-2512680 E Telephone number Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite Initial return 10354 Roundhouse Cir (917)902-2326 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts Amended return Charlotte, NC 28227-1459 80,801 X No Application pending F Name and address of principal officer: Tracey Questell **H(a)** Is this a group return for subordinates? Same as C above H(b) Are all subordinates included? **X** 501(c)(3) 501(c) (4947(a)(1) or 527 If "No," attach a list. See instructions Healingvineharbor.com Website: H(c) Group exemption number X Corporation Trust Association L Year of formation: 2013 M State of legal domicile: Part I Summary Briefly describe the organization's mission or most significant activities: Healing Vine Harbor's "HVH" goal is to serve young women that have been displaced and aged out of the foster care system, are homeless or Activities & Governance at risk of homelessness. HVH will prepare these young women for adulthood and become positive contributing citizens. Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 4 5 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 0 Total number of volunteers (estimate if necessary) 6 20 Total unrelated business revenue from Part VIII, column (C), line 12 0 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0 Prior Year **Current Year** 47,712 47,049 Revenue 18,663 33,330 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 190 422 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 66,565 80,801 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 Benefits paid to or for members (Part IX, column (A), line 4) 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2,067 0 Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 44,409 61,543 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 44,409 63,610 Revenue less expenses. Subtract line 18 from line 12 22,156 17,191 End of Year **Beginning of Current Year** 20 Total assets (Part X, line 16) 88,866 71,535 21 Total liabilities (Part X, line 26) 140 Net assets or fund balances. Subtract line 21 from line 20 71,535 88,726 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Lionel Sargent 04-15-2023 Sign Signature of officer Date Here Lionel Sargent, Treasurer Type or print name and title Print/Type preparer's name Preparer's signature Date Check **Paid** Lionel Sargent 05-22-2023 Lionel Sargent self-employed P01510732 **Preparer** Firm's name COBB PLLC Firm's EIN **Use Only** 7427 Mat M Hill Rd 105-180 Firm's address Phone no. Charlotte NC 28227 704-709-9154 May the IRS discuss this return with the preparer shown above? See instructions Yes No

55,384

Total program service expenses

46-2512680

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		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		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
_	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		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			
7	"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		3.7
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"			х
0	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	-		
3	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			21
-	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		x
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
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)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	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		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	400		
42	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
b b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		Х
J	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	- 12		
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17	L	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	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		х
20 a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

Form 990 (2022) **Part IV** Ch 22) Healing Vine Harbor Inc

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		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	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?	25h		37
26	If "Yes," complete Schedule L, Part I	25b		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	20		
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		х
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 line 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		X
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,"	20		
22	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		37
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	or IV, and Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	Jou		Λ
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	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		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note : All Form 990 filers are required to complete Schedule O	38	х	
Par				
	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	1		
b	Enter the number of Forms 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	X	(2022)

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 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 0 2b Х Did the organization have unrelated business gross income of \$1,000 or more during the year?........ 3a 3a X If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O......... At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, 4a a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х If "Yes," enter the name of the foreign country h See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a 5a Х Х b С Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 6a organization solicit any contributions that were not tax deductible as charitable contributions? 6a х If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). 7 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a Х b 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7с х d е Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7е х 7f Х If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?.... 7<u>g</u> X g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h h Х Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? Х Sponsoring organizations maintaining donor advised funds. 9a х 9b b Х 10 Section 501(c)(7) organizations. Enter: 10a 10b 11 Section 501(c)(12) organizations. Enter: 11a а Gross income from other sources (Do not net amounts due or paid to other sources 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? . . . 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. 13 Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which 13b **14a** Did the organization receive any payments for indoor tanning services during the tax year? 14a Х If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 15 Х If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? х If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17

If "Yes," complete Form 6069.

Part VI

The Enter the number of voting members of the governing body at the end of the tax year	Se	ction A. Governing Body and Management			
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 1s, above, who are independent	4-			Yes	No
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 1s, above, who are independent. c. D. D. Gray officer, director, fursher, or key employee have a family relationship or a business relationship with any other officer, director, fursher, or key employee? 3. Did the organization delegate control over management outles customarily performed by or under the direct supervision of officers, directors, trustee, or key employee? 4. Did the organization have members or stockholders? 5. Did the organization have members or stockholders? 6. Did the organization have members or stockholders? 7. Did the organization have members or stockholders? 8. Did the organization have members, sockholders? 9. Did the organization have members, sockholders? 9. Did the organization have members, sockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 9. Did the organization have members, sockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 9. Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the factioning: 10. The stockholders, or persons other than the governing body? 11. Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 12. Ves Notes and the organization have written policies and admissass on Schedule O. 13. The organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 14. Last be organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 15. Delicies or Reduction Only the process	ıa				
be Either the number of volting members included in line 1a, above, who are independent					
be Enter the number of voting members included in line 1a, above, who are independent in the control core in the control core in the control core in the control core management duties customarily performed by or under the direct supervision of officies, director, trustee, or key employee? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?. 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?. 5 Did the organization have members or stockholders? 6 Did the organization have members or stockholders? 7 Did the organization have members or stockholders? 8 Did the organization have members or stockholders? 9 Did the organization have members or stockholders? 10 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? 11 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 12 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 13 The governing body? 14 Each committee with authority to act on behalf of the governing body? 15 Each committee with authority to act on behalf of the governing body? 16 Each committee with authority to act on behalf of the governing body for the properties of the organization have written policies and advisesses on Schedule O 16 Did the organization have written policies and advisesses on Schedule O 17 List School Brequests information about policies not required by the Internal Revenue Code. 18 List by the stockhold O the process, if any, used by the organization to review this Form 990. 19 Lis					
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustees, or key employees (%) and provided the comparization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, fluestoes, or key employees to a management company or other person? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members as stockholders? 6 Did the organization have members as stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 5 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? 6 Did the organization non-interporaneously document the meetings held or written actions undertaken during the year by the following: 7 Did the organization and the power to elect or appoint one or more members of the governing body? 8 Did the organization and authority to act on behalf of the governing body? 8 Did the organization and submitty to act on behalf of the governing body? 8 Did the organization's mailing address? If Yes, "provide the names and addresses on Schedule Q 9 S X SECTION B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10 Did the organization have written policies and procedures governing the activities of such chapters, internal submitted and procedures governing the activities of such chapters, internal submitted and procedures governing the activities of such chapters, internal submitted and procedures governing the activities of such chapters, internal submitted and procedures governing the activities of such chapters, internal submitted and procedure and procedure to governing the activities of such chapters, internal submitted and procedure to governing the submitted proces	h				
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4 Did the organization make any significant changes to its governing documents since the prior Form 900 was filed?. 5 Did the organization become ware during the year of a significant diversion of the organization sasets? 6 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the operaring body? 7 A D A A any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons who had the power to elect or appoint one or more members of the operaring body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 The governing body? 8 B X 8 Did the organization and the manufacture of the governing body? 9 Section B. Policies (This Section B. Projuese 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 0. 9 Section B. Policies (This Section B. requests information about policies not required by the Internal Revenue Code.) 10 If "Yes." for the organization have local chapters, branches, or affiliates? 10 If "Yes." did the organization have written policies and procedures governing the activities of such chapters. 11 If "Yes." did the organization have written policies and procedures governing the activities of such chapters. 12 If "Yes." did the organization have written policies and procedures governing the activities of such chapters. 13 If "Yes." did the organization have a written organization to review this Form 990. 14 Las the organization for the form 990 to all members of its governing body before filing the form? 15 Las Vera officians, and branches to ensure their operations are consistent with the organizations? 16 Did the organization have a written obcument reterition and destruction policy? 17 Las Vera officians or key employees of the organization to review this Form 990 to all members of	3		3		v
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20 State the name, address, and telephone number of the person who possesses the organization's books and records.	-				
	20				
			282	227	

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 the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any rela	ted organizat	ion co	mper	nsate	ed a	ny curi	rent	officer, director, or	trustee.	
				((C)					
(A)	(B)			Pos	sition			(D)	(E)	(E)
Name and title						han one		Reportable	Reportable	(F) Estimated amount
Name and title	Average hours					s both ar /trustee)		compensation	compensation	of other
	per week					,,		from the	from related	compensation
	(list any	9 5	5	Q	Ş	е <u>н</u>	F	organization (W-2/ 1099-MISC/	organizations (W-2/ 1099-MISC/	from the organization and
	hours for	divid	stitu	Officer	Key employee	ghe: nplo	Forme	1099-NEC)	1099-MISC/ 1099-NEC)	related organizations
	related organizations	ctor	iona		nplo	st co yee	,			
	below	Individual trustee or director	Institutional trus		yee	mpe				
	dotted line)	ee	stee			Highest compensate employee				
						ted				
(1) Tracey Questell										
Executive Director				х				6,081	0	0
(2) Sonya McAullen-Allen								_		
Board Member		х						0	0	0
(3) Brenda Thompson										
Board Member		х						0	0	0
(4) Jeannine Kring										
Vice President		х		х				0	0	0
(5) Alicia Verdun										
President		х		Х				0	0	0
(6) Connie Questell										
Secretary		Х		Х				0	0	0
(7) Lionel O Sargent										
Treasurer		Х		Х				0	0	0
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EEA Form **990** (2022)

Form 990 (2022) Healing Vine Harb										-251268		Page 8
Part VII Section A. Officers, Directors, T	rustees,	Key E	Emp	oloy	/ee	s, an	d F	lighest Comp	ensated	Employ	ees (con	tinued)
(A) Name and title							1	(D) Reportable compensation from the organization (W-2/	(E) Reportable compensation from related organizations (W-2/1099-MISC/	ion ed (W-2/	(F) Estimated ar of othe compensa from the	er ation
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MIS 1099-NEC		organizatior related organi	
(15)												
(16)												
(17)												
(18)												
(19)												
(20)												
(21)												
(22)												
(23)												
(24)												
(25)												
1b Subtotal			 		 							
d Total (add lines 1b and 1c)								6,081		0		0
2 Total number of individuals (including but not limit reportable compensation from the organization	ted to those	listed a	bove	e) wh	no re	eceive	d mo	ore than \$100,000	of		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	0
3 Did the organization list any former officer, direct		-				-		•			Yes	No
 employee on line 1a? If "Yes," complete Schedu For any individual listed on line 1a, is the sum of remaining the sum of the s	eportable co	mpensa	ation	and	othe	er com	npen	sation from the	• • • • •		3	X
organization and related organizations greater th											4	х
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If "Yes	•		-			_					5	х
Section B. Independent Contractors												
 Complete this table for your five highest compensa compensation from the organization. Report comp 										vear		
(A)			0	<i>y</i> c	<u> o</u>	9		(B)		-	(C)	
Name and business addres								Description of service		<u> </u>	mpensation	
Total number of independent contractors (including)	a but not li-	nited to	thoo	م انح	tod s	ahovo)	طريد ١	0				
received more than \$100,000 of compensation fro	-		11105	G 115	icu č	above)	, vv11	U				

46-2512680

Form 990 (2022) Healing Vi
Part VIII Statement of Revenue

		Check if Schedule O con	ntains a response	e or no	ote to any line in this	s 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		1a					
	b	Membership dues		1b					
nts nts	C	Fundraising events		1c	16,049				
Gra	d	Related organizations		1d	20,025				
fts, An	e	Government grants (contrib		1e					
<u>a</u> <u>i</u>	f	All other contributions, gifts							
Contributions, Gifts, Grants and Other Similar Amounts		and similar amounts not inc	-	1f	31,000				
outi her	g	Noncash contributions inclu			31,000				
Ę ŏ	9	lines 1a-1f		1g	e l				
a S	h					47,049			
	•••	Total. Add lines 1a-11 .	• • • • • •		Business Code	47,049			
	22	Contributions			900099	33,330	33,330		
8	b				900099	33,330	33,330		
E Z	C								
o Si	d								
ıram Ser Revenue	e								
Program Service Revenue		All other program service re	AVANUA						
ш.		Total. Add lines 2a-2f				33,330			
						33,330			
	3	Investment income (including other similar amounts)				422	422		
	4	Income from investment of ta		122	122				
	5	Royalties	•	•					
			(i) Real	<u> </u>	(ii) Personal				
	6a	Gross rents	6a		(ii) i discrita				
			6b						
		·	6c						
		Net rental income or (loss)							
		` ′ [(i) Securitie		(ii) Other				
	/a	Gross amount from sales of assets	(i) decunite		(ii) Other				
			7a						
	b	Less: cost or other basis	74						
Φ	_		7b						
ven ue	c		7c						
eve.	l .	Net gain or (loss)							
Other Rev		Gross income from fundrais							
₹		events (not including \$	· ·						
J		of contributions reported on							
		1c). See Part IV, line 18 .		8a					
	b	Less: direct expenses		8b					
		Net income or (loss) from fu							
		Gross income from gaming	3						
		activities, See Part IV, line 1	9	9a					
	b	Less: direct expenses		9b					
		Net income or (loss) from ga							
		Gross sales of inventory, les	•						
	IVa	returns and allowances		10a					
	b	Less: cost of goods sold .		10b					
		Net income or (loss) from sa							
		(, ,			Business Code				
Ω	11a	Miscellaneous Rece	eipts		900099				
nor ne	b								
ella	С								
Miscellanous Revenue		All other revenue							
Σ		Total. Add lines 11a-11d							
		Total revenue. See instruc				80,801	33,752	0	0

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). X 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 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 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 Other salaries and wages 1,773 1,773 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 10 294 294 11 Fees for services (nonemployees): b 825 825 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.) 12 267 267 13 888 888 5,229 14 5,229 15 16 17 667 667 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 5,110 5,110 20 21 22 Depreciation, depletion, and amortization 23 1,839 1,839 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 21,074 21,074 Program Supplies for Events 9,061 9,061 c Printing & Copying for Event 731 731 d Scholarships 1,000 1,000 е All other expenses 14,852 14,582 270 Total functional expenses. Add lines 1 through 24e. . 25 63,610 55,384 8,226 0 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and 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) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	7,280	1	9,750
	2	Savings and temporary cash investments	63,755	2	78,616
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		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	
Assets	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	500	9	500
	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)	71,535	16	88,866
	17	Accounts payable and accrued expenses	,	17	140
	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,			
iţi		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		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	140
		Organizations that follow FASB ASC 958, check here			
		and complete lines 27, 28, 32, and 33.			
Čes	27	Net assets without donor restrictions	71,535	27	88,726
<u>la</u> n	28	Net assets with donor restrictions	•	28	
Ä		Organizations that do not follow FASB ASC 958, check here			
<u>n</u>		and complete lines 29 through 33.			
ř	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	
Net Assets or Fund Balances	32	Total net assets or fund balances	71,535	32	88,726
ž	33	Total liabilities and net assets/fund balances	71,535	33	88,866
			,		

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

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

3a

3b

Form 990 (2022)

Х

Schedule O.

EEA

SCHEDULE A (Form 990)

Public Charity Status and Public Support

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection Employer identification number

Heal	in	ng Vine Harbor						46-251268				
Par	t I	Reason for	Public Cha	rity Status. (Al	l organizations mus	st comple	ete this p	oart.) See instruction	ons.			
The o	rga	_ '		`	nes 1 through 12, check of	,	,					
1	L	A church, convention	on of churches,	or association of c	hurches described in se	ction 170	(b)(1)(A)(i)					
2	L	A school described	in section 170	(b)(1)(A)(ii). (Attac	h Schedule E (Form 990	0).)						
3	L			_	ion described in section							
4		A medical research	organization of	perated in conjunct	tion with a hospital desc	ribed in se	ction 170	(b)(1)(A)(iii). Enter the				
	_	hospital's name, city	·									
5	L			=	r university owned or op-	erated by a	a governme	ental unit described in				
_	_	section 170(b)(1)(A		•								
6	_		-	-	unit described in section							
7	X		-		art of its support from a g	jovernmen	tal unit or f	rom the general public				
•	described in section 170(b)(1)(A)(vi). (Complete Part II.) 8											
	A community trust described in section 170(b)(1)(A)(vi) . (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college											
9	L		-		(see instructions). Enter		-	_	ege			
		university:	ir-ianu-granii co	liege of agriculture	(See Instructions). Enter	the name,	city, and S	late of the college of				
10	г		normally recei	ves: (1) more than	33 1/3% of its support from	om contribu	itions mor	mherehin fees and gros	.c			
10	_	receipts from activiti	es related to its	exempt functions,	subject to certain excep	tions; and	(2) no mor	e than 33 1/3% of its	3			
		support from gross i	investment inco	me and unrelated b	ousiness taxable income e section 509(a)(2). (Co	(less secti	ion 511 tax	t) from businesses				
11	Г				o test for public safety.			4).				
12	F	-			or the benefit of, to perform				es of			
		_	•	•	ed in section 509(a)(1)					:k		
					oe of supporting organiza				•			
а			-		rvised, or controlled by i			_	ving			
		the supported o	rganization(s) t	he power to regula	rly appoint or elect a ma	jority of the	directors	or trustees of the				
		supporting orga	nization. You r	nust complete Pa	rt IV, Sections A and B	3.						
b		Type II. A supp	orting organiza	tion supervised or	controlled in connection	with its su	pported or	ganization(s), by havin	g			
		control or mana	gement of the s	supporting organiza	tion vested in the same	persons tha	at control o	r manage the supporte	d			
		organization(s).	You must cor	mplete Part IV, Se	ctions A and C.							
С				•	ganization operated in o				with,			
		_			ou must complete Par							
d			-		ng organization operate				٠,			
					generally must satisfy a			ent and an attentivenes	S			
_		_ ` `	•		ete Part IV, Sections A			I Toma II Toma III				
е		 '	-		en determination from the			ı, туре іі, туре ііі				
£		Enter the number of s			integrated supporting o	rganization	1.					
g		Provide the following i			anization(s)							
9		Name of supported organiza		(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi)	Amount of		
	(.,	rame of supported organiza		(11) 2.114	(described on lines 1-10	' '	r governing	support (see		support (see		
					above (see instructions))	docum	ent?	instructions)	ir	structions)		
						Yes	No	-				
(A)												
(A)												
(B)												
(C)												
(D)												
(E)												
Total								I	l			

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

	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	21,564	24,462	41,236	66,375	80,379	234,016
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						
4	Total. Add lines 1 through 3	21,564	24,462	41,236	66,375	80,379	234,016
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)						20,300
6	Public support. Subtract line 5 from line 4.						213,716
	on B. Total Support			Ι		Ι	
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	21,564	24,462	41,236	66,375	80,379	234,016
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
_	similar sources	75	182	122	190	422	991
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
44	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10	/i	>			40	235,007
12	Gross receipts from related activities, etc.	•	•			12	21,639
13	First 5 years. If the Form 990 is for the or						
Caati	organization, check this box and stop hel						
14	on C. Computation of Public Support Public Support Public Support percentage for 2022 (line 6			1 column (f))		14	90.94 %
15	Public support percentage for 2022 (line of Public support percentage from 2021 Sch					15	
16a	33 1/3% support test - 2022. If the organ						99.66 %
IVa	box and stop here. The organization qua						
b	33 1/3% support test - 2021. If the organ			•			_
b	this box and stop here. The organization						
17a	10%-facts-and-circumstances test - 20			-			
174	10% or more, and if the organization mee	_					
	Part VI how the organization meets the fa					-	
	organization			•	•		
b	10%-facts-and-circumstances test - 20						
D	15 is 10% or more, and if the organization	_					
	in Part VI how the organization meets the					-	•
	organization			-	-	•	
18	Private foundation. If the organization di						
. •	instructions						

Schedule A (Form 990) 2022 EEA

46-2512680

Part III

(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.)

Secti	on A. Public Support			•	•		
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
_	unrelated trade or business under section 513						
4	Tax revenues levied for the						
•	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
·	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
<i>i</i> a	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
D							
	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						
Saati	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2010	(a) 2020	(4) 2024	(a) 2022	(f) Total
9	Amounts from line 6	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
์ 10a	Gross income from interest, dividends,						
IUa							
	payments received on securities loans, rents,						
b	royalties, and income from similar sources . Unrelated business taxable income (less						
D	section 511 taxes) from businesses						
	acquired after June 30, 1975						
_	Add lines 10a and 10b						
C 44							
11	Net income from unrelated business						
	activities not included on line 10b, whether						
40	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
42	(Explain in Part VI.)			1			
13	Total support. (Add lines 9, 10c, 11, and 12)						
4.4	and 12.)	raoni=stic=!= "	rot occer-1 4 :	rd formula "	fth tox	2 000tion F011	(2)
14	First 5 years. If the Form 990 is for the or						
Saati	organization, check this box and stop her on C. Computation of Public Support					<u></u>	
	Public support percentage for 2022 (line 8			12 oolumn (f))		15	0/
15 16							<u>%</u> %
16 Socti	Public support percentage from 2021 Schoon D. Computation of Investment Inc					16	
				v line 12 colu	mn (f))	17	0/
17 10	Investment income percentage for 2022 (-		17	<u>%</u>
18 102	Investment income percentage from 2021					_	
19a	33 1/3% support tests - 2022. If the orga						
h	17 is not more than 33 1/3%, check this b	=	-		-		
b	33 1/3% support tests - 2021. If the organizat						
20	line 18 is not more than 33 1/3%, check this bo	-	-			-	
20	Private foundation. If the organization di	a not check a	DUX UH IIHE 14,	19a, Ul 19b, C	TIECK THIS DOX 8	แน ระษ เมริเโน	JUUI15 📋

Part IV **Supporting Organizations**

(Complete only if you checked a box on line 12 of 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.)

S

Secti	on A. All Supporting Organizations			
_			Yes	No
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.	1		
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).	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.	3a		
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.	3b		
С	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.	3с		
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.	4a		
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.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination	70		
·	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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	46		
Ja	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	F-		
	was accomplished (such as by amendment to the organizing document).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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.	6		
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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line			
	7? If "Yes," complete Part I of Schedule L (Form 990).	8		
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 .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		
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.	10a		
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.)

Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

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.

trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.

3a

3b

	e A (Form 990) 2022 Healing Vine Harbor Inc		46-2512	680	Page 6
Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gan	izations		
1	$\hfill \square$ Check here if the organization satisfied the Integral Part Test as a qualifying	trus	st on Nov. 20, 1970 <i>(explai</i>	in in Part VI). \$	See
	instructions. All other Type III non-functionally integrated supporting organi	izati	ons must complete Section	ns A through E	:.
Socti	on A - Adjusted Net Income		(A) Prior Year	(B) Current	Year
Secti	on A - Adjusted Net Income		(A) FIIOI Teal	(optiona	ıl)
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			
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current	
	ON B - Millimum Asset Amount		(A) I Hol Teal	(optiona	ıl)
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
	Average monthly value of securities	1a			
	Average monthly cash balances	1b			
C	Fair market value of other non-exempt-use assets	1c			
	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			
Secti	on C - Distributable Amount			Current Y	ear
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				

☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization 7 (see instructions).

emergency temporary reduction (see instructions).

Schedule A (Form 990) 2022 EEA

6

Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continu	ed)	
Sect	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	2	
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.	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive		
	(provide details in Part VI). See instructions.	8	
9	Distributable amount for 2022 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

10	Line o amount divided by line 9 amount		10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2022			
а	From 2017			
b	From 2018			
С	From 2019			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2018			
b	Excess from 2019			
С	Excess from 2020			
d	Excess from 2021			
е	Excess from 2022			

EEA Schedule A (Form 990) 2022

Schedule A (Form 990) 2022 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 B (Form 990)

Schedule of Contributors

2022

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-PF.

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

Name of the organization

Healing Vine Harbor Inc

Employer identification number

46-2512680

Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust **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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization Employer identification number

Healing Vine Harbor Inc

46-2512680

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	United Way 601 E 5th St Charlotte NC 28202	\$\$	Person X Payroll Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person			

SCHEDULE G (Form 990)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open to Public

Inspection

Internal Revenue Service Employer identification number Name of the organization Healing Vine Harbor Inc 46-2512680 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations Solicitation of non-government grants а Internet and email solicitations Solicitation of government grants b Phone solicitations Special fundraising events С d In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, 2a Yes No or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be b compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (iv) Gross receipts (i) Name and address of individual (or retained by) custody or control of (or retained by) (ii) Activity from activity or entity (fundraiser) fundraiser listed in contributions? organization col. (i) Yes No 1 2 3 4 5 6 7 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

If "Yes," explain:

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. (c) Other events (b) Event #2 (a) Event #1 (d) Total events (add col. (a) through Giving Tuesd PFAT None col. (c)) (total number) (event type) (event type) Revenue Gross receipts 1 Less: Contributions 2 3 Gross income (line 1 minus Cash prizes 4 5 Noncash prizes 6 Rent/facility costs Direct Expenses Food and beverages 8 Entertainment Other direct expenses 9 10 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor No 7 8 9 Enter the state(s) in which the organization conducts gaming activities: If "No," explain: Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? 10a

SCHEDULE O (Form 990)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Employer identification number

46-2512680 Healing Vine Harbor Inc 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 2021 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 \$6,081 & Contract Labor \$5,508