



Healing California 545 S. Raymond Ave Pasadena, CA 91105

Healing California:

Enclosed is the organization's 2018 Exempt Organization return. The state Exempt Organization return and Annual Report are also enclosed. These should be signed, dated, and mailed.

Specific filing instructions are as follows.

FORM 990 RETURN:

Please sign and mail on or before November 15, 2019.

Mail to:

Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027

CALIFORNIA FORM 199 RETURN:

The California Form 199 should be mailed on or before November 15, 2019 to:

Franchise Tax Board P.O. Box 942857 Sacramento, CA 94257-0500

No payment is required.

CALIFORNIA FORM RRF-1:

The California Form RRF-1 should be mailed as soon as possible to:

Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470

Enclose a check or money order for \$75, payable to Attorney General Registry of Charitable Trusts.

The report should be signed and dated by the authorized individual(s).

Copies of all the returns are enclosed for your files. We suggest that you retain these copies indefinitely.

When mailing is necessary, we recommend that you use certified mail with postmarked receipts for proof of timely filing.

Be sure to review the returns prior to signing as you have final responsibility for all information included in the returns. If there is anything on the return you do not understand, we would be glad to answer your questions.

Copies of each return are provided and should be retained for your files. Based on IRS guidance, we generally recommend that you keep supporting documentation for a minimum of seven years; and that you keep copies of the tax returns, and records that support basis for items in the tax return, indefinitely.

We value our relationship with you and thank you for your trust and confidence in allowing us to serve you. If you have any questions regarding the returns or other services that we can assist you with, please do not hesitate to contact us. Some of our best clients come through referrals from existing clients. If you know of anyone who could benefit from our assistance, we would be pleased to speak to him or her.

Sincerely,

CliftonLarsonAllen LLP

HEALING CALIFORNIA 545 S. RAYMOND AVE PASADENA, CA 91105

DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027

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** PUBLIC DISCLOSURE COPY **

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.

OMB No. 1545-0047

Open to Public Inspection

AF	or the	e 2018 calendar year, or tax year beginning and	enaing					
B c	heck if pplicabl	C Name of organization		D Employer identific	cation number			
	Addre	HEALING CALIFORNIA						
	Name chang	Doing business as		82-2	805752			
	Initial return	,	Room/suite	E Telephone number				
	Final return			(310)893-5718			
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	744,427.			
	Ameno	PASADENA, CA 91105		H(a) Is this a group re				
	Application pendir	F Name and address of principal officer: KENO 10		for subordinates? Yes X No				
		SAME AS C ABOVE		H(b) Are all subordinates in	rcluded? Yes No			
		empt status: X 501(c)(3) 501(c)()	or 527	If "No," attach a	list. (see instructions)			
		te: > WWW.HEALINGCALIFORNIACHARITY.ORG		H(c) Group exemptio				
K F	orm of	organization: X Corporation	L Year	of formation: 2017 N	A State of legal domicile: CA			
Pa	ırt I	Summary						
φ		Briefly describe the organization's mission or most significant activities: PROV			, DENTAL			
Activities & Governance	l	AND VISION SERVICES TO THOSE IN NEED IN C						
ern	l	Check this box	ed of more					
ŏ	l			3	3			
∞ ∞		Number of independent voting members of the governing body (Part VI, line 1b)			3			
es		Total number of individuals employed in calendar year 2018 (Part V, line 2a)			3			
Ϊ		Total number of volunteers (estimate if necessary)						
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.			
	b	Net unrelated business taxable income from Form 990-T, line 38	·····		0.			
		0 17 17 17 17 17 17 17 17 17 17 17 17 17		Prior Year 320,000.	Current Year 744,427.			
ne	l	Contributions and grants (Part VIII, line 1h)		320,000.	744,427.			
/en	l	Program service revenue (Part VIII, line 2g)		0.	0.			
Revenue	ı	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.			
	l	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		320,000.	744,427.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.	0.			
	l	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
	ı	Benefits paid to or for members (Part IX, column (A), line 4)		18,390.	105,371.			
ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.			
Expenses	ı	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 29,51		0.	0.			
Ä	ı	Total fundraising expenses (Part IX, column (D), line 25) 29,5 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		50,139.	358,988.			
_		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		68,529.	464,359.			
	l	Revenue less expenses. Subtract line 18 from line 12		251,471.	280,068.			
- S	13	Tieveriue less experises. Subtract line 10 il On line 12		ginning of Current Year	End of Year			
anc.	20	Total assets (Part X, line 16)	- 50	292,605.	565,159.			
Asse Bal	21	Total liabilities (Part X, line 26)		41,134.	33,620.			
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20		251,471.	531,539.			
Pa	rt II	Signature Block						
Unde	er pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	knowledge and belief, it is			
		t, and complete. Declaration of preparer (other than officer) is based on all information of wh		-	,			
Sigr	า	Signature of officer		Date				
Her		RENO YU, TREASURER						
		Type or print name and title						
		Print/Type preparer's name Preparer's signature		Date Check Check	PTIN			
Paid		BARED DILACAR BARED DILACAR	0	8/12/19 self-employ				
Prep	arer	Firm's name CLIFTONLARSONALLEN LLP		Firm's EIN ▶	41-0746749			
Use	Only	Firm's address 301 NORTH LAKE AVENUE, SUITE 900						
		PASADENA, CA 91101		Phone no. (6	<u>26) 739-3600</u>			
Мау	the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No			

PROVIDES FREE MEDICAL, DENTAL AND VISION SERVICES TO THOSE IN NEED IN CALIFORNIA. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990 E2? Yes No	Pai	Check if Schedule O contains a response or note to any line in this Part III
prior Form 980 or 980 c27	1	Briefly describe the organization's mission: PROVIDES FREE MEDICAL, DENTAL AND VISION SERVICES TO THOSE IN NEED IN
prior Form 980 or 980 c27		
If Yes," describe these new services on Schedule O. Did the organization ceases conducting, or make significant changes in how it conducts, any program services?	2	
3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?		
If "ves," describe these changes on Schedule O.	3	· · · · · · · · · · · · · · · · · · ·
Section SD1(c)(3) and SD1(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Coste		
## As	4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
HEALING CALIFORNIA PROVIDES FREE MEDICAL, DENTAL AND VISION CARE TO LOW INCOME AND VULNERABLE POPULATIONS ACROSS THE STATE OF CALIFORNIA. DURING 2018, HEALING CALIFORNIA PARTICIPATED IN 10 POPUP CLINICS ACROSS THE STATE, WITH THE SUPPORT OF 275 COMMUNITY MEMBERS AND PROFESSIONAL VOLUNTEERS TO PROVIDE SERVICES FOR 1760 CLIENTS, WHICH WERE VALUED AT \$715,451. 4b (code:) (supermoses \$	4-	
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DURING 2018, HEALING CALIFORNIA PARTICIPATED IN 10 POPUP CLINICS ACROSS THE STATE, WITH THE SUPPORT OF 275 COMMUNITY MEMBERS AND PROFESSIONAL VOLUNTEERS TO PROVIDE SERVICES FOR 1760 CLIENTS, WHICH WERE VALUED AT \$715,451. 4b (code:)(expenses \$		
VOLUNTERS TO PROVIDE SERVICES FOR 1760 CLIENTS, WHICH WERE VALUED AT \$715,451. 4b (code:) (Expenses \$		
## (Code:) (Expenses \$		
4b (Code:) (Expenses \$		
4c (Code:) (Expenses \$		\$715,451.
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4c (Code:) (Expenses \$	4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
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		0.45 0.00
	40	

Form 990 (2018) HEALING CALIFORNIA Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
′		7		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			_V
	Schedule D, Part III	8_		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			٠,,
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
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	Х	
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	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		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	<u> </u>		
ızu		12a	Х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
b		12b		V X
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	13		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?			X
14a		14a		
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			x
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			.
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			.,
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
_	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
		_		_

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Form **990** (2018)

Form 990 (2018) HEALING CALIFORNIA
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	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 controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	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 in Schedule O for Part VI, lines 11b and 19?			
_	Note. All Form 990 filers are required to complete Schedule O	38	X	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			ᆜ
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
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	
832004	: 12-31-18	Form	990	(2018)

Page **5** Form 990 (2018) Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return **b** If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Х 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За **b** If "Yes," has it filed a Form 990-T for this year? *If* "No" to line 3b, provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х 4a **b** If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Х **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Х **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? X 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 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 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 the organization is licensed to issue qualified health plans Enter the amount of reserves on hand X Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or X excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.

Form **990** (2018)

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

If "Yes," complete Form 4720, Schedule O.

Х

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, or trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 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 Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 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? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 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 c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c in Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? Х 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶CA 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. X Upon request Another's website Own website Other (explain in Schedule O) Describe in 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. State the name, address, and telephone number of the person who possesses the organization's books and records RENO YU - 310-893-5718

Form **990** (2018)

91105

CA

545 S. RAYMOND AVE, PASADENA.

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

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

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

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

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

(A) Name and Title	(B) Average hours per	Position (do not check more than on box, unless person is both a officer and a director/truster				than o	an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer D	Key employee	Highest compensated carlo		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) LINWOOD BOOMER CHAIR	1.00	Х		v				0	0	•
(2) RENO YU	1.00	Λ		Х				0.	0.	0
FREASURER	1.00	Х		х				0.	0.	0
(3) DR. WINSTON MUDITAJAYA	1.00							•	•	•
SECRETARY		Х		х				0.	0.	0
(4) DEBORAH SEWELL	40.00									
EXECUTIVE DIRECTOR				Х				8,416.	0.	0
(5) MEGAN STECKLY	40.00									
INTERIM EXECUTIVE DIRECTOR (06/01/18				Х				79,391.	0.	0
		1								
		-	\vdash	_	-	_				

Form **990** (2018)

82-2805752

Section A. Officers, Directors, Trus	tees, Key Emp	<u>oloy</u>	ees,	and	Hig	ghes	st C	ompensated Employee	s (continued)			
(A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average	(do		Pos heck i			one	Reportable	Reportable		Estimate	ed
	hours per	box	, unle	ss per	rson i	is both	h an	compensation	compensation		amount	of
	week		cer ar	nd a di	irecto	or/trus	itee)	from	from related		other	•
	(list any	ector						the	organizations		ompensa	
	hours for related	or di	e e			ated		organization	(W-2/1099-MISC)	′ I	from th	
	organizations	ustee	trust		9	Suedi		(W-2/1099-MISC)		- 1	organizat and relat	
	below	ual tr	tional		ploye	t con				- 1	anu reiai organizati	
	line)	Individual trustee or director	Institutional trustee	Officer	sey employee	Highest compensated employee	Former			"	rgarnzati	10113
		=	=	0	~	Τ 60	Т.			+		
		1										
		-										
		_								+		
		•										
										+		
		•										
		-										
										+		
		-										
				\vdash						+		
1b Sub-total							ightharpoons	87,807.).		0.
c Total from continuation sheets to Part VI	l, Section A							0.).		0.
d Total (add lines 1b and 1c)		<u></u>					<u> </u>	87,807.).		0.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable			^
compensation from the organization										-	Yes	0 No
3 Did the organization list any former officer,	director, or tru	uste	e. ke	v en	olan	vee.	or I	highest compensated er	nplovee on			
line 1a? If "Yes," complete Schedule J for si	,		•	•	•	•		0 1	. ,	3	3	Х
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150										4	ı	Х
5 Did any person listed on line 1a receive or a												
rendered to the organization? If "Yes," com	plete Schedule	э <i>J f</i> с	or su	ıch r	oers	on				5	<u>; </u>	Х
Section B. Independent Contractors												
1 Complete this table for your five highest continuous the organization. Report compensation for the organization.										nsation	from	
(A)	ine calendar ye	Jai C	Ji IUII	ig w	IUIC	JI VVI		(B)	eai.		(C)	
Name and business address NONE Description of services							Com	pensatio	n			
							_					
2 Total number of independent contractors (in	ncluding but no	ot lir	nited	d to t	thos	se lis	ted	above) who received me	ore than			
\$100,000 of compensation from the organiz	zation >				()					000	(0.0.1
										For	_{rm} 990 ((2018)

82-2805752

Form 990 (2018)
Part VIII

rt VIII	Statement of R	evenue

		Check if Schedule O conta	ains a response	or note to any line	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Siδ	1 a	Federated campaigns	1a					012 011
ant	. u	Membership dues						
ي ق	c	Fundraising events						
ifts	d	Related organizations	·····					
i, G	e	Government grants (contributi						
Sir	f	All other contributions, gifts, grant						
her	•	similar amounts not included abov		744,427.				
o E	a	Noncash contributions included in lines		50,000.				
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f			744,427.			
				Business Code	-			
g.	2 a	i						
zi e	b							
Se	С							
am	d	I						
Program Service Revenue	е	·						
Ā.	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f						
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		▶				
	4	Income from investment of tax	exempt bond p	roceeds				
	5	Royalties						
			(i) Real	(ii) Personal				
		Gross rents						
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
	_	assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)						
		Net gain or (loss)		······				
ne	8 a	 Gross income from fundraising including \$ 	`					
Other Reven		contributions reported on line						
Be		Part IV, line 18						
her	h	Less: direct expenses						
ŏ		: Net income or (loss) from fund		>				
		Gross income from gaming ac						
		Part IV, line 19						
	b	Less: direct expenses						
		Net income or (loss) from gam						
		Gross sales of inventory, less	-					
		and allowances						
	b	Less: cost of goods sold						
		Net income or (loss) from sales						
		Miscellaneous Revenue		Business Code				
	11 a	·						
	b							
	С							
		All other revenue						
	е	Total. Add lines 11a-11d		▶				
	12	Total revenue. See instructions		🕨 🛚	744,427.	0.	0.	0.

Form 990 (2018) HEALING CALIFORNIA Part IX Statement of Functional Expenses

Socti	on 501(c)(2) and 501(c)(4) organizations must comple	oto all columns. All otho	ur organizations must con	anloto column (A)						
Secu	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									
		(A)	(B)	(C)	(D)					
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses					
1	Grants and other assistance to domestic organizations									
	and domestic governments. See Part IV, line 21									
2	Grants and other assistance to domestic									
	individuals. See Part IV, line 22									
3	Grants and other assistance to foreign									
	organizations, foreign governments, and foreign									
	individuals. See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
5	Compensation of current officers, directors,									
	trustees, and key employees	87,807.	87,807.							
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	6,034.	5,342.	692.						
8	Pension plan accruals and contributions (include	.,	-,							
-	section 401(k) and 403(b) employer contributions)									
9	Other employee benefits	4,267.	4,054.	213.						
10	Payroll taxes	7,263.	6,900.	363.						
11	Fees for services (non-employees):	.,200	2,2000	3001						
	Management									
	Legal									
	Accounting	50,520.		50,520.						
		30,0201		30,0200						
	Professional fundraising services. See Part IV, line 17									
f	Investment management fees									
g g	Other. (If line 11g amount exceeds 10% of line 25,									
9	column (A) amount, list line 11g expenses on Sch O.)	77,811.	38,905.	19,453.	19,453.					
12	Advertising and promotion	7,364.	1,613.	840.	4,911.					
13	Office expenses	11,915.	10,128.	1,191.	596.					
14	Information technology	13,627.	11,629.	1,591.	407.					
15	Royalties									
16	Occupancy	40,847.	34,720.	4,085.	2,042.					
17	Travel	29,883.	25,774.	3,533.	576.					
18	Payments of travel or entertainment expenses			3,3333	<u> </u>					
.0	for any federal, state, or local public officials									
19	Conferences, conventions, and meetings									
20	Interest									
21	Payments to affiliates									
22	Depreciation, depletion, and amortization	36,455.	34,632.	1,823.						
23	Insurance	10,343.	8,792.	1,034.	517.					
24	Other expenses, Itemize expenses not covered	==,,,,,,,,	-,	=,						
	above. (List miscellaneous expenses in line 24e. If line									
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)									
а	MEDICAL SUPPLIES	47,395.	47,395.							
b	TAXES AND FEES	20,346.	17,239.	2,096.	1,011.					
c		- ,	, =	,	,					
d										
	All other expenses	12,482.	12,378.	104.	_					
25	Total functional expenses. Add lines 1 through 24e	464,359.	347,308.	87,538.	29,513.					
26	Joint costs. Complete this line only if the organization	,	, , , , , ,	. ,	-,					
	reported in column (B) joint costs from a combined									
	educational campaign and fundraising solicitation.									
	Check here if following SOP 98-2 (ASC 958-720)									
	<u> </u>				000					

Part /	^	balance Sneet					
		Check if Schedule O contains a response or not	e to any	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			168,835.	1	150,927.
2	2	Savings and temporary cash investments				2	
;	3	Pledges and grants receivable, net			3		
4	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensa	ated em	ployees. Complete			
		Part II of Schedule L				5	
(6	Loans and other receivables from other disquali	fied per	sons (as defined under			
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 501	(c)(9) voluntary			
တ္		employees' beneficiary organizations (see instr).	Comple	ete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
ž §	8	Inventories for sale or use			3,481.	8	70,247 9,052
9	9	B			26,734.	9	9,052
10	0a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	372,761.			
	b	Less: accumulated depreciation	10b	37,828.	93,555.	10c	334,933
1.	1	Investments - publicly traded securities				11	
12	2	Investments - other securities. See Part IV, line 1				12	
10	3	Investments - program-related. See Part IV, line			13		
14	4	Intangible assets			14		
15	5	Other assets. See Part IV, line 11			15	0	
16	6	Total assets. Add lines 1 through 15 (must equ	292,605.	16	565,159		
17	7	Accounts payable and accrued expenses	41,134.	17	33,620		
18	8	Grants payable		18			
19	9	Deferred revenue			19		
20	0	Tax-exempt bond liabilities			20		
2	1	Escrow or custodial account liability. Complete				21	
ဟု 22	2	Loans and other payables to current and former	officers	s, directors, trustees,			
<u> </u>		key employees, highest compensated employee	s, and o	disqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
⊐ ₂₃	3	Secured mortgages and notes payable to unrela				23	
24	4	Unsecured notes and loans payable to unrelated	d third p	oarties		24	
2	5	Other liabilities (including federal income tax, pa	yables t	to related third			
		parties, and other liabilities not included on lines	17-24).	. Complete Part X of			
		Schedule D				25	
26	6	Total liabilities. Add lines 17 through 25			41,134.	26	33,620
		Organizations that follow SFAS 117 (ASC 958), checl	k here 🕨 🗓 and			
ဖွ		complete lines 27 through 29, and lines 33 an	d 34.				
ဋ 27	7	Unrestricted net assets			126,213.	27	531,539
<u>e</u> 28	8	Temporarily restricted net assets			125,258.	28	0 (
<u> </u>	9	Permanently restricted net assets		<u></u>		29	
틀		Organizations that do not follow SFAS 117 (A	SC 958), check here 🕨 🔲			
<u> </u>		and complete lines 30 through 34.					
g 30	0	Capital stock or trust principal, or current funds			30		
3.	1	Paid-in or capital surplus, or land, building, or ed	quipmer	nt fund		31	
Net Assets or Fund Balances	2	Retained earnings, endowment, accumulated in	come, c	or other funds		32	
ž 33	3	Total net assets or fund balances			251,471.	33	531,539
34	4	Total liabilities and net assets/fund balances .			292,605.	34	565,159

Form **990** (2018)

Pai	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1 2 3 4 5 6 7 8	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O)	1 2 3 4 5 6 7 8 9	464 28	1,4 1,3 0,0 1,4	59. 68.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	53:	1,5	<u>39.</u>	
Pai	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII				X	
1 2a	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule of Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Yes	No X	
b	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					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	basis,				
За	review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit					
	Act and OMB Circular A-133?		3a		Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why in Schedule O and describe any steps taken to undergo such audits	ed audit	3b			
			Form	990	(2018)	

832012 12-31-18

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

HEALING CALIFORNIA

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii). 2 A cshool described in section 170(b)(1)(A)(iii). 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(iv). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(iv). (Complete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A)(iv). operated in conjunction with a land grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university or a non-land-grant college of see instructions. Enter the name, city, and state of the college or university or the college of the college or university or the described in section 170(b)(1)(A)(iv). Operated in conjunction with a land-grant college or university or college of the support from contributions, membership frees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) on one than 33 1/3% of its support from contributions, membership frees, and gross receipts from activiti	he	organi	zation is not a private found	ation because it is: (F	For lines 1 through 12, cl	neck only	one box.)				
A hospital or a cooperative hospital service organization described in section 170(b)(1)A(iii). Enter the hospital's name, city, and state: A medical research organization operated in conjunction with a hospital described in section 170(b)(1)A(iii). Complete Part II.) An organization ortifol(h)(1)A(iii). (Complete Part III.) A federal, state, or local government or governmental unit described in section 170(b)(1)A(iii). (Complete Part III.) A federal, state, or local government or governmental unit described in section 170(b)(1)A(iii). (Complete Part III.) A community trust described in section 170(b)(1)A(iii). (Complete Part III.) A community trust described in section 170(b)(1)A(iii). (Complete Part III.) A community trust described in section 170(b)(1)A(iii). (Complete Part III.) An argicultural research organization described in section 170(b)(1)A(iii). (Complete Part III.) An argicultural research organization described in section 170(b)(1)A(iii). (Complete Part III.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization arginated and operated exclusively to test for public safety. See section 509(a)(2). (Complete Part II).	1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).									
A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A forganization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(iv). (Complete Part II.) An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(iv). (Complete Part II.) An arginultural research organization described in section 170(b)(1)(A)(iv), (Complete Part III.) An arginultural research organization described in section 170(b)(1)(A)(iv), (Complete Part III.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses sacquired by the organization after June 30, 1975. See section 506(a)(2). (Complete Part III.) An organization organization and perated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 506(a)(1) or section 506(a)(2). See section 508(a)(3). Check the box in lines 12 through 12 thr	2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)								
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that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e	d		, ··· · · ·		·				ration(s)		
requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e	-			= ::				• • • • • •			
Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (ii) Name of supported organization (iii) EIN (iii) Type of organization (described on lines 1-10 above (see instructions)) Tyes No (vi) Amount of monetary support (see instructions) where the provided in the provided in the support organization is the provided in t			•	-	•	-		•			
f Enter the number of supported organizations g Provide the following information about the supported organization (described on lines 1-10 above (see instructions)) (ii) Name of supported (iii) EIN (iiii) Type of organization (described on lines 1-10 above (see instructions)) (iv) Is the organization listed in your governing document? Yes No (vi) Amount of monetary support (see instructions) support (see instructions)	е		1	•	-						
g Provide the following information about the supported organization (described on lines 1-10 above (see instructions)) (ii) Name of supported organization (described on lines 1-10 above (see instructions)) (iii) FIN (iii) Type of organization (described on lines 1-10 above (see instructions)) (iv) Is the organization listed in your governing document? Yes No (v) Amount of monetary support (see instructions) (vi) Amount of support (see instructions) (vii) Amount of support (see instructions)			-					<i>y</i> ,			
g Provide the following information about the supported organization(s). (i) Name of supported organization organization (ii) EIN (iii) Type of organization (described on lines 1-10 above (see instructions)) Yes No (v) Amount of monetary support (see instructions) support (see instructions)	f	Ente	r the number of supported o	organizations							
organization (described on lines 1-10 above (see instructions)) The second of the sec	g										
above (see instructions)) Yes No Support (see instructions) Above (see instructions) Above (see instructions) Above (see instructions) Above (see instructions)		(i		(ii) EIN		(iv) Is the orga in your governi	inization listed ng document?	l · ·			
Total			organization			Yes	No	support (see instructions)	support (see instructions)		
Total											
Total											
Total											
Total											
Total											
Total											
Total											
otal											
	ota	ıl									

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")				320,000.	744,427.	1064427.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3				320,000.	744,427.	1064427.
	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)						964.844.
6	Public support. Subtract line 5 from line 4.						964,844.
	etion B. Total Support						227000
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	(-,	(,	(-) : -	320,000.	744,427.	1064427.
	Gross income from interest,				<u> </u>	,	
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
a	Net income from unrelated business						
5	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	· · · · · · · · · · · · · · · · · · ·						
11	Total support. Add lines 7 through 10						1064427.
	Gross receipts from related activities,	etc (see instruction	ne)			12	
	First five years. If the Form 990 is for	•	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	rd fourth or fifth t			
	organization, check this box and stop						> X
Sec	ction C. Computation of Public	c Support Per	centage				
	Public support percentage for 2018 (li		_	column (f))		14	%
	Public support percentage from 2017					15	%
	33 1/3% support test - 2018. If the o					ore, check this box	
	stop here. The organization qualifies						
b	33 1/3% support test - 2017. If the o						
	and stop here. The organization quali	•		•		•	
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fact	_					
	meets the "facts-and-circumstances" t					-	
h	10% -facts-and-circumstances test						
	more, and if the organization meets th	_					
	organization meets the "facts-and-circ		•				▶ □
18	Private foundation. If the organization		-	-			
		. ala not oncon a	~ C. C. C. III IO 10, 10	a, 100, 114, 01 11	2, 3110011 1110 DOX 81	500 1110010010110	

Schedule A (Form 990 or 990-EZ) 2018

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

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

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	ļ					
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the	ļ					
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to	ļ					
	or expended on its behalf	ļ					
5	The value of services or facilities						
	furnished by a governmental unit to	ļ					
	the organization without charge	ļ					
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,	ļ					
	and income from similar sources	ļ					
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on	ļ					
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3) organiza	ation,
	check this box and stop here						>
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2018 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2017					16	%
Se	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20)18 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from					18	%
19a	a 33 1/3% support tests - 2018. If the	organization did n	ot check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly s	upported organiza	tion	>
k	33 1/3% support tests - 2017. If the	organization did n	ot check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	ınd
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	as a publicly suppo	rted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	nis box and see ins	tructions	>

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

 If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
За		
3b		
00		
3с		
30		
40		
4a		
4.		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
ioa		
10h		
10b		

Ра	rt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	stion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	110
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
		1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	<u> </u>		
	Mon 217 iii 19po iii cupporung ciguminuuno		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	NO
•	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	4		
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
•	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
800	supported organizations played in this regard.	3		<u> </u>
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	•		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on l	Nov. 20, 1970 (explain in F	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co			
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
-	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional		ed Type III supporting orga	anization (see
	instructions).			,

Schedule A (Form 990 or 990-EZ) 2018

Par	^ব V │ Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations _(continued)	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive		
	(provide details in Part VI). See instructions.	•		
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

		Sectio	/, Sectio Part IV, n D, line nstructio	es 5, 6	lines 1, ion D, li 5, and 8	2, 3b, 3 nes 2 a s; and F	3c, 4b and 3; Part V,	, 4c, 5 Part I\ Section	a, 6, 9a V, Section On E, lin	, 9b, 9c on E, lin es 2, 5,	, 11a, 1 es 1c, 2 and 6.	1b, ar 2a, 2b Also d	nd 11c; P , 3a, and complete	art IV, S 3b; Part this part	ecti t V, t for	on B, lines line 1; Par any addit	1 and 2 t V, Sectional inf	2; Part Í tion B, I ormatio	V, Sectic ine 1e; F n.	on C, Part V,
PART	r II	., s	HORT	' Y	EAR	EXPI	LANZ	ATIC	ON											
THE	ORG	ANI	ZATI	ON	HAS	FII	LED	AN	INI	TIAL	SHC	RT	YEAR	TAX	R	ETURN	•			
-																				
-																				

Schedule B

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

Department of the Treasury Internal Revenue Service

Organization type (check one):

Schedule of Contributors

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

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

OMB No. 1545-0047

2018

Name of the organization

HEALING CALIFORNIA

82-2805752

Filers of:		Section:							
) or 990-EZ	X 501(c)(3) (enter number) organization							
101111 990	0 0 930-62								
		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								
	X 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 I	Rules								
	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.								
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.								
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 totaling \$5,000 or more during the year									
but it mu	st answer "No" on I	eat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).							

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

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

Name of organization

Employer identification number

HEALING CALIFORNIA

82-2805752

HEALI	NG CALIFORNIA	8	2-2805752
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

HEALING CALIFORNIA

82-2805752

Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Schedule B (Form 990, 990-EZ, or 990-PF) (2018) Name of organization **Employer identification number** HEALING CALIFORNIA 82-2805752 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

HEALING CALIFORNIA

Employer identification number 82-2805752

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds o	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	d funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be u	sed only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose c	onferring
_			
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, P	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a histo	rically important land area
	Protection of natural habitat	Preservation of a certification	fied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form o	f a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		l l
	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired		I I
	listed in the National Register		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	organization during the tax
_	year >		
4	Number of states where property subject to conservation ear		
5	Does the organization have a written policy regarding the pe		
•	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing conse	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing concernati	on accoments during the year
′	S	alling of violations, and emorcing conservation	on easements during the year
8	Does each conservation easement reported on line 2(d) above	ve estisfy the requirements of section 170/h)(4)(B)(i)
Ü	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati		
Ŭ	include, if applicable, the text of the footnote to the organiza	•	•
	conservation easements.	tion o initiational statements that december t	ie organization e accounting for
Par	t III Organizations Maintaining Collections or	f Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue stateme	ent and balance sheet works of art,
	historical treasures, or other similar assets held for public exl	hibition, education, or research in furtheran	ce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	bes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement a	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of publ	ic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2018

Par	t III O	rganizations Maintaining C	ollections of Ar	t, Historical T	reasures, o	r Other S	Similar	Assets	(continu	ied)
3	Using the	e organization's acquisition, accessi	on, and other record	s, check any of th	e following tha	t are a sign	ificant us	e of its co	llection it	tems
	(check al	that apply):								
а	Pu	blic exhibition	d	I ☐ Loan or e	xchange progr	ams				
b	Scl	nolarly research	е							
С	Pre	eservation for future generations								
4		description of the organization's co	ollections and explair	n how they further	the organization	on's exemp	ot purpose	e in Part X	III.	
5	During th	e year, did the organization solicit o	r receive donations o	of art, historical tr	easures, or oth	er similar a	ssets			
	to be solo	d to raise funds rather than to be ma	aintained as part of th	ne organization's	collection?				Yes	☐ No
Par	t IV E	scrow and Custodial Arran	gements. Comple	ete if the organiza	tion answered	"Yes" on F	orm 990,	Part IV, lir	ne 9, or	
		ported an amount on Form 990, Pa								
1a	Is the org	anization an agent, trustee, custodi	ian or other intermed	iary for contributi	ons or other as	sets not inc	cluded			
	on Form	990, Part X?							Yes	☐ No
b		explain the arrangement in Part XIII								
									Amount	
С	Beginning	g balance					1c			
d		during the year					1d			
е		ons during the year					1e			
f		alance					1f			
2a		rganization include an amount on F					/?		Yes	☐ No
b	If "Yes,"	explain the arrangement in Part XIII.	Check here if the ex	planation has bee	n provided on	Part XIII				
Par	t V E	ndowment Funds. Complete	if the organization an	swered "Yes" on	Form 990, Parl	IV, line 10				
			(a) Current year	(b) Prior year	(c) Two yea	rs back (c	d) Three ye	ars back	(e) Four y	ears back
1a	Beginning	g of year balance								
b	Contribut	ions								
С		tment earnings, gains, and losses								
d	Grants or	scholarships								
е		penditures for facilities								
	and prog	rams								
f		rative expenses								
g		ear balance								
2	Provide t	he estimated percentage of the curr	rent year end balance	e (line 1g, column	(a)) held as:					
а	Board de	signated or quasi-endowment	·	%						
b		nt endowment	 %							
С	Tempora	rily restricted endowment	%							
	The perce	entages on lines 2a, 2b, and 2c sho	uld equal 100%.							
За	Are there	endowment funds not in the posse	ssion of the organiza	tion that are held	and administe	red for the	organizat	ion		
	by:								\	res No
	(i) unrel	ated organizations							3a(i)	
	(ii) relate	ed organizations							3a(ii)	
b	If "Yes" c	n line 3a(ii), are the related organiza	ations listed as requir	ed on Schedule F	?				3b	
4		in Part XIII the intended uses of the		wment funds.						
Par	t VI L	and, Buildings, and Equipm	ient.							
	C	omplete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a	See Form 990), Part X, lir	ne 10.			
		Description of property	(a) Cost or o basis (investr		ost or other is (other)	1 ' '	cumulated eciation	1 ((d) Book	value
1a	Land									
b										
С		d improvements								
d		nt		3	53,919.		36,20	0.		,719.
е					18,842.		1,62	8.		,214.
		s 1a through 1e. <i>(Column (d) must e</i>		X. column (B). line	10c.)				334	,933.

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 HEALING CAL	IFORNIA		82	-2805752	Page
Part VII Investments - Other Securities.					
Complete if the organization answered "Yes"					
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	valuation: Cost or end	-of-year market v	alue
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other					
(A)					
(B)					
(C)					
(D)					
<u>(E)</u>		_			
<u>(F)</u>					
(G)					
(H)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related.					
Complete if the organization answered "Yes"	on Form 990 Part IV lin	o 11c Soo Form 000	Dart V line 13		
(a) Description of investment	(b) Book value		valuation: Cost or end	of-vear market v	/alue
(1)	(2) = 2 2	(5)			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)					
Part IX Other Assets.	<u> </u>	L			
Complete if the organization answered "Yes"	on Form 990, Part IV, lin	e 11d. See Form 990,	Part X, line 15.		
) Description	,	,	(b) Book va	alue
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990. Part X. col. (B) lin	e 15.)		>		
Part X Other Liabilities.	,				
Complete if the organization answered "Yes"	on Form 990, Part IV, lin	e 11e or 11f. See Forn	n 990, Part X, line 25.		
1. (a) Description of liability		(b) Book value			
(1) Federal income taxes					
(2)					
(3)					
(4)					
(5)					

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2018

(6) (7) (8)

Par	t XI	Reconciliation of Revenue per Audited Financial State	ements With I	Revenue per Re	turn.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
1	Total	revenue, gains, and other support per audited financial statements			1	911,404.
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net ur	nrealized gains (losses) on investments	2a			
b	Donat	ed services and use of facilities	2b	166,977.		
С	Recov	reries of prior year grants	2c			
d		(Describe in Part XIII.)				
е	Add li	nes 2a through 2d			2e	166,977.
3	Subtra	act line 2e from line 1			3	744,427.
4		nts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other	(Describe in Part XIII.)	4b			
С		nes 4a and 4b			4c	0.
5	Total	evenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)		<u></u>	5	744,427.
Pa	rt XII	Reconciliation of Expenses per Audited Financial Sta		Expenses per l	Return.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line				
1	Total	expenses and losses per audited financial statements			1	631,336.
2		nts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Donat	ed services and use of facilities		166,977.		
b	Prior y	/ear adjustments	2b			
С	Other	losses	2c		_	
d		(Describe in Part XIII.)				
е		nes 2a through 2d			2e	166,977. 464,359.
3	Subtra	act line 2e from line 1			3	464,359.
4		nts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а		ment expenses not included on Form 990, Part VIII, line 7b				
b	Other	(Describe in Part XIII.)	4b			•
С		nes 4a and 4b			4c	0.
5 Do:	Total	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 Supplemental Information.	.)		5	464,359.
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4,			i; Part X, I	ine 2; Part XI,
lines	2d and	4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	y additional inform	nation.		
דגם	от у	TIME 2.				
PAF	(.I. X	, LINE 2:				
700	TATTAT	MING DELNGING GENERALLY ACCEDMENT	NT (TITLE TINTE	.mer cmymec	· OE 7	MEDICA
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SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

➤ Attach to Form 990.

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

HEALING CALIFORNIA

Employer identification number 82-2805752

rai	ti Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contributio amounts reported o Form 990, Part VIII, line	n noncash contrib	etermin	•	
1	Art - Works of art							
	Art - Historical treasures							
	Art - Fractional interests							
4	Books and publications							
	Clothing and household goods							
	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
	Securities - Publicly traded							
	Securities - Closely held stock							
	Securities - Partnership, LLC, or							
	trust interests							
	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies	X	1	50,00	0.FMV			
21	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
	Other							
26	Other							
27	Other							
28	Other ()							
29	Number of Forms 8283 received by the organiz	ation during	the tax year for co	ontributions				
	for which the organization completed Form 828	3, Part IV, [Donee Acknowledg	ement 29				
							Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 th	rough 28, that it			
	must hold for at least three years from the date	of the initia	l contribution, and	which isn't required to	be used for			
	exempt purposes for the entire holding period?					30a		_X_
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	olicy that re	quires the review of	of any nonstandard con	tributions?	31		_X_
32a	Does the organization hire or use third parties of	or related or	ganizations to solid	cit, process, or sell nonc	eash			l
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) foi	a type of property	for which column (a) is	checked,			
	describe in Part II.							
_HA	For Paperwork Reduction Act Notice, see	the Instruct	tions for Form 990).	Schedule I	И (Forn	n 990)	2018

832141 10-18-18

OHEDIII E	3.6	חארת	_	COLIBET	/ - -	· V -			
CHEDULE	м,	PART	⊥,	COLUMN	(E	3):			
CHEDULE	М,	PART	I,	COLUMN	В	REPRESENTS	NUMBER	OF	CONTRIBUTIONS.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number

HEALING CALIFORNIA 82-2805752 FORM 990, PART VI, SECTION B, LINE 11B: DRAFT OF THE FORM 990 WILL BE REVIEWED BY THE BOARD. THE FINAL COPY OF THE FORM 990 WILL BE FORWARDED TO ALL MEMBERS OF THE BOARD BEFORE IT IS FILED WITH THE IRS. FORM 990, PART VI, SECTION B, LINE 12C: ANNUAL REVIEWS ARE CONDUCTED TO ENSURE COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY. FORM 990, PART VI, SECTION B, LINE 15A: THE COMPENSATION PACKAGE FOR THE EXECUTIVE DIRECTOR WAS DETERMINED BASED ON NUMBER OF FACTORS. ORGANIZATION USED FEDERAL, STATE AND LOCAL COMPARATIVE DATA ALLIANCE TO ITS INDUSTRY SECTOR TO DETERMINE A BASELINE SALARY SCALE, AS WELL AS THE EXPERIENCE OF THE CANDIDATES TO DETERMINE THE FAIR COMPENSATION OFFER. FORM 990, PART VI, SECTION C, LINE 19: AVAILABLE UPON REQUEST. FORM 990, PART IX, LINE 11G, OTHER FEES: **OUTSIDE SERVICES:** PROGRAM SERVICE EXPENSES 38,905. MANAGEMENT AND GENERAL EXPENSES 19,453. FUNDRAISING EXPENSES 19,453. TOTAL EXPENSES 77,811. Schedule O (Form 990 or 990-EZ) (2018) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

832211 10-10-18

HEALING CALIFORNIA 545 S. RAYMOND AVE PASADENA, CA 91105

FRANCHISE TAX BOARD P.O. BOX 942857 SACRAMENTO, CA 94257-0500 HEALING CALIFORNIA 545 S. RAYMOND AVE PASADENA, CA 91105

REGISTRY OF CHARITABLE TRUSTS P.O. BOX 903447 SACRAMENTO, CA 94203-4470

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING

December 31, 2018

Prepared For:		
	Healing California 545 S. Raymond Ave Pasadena, CA 91105	
Prepared By:		
	CliftonLarsonAllen LLP	
To be Signed a	and Dated By:	
	Not applicable	
Amount of Tax	C:	
	Total Tax Less: payments and credits Plus: other amount Plus: interest and penalties No payment is required	\$ 0 \$ 0 \$ 0 \$ 0 \$ 0
Overpayment:		
	Credited to your estimated tax Other amount Refunded to you	\$ 0 \$ 0 \$ 0
Make Check P	ayable To:	
	Not applicable	
Mail Tax Retur	n and Check (if applicable) T	o:
		ectronic filing. Please review the return for completeness ansmit your return electronically to the FTB. Do not mail the FTB.
Return Must b	e Mailed On or Before:	
	Not applicable	
Special Instru	ctions:	

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM RRF-1

FOR THE YEAR ENDING

December 31, 2018

Prepared For:					
	Healing California 545 S. Raymond Ave Pasadena, CA 91105				
Prepared By:					
	CliftonLarsonAllen LLP				
Amount of Tax:					
I	Balance due of \$75				
Make Check Pa	yable To:				
	Attorney General Registry of Charitable Trusts				
Mail Tax Return	то:				
	Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470				
Return Must Be Mailed On Or Before:					
1	Please mail as soon as possible.				
Special Instruct	tions:				

TAXABLE YEAR 2018

California Exempt Organization Annual Information Return 828941 12-12-18 FORM

199

Calendar Year 2018 or fiscal year beginning (mm/dd/yyyy)	, and endin	g (mm/dd/yy	уу)		
Corporation/Organization name		Cal	lifornia corporation	number	
HEALING CALIFORNIA			4062927		
Additional information. See instructions.		FI	EIN		
			82-2805	752	
Street address (suite or room)			PMB no.		
545 S. RAYMOND AVE		State	ZIP code		
PASADENA		CA	91105		
Foreign country name	Foreign province/state/county	CA	Foreign postal co	nde	
1 or origin occurry marile	To ording the visitors and ordinary		r oreign postar oc	, ac	
A First Return	Yes X No J If exempt under R&TO	Section 237	701d has the ord	anization	
B Amended Return					ΠNο
C IRC Section 4947(a)(1) trust					=
D Final Information Return?	If "Yes," enter the gros				
Dissolved Surrendered (Withdrawn)	Merged/Reorganized L If organization is a pu	blic charity ex	xempt under R&	TC	
Enter date: (mm/dd/yyyy)	Section 23701d and n	neets the filin	g fee exception,	check	
E Check accounting method: (1) Cash (2) X Ac					_
F Federal return filed? (1) ● 990T (2) ● 990PF	. ,			• Yes X	No
(4) X Other 990 series	N Did the organization fi				٦
G Is this a group filing? See instructions					_l No
H Is this organization in a group exemption		-			7 N.
If "Yes," what is the parent's name?	IRS audited in a prior P Is federal Form 1023/				
I Did the organization have any changes to its guidelines	-			165 _21	140
not reported to the FTB? See instructions					
Part I Complete Part I unless not required to file this					
	ces. From Side 2, Part II, line 8		• 1		00
	nbers and affiliates				00
3 Gross contributions, gifts, grants, and					7 00
Receipts Total gross receipts for filling requirement test. 4 This line must be completed. If the result is les					7 00
Boyonus 5 Cost of goods sold	• <u>5</u>		00		
6 Cost or other basis, and sales expenses	of assets sold		00		
				744 40	00
	n line 4			744,42° 464,35°	_
9 Total expenses and disbursements. Fro	m Side 2, Part II, line 18isbursements. Subtract line 9 from line 8		······	280,06	$\overline{}$
	isbursements. Subtract line 9 from line 0			200,00	00
					00
13 Payments balance. If line 11 is more th	an line 12, subtract line 12 from line 11		• 13		00
	line 11, subtract line 11 from line 12				00
	mation F			N/A	00
16 Penalties and Interest. See General Info					00
17 Balance due. Add line 12, line 15, and	line 16. Then subtract line 11 from the result led this return, including accompanying schedules and state er (other than taxpayer) is based on all information of which p		💿 17	and the Hart	00
Sign Onder penalties of perjury, I declare that I have examilities true, correct, and complete. Declaration of prepar	led this return, including accompanying schedules and state er (other than taxpayer) is based on all information of which p	ments, and to tro preparer has any	ne best of my knowl / knowledge.	eage and belief,	
Horo I	Title	Date		Telephone	
Signature of officer	TREASURER Date			● PTIN	
Preparer's DADED DITAGAD		Check			
signature BARED DILACAR	08/12/	тэ seif-e	mployed	P00157338 ● Firm's FEIN	
Paid Firm's name Preparer's CLIFTONLARSONA	T.EN T.T.P			41-0746749	
richaters if self-	AVENUE, SUITE 900			● Telephone	
and address PASADENA, CA 9	•			(626) 739-3	600
	parer shown above? See instructions		• X Yes	No No	

HEALING CALIFORNIA

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

82895	1 12	2-12-18

		1	Gross sales or receipts from all	business act	ivities. See instru	ctions		•	1			00
		2	Interest					•	2			00
		3	Dividends						3			00
Rec	eipts	4	Gross rents						4			00
from	۱	5	5 Gross royalties •									00
Othe		6 Gross amount received from sale of assets (See Instructions)							6	_		00
Sou	rces	7							7			00
		8	Total gross sales or receipts fro			-			8	+		00
		9	Contributions, gifts, grants, and						9	+		00
		10	Disbursements to or for membe	rs				•	10	+	00.000	00
		11	Compensation of officers, direct	ors, and trus	stees		SEE STA	TEMENT 1 •	11	+	87,807	
	12 Other salaries and wages					12	+	6,034	_			
	enses	13	Interest						13	+	7 262	00
and		14	Taxes						14	+	7,263	
	urse-	15	Rents						15	+	40,847	_
men	ts	16	Depreciation and depletion (See	instructions)		CEE CMA		16	+	322,408	00
		17	Other Expenses and Disburseme Total expenses and disburseme	ents	O thus and line 47		DEE DIA	TEMENT 2 •	17		464,359	
Scl	hedu			nts. Add line	Beginning of				18 Infta	xable y		100
Asse			Dalance oncet		(a)		(b)	(c)	. 0	Aubio y	(d)	
					(α)		168,835	(0)		•	150,9	27
			s receivable				100,000			•	13073	
			ceivable							•		
							3,481			•	70,2	47
			state government obligations				0,101			•	, _	<u></u>
			in other bonds							•		
-			in stock							•		
	Mortga									•		
	Other in	•								•		
10	a Depr	eciab	le assets		94,928			372,7	61			
	b Less	accu	mulated depreciation	(1,373		93,555	(37,82	8)		334,9	33
										•		
12	Other a	ssets	STMT 3				26,734			•	9,0	52
							292,605				565,1	<u>.59</u>
Liab	ilities a	ınd n	et worth									
			yable				41,134			•	33,6	20
15	Contrib	ution	s, gifts, or grants payable							•		
			otes payable							•		
			payable							•		
			ies									
			c or principal fund							•		
			tal surplus. Attach reconciliation				051 471			•	F 2 1 F	20
			nings or income fund				251,471			•	531,5	
			ies and net worth			<u> </u>	292,605				565,1	<u> </u>
30	hedul	ie iv	1-1 Reconciliation of income Do not complete this sche				2 column (d) is less	s than \$50,000				
_	Not in-	oma	·		280,		. , , , , , , , , , , , , , , , , , , ,					
			per books		200,	000	7 Income recorded			•		
			one tax									
			capital losses over capital gains • Deductions in this return not charged against book income this year • against book income this year									
			corded on books this year not				against book inco 9 Total. Add line 7 a					
J	-		this return	•			Net income per re					
6			ne 1 through line 5		280,		Subtract line 9 fro				280,0	68
	, otali F	.uu III		·····	/	.	Sasaust iiilo o II (

HEALING CALIFORNIA 82-2805752

CA 199	COMPENSATION OF OFF	ICERS,	DIRECTORS	AND TRUSTEES	STATEMENT 1
				LE AND	2015 T. 21 T. 2
NAME AND AD	DRESS		AVERAGE HE	RS WORKED/WK	COMPENSATIO
DEBORAH SEW 545 S. RAYM PASADENA, C.	OND AVE		EXECUTIVE 40.		8,416
MEGAN STECK 545 S. RAYM PASADENA, C.	OND AVE		INTERIM EX 40.	ECUTIVE DIRECTOR	R 79,391
TOTAL TO FO	RM 199, PART II, LINE	11			87,807
CA 199		OTHER	EXPENSES		STATEMENT 2
DESCRIPTION					AMOUNT
DEPRECIATIO	N			-	36,455
MEDICAL SUP	PLIES				47,395
TAXES AND F					20,346
	YEE BENEFITS				4,267
ACCOUNTING :					50,520
	SSIONAL FEES				77,811
	AND PROMOTION				7,364 11,915
OFFICE EXPE INFORMATION					13,627
TRAVEL	TECHNOLOGI				29,883
INSURANCE					10,343
ALL OTHER E	XPENSES				12,482
TOTAL TO FO	RM 199, PART II, LINE	17		-	322,408
				=	
CA 199		OTHE	R ASSETS		STATEMENT 3
DESCRIPTION				BEG. OF YEAR	END OF YEAR
PREPAID EXP	ENSES AND DEFERRED CH	ARGES		26,734.	9,052

HEALING CALIFORNIA 82-2805752

CA 199	FUND BA	ALANCES			STATEME	NT 4
DESCRIPTION		BE	G. OF	YEAR	END OF	YEAR
UNRESTRICTED ASSETS TEMPORARILY RESTRICTED ASSETS				6,213. 5,258.	53	1,539.
TOTAL TO FORM 199, SCHEDULE L, LIN	NE 21		25	1,471.	53	1,539.

022		
Date Accepted		

TAXABLE YEAR	
2018	

California e-file Return Authorization for Exempt Organizations

FORM **8453-EO**

Exer	mpt Organization r	name			Iden	ntifying number	
HE	EALING (CALIFORNIA			82	2-280575	52
Pai	rt I Electr	onic Return Information	(whole dollars only)				
1	Total gross	receipts (Form 199, line	4)			1	744,427
2	Total gross	income (Form 199, line 8	.,			2	744,427
3	Total exper	ses and disbursements (Form 199, line 9)			3	464,359
Pai	rt II Settle	Your Account Electron	ically for Taxable Ye	ar 2018			
4	Electro	onic funds withdrawal	4a Amount	4b Withdrawal dat	te (mm/dd/yyyy))	
Pa	rt III Banki	ng Information (Have yo	u verified the exempt	organization's banking information?)			
5	Routing num	nber					
6	Account nur	nber		7 Type of account:	Checking	Savings	
Pa	rt IV Decla	ration of Officer					
	ithorize the exe line 4a.	mpt organization's account t	o be settled as designate	ed in Part II. If I check Part II, Box 4, I authorize an	electronic funds v	withdrawal for th	e amount listed
trar Cali a ba org stat	nsmitter, or inte ifornia electroni alance due retu anization will re tements be tran	rmédiate service provider ar c return. To the best of my k rn, I understand that if the Fr emain liable for the fee liabili smitted to the FTB by the EF	nd the amounts in Part I knowledge and belief, the ranchise Tax Board (FTB ty and all applicable inter RO, transmitter, or intern	kempt organization and that the information I provious above agree with the amounts on the corresponding exempt organization's return is true, correct, and of observation of the exempt of the exert and penalties. I authorize the exempt organization and the provider organization or the teason of the exempt of the exercise provider. If the processing of the exercise provider the reason(s) for the delay.	ng lines of the exer complete. If the exempt organization tion return and acc	mpt organization xempt organizati n's fee liability, tl companying scho	n's 2Ò18

Sign Here

Signature of officer	Date	_



Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2018 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO	ERO's-signature		Date	Check if also paid preparer	Check if self- employed	ERO'S PTIN P00157338	
Must	Firm's name (or yours	CLIFTONLARSONALLEN LLP			F	EIN 41 -0746749	
Sign	if self-employed) and address	301 NORTH LAKE AVENUE,	SUITE 900)			
		PASADENA, CA			z	IP code 91101	
Index panalties of parium. I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge							

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer	Paid preparer's signature		Date	Check if self- employed	Paid preparer's PTIN
Must Sign	Firm's name (or yours if self-employed) and address)			FEIN ZIP code
					ZIF Code

For Privacy Notice, get FTB 1131 ENG/SP.

FTB 8453-EO 2018

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 (916) 210-6400

WEB SITE ADDRESS: www.ag.ca.gov/charities/

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Section 12586 and 12587, California Government Code 11 Cal. Code Regs. section 301-307, 311 and 312

Failure to submit this report annually no later than the 15th day of the 5th month after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number: CT 0255259	Check if:							
	Cha	nge of address						
HEALING CALIFORNIA Name of Organization	Ame	ended report						
545 S. RAYMOND AVE Address (Number and Street)	Corporate or Organization No. 4062927							
PASADENA , CA 91105 City or Town, State and ZIP Code	Federal Em	nployer I.D. No. 82-2805752						
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312) Make Check Payable to Attorney General's Registry of Charitable Trusts								
Gross Receipts Fee Gross Annual Revenue	<u>Fee</u>	Gross Annual Revenue	Fe	<u>e</u>				
Less than \$25,000 0 Between \$100,001 and \$250,000 \$50 Between \$1,000,001 and \$10 million Between \$25,000 and \$100,000 \$25 Between \$250,001 and \$1 million \$75 Between \$10,000,001 and \$50 million Greater than \$50 million \$75 Greater than \$50 million								
PART A - ACTIVITIES								
For your most recent full accounting period (beginning $\ \ \ \ \ \ \ \ \ \ \ \ \ $								
PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD C	OF THIS RE	PORT						
Note: If you answer "yes" to any of the questions below, you must attach a se "yes" response. Please review RRF-1 instructions for information requi		e providing an explanation and details fo	or eac	h				
During this reporting period, were there any contracts, loans, leases or other file (in the contract of the		<u> </u>	Yes	No				
and any officer, director or trustee thereof either directly or with an entity in wh any financial interest?	lich any suci	n oπicer, director or trustee nad		х				
2. During this reporting period, were there any theft, embezzlement, diversion or or funds?	misuse of th	e organization's charitable property		X				
3. During this reporting period, did non-program expenditures exceed 50% of gro	ss revenue?			X				
4. During this reporting period, were any organization funds used to pay any pena with the Internal Revenue Service, attach a copy.	alty, fine or j	udgment? If you filed a Form 4720		X				
5. During this reporting period, were the services of a commercial fundraiser or full f "yes," provide an attachment listing the name, address, and telephone numbers.	•	• •		Х				
During this reporting period, did the organization receive any governmental fun name of the agency, mailing address, contact person, and telephone number.	nding? If so,	provide an attachment listing the		X				
7. During this reporting period, did the organization hold a raffle for charitable put the number of raffles and the date(s) they occurred.	rposes? If "y	es," provide an attachment indicating		х				
8. Does the organization conduct a vehicle donation program? If "yes," provide a operated by the charity or whether the organization contracts with a commercial contract of the charity o				Х				
9. Did your organization have prepared an audited financial statement in accorda principles for this reporting period?	ince with gei	nerally accepted accounting	Х					
Organization's area code and telephone number (310)893-5718								
Organization's e-mail address								
I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete.								
RENO YU		REASURER						
Signature of authorized officer Printed Name Title Date								

** PUBLIC DISCLOSURE COPY **

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.

OMB No. 1545-0047

Open to Public Inspection

AF	or the	e 2018 calendar year, or tax year beginning and	enaing					
B c	heck if pplicabl	C Name of organization		D Employer identific	cation number			
	Addre	HEALING CALIFORNIA						
	Name chang	Doing business as		82-2	805752			
	Initial return	,	Room/suite	E Telephone number				
	Final return			(310)893-5718				
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	744,427.			
	Ameno	PASADENA, CA 91105		H(a) Is this a group return				
	Application pendir	F Name and address of principal officer: KENO 10		for subordinates				
		SAME AS C ABOVE		H(b) Are all subordinates in	rcluded? Yes No			
		empt status: X 501(c)(3) 501(c)() ◀ (insert no.) 4947(a)(1) o	or 527	If "No," attach a	list. (see instructions)			
		te: > WWW.HEALINGCALIFORNIACHARITY.ORG		H(c) Group exemptio				
K F	orm of	organization: X Corporation	L Year	of formation: 2017 N	A State of legal domicile: CA			
Pa	ırt I	Summary						
φ		Briefly describe the organization's mission or most significant activities: PROV			, DENTAL			
Activities & Governance	l	AND VISION SERVICES TO THOSE IN NEED IN C						
ern	l	Check this box	ed of more					
Š	l			3	3			
∞ ∞		Number of independent voting members of the governing body (Part VI, line 1b)			3			
es		Total number of individuals employed in calendar year 2018 (Part V, line 2a)			3			
Ϊ		Total number of volunteers (estimate if necessary)						
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.			
	b	Net unrelated business taxable income from Form 990-T, line 38	·····		0.			
		0 17 17 17 17 17 17 17 17 17 17 17 17 17		Prior Year 320,000.	Current Year 744,427.			
ne	l	Contributions and grants (Part VIII, line 1h)		320,000.	744,427.			
/en	l	Program service revenue (Part VIII, line 2g)		0.	0.			
Revenue	ı	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.			
	l	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		320,000.	744,427.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.	0.			
	l	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
	ı	Benefits paid to or for members (Part IX, column (A), line 4)		18,390.	105,371.			
ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.			
Expenses	ı	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 29,51		0.	0.			
Ä	ı	Total fundraising expenses (Part IX, column (D), line 25) 29,5 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		50,139.	358,988.			
_		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		68,529.	464,359.			
	l	Revenue less expenses. Subtract line 18 from line 12		251,471.	280,068.			
- S	13	Tieveriue less experises. Subtract line 10 il On line 12		ginning of Current Year	End of Year			
anc.	20	Total assets (Part X, line 16)	- 50	292,605.	565,159.			
Asse Bal	21	Total liabilities (Part X, line 26)		41,134.	33,620.			
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20		251,471.	531,539.			
Pa	rt II	Signature Block						
Unde	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	knowledge and belief, it is			
		t, and complete. Declaration of preparer (other than officer) is based on all information of wh		-	,			
Sigr	า	Signature of officer		Date				
Her		RENO YU, TREASURER						
		Type or print name and title						
		Print/Type preparer's name Preparer's signature		Date Check Check	PTIN			
Paid		BARED DILACAR BARED DILACAR	0	8/12/19 self-employ				
Prep	arer	Firm's name CLIFTONLARSONALLEN LLP		Firm's EIN ▶	41-0746749			
Use	Only	Firm's address 301 NORTH LAKE AVENUE, SUITE 900						
		PASADENA, CA 91101		Phone no. (6	<u>26) 739-3600</u>			
Мау	the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No			

PROVIDES FREE MEDICAL, DENTAL AND VISION SERVICES TO THOSE IN NEED IN CALIFORNIA. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990 E2? Yes No	Pai	Check if Schedule O contains a response or note to any line in this Part III
prior Form 980 or 980 c27	1	Briefly describe the organization's mission: PROVIDES FREE MEDICAL, DENTAL AND VISION SERVICES TO THOSE IN NEED IN
prior Form 980 or 980 c27		
If Yes," describe these new services on Schedule O. Did the organization ceases conducting, or make significant changes in how it conducts, any program services?	2	
3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?		
If "ves," describe these changes on Schedule O.	3	· · · · · · · · · · · · · · · · · · ·
Section SD1(c)(3) and SD1(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Coste		
## As	4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
HEALING CALIFORNIA PROVIDES FREE MEDICAL, DENTAL AND VISION CARE TO LOW INCOME AND VULNERABLE POPULATIONS ACROSS THE STATE OF CALIFORNIA. DURING 2018, HEALING CALIFORNIA PARTICIPATED IN 10 POPUP CLINICS ACROSS THE STATE, WITH THE SUPPORT OF 275 COMMUNITY MEMBERS AND PROFESSIONAL VOLUNTEERS TO PROVIDE SERVICES FOR 1760 CLIENTS, WHICH WERE VALUED AT \$715,451. 4b (code:) (supermoses \$	4-	
TINCOME AND VULNERABLE POPULATIONS ACROSS THE STATE OF CALIFORNIA. DURING 2018, HEALING CALIFORNIA PARTICIPATED IN 10 POPUP CLINICS ACROSS THE STATE, WITH THE SUPPORT OF 275 COMMUNITY MEMBERS AND PROFESSIONAL VOLUNTEERS TO PROVIDE SERVICES FOR 1760 CLIENTS, WHICH WERE VALUED AT \$715,451. 4b (code:)(Excenses \$	44	
DURING 2018, HEALING CALIFORNIA PARTICIPATED IN 10 POPUP CLINICS ACROSS THE STATE, WITH THE SUPPORT OF 275 COMMUNITY MEMBERS AND PROFESSIONAL VOLUNTEERS TO PROVIDE SERVICES FOR 1760 CLIENTS, WHICH WERE VALUED AT \$715,451. 4b (code:)(expenses \$		
VOLUNTERS TO PROVIDE SERVICES FOR 1760 CLIENTS, WHICH WERE VALUED AT \$715,451. 4b (code:) (Expenses \$		
## (Code:) (Expenses \$		
4b (Code:) (Expenses \$		
4c (Code:) (Expenses \$		\$715,451.
4c (Code:) (Expenses \$		
4c (Code:) (Expenses \$	4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ▶ 347,308.		
4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ▶ 347,308.		
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(Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ▶ 347,308.	4c	(Code:) (Expenses \$
(Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ▶ 347,308.		
(Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ▶ 347,308.		
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Form 990 (2018) HEALING CALIFORNIA
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
′		7		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			_V
	Schedule D, Part III	8_		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			٠,,
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
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	Х	
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	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		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	<u> </u>		
ızu		12a	х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
b		12b		V X
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	13		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?			X
14a		14a		
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			x
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			.
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			.,
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
_	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
				_

Form 990 (2018) HEALING CALIFORNIA
Part IV Checklist of Required Schedules (continued)

22 Lib the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 of "Fee," complete Schedule I. Part I and III and				Yes	No
23 Dit 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 I, Part IV is a strained in the organization what is a tax of the very employees of the strained of the organization what is a tax of the very employees of the strained of the organization makes they or the 25s of the organization and the strained of the very employees of the very employees of the very employees of the very employees, and the the transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I is 1 to 1 t	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
and former officers, directors, fusdees, key employees, and highest compensated employees? If "Yes, "complete Schedule L. Part IV interactions in the same state of the part and the state of the Part All Management of the same state of the part and the state of the part and the state of the part and the state of the Part All Management of the part and the state of the part and the state of the part and the		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> X</u>
Schedule / Late or 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 / If "No," go to line 25e. Schedule / If "No," go to line 25e. Dot the organization markatin an escrive vaccount other than a refunding escrive at any time during the year to defease any tax-exempt bonds? Dot the organization markatin an escrive vaccount other than a refunding escrive at any time during the year to defease any tax-exempt bonds? Dot the organization area that in engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I be 18 the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I be 18 the organization aware that it engaged in an excess benefit transaction has not been reported on any of the organization is prior Forms 980 or 980-E27 If "Yes," complete Schedule I, Part II be 18 the organization aware that it engaged in an excess benefit transaction has not been reported on any of the organization is prior Forms 980 or 980-E27 If "Yes," complete Schedule I, Part II be 18 the organization aware that it engaged in an excess benefit transaction with a disqualified person of "Yes," complete Schedule I, Part II be 18 the organization aware that the stransaction of any of these persons? If "Yes," complete Schedule I, Part II be 18 the organization are stransaction of the assistance to an officer, director, trustee, or key employee, or disqualified persons? If "Yes," complete Schedule I, Part II be 18 the organization appears to a business transaction with one of the following parties (see Schedule I, Part IV res, be 18 the organization appears of the part of the organization appears of the part of the part of the organization and that is transaction, trustee, or key employee? If "Yes," com	23				
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sate day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," got for large 25a b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? c Did the organization markain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25S Section 50(16), 501(24), 401(24), 401 tarinasction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25b Is the organization aware that the graged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25b Is the organization aware that the graged in an excess benefit transaction with a disqualified person and that the transaction has not been reported on any of the organizations prior Forms 990 or 990 EZ? If "Yes," complete Schedule L, Part I 25b IX 25D Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 27D Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 395 centrolled entity of mainly member of any of these persons? If "Yes," complete Schedule L, Part IV 26a X 27D Did the organization apart by a business transaction with one of the following parties (see Schedule L, Part IV 26b X 3 A tamily member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 22b X 3 A carried of the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV 22b X 3 Did the organization r			23		<u> X</u>
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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): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a			27		x
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Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За **b** If "Yes," has it filed a Form 990-T for this year? *If* "No" to line 3b, provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х 4a **b** If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Х **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? X 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 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 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 the organization is licensed to issue qualified health plans Enter the amount of reserves on hand X Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Х excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. Х Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Form **990** (2018)

If "Yes," complete Form 4720, Schedule O.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, or trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 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? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c in Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Х Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶CA 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. X Upon request Another's website Own website Other (explain in Schedule O) Describe in 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. State the name, address, and telephone number of the person who possesses the organization's books and records RENO YU - 310-893-5718

Form **990** (2018)

545 S. RAYMOND AVE, PASADENA.

91105

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

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

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

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

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

Check this box if neither the organization n	or any related	orga	niza	tion	con	nper	sate	ed any current officer, d	irector, or trustee.	
(A)	(B)		(C)					(D)	(E)	(F)
Name and Title	Average	(do	Position do not check more than one			າ than ເ	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	rson i	is both an or/trustee)		compensation	compensation	amount of
	week	_	Cer ai	iu a u	recid	T	ice)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	or di	e e			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	organizations	ruste	trus		99	ubeu		(W-2/1099-WIGC)		organization and related
	below	dual t	rtio na	L	oldu	st cor	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			0.ga <u>=</u> a00
(1) LINWOOD BOOMER	1.00									
CHAIR		Х		Х				0.	0.	0.
(2) RENO YU	1.00									
TREASURER		Х		Х				0.	0.	0.
(3) DR. WINSTON MUDITAJAYA	1.00									
SECRETARY		Х		Х				0.	0.	0.
(4) DEBORAH SEWELL	40.00									
EXECUTIVE DIRECTOR	40.00			Х		├		8,416.	0.	0.
(5) MEGAN STECKLY	40.00	-		.,				70 201		0
INTERIM EXECUTIVE DIRECTOR (06/01/18				Х		-		79,391.	0.	0.
		1								
						┢				
		1								
		-								
		-								
						-				
		1								
				_	_	_				
		-								
	I	<u> </u>		L			1	l	I	

832007 12-31-18 Form **990** (2018)

82-2805752

Par	t VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	st C	•	s (continued)		Ι		
	(A)	(B)	(C) Position					(D)	(E)			(F)		
	Name and title	Average		not c	heck	more	than		Reportable	Reportable		l .	timate	
		hours per week					is botl or/trus		compensation	compensatio		l .	nount (O†
		(list any	tor					Ĺ	from the	from related organization		l .	other pensa	tion
		hours for	direct				٥		organization	(W-2/1099-MIS		l .	om the	
		related	ee or	stee			nsate		(W-2/1099-MISC)	(- /	l .	anizati	
		organizations	Individual trustee or director	Institutional trustee		oyee	Highest compensated employee					and	d relate	ed
		below \	vidua	itutio	Je	Key employee	nest c	Former				orga	nizatio	ons
		line)	Indi	lnst	Officer	Key	E High	윤						
			-											
							_							
			-											
							-							
			1											
							-							
			1											
			1											
			1											
1b	Sub-total							ightharpoons	87,807.		0.			0.
	Total from continuation sheets to Part VI							ightharpoons	0.		0.			0.
d	Total (add lines 1b and 1c)							<u> </u>	87,807.		0.			0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable)			_
	compensation from the organization											-	1	0
													Yes	No
3	Did the organization list any former officer,	-			•	•	•		•			_		37
	line 1a? If "Yes," complete Schedule J for s											3		X
4	For any individual listed on line 1a, is the su													Х
_	and related organizations greater than \$150											4		
5	Did any person listed on line 1a receive or a	•				•			· ·	dual for services		5		Х
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	<u>plete Schedul</u>	e J f	or sı	ıch i	oers	on					3		<u> </u>
1	Complete this table for your five highest co	mnensated inc	lene	nde	nt co	ntr	acto	rs th	nat received more than \$	100 000 of comr		tion fro	m	
•	the organization. Report compensation for	•	•							· ·	7000			
	(A)	,			<u>.g</u>				(B)			(C	;)	
	Name and business	address	N	INC	3				Description of s	ervices	C	comper		า
	Total number of independent and a first	a ali ralim ar la cat	o+ "	w;± -	1 4 -	4h :		- م د	abaya) wha was the d	avo tha:				
2	Total number of independent contractors (in \$100,000 of compensation from the organization)		ot IIr	iliteo	J [0]		se lis)	red	above) who received mo	ле шап				
					_		_	_					000	

Form **990** (2018)

82-2805752

Form 990 (2018) HEALING
Part VIII Statement of Revenue

		Chack if Schodula O cont	nine a roenoneo	or note to any line	in this Dart VIII			
		Check if Schedule O conta	ains a response	or note to any line	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts	1 a	Federated campaigns	1a					
iran	b	Membership dues	1b					
S, G	С	Fundraising events	1c					
ar A		Related organizations						
s, G mila		Government grants (contributi						
Sign	f	All other contributions, gifts, gran	ts, and					
but		similar amounts not included above	/e 1f	744,427.				
d di	g	Noncash contributions included in lines	1a-1f: \$	50,000.				
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f		>	744,427.			
				Business Code				
e	2 a							
e Vi	b							
Scon	С							
ran leve	d							
Program Service Revenue	е							_
۵ ا		All other program service reve						
		Total. Add lines 2a-2f		I				
	3	Investment income (including						
		other similar amounts)						
	4	Income from investment of tax						
	5	Royalties						
			(i) Real	(ii) Personal				
		Gross rents						
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)	1					
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)						
		Net gain or (loss)		····· •				
ne	8 a	Gross income from fundraising including \$	•					
Other Revenu			<u> </u>					
Re		contributions reported on line	,					
Jer	h	Part IV, line 18						
ᅗ		Less: direct expenses Net income or (loss) from fund						
		Gross income from gaming ac						
	Ju	Part IV, line 19						
	h	Less: direct expenses						
		Net income or (loss) from gam						
		Gross sales of inventory, less	-					
	10 u	and allowances						
	b	Less: cost of goods sold						
		Net income or (loss) from sales						
ľ		Miscellaneous Revenue		Business Code				
ļ	11 a			1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				
	b							
	c							
		All other revenue						
		Total. Add lines 11a-11d		I				
		Total revenue. See instructions		•	744,427.	0.	0.	0.

Form 990 (2018) HEALING CALIFORNIA 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).												
Secu	Check if Schedule O contains a response or note to any line in this Part IX											
		(A)	(B)	(C)	(D)							
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses							
1	Grants and other assistance to domestic organizations											
	and domestic governments. See Part IV, line 21											
2	Grants and other assistance to domestic											
	individuals. See Part IV, line 22											
3	Grants and other assistance to foreign											
	organizations, foreign governments, and foreign											
	individuals. See Part IV, lines 15 and 16											
4	Benefits paid to or for members											
5	Compensation of current officers, directors,											
	trustees, and key employees	87,807.	87,807.									
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	6,034.	5,342.	692.								
8	Pension plan accruals and contributions (include	.,	-,									
-	section 401(k) and 403(b) employer contributions)											
9	Other employee benefits	4,267.	4,054.	213.								
10	Payroll taxes	7,263.	6,900.	363.								
11	Fees for services (non-employees):	.,200	2,2000	3001								
	Management											
	Legal											
	Accounting	50,520.		50,520.								
		30,0201		30,0200								
	Professional fundraising services. See Part IV, line 17											
f	Investment management fees											
g g	Other. (If line 11g amount exceeds 10% of line 25,											
9	column (A) amount, list line 11g expenses on Sch O.)	77,811.	38,905.	19,453.	19,453.							
12	Advertising and promotion	7,364.	1,613.	840.	4,911.							
13	Office expenses	11,915.	10,128.	1,191.	596.							
14	Information technology	13,627.	11,629.	1,591.	407.							
15	Royalties											
16	Occupancy	40,847.	34,720.	4,085.	2,042.							
17	Travel	29,883.	25,774.	3,533.	576.							
18	Payments of travel or entertainment expenses			3,3333	<u> </u>							
.0	for any federal, state, or local public officials											
19	Conferences, conventions, and meetings											
20	Interest											
21	Payments to affiliates											
22	Depreciation, depletion, and amortization	36,455.	34,632.	1,823.								
23	Insurance	10,343.	8,792.	1,034.	517.							
24	Other expenses, Itemize expenses not covered	==,,,,,,,,	-,	=,								
	above. (List miscellaneous expenses in line 24e. If line											
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)											
а	MEDICAL SUPPLIES	47,395.	47,395.									
b	TAXES AND FEES	20,346.	17,239.	2,096.	1,011.							
c		- ,	, =	,	,							
d												
	All other expenses	12,482.	12,378.	104.	_							
25	Total functional expenses. Add lines 1 through 24e	464,359.	347,308.	87,538.	29,513.							
26	Joint costs. Complete this line only if the organization	,	,	. ,	-,							
	reported in column (B) joint costs from a combined											
	educational campaign and fundraising solicitation.											
	Check here if following SOP 98-2 (ASC 958-720)											
	<u> </u>				000							

Form 990 (2018)
Part X | Balance Sheet

Par	rt X	Balance Sheet						
		Check if Schedule O contains a response or no	te to any li	ne in this Part	〈			
						(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				168,835.	1	150,927
	2	Savings and temporary cash investments					2	
	3	Pledges and grants receivable, net					3	
	4	Accounts receivable, net					4	
	5	Loans and other receivables from current and f			·····			
	_	trustees, key employees, and highest compens			e			
		Part II of Schedule L		5				
	6	Loans and other receivables from other disqual						
		section 4958(f)(1)), persons described in section						
		employers and sponsoring organizations of sec						
.		employees' beneficiary organizations (see instr)					6	
Assets	7	Notes and loans receivable, net					7	
Ass						3,481.	8	70 247
	8 9	Inventories for sale or use Prepaid expenses and deferred charges				26,734.	9	70,247 9,052
			 I I		·····-	20,734.	9	7,032
	iua	Land, buildings, and equipment: cost or other	40-	372	761			
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	374,	929	93,555.	40.	334,933
						33,333.	10c	334,333
	11	Investments - publicly traded securities					11	
	12	Investments - other securities. See Part IV, line					12	
	13	Investments - program-related. See Part IV, line			13			
	14	Intangible assets			14			
	15	Other assets. See Part IV, line 11				202 605	15	0.
	16	Total assets. Add lines 1 through 15 (must equ				292,605.	16	565,159
	17	Accounts payable and accrued expenses				41,134.	17	33,620
	18	Grants payable			18			
	19	Deferred revenue					19	
	20	Tax-exempt bond liabilities					20	
	21	Escrow or custodial account liability. Complete			21			
န	22	Loans and other payables to current and forme						
ı≝∣		key employees, highest compensated employe	es, and dis	squalified perso	ns.			
Liabilities		Complete Part II of Schedule L					22	
=	23	Secured mortgages and notes payable to unrel					23	
	24	Unsecured notes and loans payable to unrelate	d third par	ties			24	
	25	Other liabilities (including federal income tax, pa	ayables to	related third				
		parties, and other liabilities not included on line	s 17-24). C	Complete Part X	of			
		Schedule D			L		25	
	26	Total liabilities. Add lines 17 through 25				41,134.	26	33,620.
		Organizations that follow SFAS 117 (ASC 95	3), check l	here 🕨 🛚 X	and			
ű		complete lines 27 through 29, and lines 33 ar	nd 34.					
ည	27	Unrestricted net assets			L	126,213.	27	531,539
ala I	28	Temporarily restricted net assets				125,258.	28	0 .
B	29				1		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (A			T			
기		and complete lines 30 through 34.						
ţ	30	Capital stock or trust principal, or current funds			Г		30	
sse	31	Paid-in or capital surplus, or land, building, or e					31	
ا ک	32	Retained earnings, endowment, accumulated in					32	
8	33	Total net assets or fund balances				251,471.	33	531,539
	34	Total liabilities and net assets/fund balances				292,605.	34	565,159

Form **990** (2018)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		4,4	
2	Total expenses (must equal Part IX, column (A), line 25)	2	46	4,3	<u>59.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	28	0,0	68.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	25	1,4	71.
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 in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	53	1,5	39.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X 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	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2018)

832012 12-31-18

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

HEALING CALIFORNIA

Employer identification number 82-2805752

Pa	rt I	Reason for Public (Charity Status (All organizations must co	omplete th	is part.) Se	e instructions.				
Γhe	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)					
1		A church, convention of chi)(A)(i).				
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)									
3	一	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4	Ħ							the hospital's name			
•		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) . Enter the hospital's name, city, and state:									
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
J		section 170(b)(1)(A)(iv). (C		lege of differently owner	or operati	ca by a go	verninental unit describe	5 4 III			
_						70/L\/4\/A\					
6		A federal, state, or local gov	ū				• •	1.0 1 9 1			
′	X	An organization that norma	•	ntial part of its support fi	om a gove	ernmentai i	unit or from the general p	oublic described in			
_		section 170(b)(1)(A)(vi). (C									
8	Щ	A community trust describe			•						
9		An agricultural research org				-	-	-			
		or university or a non-land-g	rant college of agricu	ulture (see instructions).	Enter the i	name, city,	, and state of the college	or			
		university:									
10		An organization that norma	lly receives: (1) more	than 33 1/3% of its sup	oort from c	ontribution	ns, membership fees, an	d gross receipts from			
		activities related to its exem	npt functions - subjec	t to certain exceptions,	and (2) no	more than	33 1/3% of its support	from gross investment			
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acquir	red by the organization a	after June 30, 1975.			
		See section 509(a)(2). (Cor	mplete Part III.)								
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	9(a)(4).				
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	ne functior	ns of, or to carry out the	purposes of one or			
		more publicly supported org	ganizations described	d in section 509(a)(1) d	r section :	509(a)(2).	See section 509(a)(3). (Check the box in			
		lines 12a through 12d that	describes the type of	supporting organization	n and com	plete lines	12e, 12f, and 12g.				
а		Type I. A supporting orga	nization operated, su	upervised, or controlled	by its supp	orted orga	anization(s), typically by	giving			
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	f the direc	tors or trustees of the su	upporting			
		organization. You must o	omplete Part IV, Se	ctions A and B.							
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	d organization(s), by hav	ving			
		control or management o						-			
		organization(s). You mus									
С		Type III functionally inte			in connect	ion with. a	and functionally integrate	ed with.			
		its supported organization					• •	,			
d		Type III non-functionally						zation(s)			
_		that is not functionally int					· · · · · · · · · · · · · · · · · · ·	• •			
		requirement (see instructi	-		-						
е		Check this box if the orga	·								
_		functionally integrated, or					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
f	Fnte	er the number of supported o	* *)9							
a		ride the following information		d organization(s).							
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed	(v) Amount of monetary	(vi) Amount of other			
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)			
[ota	<u> </u>										

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Schedule A (Form 990 or 990-EZ) 2018

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

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

Sec	ction A. Public Support						,		
Cale	ndar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")				320,000.	744,427.	1064427.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3				320,000.	744,427.	1064427.		
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)						964,844.		
6	Public support. Subtract line 5 from line 4.						99,583.		
	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total		
	Amounts from line 4	(-)	(-,	(-/	320,000.	744,427.	1064427.		
	Gross income from interest,				, , , , , , , ,	,			
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources								
9	Net income from unrelated business								
•	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
10	or loss from the sale of capital								
	assets (Explain in Part VI.)								
44	Total support. Add lines 7 through 10						1064427.		
	• • •	oto (ooo instructio				12	10044274		
	Gross receipts from related activities, First five years. If the Form 990 is for	•	,	rd fourth or fifth t			_		
13	organization, check this box and stop	~			•		> X		
Sec	etion C. Computation of Public								
	Public support percentage for 2018 (li			column (f))		14	%		
	Public support percentage from 2017					15			
	33 1/3% support test - 2018. If the o								
	stop here. The organization qualifies a	-							
h	33 1/3% support test - 2017. If the o								
_	and stop here. The organization quali								
17a	10% -facts-and-circumstances test								
ii a	and if the organization meets the "fact	-							
	meets the "facts-and-circumstances" t			-	· · · · · · · · · · · · · · · · · · ·				
L									
ū	10% -facts-and-circumstances test	_							
	more, and if the organization meets the		•		•		, 		
40	organization meets the "facts-and-circ		•	•	,		.		
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions								

Schedule A (Form 990 or 990-EZ) 2018

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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.)						
Se	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for				-		
0-	check this box and stop here						
	ction C. Computation of Publi					T T	
	Public support percentage for 2018 (I			.,,		15	%
	Public support percentage from 2017 ction D. Computation of Inves		-			16	%
	•			10 (f)\		147	0/
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from					18	7 is not
198	a 33 1/3% support tests - 2018. If the						. —
	more than 33 1/3%, check this box ar						
ľ	33 1/3% support tests - 2017. If the	•			•	•	
22	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	лт иш пот спеск а	DOX OF HITE 14, 19	a, or 190, check th	iis dux aita see ins	รเเนติเเดเรี	

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Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	TU		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
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	J		
	9a		
	9b		
	0-		
	9c		
	10a		
	iva		
	10b		
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Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			_
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sec	the supported organization(s). etion D. All Type III Supporting Organizations			
000	tion 5.7% Type in Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	IVO
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insti	ructions)	I	_
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	2a		
h	that these activities constituted substantially all of its activities. Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	Za		
b	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	_~		
а				
	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pai	Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	Nov. 20, 1970 (explain in Pa	art VI.) See instructions. All
	other Type III non-functionally integrated supporting organizations must com	plete S	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
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 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally	integra	ted Type III supporting orgar	nization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2018

rar	TEV Type III Non-Functionally integrate	ea 509	(a)(3) Supporting Orga	inizations (continued)	
Secti	tion D - Distributions			,	Current Year
1	Amounts paid to supported organizations to accomp	plish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthe				
	organizations, in excess of income from activity				
3	· · · · · · · · · · · · · · · · · · ·				
	<u> </u>				
5	Qualified set-aside amounts (prior IRS approval requ	uired)			
6	*				
7	Total annual distributions. Add lines 1 through 6.				
8	Distributions to attentive supported organizations to	which th	ne organization is responsive		
	(provide details in Part VI). See instructions.		J		
9	Distributable amount for 2018 from Section C, line 6	 3			
		=			
	amount amount into amount		(i)	(ii)	(iii)
Secti	tion E - Distribution Allocations (see instructions)		Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6	3			
2	Underdistributions, if any, for years prior to 2018 (real	ason-			
	able cause required- explain in Part VI). See instruct	tions.			
3	Excess distributions carryover, if any, to 2018				
а	From 2013				
b	From 2014				
С	From 2015				
d	From 2016				
	From 2017				
f	Total of lines 3a through e				
g	Applied to underdistributions of prior years				
h	Applied to 2018 distributable amount				
i	Carryover from 2013 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2018 from Section D,				
	line 7:				
а	Applied to underdistributions of prior years				
	Applied to 2018 distributable amount				
С	Remainder. Subtract lines 4a and 4b from 4.				
5	Remaining underdistributions for years prior to 2018	3, if			
	any. Subtract lines 3g and 4a from line 2. For result	-			
	than zero, explain in Part VI. See instructions.	-			
6	Remaining underdistributions for 2018. Subtract line	es 3h			
	and 4b from line 1. For result greater than zero, expl				
	Part VI. See instructions.				
7	Excess distributions carryover to 2019. Add lines	3i			
-	and 4c.	.,			
8					
	Excess from 2014				
	Excess from 2015				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				

Schedule A (Form 990 or 990-EZ) 2018

Schedule B

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

Department of the Treasury Internal Revenue Service

Organization type (check one):

Schedule of Contributors

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

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

OMB No. 1545-0047

2018

Name of the organization

HEALING CALIFORNIA

82-2805752

Filers of:		Section:					
) or 990-EZ	X 501(c)(3) (enter number) organization					
101111 990	0 0 930-62						
		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					
		covered by the General Rule or a Special Rule . 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 I	Rules						
	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
	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 totaling \$5,000 or more during the year						
but it mu	st answer "No" on I	eat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

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

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

Name of organization Employer identification number

HEALING CALIFORNIA

82-2805752

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)

Name of organization Employer identification number

HEALING CALIFORNIA

82-2805752

	Noncash Property (see instructions). Use duplicate copies of Pa		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Schedule B (Form 990, 990-EZ, or 990-PF) (2018) Name of organization **Employer identification number** HEALING CALIFORNIA 82-2805752 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

HEALING CALIFORNIA

Employer identification number 82-2805752

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds o	r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	d funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be us	sed only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose co	onferring
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a histor	rically important land area
	Protection of natural habitat	Preservation of a certif	ied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired a		1 1
	listed in the National Register		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the o	rganization during the tax
	year ▶		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		
_	violations, and enforcement of the conservation easements in		
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing conse	rvation easements during the year
-	Assessment of assessment in assessment in an action in a second in the s		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	on easements during the year
	▶ \$ Does each conservation easement reported on line 2(d) above	continue the requirements of anotion 170/h)	(4)(D)(:)
8			
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservati		
3	include, if applicable, the text of the footnote to the organization	·	•
	conservation easements.	non 3 intanolal statements that describes th	e organization s accounting for
Par		f Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue stateme	nt and balance sheet works of art,
	historical treasures, or other similar assets held for public exl		· ·
	the text of the footnote to its financial statements that descri		, , , , , ,
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement a	nd balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	• •	
	relating to these items:	•	-
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under SFAS 1		
а	Revenue included on Form 990, Part VIII, line 1		> \$
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2018

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

	t III Organizations Maintaining Co	ollections of Art	t, Histo	rical Tre	asures, or	Other	Similar	Assets	(continu	r age —
3	Using the organization's acquisition, accessio									
•	(check all that apply):	ii, and other records	5, 6116610	any or and i	onowing that	aro a org	illiourie a	00 01 110 0	011001101111	.01110
а	Public exhibition	d		oan or evo	hange prograi	me				
	Scholarly research	e			riarige prograi					
b		е		Juliei						
C	Preservation for future generations	la altana ana la constato		6				D	NZIII	
4	Provide a description of the organization's col							se in Part .	XIII.	
5	During the year, did the organization solicit or								7	
Do	to be sold to raise funds rather than to be mai								Yes	No
Fai	TIV Escrow and Custodial Arrang reported an amount on Form 990, Part		ete if the	organizatio	n answered "	Yes" on I	-orm 990	, Part IV, I	ine 9, or	
12	Is the organization an agent, trustee, custodia		iany for co	ontributions	s or other asse	ats not in	cluded			
ıa									Yes	☐ No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII a								_ 1 C S	NO
D	ii res, explain the arrangement in Part Alli a	na complete the loi	lowing ta	Die.					Amount	
_	Danisarias balance						4.		Amount	
	Beginning balance						1c			
	Additions during the year						1d			
е	Distributions during the year						1e			
Ť	Ending balance						1f		7	
	Did the organization include an amount on Fo						y?		Yes	∐ No
	If "Yes," explain the arrangement in Part XIII. (
Par	t V Endowment Funds. Complete if		swered "	Yes" on Fo						
	-	(a) Current year	(b) Pr	ior year	(c) Two years	s back (d) Three y	ears back	(e) Four y	rears back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curre	ent vear end balance	e (line 1a	column (a)) held as:					
a	Board designated or quasi-endowment		% %	(4)	,,					
b	Permanent endowment	%	_′°							
	Temporarily restricted endowment	^ %								
·	The percentages on lines 2a, 2b, and 2c shou									
2-			tion that	ara bald an	ad administava	d for the		ation		
3a	Are there endowment funds not in the posses	sion of the organiza	llion mai	are neid ar	ia administere	ed for the	organiza	IIION	Г	/aa Na
	by:									res No
	(i) unrelated organizations								3a(i)	+-
_	(ii) related organizations								3a(ii)	+
	If "Yes" on line 3a(ii), are the related organizat								3b	
Dai	Describe in Part XIII the intended uses of the centre of the Land, Buildings, and Equipment		wment fu	nds.						
Fai			D-+ N/	D44-0		Dest V. II				
	Complete if the organization answered									
	Description of property	(a) Cost or of			or other	٠,	cumulate		(d) Book	value
		basis (investr	ierit)	Sissa	(other)	aep	reciation			
	Land									
	Buildings									
	Leasehold improvements	I			2 2 6 2		200			
d	Equipment				3,919.		36,20			<u>,719.</u>
<u>e</u>	Other	.		1	8,842.		1,62	28.		<u>,214.</u>
Total	Add lines 1a through 1e (Column (d) must so	usl Farm OOO Dart	V aaluma	n (D) line 1	00.1				334	.933.

Schedule D (Form 990) 2018

Part VII	Investments - Other Securities.				
	Complete if the organization answered "Yes"				
(a) Descrip	otion of security or category (including name of security)	(b) Book value	(c) Method of v	/aluation: Cost or en	d-of-year market value
(1) Financia	al derivatives				
(2) Closely-	-held equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII	Investments - Program Related.				
	Complete if the organization answered "Yes"				
	(a) Description of investment	(b) Book value	(c) Method of v	/aluation: Cost or en	d-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	b) must equal Form 990, Part X, col. (B) line 13.) Other Assets.				
Part IX				-	
	Complete if the organization answered "Yes" (, line 11d. See Form 990,	Part X, line 15.	(h) Dook volue
	(a)	Description			(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
<u>(6)</u>					
<u>(7)</u>					
(8)					
(9)					
Part X	umn (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	<u>: 15.) </u>		······	
Turk		on Form OOO Dort IV	line 11e er 11f Coe Form	n 000 Dort V line 05	
	Complete if the organization answered "Yes" ((a) Description of liability	on Form 990, Part IV	(b) Book value	n 990, Part X, line 25	
<u>1.</u>	(, , ,		(b) book value	4	
	deral income taxes			4	
(2)				-	
(3)				-	
(4)				4	
(5)				4	
(6)				-	
(7)				-	
(8)					
(9)				-	
Total. (Colu	ımn (b) must equal Form 990, Part X, col. (B) line	25.)			

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2018

		Reconciliation of Revenue per Audited Financial Statements	s Wit	h Revenue per F	Return.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total re	evenue, gains, and other support per audited financial statements			. 1	911,404.
2	Amour	its included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net un	realized gains (losses) on investments	2a			
b	Donate	ed services and use of facilities	2b	166,977	•	
С	Recove	eries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lin	es 2a through 2d			2e	166,977.
3		ct line 2e from line 1			3	744,427.
4	Amour	its included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investr	nent expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С		es 4a and 4b			4c	0.
5	Total re	evenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)	L_ \A/	4b F	<u>. 5</u>	744,427.
Pa		Reconciliation of Expenses per Audited Financial Statemen	ts W	itn Expenses pe	r Ketu r	n.
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				624 226
1		xpenses and losses per audited financial statements			1	631,336.
2		its included on line 1 but not on Form 990, Part IX, line 25:	1	166 077	,	
а		ed services and use of facilities	2a	166,977	•	
b		ear adjustments	2b			
С			2c		_	
d	,	Describe in Part XIII.)	2d			166 077
		es 2a through 2d			2e	166,977. 464,359.
3		ct line 2e from line 1			3	404,339.
4		its included on Form 990, Part IX, line 25, but not on line 1:	اء			
		nent expenses not included on Form 990, Part VIII, line 7b	4a		_	
	•	Describe in Part XIII.) es 4a and 4b	4b		- 10	0.
					. 4c	464,359.
Pai	rt XIII	xpenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information.			. 3	101,555.
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV,	lines '	1h and 2h: Part V line	4· Part `	X line 2: Part XI
		4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additio			5 - , 1 a.c.	Α, πιο Σ, Γαιτ Αι,
	La ana	no, and realization, into the and not recomplete the part to provide any addition	i i ai i i i i	ormation.		
PAF	RT X	LINE 2:				
	•					
ACC	COUNT	TING PRINCIPLES GENERALLY ACCEPTED IN TH	E U	NITED STATE	S OF	AMERICA
PRO	OVIDE	E ACCOUNTING AND DISCLOSURE GUIDANCE ABO	UT	POSITIONS T	AKEN	BY AN
ORC	GANIZ	ZATION IN ITS TAX RETURNS THAT MIGHT BE	UNC	ERTAIN. MAN	IAGEM	ENT HAS
COL	NSIDE	ERED ITS TAX POSITIONS AND BELIEVES ALL	OF	THE POSITION	NS T	AKEN BY
ГНІ	ORC	SANIZATION ARE MORE LIKELY THAN NOT TO B	E S	USTAINED UE	ON	
EX?	AMINA	ATION.				

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

➤ Attach to Form 990.

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

HEALING CALIFORNIA

Employer identification number 82-2805752

Pai	π I Types of Property						
		(a) Check if applicable	(b) Number of contributions or	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determ noncash contribution	_	s
	Aut Martin of out		literris contributed	Form 990, Fart vill, line 19			
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies	X	1	50,000.	FMV		
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ()						
26	Other ()						
27	Other ()						
28	Other ()						
29	Number of Forms 8283 received by the organization	ation during	the tax vear for co	ontributions	•		
	for which the organization completed Form 828	-	•				
		-,, -		,		Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I. lines 1 throug	ah 28, that it		
-	must hold for at least three years from the date						
	exempt purposes for the entire holding period?		,	•			х
h	If "Yes," describe the arrangement in Part II.						
31							х
	contributions?		9	, ,	322	1	х
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in co	ılumn (c) foı	a type of property	for which column (a) is che	cked,		
	describe in Part II.						
ΙЦΔ	For Danerwork Reduction Act Notice see t	ha Instruct	ions for Form 990	1	Schodule M (Fo	m 000)	2018

832142 10-18-18

SCHEDULE O

Internal Revenue Service

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

Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public

OMB No. 1545-0047

Inspection

Employer identification number Name of the organization HEALING CALIFORNIA 82-2805752 FORM 990, PART VI, SECTION B, LINE 11B: DRAFT OF THE FORM 990 WILL BE REVIEWED BY THE BOARD. THE FINAL COPY OF THE FORM 990 WILL BE FORWARDED TO ALL MEMBERS OF THE BOARD BEFORE IT IS FILED WITH THE IRS. FORM 990, PART VI, SECTION B, LINE 12C: ANNUAL REVIEWS ARE CONDUCTED TO ENSURE COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY. FORM 990, PART VI, SECTION B, LINE 15A: THE COMPENSATION PACKAGE FOR THE EXECUTIVE DIRECTOR WAS DETERMINED BASED ON NUMBER OF FACTORS. ORGANIZATION USED FEDERAL, STATE AND LOCAL COMPARATIVE DATA ALLIANCE TO ITS INDUSTRY SECTOR TO DETERMINE A BASELINE SALARY SCALE, AS WELL AS THE EXPERIENCE OF THE CANDIDATES TO DETERMINE THE FAIR COMPENSATION OFFER.

FORM 990, PART VI, SECTION C, LINE 19:

AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

OUTSIDE SERVICES:

PROGRAM SERVICE EXPENSES 38,905.

MANAGEMENT AND GENERAL EXPENSES 19,453.

FUNDRAISING EXPENSES 19,453.

TOTAL EXPENSES 77,811.

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

Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization HEALING CALIFORNIA	Employer identification number 82-2805752
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	77,811.
FORM 990, PART XII, LINE 2C:	
THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR.	