THIS COPY IS FOR PUBLIC INSPECTION

For the tax year ended: December 31, 2020

Allowable charge for full copies of this document:

\$9.80 (20ϕ for each page) <u>plus</u> actual postage costs if copy is to be mailed to requester.

You may require clear payment of this fee in advance.

PUBLIC INSPECTION COPY

Form **990**

Use Only

032001 12-23-20

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.**

ſ **Open to Public**

Phone no. 407 - 770 - 6000

X Yes

Form 990 (2020)

No

OMB No. 1545-0047

Dep Inter	artment o nal Rever	of the Treasury nue Service	 Go to www.irs.gov/Form990 for instructions and 	d the latest	t information.	Inspection
				ending		• •
в	Check if applicable	C Name o	of organization		D Employer identifica	tion number
	Addres	SS Grad	ce Medical Home, Inc.			
			business as		26-181796	6
	Initial return	<u>v</u>	r and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	-
	Final return/	1 1/11	E Concord Street		407-936-2	785
	termin ated	-	town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	5,848,163.
	Ameno return		ando, FL 32803		H(a) Is this a group retu	um
	Applic tion	^{a-} F Name a	and address of principal officer:W. Marvin Hardy IV	MD	for subordinates?	Yes X No
	pendir	same	as C above		H(b) Are all subordinates inclu	uded? Yes No
			X 501(c)(3) $501(c)$ () ◀ (insert no.) 4947(a)(1)	or 527		st. See instructions
			gracemedicalhome.org		H(c) Group exemption	
			X Corporation Trust Association Other ►	L Year	of formation: 2008 M	State of legal domicile: F 'L
P	art I	Summary			1	<u> </u>
e	1	Briefly descri	be the organization's mission or most significant activities: $To b$	e a me	alcal nome r	eflecting
Governance			art of Christ by offering the high			
/err			bx ▶ └── if the organization discontinued its operations or dispo		1 1	ets. 17
ĝ						17
<u>م</u>			dependent voting members of the governing body (Part VI, line 1b)			42
Activities &			of individuals employed in calendar year 2020 (Part V, line 2a)			530
ž			of volunteers (estimate if necessary)			0.
Ă			ed business revenue from Part VIII, column (C), line 12 I business taxable income from Form 990-T, Part I, line 11			0.
					Prior Year	Current Year
	8	Contribution	and grants (Part VIII, line 1h)		4,265,270.	5,707,988.
nue	9		ice revenue (Part VIII, line 2g)		89,077.	80,370.
Revenue	10		come (Part VIII, column (A), lines 3, 4, and 7d)		4,494.	1,546.
č	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		19,801.	33,366.
			e - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,378,642.	5,823,270.
			milar amounts paid (Part IX, column (A), lines 1-3)		1,955,000.	1,487,000.
			to or for members (Part IX, column (A), line 4)		0.	0.
ŝ			er compensation, employee benefits (Part IX, column (A), lines 5-10)		2,053,263.	2,275,009.
nse	16a	Professional	fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	b	Total fundrais	fundraising fees (Part IX, column (A), line 11e) sing expenses (Part IX, column (D), line 25) 237, 9	66.		
ш	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)		2,526,560.	3,168,405.
	18	Total expens	es. Add lines 13-17 (must equal Part IX, column (A), line 25)		6,534,823.	6,930,414.
		Revenue less	expenses. Subtract line 18 from line 12		-2,156,181.	-1,107,144.
Net Assets or Fund Balances				Be	ginning of Current Year	End of Year
Sset	20		Part X, line 16)		4,045,516.	2,958,486.
etA	21		s (Part X, line 26)		135,851.	155,965.
			fund balances. Subtract line 21 from line 20		3,909,665.	2,802,521.
	art II	Signatur	I declare that I have examined this return, including accompanying schedule	a and atatam	anta and to the best of my	mouledge and halisf it is
	•		e. Declaration of preparer (other than officer) is based on all information of w			and when ye and belief, it is
uue	,		. Declaration of preparer (other than onicer) is based on an information of wi	inch preparer		
Sig	In	Signatu	re of officer		Date	
He		-	e Hostetter, Treasurer			
116			print name and title			
		Print/Type pre	parer's name Preparer's signature] [Date Check	PTIN
Pai	d			le 0	9/23/21 ^{if} self-employed	P00428093
Pre	parer	Firm's name	▶ Batts Morrison Wales & Lee, P.A		Firm's EIN ▶ 2	0-4193611

Orlando, FL 32801

May the IRS discuss this return with the preparer shown above? See instructions

Firm's address 801 North Orange Avenue, Suite 800

LHA For Paperwork Reduction Act Notice, see the separate instructions.

See Schedule O for Organization Mission Statement Continuation

Filed electronically with the IRS on October 28, 2021

Form	1990 (2020) Grace Medical Home, Inc.	26-1817966	Page 2
	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	To be a medical home reflecting the heart of Christ by	y offering the	
	highest level of health care to those in our community		
	most.	•	
2	Did the organization undertake any significant program services during the year which were not listed on the	2	
-			XNo
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program servic	es? Yes	XNo
3			22 INU
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	others, the total expenses, a	nd
	revenue, if any, for each program service reported.	120 (20
4a		evenue \$ 138,6) 29.
	Grace Medical Home serves as a vital link in Central 1		
	healthcare safety net system by providing an exception	hai medical	
	practice to serve the ongoing, primary and preventive	medical care,	
	oral health and mental health needs of the low income		<u> </u>
	Orange County, as well as comprehensive chronic diseas		
	demonstrate improved clinical outcomes. We have a con		oven
	track record of providing primary and preventive care		
	low-income, uninsured people, with the goal of improv:	ing access to c	care
	and health outcomes, and reducing unnecessary ER use.	The	
	Organization's services include primary and preventat:	ive care, in-ho	ouse
	labs, digital x-ray, vaccinations, diabetes education	, access to	
	donated medications, treatment of acute and chronic if	llnesses, and	
4b	(Code:) (Expenses \$ including grants of \$) (R)
4c	(Code:) (Expenses \$ including grants of \$) (R	evenue \$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 6,532,142.	1	
		Form 99	0 (2020)
			· · /

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		37	
	If "Yes," complete Schedule A	1	X X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Δ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			x
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			x
F	during the tax year? If "Yes," complete Schedule C, Part II	4		
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? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		
0	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,	<u> </u>		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
•	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	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		X
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		v	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			x
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>	11f		
IZa	• • • • • • • • •	12a		x
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa		- 23
b	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
 14a		14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		37	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	L
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
~	complete Schedule G, Part III	19		XX
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
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	
	aomosto government entrativo, column (-), inter : n 100, complete conceller, rater and n	<u> </u>		

			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	00	х	
04.0	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	Λ	<u> </u>
24 a	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
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	- 10		<u> </u>
•	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			v
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		x
28	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		
20	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
~~	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? <i>If</i> "Yes," <i>complete Schedule R, Part I</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	33		
	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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			v
<u></u>	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		х	
Pa	Note: All Form 990 filers are required to complete Schedule O Ct V Statements Regarding Other IRS Filings and Tax Compliance	38	27	L
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 6			
b				
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

Form 990 (2020) Grace Medical Home, Inc	•
---	---

Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 42			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
		5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
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).		37	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		v
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7.		x
e 4	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			- 23
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	711		
Ũ	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.) 11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
-	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand 13c	140		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		- 17
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b		
15		15		x
	excess parachute payment(s) during the year?	15		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2020)

Part V

Grace Medical Home, Inc.

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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 17			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 17			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	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			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $igar{PL}$			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finar	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	Stephanie Garris - 407-936-2785			
	1417 E. Concord Street, Orlando, FL 32803			

Part VII	Compensation of Officers,	Directors,	Trustees,	Key Employees,	Highest	Compensated
	Employees, and Independ	ent Contrac	ctors			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

Name and title Average hours per week (list any boots below line) Description the state of the state of the state of	(A)	(B)			(0	C)			(D)	(E)	(F)
hours per veck box. under person is come and an out of momentation of momentation organizations (W-2/1099-MISC) compensation from the organizations (W-2/1099-MISC) compensation of the organization and related organizations (W-2/1099-MISC) annotant of the organization and related organizations (W-2/1099-MISC) (1) Sherry Brooks 40.00 X 165,762. 0. 4,736. (2) Stephanie Carrie 40.00 X 140,077. 0. 26,234. (3) Dr. Marvin Hardy 40.00 X 78,570. 0. 21,232. (4) Doug Starcher 4.00 X X 0. 0. (5) Lika Schultz 4.00 X X 0. 0. 0. (6) Chitaline Stewart 4.00 X X 0. 0. 0. (7) Blake Mostetter 4.00 X X 0. 0. 0. (8) Michael Altchescon 2.00 X			(do		Pos	ition		one			
Week (list ary burs for related organizations below line) Week (list ary line) Inon related organizations line) Inon related organizations line) Inon related organizations line) Compensation (W.2/1099-MISC) Compensation organizations (W.2/1099-MISC) (1) Sherry Brooks 40.00 X 165,762. 0. 4,736. (2) Stephanie Garris 40.00 X 140,077. 0. 26,234. (3) Dr. Marvin Hardy 40.00 X 78,570. 0. 21,232. (4) Doug Starcher 0.00 X X 0. 0. 0. (5) Liss Schultz 0.00 X X 0. 0. 0. 0. (6) Christine Stewart 4.00 X X 0. 0. 0. (9) Nick McKinney 2.00 X X 0. 0. 0. (11) Sheryl Dodds 2.00 X 0. 0. 0. 0. (6) Krichael Aitcheeon 2.00 X 0. 0. 0. 0. (9) Nick McKinney 2.00 <td< td=""><td></td><td>hours per</td><td>box</td><td>, unle</td><td>ss pe</td><td>rson i</td><td>s bot</td><td>h an</td><td>compensation</td><td>compensation</td><td>amount of</td></td<>		hours per	box	, unle	ss pe	rson i	s bot	h an	compensation	compensation	amount of
(1) Sherry Brooks 40.00 x 165,762. 0.4,736. (2) Stephanie Garris 40.00 x 140,077. 0.26,234. (3) Dr. Marvin Hardy 40.00 x 140,077. 0.26,234. (3) Dr. Marvin Hardy 40.00 x 78,570. 0.21,232. (4) Doug Starcher 4.00 x 0.00 x 0.0.0. (4) Doug Starcher 4.00 x 0.0.0. 0.21,232. (4) Doug Starcher 4.00 x 0.0.0. 0.21,232. (4) Doug Starcher 4.00 x 0.0.0. 0.21,232. (5) Lisa Schultz 4.00 x 0.0.0.0. 0.21,232. Immediate Past Chair/Gov. Chair 0.00 x 0.0.0.0. 0.0.0. (6) Chichael Attcheson 2.00 x 0.0.0.0.0. 0.0.0. (7) Blake Hostetter 4.00 x 0.0.0.0.0.0. 0.0.0. (8) Micha		week		cer an	id a d I	lirecto	r/trus	tee)	from	from related	other
(1) Sherry Brooks 40.00 x 165,762. 0.4,736. (2) Stephanie Garris 40.00 x 140,077. 0.26,234. (3) Dr. Marvin Hardy 40.00 x 140,077. 0.26,234. (3) Dr. Marvin Hardy 40.00 x 78,570. 0.21,232. (4) Doug Starcher 4.00 x 0.00 x 0.0.0. (4) Doug Starcher 4.00 x 0.0.0. 0.21,232. (4) Doug Starcher 4.00 x 0.0.0. 0.21,232. (4) Doug Starcher 4.00 x 0.0.0. 0.21,232. (5) Lisa Schultz 4.00 x 0.0.0.0. 0.21,232. Immediate Past Chair/Gov. Chair 0.00 x 0.0.0.0. 0.0.0. (6) Chichael Attcheson 2.00 x 0.0.0.0.0. 0.0.0. (7) Blake Hostetter 4.00 x 0.0.0.0.0.0. 0.0.0. (8) Micha			ector							U U	•
(1) Sherry Brooks 40.00 x 165,762. 0.4,736. (2) Stephanie Garris 40.00 x 140,077. 0.26,234. (3) Dr. Marvin Hardy 40.00 x 140,077. 0.26,234. (3) Dr. Marvin Hardy 40.00 x 78,570. 0.21,232. (4) Doug Starcher 4.00 x 0.00 x 0.0.0. (4) Doug Starcher 4.00 x 0.0.0. 0.21,232. (4) Doug Starcher 4.00 x 0.0.0. 0.21,232. (4) Doug Starcher 4.00 x 0.0.0. 0.21,232. (5) Lisa Schultz 4.00 x 0.0.0.0. 0.21,232. Immediate Past Chair/Gov. Chair 0.00 x 0.0.0.0. 0.0.0. (6) Chichael Attcheson 2.00 x 0.0.0.0.0. 0.0.0. (7) Blake Hostetter 4.00 x 0.0.0.0.0.0. 0.0.0. (8) Micha			or di	e,			ated		J. J	(W-2/1099-MISC)	
(1) Sherry Brooks 40.00 x 165,762. 0.4,736. (2) Stephanie Garris 40.00 x 140,077. 0.26,234. (3) Dr. Marvin Hardy 40.00 x 140,077. 0.26,234. (3) Dr. Marvin Hardy 40.00 x 78,570. 0.21,232. (4) Doug Starcher 4.00 x 0.00 x 0.0.0. (4) Doug Starcher 4.00 x 0.0.0. 0.21,232. (4) Doug Starcher 4.00 x 0.0.0. 0.21,232. (4) Doug Starcher 4.00 x 0.0.0. 0.21,232. (5) Lisa Schultz 4.00 x 0.0.0.0. 0.21,232. Immediate Past Chair/Gov. Chair 0.00 x 0.0.0.0. 0.0.0. (6) Chichael Attcheson 2.00 x 0.0.0.0.0. 0.0.0. (7) Blake Hostetter 4.00 x 0.0.0.0.0.0. 0.0.0. (8) Micha			ustee	truste		æ	pens		(W-2/1099-MISC)		•
(1) Sherry Brooks 40.00 x 165,762. 0.4,736. (2) Stephanie Garris 40.00 x 140,077. 0.26,234. (3) Dr. Marvin Hardy 40.00 x 140,077. 0.26,234. (3) Dr. Marvin Hardy 40.00 x 78,570. 0.21,232. (4) Doug Starcher 4.00 x 0.00 x 0.0.0. (4) Doug Starcher 4.00 x 0.0.0. 0.21,232. (4) Doug Starcher 4.00 x 0.0.0. 0.21,232. (4) Doug Starcher 4.00 x 0.0.0. 0.21,232. (5) Lisa Schultz 4.00 x 0.0.0.0. 0.21,232. Immediate Past Chair/Gov. Chair 0.00 x 0.0.0.0. 0.0.0. (6) Chichael Attcheson 2.00 x 0.0.0.0.0. 0.0.0. (7) Blake Hostetter 4.00 x 0.0.0.0.0.0. 0.0.0. (8) Micha			ual tri	ional		ploye	t com /ee				
(1) Sherry Brooks 40.00 x 165,762. 0.4,736. (2) Stephanie Garris 40.00 x 140,077. 0.26,234. (3) Dr. Marvin Hardy 40.00 x 140,077. 0.26,234. (3) Dr. Marvin Hardy 40.00 x 78,570. 0.21,232. (4) Doug Starcher 4.00 x 0.00 x 0.0.0. (4) Doug Starcher 4.00 x 0.0.0. 0.21,232. (4) Doug Starcher 4.00 x 0.0.0. 0.21,232. (4) Doug Starcher 4.00 x 0.0.0. 0.21,232. (5) Lisa Schultz 4.00 x 0.0.0.0. 0.21,232. Immediate Past Chair/Gov. Chair 0.00 x 0.0.0.0. 0.0.0. (6) Chichael Attcheson 2.00 x 0.0.0.0.0. 0.0.0. (7) Blake Hostetter 4.00 x 0.0.0.0.0.0. 0.0.0. (8) Micha			ndivid	nstitut	Officer	ley em	lighes mploy	ormer			organizations
(2) Stephanie Garris 40.00 x 140,077. 0.26,234. (3) Dr. Marvin Hardy 40.00 x 78,570. 0.21,232. (4) Doug Starcher 4.00 x 78,570. 0.21,232. (4) Doug Starcher 4.00 x 0.00 x 0.0.0. Chair 0.000 x x 0.0.0. 0. 0. (5) Lisa Schultz 4.00 x 0.0.0. 0. 0. (6) Christine Stewart 4.00 x 0.0.0. 0. 0. (7) Blake Hostetter 4.00 x x 0. 0. 0. (8) Michael Aitcheson 2.00 x x 0. 0. 0. (9) Nick McKinney 2.00 x 0. 0. 0. 0. (10) Ritsy Carpenter 2.00 x 0. 0. 0. 0. Director 0.000 x <	(1) Sherry Brooks	,				Ť	<u> </u>	ш			
CEO 4.00 X 140,077. 0. 26,234. (3) Dr. Marvin Hardy 40.00 X 78,570. 0. 21,232. Medical Director 0.000 X 78,570. 0. 21,232. (4) Dong Starcher 4.00 X 0. 0. 0. Chair 0.000 X X 0. 0. 0. (5) Lisa Schultz 4.00 X 0. 0. 0. 0. (6) Christine Stewart 4.00 X 0. 0. 0. 0. (7) Blake Hostetter 4.00 X 0. 0. 0. 0. Treasurer 0.000 X X 0. 0. 0. 0. (9) Nick McKinney 2.00 X 0. 0. 0. 0. 0. (10) Ritey Carpenter 2.00 X 0. 0. 0. 0. Director 0.000 X 0. 0. 0. 0	Medical Director		1			x			165,762.	Ο.	4,736.
(3) Dr. Marvin Hardy 40.00 X 78,570. 0. 21,232. (4) Doug Starcher 4.00 X X 0.00 0.00. 0.00. (4) Doug Starcher 4.00 X 0.00. 0.00. 0.00. (5) Lias Schultz 4.00 X 0.00. 0.0. 0.0. (6) Christine Stewart 4.00 X 0.0. 0.0. 0.0. (7) Blake Hostetter 4.00 X 0.0. 0.0. 0.0. (8) Michael Aitcheson 2.000 X 0.0. 0.0. 0.0. (9) Nick McKinney 2.000 X 0.0. 0.0. 0.0. Director	(2) Stephanie Garris										
Medical Director 0.00 X 78,570. 0.21,232. (4) Doug Starcher 4.00 X 0.00 0.0.0.0. Chair 0.00 X X 0.00.0.0. Immediate Past Chair/Gov. Chair 0.00 X X 0.0.0.0. (6) Christine Stewart 4.00 X X 0.0.0.0. (7) Blake Hostetter 4.00 X 0.0.0.0.0. 0.0.0. (7) Blake Hostetter 4.00 X 0.0.0.0.0. 0.0.0. (8) Michael Aitcheson 2.00 X X 0.0.0.0.0. (9) Nick McKinney 2.00 X X 0.0.0.0.0. (10) Ritcy Carpenter 2.000 X 0.0.0.0.0. 0.0.0. Director 0.000 X 0.0.0.0.0.0. 0.0.0.0. (11) Sheryl Dodds 2.000 X 0.0.0.0.0.0.0. 0.0.0.0.0. Director 0.000 X 0.0.0.0.0.0.0.0.0. 0.0.0.0.0.0.0.0.0.0. 0.0.0.0.0.0.0.0.0.0.0.0.0. (11) Sheryl Dodds 2.000 X	CEO				Х				140,077.	0.	26,234.
(4) Doug Starcher (4.00) X X 0.00 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	(3) Dr. Marvin Hardy										
Chair 0.00 X X 0. 0. 0. 0. Immediate Schultz 4.00 X X 0. 0. 0. 0. Immediate Past Chair/Gov. Chair 0.00 X X 0. 0. 0. 0. Vice Chair 0.00 X X 0. 0. 0. 0. Vice Chair 0.00 X X 0. 0. 0. 0. Treasurer 0.00 X X 0. 0. 0. 0. Recording Secretary 0.00 X X 0. 0. 0. 0. (9) Nick McKinney 2.00 0.	Medical Director				Х				78,570.	0.	21,232.
(5) Lisa Schultz 4.00 X X 0. 0. 0. (6) Christine Stewart 4.00 X X 0. 0. 0. 0. (7) Blake Hostetter 4.00 X X 0. 0. 0. 0. Treasurer 0.00 X X 0. 0. 0. 0. (8) Michael Aitcheson 2.00 X X 0. 0. 0. Recording Secretary 0.00 X X 0. 0. 0. (9) Nick McKinney 2.00 X X 0. 0. 0. Member At Large 0.000 X X 0. 0. 0. Director 0.000 X 0. 0. 0. 0. 0. Director 0.000 X 0. 0. 0. 0. Director 0.000 X 0. 0. 0. 0. Director 0.000 <td< td=""><td>(4) Doug Starcher</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>_</td><td></td><td>_</td></td<>	(4) Doug Starcher								_		_
Immediate Past Chair/Gov. Chair 0.00 X X 0. 0. 0. 0. (6) Christine Stewart 4.00 X X 0. 0. 0. 0. (7) Blake Hostetter 4.00 X X 0. 0. 0. 0. (7) Blake Hostetter 4.00 X X 0. 0. 0. (7) Blake Hostetter 4.00 X X 0. 0. 0. (7) Blake Hostetter 4.00 X X 0. 0. 0. (8) Michael Aitcheson 2.00 X X 0. 0. 0. (9) Nick McKinney 2.00 X X 0. 0. 0. Director 0.000 X X 0. 0. 0. 0. Director 0.000 X 0. 0. 0. 0. 0. (12) Diana Morgan 2.00			Х		Х				0.	0.	0.
(6) Christine Stewart 4.00 X X 0. 0. 0. Vice Chair 0.000 X X 0. 0. 0. 0. (7) Blake Hostetter 4.000 X X 0. 0. 0. Treasurer 0.000 X X 0. 0. 0. Recording Secretary 0.000 X X 0. 0. 0. (9) Nick McKinney 2.000 X X 0. 0. 0. Director 0.000 X X 0. 0. 0. 0. (10) Ritsy Carpenter 2.000 X X 0. 0. 0. 0. Director 0.000 X 0. 0											•
Vice Chair 0.00 X X 0.00 0.00 0.00 (7) Blake Hostetter 4.00 X X 0.00 0.00 Treasurer 0.000 X X 0.00 0.00 Recording Secretary 0.000 X X 0.00 0.00 Recording Secretary 0.000 X X 0.00 0.00 Member At Large 0.000 X X 0.00 0.00 Director 0.000 X X 0.00 0.00 (10) Ritsy Carpenter 2.000 X 0.00 0.00 0.00 Director 0.000 X 0.00 0.00 0.00 0.00 (11) Sheryl Dodds 2.000 X 0.00			X		х				0.	0.	0.
(7) Blake Hostetter 4.00 X X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.									0	0	0
Treasurer 0.00 X X 0.00			X		X				0.	0.	0.
(8) Michael Aitcheson 2.00 X X 0. 0. 0. Recording Secretary 0.000 X X 0. 0. 0. 0. (9) Nick McKinney 2.00 X X 0. 0. 0. 0. (10) Ritsy Carpenter 2.00 X X 0. 0. 0. Director 0.000 X X 0. 0. 0. 0. (11) Sheryl Dodds 2.00 X 0. 0. 0. 0. Director 0.000 X 0. 0. 0. 0. 0. (12) Diana Morgan 2.00 X 0. 0. 0. 0. Director 0.000 X 0. 0. 0. 0. 0. (14) Michele Napier 2.00 X 0. 0. 0. 0. Director 0.000 X 0.	()								0	0	0
Recording Secretary 0.00 X X 0. 0. 0. (9) Nick McKinney 2.00			X		X				0.	0.	0.
(9) Nick McKinney 2.00 X X 0.00.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0									0	0	0
Member At Large 0.00 X X 0.0 0.0 0.0 (10) Ritsy Carpenter 2.00 0.00 X 0.0 0.0 0.0 Director 0.000 X 0.00 0.0 0.0 0.0 (11) Sheryl Dodds 2.00 X 0.0 0.0 0.0 0.0 Director 0.000 X 0.00 0.0 0.0 0.0 (12) Dianna Morgan 2.00 X 0.0 0.0 0.0 0.0 Director 0.000 X 0.00 0.0 0.0 0.0 (13) Ricky Vescovacci 2.00 X 0.0 0.0 0.0 0.0 Director 0.000 X 0.0 0.0 0.0 0.0 0.0 0.0 (14) Michele Napier 2.00 X 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0			<u> </u>		<u> </u>				0.	0.	0.
(10) Ritsy Carpenter 2.00 X 0.00 <td></td> <td></td> <td>v</td> <td></td> <td>v</td> <td></td> <td></td> <td></td> <td>0</td> <td>0</td> <td>0</td>			v		v				0	0	0
Director 0.00 X 0.			^		^				0.	0.	0.
(11) Sheryl Dodds 2.00 0.			v						0	0	0
Director 0.00 X 0.			^						0.	0.	0.
(12) Dianna Morgan 2.00 X 0.00 X 0.0.0.0.0. 0.0.0.0. 0.0.0.0.0. 0.0.0.0.0.0. 0.0.0.0.0.0.0. 0.0.00 X 0.00 0.	_		v						0	0	0
Director 0.00 X 0.									0.	• •	0.
(13) Ricky Vescovacci 2.00 0.00 <t< td=""><td></td><td></td><td>x</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>			x						0.	0.	0.
Director 0.00 X 0.										• •	
Director 0.00 X 0.00 O. 0.00			x						0.	0.	0.
Director 0.00 X 0.00 O. 0.00	(14) Michele Napier	2.00									
Director 0.00 X 0.00 O. 0.00	Director	0.00	x						Ο.	0.	0.
(16) Marilyn King 2.00 0.00 <td>(15) Ashley Kelly</td> <td>2.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(15) Ashley Kelly	2.00									
Director 0.00 X 0.00 O. 0.00	Director		X						0.	0.	0.
(17) Paul Scheck 2.00 0.00	(16) Marilyn King										
Director (began 01/2020) 0.00 X 0. 0. 0.	Director		Х						0.	0.	0.
	(17) Paul Scheck										
	Director (began 01/2020)	0.00	X						0.	0.	

	ace Medical H							26-181	7966	Pa	ige 8
	ectors, Trustees, Key En	nploy	ees,			hest					
(A) Name and title	(B) Average hours per week	box,	not cl , unles	ss per	tion nore th son is	nan one both ar 'trustee)	compensation	(E) Reportable compensation from related		(F) stimate mount o other	
	(list any hours for related organizations below line)	In divid ual t	Institutional trustee	Officer	Key employee	employee Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	f org ar	npensat from the ganization d relate anization	e on ed
(18) W. Bryce Hagedorn Director (began 01/2020)	2.00						0.	0			0.
(19) Bethany Goodman Director (began 01/2020)	2.00						0.	0			0.
(20) Yvonne Sweeney	2.00						0.				
Director (began 01/2020) (21) Falecia Williams	2.00				_			0			0.
Director (ended 04/2020)	0.00	X					0.	0	•		0.
					_				+		
1b Subtotal							384,409.	0	• 5	2,20	02.
c Total from continuation shee	ts to Part VII, Section A					🕨	0.	0	•	2,20	0.
 d Total (add lines 1b and 1c) 2 Total number of individuals (individual) 	cluding but not limited to t						-		<u>• </u>	, , , , , , , , , , , , , , , , , , , ,	2
compensation from the organiz	zation									Yes	No
3 Did the organization list any for line 1a? If "Yes," complete Sch		. '	-	•	•		•		3		x
4 For any individual listed on line	1a, is the sum of reportal	ble co	ompe	ensa	tion	and o		the organization		x	
and related organizations great 5 Did any person listed on line 1a	a receive or accrue compe	ensati	ion f	rom	any i	unrela	ted organization or indiv				
rendered to the organization? Section B. Independent Contractor		ile J f	or sı	ıch p	oersc	on			5		X
1 Complete this table for your fiv the organization. Report comp	e highest compensated ir								sation	from	
	(A) nd business address		ONE			i with	(B) Description of s			C) ensatior	<u></u> ו
2 Total number of independent of \$100,000 of compensation from		not lir	mite	d to	thos 0	e liste	d above) who received n	nore than			

	990 (t VII		Home, I	nc.		26-1817	966 Page
							Г
		Check if Schedule O contains a response	or note to any lir	(A) (A) Total revenue	(B) Related or exempt	(C)	(D) Revenue exclud from tax unde sections 512 - 5
and Other Similar Amounts	b c d	Related organizations 1d	64,130. 268,214. 330,000. 630,598.				
and Other Si	f g	All other contributions, gifts, grants, and similar amounts not included above 1f 4 ,		5,707,988.			
			Business Code				
	2 a	Facility fee	621400	80,370.	80,370.		
Revenue	b c						
Be	d						
	e			<u> </u>		<u> </u>	
	f	All other program service revenue	L	80,370.			
+		Total. Add lines 2a-2f		00,370.			
	3	Investment income (including dividends, intere other similar amounts)		1,546.			1,54
	4	Income from investment of tax-exempt bond p					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
		Less: rental expenses 6b					
	с	Rental income or (loss) 6c					
		Net rental income or (loss)	•				
		Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a	()				
	h	Less: cost or other basis					
2	U	and sales expenses 7b					
	-						
		Gain or (loss)	`				
		Net gain or (loss)	····· 🕨				
	8 a	Gross income from fundraising events (not including \$ 268,214. of contributions reported on line 1c). See					
		Part IV, line 18 8a	0.				
	b	Less: direct expenses 8b	24,893.				
		Net income or (loss) from fundraising events	>	-24,893.			-24,89
		Gross income from gaming activities. See		-			
		Part IV, line 19 9a					
	b	Less: direct expenses 9b					
			>				
		Gross sales of inventory, less returns	►				
	io a	-					
	L	and allowances 10a					
		Less: cost of goods sold 10b					
-	С	Net income or (loss) from sales of inventory					
		Other revenue	Business Code 900099	58,259.			
e		Other revenue	900099	50,259.	58,259.		
ē	b						
Revenue	С						
-		All other revenue					
	e	Total. Add lines 11a-11d	►	58,259.			
	12	Total revenue. See instructions		5,823,270.	138,629.	0.	-23,34

Form 990 (2020) Grace Medical Home, Inc.
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).

Che	ck if Schedule O contains a respons	/ /			
Do not include amo 7b, 8b, 9b, and 10l	ounts reported on lines 6b, o of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	r assistance to domestic organizations overnments. See Part IV, line 21	1,487,000.	1,487,000.		
	her assistance to domestic ee Part IV, line 22				
	her assistance to foreign				
-	foreign governments, and foreign				
	ee Part IV, lines 15 and 16				
-	to or for members				
•	n of current officers, directors, key employees	436,611.	403,349.	16,631.	16,631
	not included above to disqualified	150,0110	100,0100	10,0010	10,001
	ined under section 4958(f)(1)) and				
	ed in section 4958(c)(3)(B)				
	and wages	1,506,420.	1,282,255.	71,507.	152,658
	cruals and contributions (include				
section 401(k) a	and 403(b) employer contributions)				
9 Other employ	ee benefits	196,746.	167,878.	11,736.	17,132
10 Payroll taxes		135,232.	118,522.	6,039.	10,671
	ces (nonemployees):				
	······	1 600		1 600	
	····· -	1,680. 343.		1,680. 343.	
	·····	545.		545.	
	Indraising services. See Part IV, line 17				
	anagement fees				
	1g amount exceeds 10% of line 25,				
-	punt, list line 11g expenses on Sch 0.)	36,524.	36,524.		
	nd promotion	2,034.	1,967.	7.	60.
	es	90,631.	61,835.	6,566.	22,230
	chnology	108,762.	97,678.	5,927.	5,157
	[
		33,360.	29,023.	2,669.	1,668.
17 Travel		3,172.	1,897.	910.	365.
18 Payments of t	ravel or entertainment expenses				
for any federa	I, state, or local public officials				
19 Conferences,	conventions, and meetings				
	······				
	affiliates	17,920.	15,590.	1,434.	896
60 b	depletion, and amortization	30,168.	25,606.	3,886.	676
	. Itemize expenses not covered	50,100.	25,000.	5,000.	0703
above (List mis line 24e amoun	cellaneous expenses not covered texceeds 10% of line 25, column (A) 24e expenses on Schedule 0.)				
	supplies	2,726,118.	2,726,118.		
	& maintenance	54,449.	47,827.	4,075.	2,547.
_c Miscell		41,061.	28,523.	12,008.	530.
d License	s & permits	15,575.	550.	14,675.	350.
e All other expe		6,608.		213.	6,395.
	I expenses. Add lines 1 through 24e	6,930,414.	6,532,142.	160,306.	237,966.
	mplete this line only if the organization				
	mn (B) joint costs from a combined				
Г	paign and fundraising solicitation.				
Check here	if following SOP 98-2 (ASC 958-720)				Form 990 (2020

Grace Me	edical	Home,	Inc.
----------	--------	-------	------

26-1817966 Page 11

I GI		Dalance Oneet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			103,469.	1	777,133.
	2				694,586.	2	113,013.
	3	Pledges and grants receivable, net	1,049,652.	3	381,150.		
	4	Accounts receivable, net			7,140.	4	2,310.
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the	se pers	ons		5	
	6	Loans and other receivables from other disquali					
		under section 4958(f)(1)), and persons describe				6	
ស	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			2,000,338.	8	1,434,738.
Âŝ	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	224,217.			
	b	Less: accumulated depreciation		166,259.	51,788.	10c	57,958.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line		E E E E E E E E E E E E E E E E E E E		13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		138,543.	15	192,184.	
	16	Total assets. Add lines 1 through 15 (must equ			4,045,516.	16	2,958,486.
	17	Accounts payable and accrued expenses			7,993.	17	68,416.
	18	Grants payable		18			
	19	Deferred revenue			65,670.	19	
	20					20	
	21	Escrow or custodial account liability. Complete I	Part IV	of Schedule D		21	
S	22	Loans and other payables to any current or forn	ner offic	cer, director,			
Liabilities		trustee, key employee, creator or founder, subs	tantial o	contributor, or 35%			
iabi		controlled entity or family member of any of the	se pers	ons		22	
	23	Secured mortgages and notes payable to unrela	ated thi	rd parties		23	
	24	Unsecured notes and loans payable to unrelate	d third	parties		24	
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	s 1 7-24)	. Complete Part X			
		of Schedule D			62,188.	25	87,549.
	26				135,851.	26	155,965.
s		Organizations that follow FASB ASC 958, che	eck her	e ▶ 🔟			
Ce		and complete lines 27, 28, 32, and 33.					
alar	27				2,767,969.	27	2,151,862.
ΪB	28	Net assets with donor restrictions			1,141,696.	28	650,659.
un		Organizations that do not follow FASB ASC 9	58, che	eck here 🕨 🛄			
г		and complete lines 29 through 33.					
tsc	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or ec	quipme	nt fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in		E E E E E E E E E E E E E E E E E E E	2 000 665	31	
Ne	32	Total net assets or fund balances			3,909,665.	32	2,802,521.
	33	Total liabilities and net assets/fund balances	<u></u>		4,045,516.	33	2,958,486.
							Form 990 (2020)

Form **990** (2020)

Part X | Balance Sheet

-	~~~	10000
⊢orm	990	(2020)

	990 (2020) Grace Medical Home, Inc.	26-18	17966	Pag	ge 12
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	5,82		
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,930		
3	Revenue less expenses. Subtract line 2 from line 1		-1,10		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,909	9,6	65.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	2,802	2,5	21.
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				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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?		2 b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis X 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	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2020)

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
2020
Open to Public Inspection

н

Name of the	organization
-------------	--------------

lam	e of t	he organization	- Ma 14 and 1						identification number
Dor	+ 1		e Medical						6-1817966
Par		Reason for Public (-			ee instructior	IS.	
	organi	zation is not a private found							
1		A church, convention of ch					l)(A)(i).		
2 [37	A school described in section							
3 L	X	A hospital or a cooperative							
4 [A medical research organiz	ation operated in co	njunction with a hospital	described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
г		city, and state:							
5 L		An organization operated for		llege or university owned	d or operat	ted by a g	overnmental ı	unit descrik	bed in
r		section 170(b)(1)(A)(iv). (C							
6 [A federal, state, or local gov	vernment or governn	nental unit described in s	section 17	70(b)(1)(A)	(v).		
7		An organization that norma	Ily receives a substa	ntial part of its support f	rom a gov	ernmental	unit or from t	he general	public described in
г		section 170(b)(1)(A)(vi). (C							
8 [A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Parl	t II.)				
9 [An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	/, and state o	f the colleg	e or
r		university:							
10 [An organization that norma							
		activities related to its exen	npt functions, subjec	t to certain exceptions;	and (2) no	more thar	n 33 1/3% of	its support	from gross investment
		income and unrelated busir		(less section 511 tax) fro	om busine	sses acqu	ired by the or	rganization	after June 30, 1975.
г		See section 509(a)(2). (Cor							
11 L		An organization organized a							
12		An organization organized a		-	-			-	
		more publicly supported or							Check the box in
		lines 12a through 12d that				-		-	
а		Type I. A supporting orga	-	-	•				
		the supported organization			a majority (of the dire	ctors or truste	ees of the s	supporting
		organization. You must c	-						
b		Type II. A supporting org	-				•		-
		control or management o			ame perso	ons that co	ontrol or mana	age the sup	ported
		organization(s). You mus	-						
С		Type III functionally inte	• • • •					Illy integrate	ed with,
		its supported organization							
d		Type III non-functionally						-	
		that is not functionally int			•		-	d an attent	iveness
		requirement (see instruct							
е		Check this box if the orga					а Туре I, Туре	II, Type III	
		functionally integrated, or		nally integrated supporti	ing organiz	zation.			
		r the number of supported o	•						_
g		ide the following informatior) Name of supported	about the supporte	d organization(s). (iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of	fmonetary	(vi) Amount of other
	,	organization		(described on lines 1-10	(iv) Is the orga in your governi Yes	ng document? No	support (see in	,	support (see instructions)
		-		above (see instructions))	103				
Total									

Schedule A (Form 990 or 990-EZ) 2020 Grace Medical Home, Inc.

26-1817966 Page 2

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.)

Galead year (of fiscal year beginning in) (g) 2016 (g) 2017 (g) 2018 (g) 2019 (g) 2020 (g) Total 1 offta, gams, contributions, and membership fees received. (Do not include any 'unusual grants.") 2 8816187. 4633163. 9905948. 4265270. 5707988. 27328556. 2 Tax revenues levied for the organ- ization's benefit and ellor paid to or expended on its behaft and use of services or facilities turnished by a governmental in to the organization without charge 4 Total. Add inses 1 through 3 2 8816187. 4633163. 9905948. 4265270. 5707988. 27328556. 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 29:6 the amount shown on line 11, column (f) 2 8816187. 4633163. 9905948. 4265270. 5707988. 27328556. 5 The portion of total contributions by each person (other than a governmental with or publicly supported organization) included on line 1 that exceeds 29:6 the amount shown on line 11, column (f) 7 Amounts from line 4 2 8816187. 4633163. 9905948. 4265270. 5707988. 27328556. 6 Public support. Samer line is towine 4 2 8816187. 4633163. 9905948. 4265270. 5707988. 27328556. 8 Cross income from interest, dividends, payments received on securities basis, rents, royalies, and income from interest, dividends, payments received on securities basis, rents, royalies, and income tom similar sources 9 Met income from interest, dividends, payments received on securities basis, rents, royalies, and income tom similar sources 9 Met income from interest, dividends, payments received on securities basis, rents, royalies, and income tom contable business activities, whether or not the business is regulary carried on 12 Cross received not show part 13 Cross received not show part 14 Other income 17 mongoli be the to organization first, second, third, fourth, or fifth tax year as a section 5016(3) regularized on the stabe of containes as publicly support organization 14 Public support percentage fo	Sec	ction A. Public Support						
membership feas received. (bo not include any "unusual grants.") 2816187. 4633163. 9905948. 4265270. 5707988.27328556. 2 Tax revenues levied for the organ- ization's benefit and ether paid to or expended on its behalf 2816187. 4633163. 9905948. 4265270. 5707988.27328556. 3 The value of services or facilities furnished by a governmental unit to the organization without charge a set presen (other than a government) unit or publicly supported organization included on lise 1 that exceeds 2% of the amount shown on lise 11. column (f) 2816187. 4633163. 9905948. 4265270. 5707988.27328556. 5 Public support. Setter the show not a covernment of the access 2% of the amount shown on lise 11. column (f) 2816187. 4633163. 9905948. 4265270. 5707988.27328556. 6 Public support. Setter the show not a courtise to show on lise 11. column (f) 2996102. 7 Amounts from line 4 2816187. 4633163. 9905948. 4265270. 5707988.27328556. 8 Oros income from similar sources. 9 Net income from simalar sources. 9 Net income from similar sourc	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
Include any "unusual grants.") 2816187. 4633163. 9905948. 4265270. 5707988.27328556. 2 Tax revenues lavied for the organization included on services or facilities furnished by a governmental unit to the organization without charge and and the organization without charge and and the organization included on the 1th accessed 2% of the amount shown on line 11. 2816187. 4633163. 9905948. 4265270. 5707988.27328556. 3 The value of ontit output of the organization included on tine 1 that exceeds 2% of the amount shown on line 11. 2816187. 4633163. 9905948. 4265270. 5707988.27328556. 6 Public support. Solved time 5 them line 4 2816187. 4633163. 9905948. 4265270. 5707988.27328556. 8 Gross income from interest, dividends, payments received on executies loading and the organization include grain or loss from the ade to shares a activities, whether on the business is regularly carried on the organization in solverse, and income from similar sources a stude to grain and or loss from the sale of capital serverse from 980 is for the organization of studes and the organization of Public Support Percentage form 920 is for the organization of alse public the organization of alse public is support percentage form 920 is for the organization did not check the box on line 13, and line 14 is 33 1/3% support test - 2020. If the organization did not check a box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization application wasupport dorganization din did not check a box on line 13, file, or	1	Gifts, grants, contributions, and						
2 Tar versues levied for the organization is benefit and ather paid to or expended on its behalf Image: second		membership fees received. (Do not						
training banefit and either paid to or expended on its behalf Image: constraint of the organization without charge function of the organization without charge of the organization without charge supported organization included on line 1 that exceeds 2% of the amount shown on line 11, column (i) Image: constraint of the organization paid that exceeds 2% of the amount shown on line 11, column (i) Image: constraint of the organization paid that exceeds 2% of the amount shown on line 11, column (i) Image: constraint of the organization paid that exceeds 2% of the amount shown on line 11, column (i) Image: constraint of the organization paid that exceeds 2% of the amount shown on line 11, column (i) Image: constraint of the organization paid that exceeds 2% of the amount shown on line 11, column (i) Image: constraint of the organization paid that exceeds 2% of the amount shown on line 11, column (i) Image: constraint of the organization paid that exceeds 2% of the amount shown on line 11, column (i) Image: constraint of the organization paid that exceeds 2% of the amount shown on line 11, column (ii) Image: constraint of the constraint on line 4 Image: constraint of the constraint on line 4 Image: constraint on the constraint on the sale of capital assets (Explain in Part V) in the organization did not check the box on line 13, and line 14 is 31 17% or more, check this box and stop here. The organization of Public Support Percentage Image: constraint on the sale of capital assets (Explain in Part V) how the organization organization meets the facts and circumstances test. Theo (runn (i)) Image: constr		include any "unusual grants.")	2816187.	4633163.	9905948.	4265270.	5707988.	27328556.
or expended on its behalf 3 The value of services or facilities furnished by a government unit to the organization without charge 2816187. 4633163. 9905948. 4265270. 5707988. 27328556. 5 The portion of total contributions by each person (other than a government) unit to possible organization included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 2816187. 4633163. 9905948. 4265270. 5707988. 27328556. 6 Public support. Acterative 8 tom line 4. 2816187. 4633163. 9905948. 4265270. 5707988. 27328556. 7 Amounts from line 4. 24332454. Section B. Total Support. (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020. (f) Total 7 Amounts from line 4. 2816187. 4633163. 9905948. 4265270. 5707988. 27328556. S rooms income from interest, dividends, payments received on securities loans, rents, royallies, and income from similar sources. 4, 097. 4, 824. 3, 854. 4, 494. 1, 546. 18, 815. 9 Net income from ornelated business activities, whether or not the business is regularly carried on more than the sale or capital mark of the organization first, second, third, fourth, or fifth tax years as as esciton 501(c)(3) organization, check this box and stop here. 9 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)). 14 88. 98 % 88. 98 % 98. 93 % 96 16 3 13% support test - 2020. If the organization did not check th	2	Tax revenues levied for the organ-						
3 The value of services or facilities furnished by a governmental unit to the organization without charge to the organization included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 2816187. 4633163. 9905948. 4265270. 5707988. 27328556. 6 Public support. Sources 2% of the amount shown on line 11, column (f) 2996102. 7 Amounts from line 4 2816187. 4633163. 9905948. 4265270. 5707988. 27328556. 8 Gross income from line 4 2816187. 4633163. 9905948. 4265270. 5707988. 27328556. 8 Gross income from line 4 2816187. 4633163. 9905948. 4265270. 5707988. 27328556. 8 Gross income from line 4 2816187. 4633163. 9905948. 4265270. 5707988. 27328556. 9 Net income from similar sources and the same scenarios loss, rents, royaliss, and income from similar sources. 4,097. 4,824. 3,854. 4,494. 1,546. 18,815. 9 Net income from similar sources activities, whether or not the business is regularly carried on include gain or loss from the sale of capital assets (Explain in Part V). 12 587,524. 11 Total support. Add lines 1 through 10 12 587,524. 14 Public support procentage form 2019 Schedule A, Part II, line 14. 15 88.377.% 16 a3 1/3% support test - 2020. If the organization during the same publicly support of organization. 12 17 a 10% - facts-and-circumstances test. The organization durin the same as a section 501(c)(ization's benefit and either paid to						
furnished by a governmental unit to the organization without charge 2816187.4633163.9905948.4265270.5707988.27328556. 7 Total. Add lines 1 through 3 2816187.4633163.9905948.4265270.5707988.27328556. 8 mean 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) 2996102. 6 Public support. Burnative 3 tom line 4. 2816187.4633163.9905948.4265270.5707988.27328556. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalita, and income from similar sources 4,097.4,824.3,854.4,494.1,546.18,815. 9 Net income from interest, dividends, payments received on securities loans, rents, royalita, and income from interest. 4,097.4,824.3,854.4,494.1,546.18,815. 10 Other income. Do not include gain or loss from the sale or capital assets (Explain In Part V). 27347371. 12 Gross receipts from related activities, etc. (see instructions) 12 587,524. 13 First Systems. If the Form 990 is for the organization first, second, third, fourth, or fifth tax years as a section 5010(3) organization, check this box and stop here. 14 88.93 % 14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f). 14 88.93 % 15 Public support percentage for 2020. If the organization din ot check the box on line 13, and line 14 is 3178% or more, check this box and stop here. The organization qualifies as a publicly supported organization and stop here. The		or expended on its behalf						
the organization without charge Total. Add lines 1 through 3 2816187. 4633163. 9905948. 4265270. 5707988. 27328556. 5 The portion of total contributions by each person (other than a govermental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (i) column (i)	3	The value of services or facilities						
4 Total. Add lines 1 through 3 2816187.4633163.9905948.4265270.5707988.27328556. 5 The portion of total contributions by each preson (other than a governmental unit or publicly supported organization) included on line 11 that exceeds 2% of the amount shown on line 11. 2996102. 6 Public support. Submet line 5 tron line 4 24332454. Section B. Total Support (a) 2016 (b) 2017 (c) 2018 (c) 2019 (e) 2020 (f) Total 2 Reading read (refield) year beginning in)> (a) 2016 (b) 2017 (c) 2018 (c) 2019 (e) 2020 (f) Total 2 Reading read (refield) year beginning in)> (a) 2016 (b) 2017 (c) 2018 (c) 2019 (e) 2020 (f) Total 2 Reading read (refield) year beginning in)> (a) 2016 (b) 2017 (c) 2018 (c) 2019 (e) 2020 (f) Total 2 Reading read (refield) year beginning in)> (a) 097.4,824.3,854.4,494.1,546.18,815. 9 Net income from iniferest, divides governments and income from similar sources and income from similar sources and income from interest, toryatiles, and income from related duivities, etc. (see instructions) 12 587,524. 10 Other income. Do not include gain or loss from the sade of capital assets (CSphain ParVI) 12 587,524. 14 08.93,75 12 587,524. 15 Fub		furnished by a governmental unit to						
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 (1) 2996102. 6 Public support. Subtract thes toon line 4. 24332454. Section B. Total Support (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total 7 Amounts from line 4 2332455. (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total 7 Amounts from line 4 23324556. (c) 2018 (d) 2019 (e) 2020 (f) Total 8 Gross income from linterest, dividends, payments received on securities ions, rents, royatties, and income from similar sources sources ions, rents, royatties, and income from similar sources 4,097. 4,824. 3,854. 4,494. 1,546. 18,815. 9 Net income Do not include dusiness activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI) 12 587.5224. 11 Total support. Add lines 7 through 10 27.347.371. 12 587.5224. 14 Public support precentage for 2020 (ine 6, porturn 0f), divided by line 11, column 0f). 14 88.98 % 15 Public support precenta		the organization without charge						
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)	4	Total. Add lines 1 through 3	2816187.	4633163.	9905948.	4265270.	5707988.	27328556.
governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 2996102. 6 Public support. 24332454. Section B. Total Support 2816187. Calendar year (or fiscal year beginning in) ► (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total 28 restion B. Total Support 2816187. 4633163. 9905948. 4265270. 5707988.27328556. 3 Gross income from interest, dividends, payments received on securities chans, rents, royaltes, and income from similar sources 4,097. 4,824. 3,854. 4,494. 1,546. 18,815. 9 Net income from unrelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI). 27347371. 12 587,524. 11 Total support, Add lines 7 through 10 27347371. 12 587,524. 12 Consercents from related activities, etc. (see instructions) 12 587,524. 13 First 5 years. If the Form 990 is for the organization is first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. 14 88.98 % 14 Public support percentage for 2020 (line 6, column (f), divided by supported organization 15 88.37 % <t< th=""><th>5</th><th>The portion of total contributions</th><th></th><th></th><th></th><th></th><th></th><th></th></t<>	5	The portion of total contributions						
supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, columm (f) 2996102. 6 Public support. Subtract line 4 24332454. Section B. Total Support (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total 7 Amounts from line 4 2816187. 4633163. 9905948. 4265270. 5707988. 27328556. 8 Gross income from interest, dividends, payments received on securities loans, rents, royatlies, and income from unrelated business activities, whether or not the business is regularly carried on ro loss from the sale of capital assets (Explain in Part VI) 4,097. 4,824. 3,854. 4,494. 1,546. 18,815. 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) 12 57347371. 12 5787,524. 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 14 88.98 % 14 Dublic support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) 14 88.3.7 % 15 Public support percentage for 2020. If the organization did not check the box on line 13, and line 14 is 33.1/3% or more, check this box and stop here. The org		by each person (other than a						
on line 1 that exceeds 2% of the amount shown on line 1, column (f) 2996102. 6 Public support Subtract line 5 from line 4. 24332454. Section B. Total Support 7 Amounts from line 4. 8 Gross income from interest, dividends, payments received on sinel 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17 a 10% -facts-and-circumstances test. The organization qualifies as a publicly supported organization 17 a 10% -facts-and-circumstances test. The organization qualifies as a publicly supported organization 18 or more, and if the comain stop here test, dividends, and stop here. Explain in Part VI by the organization with the organization did not check the box on line 13, end line 14 is 10% or more, and if the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization 19 We fincements the facts-and-circumstances test. The organization qualifies as a publicly supported organization 19 Other incoments the facts-and-circumstances test. The organization qualifies as a publicly supported organization 19 Other incoments the facts-and-circumstances test. The organization qualifies as a publicly supported organization 19 Other incoments the facts-and-circumstances test. The organization qualifies as a publicly supported organization 19 Other incoments the facts-and-circumstances test. The organization qualifies as a publicly supported organization 19 Other incoments the facts-and-circumstances test. The organization qualifies as a publicly supported organization 19 Other incoments the facts-and-circumstances test, the other test on the tab to the organization 10 Other incoments the facts-and-circumstances test, the other the tox on line 13, inden the 15 is 10% or more, and if the organization meets the facts-and-circumstances test. The organization qual		governmental unit or publicly						
amount shown on line 11, column (f) 2996102. 6 Public support. Subractive 5 from line 4. 24332454. Section B. Total Support (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total 7 Amounts from line 4. 2816187. 4633163. 9905948. 4265270. 5707988.27328556. 8 Gross income from interest, dividends, payments received on securities loans, ents, royatties, and income from unrelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI). 4,097. 4,824. 3,854. 4,494. 1,546. 18,815. 9 Net income from unrelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI). 12 27347371. 10 Other income. Do not include gain or loss from related activities, etc. (see instructions) 12 587.524. 13 First 5 years. If the Form 900 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here		supported organization) included						
column (f) 2996102. 6 Public support. Subtract time 5 from line 4. 24332454. Section B. Total Support (d) 2019 (e) 2020 (f) Total 7 Amounts from line 4 2816187. 4633163. 9905948. 4265270. 5707988.27328556. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 4,097. 4,824. 3,854. 4,494. 1,546. 18,815. 9 Net income from unrelated business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 27347371. 27347371. 11 Total support. Add lines 7 through 10 27347371. 27347371. 27347371. 12 Gross receipts from related activities, etc. (see instructions) 12 587,524. 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 500(lg)(3) organization, check this box and stop here 586.377 59 14 Public support percentage from 2019 Schedule A, Part II, line 14 15 88.377 50 15 all 31/3% support test - 2020. If the organization did not check the box on line 13 or 16a, and line 14 is 139% or more, check this box and stop here. The organization qualifies as a publicly supported organization X		on line 1 that exceeds 2% of the						
6 Public support. Subtract line 5 from line 4. 24332454. Section B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4 (a) 2016 (b) 2017 (c) 2018 (c) 2019 (c) 2020 (f) Total 8 Gross income from interest, dividends, payments received on securites loans, rents, royatiles, and income from similar sources 4,097. 4,824. 3,854. 4,494. 1,546. 18,815. 9 Net income from unrelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI.) 12 7347371. 11 Total support, Add lines 7 through 10 12 587,524. 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 12 587,524. 14 Public support percentage for 2020 (if the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 14 88.98 % 15 Public support percentage for 2020 (if the organization's first, second ine 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization dualifies as a publicly supported organization 14 88.98 % 15 16 30 1/3% support test - 2020. If the orga		amount shown on line 11,						
6 Public support. 24332454. Section B. Total Support (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total 7 Amounts from line 4 2816187. 4633163. 9905948. 4265270. 5707988. 27328556. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 4,097. 4,824. 3,854. 4,494. 1,546. 18,815. 9 Net income from nurrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 12 587,524. 11 Total support. Add lines 7 through 10 12 587,524. 2 Gross receipts from related activities, etc. (see instructions) 12 587,524. 14 Public support percentage from 2019 Schedule A, Part II, line 14. 15 88.37 % 16 Bus support test - 2020. (If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. X 17 10% - facts-and-circumstances test - 2020. If the organization did not check a box on line 13, fla, or 16b, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization meets the facts-and-circumstances test. check this box and stop here. X 18 31/3% support test - 2020. If the organization did not check a box		column (f)						2996102.
Section B. Total Support Calendar year (or fiscal year beginning in) > (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total 7 Amounts from line 4 2816187.4633163.9905948.4265270.5707988.27328556. 8 Gross income from interest, dividends, payments received on securities loans, rents, royatties, and income from similar sources 4,097.4,824.3,854.4,494.1,546.18,815. 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 27347371. 11 Total support. Add lines 7 through 10 27347371. 12 587,524. 12 Gross receipts from related activities, etc. (see instructions) 12 587,524. 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 14 88.98 % 14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)). 14 88.98 % 15 Public support test - 2020. If the organization dual files as a publicly supported organization 13 17a 10% - facts-and-circumstances test - 2020. If the organization dual files as a publicly supported organization 14 17a 10% - facts-and-circumstances test - 2020. If the organization dual files as a pu	6							24332454.
7 Amounts from line 4 2816187.4633163.99005948.4265270.5707988.27328556. 8 Gross income from interest, dividends, payments received on securities loans, rents, royatties, and income from similar sources 4,097.4,824.3,854.4,494.1,546.18,815. 9 Net income from unrelated business activities, whether or not the business is regularly carried on in 0 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 27347371. 10 Other income. Do not include gain or loss from related activities, etc. (see instructions) 12 587,524. 13 First 5 years. If the Form 930 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. 14 88.98.96 14 Public support test - 2020. If the organization of Int Hine 14 15 88.37.96 16 33 1/3% support test - 2020. If the organization did not check a box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 14 88.37.96 17 10% - facts-and-circumstances test. check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. the organization dualifies as a publicly supported organization 17 10% - facts-and-circumstances test. The organization did not check a box on line 13, 16a, or 16b, or 17a, and line 15 is 10% or more, and if the organization qualifies as a publicly supported								
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 4,097.4,824.3,854.4,494.1,546.18,815. 9 Net income from unrelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI.) 10 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 12 27347371. 12 Gross receipts from related activities, etc. (see instructions) 12 587,524. 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 14 88.98 % 14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) 14 88.98 % 15 Public support percentage for 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization X 17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization X 17a 10% -facts-and-circumstances test2020. If the organization did not check a box on line 13, 16a, or 17a, and line 14 is 10% or more, and if the organization meets the facts-and-	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
dividends, payments received on securities loans, rents, royatties, and income from similar sources 4,097.4,824.3,854.4,494.1,546.18,815. 9 Net income from unrelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI.) 1 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 27347371. 12 Gross receipts from related activities, etc. (see instructions) 12 587,524. 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 2 14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) 14 88.98 % 15 Rubic support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) 14 88.98 % 15 Rubic support percentage for 2020 (line 6, column (f), divided by line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% - facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 17a, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization did not check a box on line 13, 16a, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Par	7	Amounts from line 4	2816187.	4633163.	9905948.	4265270.	5707988.	27328556.
dividends, payments received on securities loans, rents, royatties, and income from similar sources 4,097.4,824.3,854.4,494.1,546.18,815. 9 Net income from unrelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI.) 1 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 27347371. 12 Gross receipts from related activities, etc. (see instructions) 12 587,524. 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 28 14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) 14 88.98 % 15 Rubic support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) 14 88.98 % 15 Rubic support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) 14 88.98 % 15 Rubic support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) 14 88.98 % 15 Rubic support percentage for 2020 (line 6, column (f), divided by line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization did not check the box on line 13 or 16a, and line 14 is 33 1/3% or more, check this box and stop here. The organization did not check the box on line 13 or 16a, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization IX 17a 10% - facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 17a, and line 14 is 10% or more, and if the organization meet								
securities loans, rents, royalties, and income from similar sources A , 097. 4 , 824. 3 , 854. 4 , 494. 1 , 546. 18 , 815. Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) 11 Total support. Add lines 7 through 10 273 47371. 12 Gross receipts from related activities, etc. (see instructions) 12 587 , 524. 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Section C. Computation of Public Support Percentage 14 Public support test - 2020. (If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2020. If the organization did not check a box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, flae, or 16b, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, flae, or 16b, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, flae, nor 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization dual floe as a publicly supported organization b 10% -facts-and-circumstances test. The organization dual not check a box on lin								
and income from similar sources 4,097. 4,824. 3,854. 4,494. 1,546. 18,815. 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 10 11 12 587,524. 11 Total support. Add lines 7 through 10 12 587,524. 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 14 88.98 % 14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)). 14 88.98 % 15 Public support percentage for 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization X 17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 17a, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test - 2020. If the organization qualifies as a publicly supported organizat								
9 Net income from unrelated business activities, whether or not the business is regularly carried on include gain or loss from the sale of capital assets (Explain in Part VI.) 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 27347371. 12 Gross receipts from related activities, etc. (see instructions) 12 587, 524. 587, 524. 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here > 24 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) 14 88.98 % 15 Public support percentage from 2019 Schedule A, Part II, line 14 15 88.37 % 16 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization > X 17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization X X 17a 10% -facts-and-circumstances test. The organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organizati			4,097.	4,824.	3,854.	4,494.	1,546.	18,815.
activities, whether or not the business is regularly carried on	9			-	•			
business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 24 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) 14 88 • 98 % 15 Public support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization IX 16a 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization IX 17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization did not check a box on line 13, 16a, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a p	-							
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 27347371. 11 Total support. Add lines 7 through 10 27347371. 12 Gross receipts from related activities, etc. (see instructions) 12 587,524. 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 88.98 % 14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) 14 88.98 % 15 Public support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization X 16a 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization X 17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization Image: Column (f) 17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances tes								
or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)). 14 88.98 % 15 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)). 14 88.98 % 15 Public support percentage for 2020 (line 6, column (f), divided by line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization 17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or meets the facts-and-circumstances test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organizati	10							
assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)). 14 88.98 % 15 Public support percentage for 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2019. If the organization did not check a box on line 13, fa, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization b 10% -facts-and-circumstances test - 2019. If the organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2019. If the organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2019. If the organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test. The organization qualifies as a publicly supported org		•						
11 Total support. Add lines 7 through 10 27347371. 12 Gross receipts from related activities, etc. (see instructions) 12 587, 524. 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Image: Computation of Public Support Percentage 14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) 14 88.98 % 15 Public support percentage from 2019 Schedule A, Part II, line 14 15 88.37 % 16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization Image: Computation Check this box and stop here. 17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test.								
12 Gross receipts from related activities, etc. (see instructions) 12 587, 524. 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 2 Section C. Computation of Public Support Percentage 14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)). 14 88.98 % 15 Public support percentage from 2019 Schedule A, Part II, line 14 15 88.37 % 16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization X b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization X 17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization X b 10% -facts-and-circumstances test. The organization qualifies as a publicly supported organization X b 10% -facts-and-circumstances test. The organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in	11							27347371.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) 14 88.98 % 15 Public support percentage from 2019 Schedule A, Part II, line 14 15 88.37 % 16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization X b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization X 17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the f			etc. (see instruction	ons)			12	
organization, check this box and stop here Image: Section C. Computation of Public Support Percentage 14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)). Image:		-						•
Section C. Computation of Public Support Percentage 14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)). 14 88.98 % 15 Public support percentage from 2019 Schedule A, Part II, line 14 15 88.37 % 16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization IX b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization IX 17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the fac		-				-		
14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)). 14 88.98 % 15 Public support percentage from 2019 Schedule A, Part II, line 14 15 88.37 % 16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization Image: Column (f) Image: Column (f) b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization Image: Column (f) Image: Co	Sec							
15 Public support percentage from 2019 Schedule A, Part II, line 14 15 88 • 37 % 16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► X b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► X 17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the facts-and-circumstances test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	-				column (f))		14	88.98 %
 16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization 				•			15	<u> </u>
 stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the facts-and-circumstances test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization 							nore, check this be	ox and
 b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization 			-					
and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization meets of the facts-and-circumstances test. The organization qualifies as a publicly supported organization meet organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization meet organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization meet organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization meet organization meets the facts-and-circumstances test.	b							nis box
 17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization in Part VI how the 								
and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b	17a							
meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b								
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		-			-		-	
more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	b		•	•		•		
organization meets the facts and circumstances test. The organization qualifies as a publicly supported organization	~		-					
		· -						
	18	-		•				s

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 Grace Medical Home, Inc. 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							
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2	2020	(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							
Ŭ	furnished by a governmental unit to							
	the organization without charge							
6	Total. Add lines 1 through 5							
	a Amounts included on lines 1, 2, and							
	3 received from disqualified persons							
1	Amounts included on lines 2 and 3 received							
	from other than disqualified persons that							
	exceed the greater of \$5,000 or 1% of the							
	amount on line 13 for the year							
	c Add lines 7a and 7b							
	Public support. (Subtract line 7c from line 6.)							<u> </u>
	endar year (or fiscal year beginning in)	(-) 0010	(1-) 0017	(-) 0010	(4) 0010	(-)	0000	
		(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2	2020	(f) Total
	Amounts from line 6							<u> </u>
10	a Gross income from interest, dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources							ļ
I	• Unrelated business taxable income							
	(less section 511 taxes) from businesses							
	acquired after June 30, 1975							ļ
	c Add lines 10a and 10b							ļ
11	Net income from unrelated business							
	activities not included in line 10b, whether or not the business is							
	regularly carried on							
12	Other income. Do not include gain							
	or loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11, and 12.)							
14	First 5 years. If the Form 990 is for the	organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3)	organizati	ion,
	check this box and stop here						<u></u>	
Se	ction C. Computation of Publi	c Support Pe	ercentage					
15	Public support percentage for 2020 (lin	ne 8, column (f), d	divided by line 13,	column (f))		15		%
16	Public support percentage from 2019	Schedule A, Part	: III, line 15			16		%
Se	ction D. Computation of Inves	tment Incom	e Percentage	ļ				
17	Investment income percentage for 202	20 (line 10c, colu	mn (f), divided by I	ine 13, column (f))		17		9
18	Investment income percentage from 2	019 Schedule A,	Part III, line 17			18		9
19	a 33 1/3% support tests - 2020. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3%,	and line 1	7 is not
	more than 33 1/3%, check this box an							►
I	o 33 1/3% support tests - 2019. If the						33 1/3%,;	and
	line 18 is not more than 33 1/3%, chec	k this box and s t	t op here. The orga	anization qualifies	as a publicly supp	orted org	anization	
20	Private foundation. If the organization	ı did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	struction	s	

Yes

No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	163	
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
50 50		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

1

2

		Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?			
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
11c below, the governing body of a supported organization?	11a		
b A family member of a person described in line 11a above?	11b		
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
detail in Part VI.	11c		
Section B. Type I Supporting Organizations			
		Yes	No

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 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.

Section	C. Type	e II Supporting	Organizations	

Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 Section D. All Type III 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			
	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 line 2, above, 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		

Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). 1
- а The organization satisfied the Activities Test. Complete line 2 below.
- The organization is the parent of each of its supported organizations. Complete line 3 below. b
- The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes. how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- **b** Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a 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? If "Yes" or "No" provide details in Part VI.
- 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.

2a

2b

За

3b

Yes No 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in* **Part VI**). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sectio	n A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 N	let short-term capital gain	1		
2 F	Recoveries of prior-year distributions	2		
3 (Other gross income (see instructions)	3		
4 A	dd lines 1 through 3.	4		
5 D	Depreciation and depletion	5		
6 F	Portion of operating expenses paid or incurred for production or			
С	ollection of gross income or for management, conservation, or			
n	naintenance of property held for production of income (see instructions)	6		
7 (Other expenses (see instructions)	7		
8 A	djusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	n B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 A	ggregate fair market value of all non-exempt-use assets (see			
ir	nstructions for short tax year or assets held for part of year):			
a A	verage monthly value of securities	1a		
bΑ	verage monthly cash balances	1b		
сF	air market value of other non-exempt-use assets	1c		
dΤ	otal (add lines 1a, 1b, and 1c)	1d		
еD	Discount claimed for blockage or other factors			
(6	explain in detail in Part VI):			
2 A	cquisition indebtedness applicable to non-exempt-use assets	2		
3 S	Subtract line 2 from line 1d.	3		
4 (Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
s	ee instructions).	4		
5 N	let value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 N	Aultiply line 5 by 0.035.	6		
7 F	Recoveries of prior-year distributions	7		
8 N	finimum Asset Amount (add line 7 to line 6)	8		
Sectio	n C - Distributable Amount			Current Year
1 A	djusted net income for prior year (from Section A, line 8, column A)	1		
2 E	inter 0.85 of line 1.	2		
3 N	linimum asset amount for prior year (from Section B, line 8, column A)	3		
4 E	inter greater of line 2 or line 3.	4		
5 li	ncome tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to			
е	mergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990 or 990-EZ) 2020

1 41	i v Type in Non-Functionally integrated 509		continu	led)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	IS	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	Э		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	าร	(iii) Distributable Amount for 2020
_1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
с	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
	Excess from 2017				
с	Excess from 2018				
d	Excess from 2019				
e	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

Schedu	lle A (Form §	990 or 990-	EZ) 2020	Grace	Medic	al 1	Home,	Inc.			26-1817966 _{Pag}	ge 8
Part	VI Supp Part IV line 1; Section	lementa /, Section A Part IV, Se	A, lines 1, ction D, l 5, 6, and 8	mation. Pro 2, 3b, 3c, 4b ines 2 and 3;	ovide the e , 4c, 5a, 6, Part IV, Se	xplana , 9a, 9t ection l	tions requ o, 9c, 11a, E, lines 1c	iired by Pa 11b, and , 2a, 2b, 3	art II, line 10 11c; Part I a, and 3b;	V, Sec Part V	II, line 17a or 17b; Part III, line 12; tion B, lines 1 and 2; Part IV, Section C, line 1; Part V, Section B, line 1e; Part V, or any additional information.	
Sche	dule A	A, Par	t II	:								
The	Organ	Izatio	n is	comple	ting	the	509(a)(1)	Test	at	Schedule A, Part	
II,	to all	low it	to d	qualify	for	the	spec	ial r	ule fo	or S	Schedule B	
repo	rting	, in a	ccord	dance w	ith t	he :	Sched	ule A	inst	ruct	ions.	

Department of the Treasury Internal Revenue Service

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

2020

Employer identification number

Name of the organization	

Organization type (check one):

Grace Medical Home,

0	
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Inc.

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
 - For an organization described in section 501(c)(7), (8), or (10) 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.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Name of organization

26-1817966

Grace Medical Home, Inc.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>1,183,958</u> .	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$775,858.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 489,254.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	Type of contribution Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>330,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>6</u>		\$268,018.	Person X Payroll (Complete Part II for noncash contributions.)

Name of organization

26-1817966

Grace Medical Home, Inc.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a)	(b)	(c)	(d)			
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution			
7		\$193,722.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a)	(b)	(c)	(d)			
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution			
8		\$138,128.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a)	(b)	(c)	(d)			
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a)	(b)	(c)	(d)			
	Name, address, and ZIP + 4	Total contributions \$	Type of contribution Person			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll ON Noncash ON Complete Part II for noncash contributions.)			
(a) No	(b) Name address and ZIP + 4	(c)	(d)			
<u>No.</u>	Name, address, and ZIP + 4	Total contributions \$	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)			

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Employer identification number

26-1817966

Grace Medical Home, Inc.

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
	Medicine and Medical Supplies		
		\$ <u>1,183,958</u> .	12/31/20
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	Medicine and Medical Supplies		
		\$775,858.	12/31/20
(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
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_			
1		\$	

Page 4

Name of or	rganization			Employer identification number					
Grace	Medical Home, Inc.			26-1817966					
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, o Use duplicate copies of Part III if additional	through (e) and the following line charitable, etc., contributions of \$1,000 charitable.	entry For organizations						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held					
Γ		(e) Transfer of g	jift						
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of tr	ansferor to transferee					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Dos	cription of how gift is held					
Part I	(b) Fulpose of gift		(d) Des						
-	(e) Transfer of gift								
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of tr	ansferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held					
Γ	(e) Transfer of gift								
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of tr	ansferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held					
Ī	(e) Transfer of gift								
-	Transferee's name, address, ar	Relationship of tr	ansferor to transferee						

SC	HEDULE D	Supplement	al Financial Statements	OMB No. 1545-0047
	n 990)	Complete if the org	2020	
Depart	ment of the Treasury), 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.	Open to Public
Interna	I Revenue Service	Inspection		
Nam	e of the organizat	ion Grace Medical Home	, Inc.	Employer identification number 26-1817966
Pa	rt I Organiza	ations Maintaining Donor Advise	ed Funds or Other Similar Funds or A	ccounts.Complete if the
	organizatio	n answered "Yes" on Form 990, Part IV, lir	ne 6.	
			(a) Donor advised funds	(b) Funds and other accounts
1	Total number at e	nd of year		
2	Aggregate value of	of contributions to (during year)		
3		of grants from (during year)		
4		t end of year		
5	-		writing that the assets held in donor advised fur	
-			exclusive legal control?	
6			advisors in writing that grant funds can be used	
			or donor advisor, or for any other purpose confe	
Pa	impermissible priv	ate benefit?	ganization answered "Yes" on Form 990, Part IV	Yes No
1		servation easements held by the organizat		, iiie 7.
•		n of land for public use (for example, recrea	· · · · · · · · · · · · · · · · · · ·	prically important land area
		of natural habitat	Preservation of a cert	
		n of open space		
2			fied conservation contribution in the form of a co	onservation easement on the last
	day of the tax yea			Held at the End of the Tax Year
а	• •			2a
b				2b
с	Number of conser	vation easements on a certified historic st	ructure included in (a)	2c
d	Number of conser	vation easements included in (c) acquired	after 7/25/06, and not on a historic structure	
	listed in the Nation	nal Register		2d
3			leased, extinguished, or terminated by the organ	nization during the tax
	year 🕨			
4	Number of states	where property subject to conservation ea	sement is located ►	
5	Does the organiza	tion have a written policy regarding the pe	riodic monitoring, inspection, handling of	
		forcement of the conservation easements		
6	Staff and voluntee	er hours devoted to monitoring, inspecting	, handling of violations, and enforcing conservati	on easements during the year
_	►			
7		ses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation ea	asements during the year
•	►\$			
8			ve satisfy the requirements of section 170(h)(4)(E	
9			ion easements in its revenue and expense state	
3		•	note to the organization's financial statements th	
		counting for conservation easements.		
Pa			f Art, Historical Treasures, or Other	Similar Assets.
	_	f the organization answered "Yes" on Forn		
1a	If the organization	elected, as permitted under FASB ASC 9	58, not to report in its revenue statement and ba	lance sheet works
	of art, historical tr	easures, or other similar assets held for pu	blic exhibition, education, or research in furthera	ince of public
	service, provide ir	Part XIII the text of the footnote to its fina	ncial statements that describes these items.	
b	If the organization	elected, as permitted under FASB ASC 98	58, to report in its revenue statement and balanc	ce sheet works of
	art, historical treas	sures, or other similar assets held for public	c exhibition, education, or research in furtheranc	e of public service,
	provide the follow	ing amounts relating to these items:		
	(i) Revenue inclu	ided on Form 990, Part VIII, line 1		. ▶ \$
	(ii) Assets include	ed in Form 990, Part X		. • \$
2			easures, or other similar assets for financial gain,	
		unts required to be reported under FASB A		
а	Revenue included	l on Form 990, Part VIII, line 1		. ► \$
b	Assets included in	n Form 990, Part X		. • \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 032051 12-01-20

		edical Hom	-							б _{Раде} 2
Pa	t III Organizations Maintaining C								ts (contir	nued)
3	Using the organization's acquisition, accessic collection items (check all that apply):	ion, and other record	ds, chec	k any of the	following the	at make si	gnificant	use of its		
а	Public exhibition	c		Loan or exc	hange progra	am				
b	Scholarly research	e			inange pregn					
c	Preservation for future generations									
4										
5										
Ŭ	to be sold to raise funds rather than to be m								Yes	No No
Pa	t IV Escrow and Custodial Arran									
	reported an amount on Form 990, Pa			organizatio	in answered		10111000	, i aitiv,	1110 0, 01	
1 a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contributior	ns or other as	ssets not i	included			
	on Form 990, Part X?								Yes	No No
b	If "Yes," explain the arrangement in Part XIII									
		•	Ū						Amount	
с	Beginning balance						1c			
	Additions during the year									
	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on F								Yes	No
	If "Yes," explain the arrangement in Part XIII.									
Pa										
		(a) Current year	(b) F	Prior year	(c) Two yea	rs back 🛛 🌔	d) Three y	ears back	(e) Four	years back
1a	Beginning of year balance									
	Contributions									
с	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance	-								
2	Provide the estimated percentage of the cur		ce (line 1	g, column (a	a)) held as:	I				
а	Board designated or quasi-endowment	,	%	0, (,,					
b	Permanent endowment	%								
с	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.								
3a	Are there endowment funds not in the posse		ation th	at are held a	and administe	ered for th	e organiz	zation		
	by:	5					5		Γ	Yes No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	red on S	Schedule R?	• • • • • • • • • • • • • • • • • • • •					
4	Describe in Part XIII the intended uses of the								L	
Pa	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 990	0, Part I	V, line 11a. S	See Form 990	0, Part X, I	line 10.			
	Description of property	(a) Cost or c basis (investr			t or other (other)	.,	cumulate reciation	ed	(d) Bool	< value
1a	Land									
	Buildings									
	Leasehold improvements									
	Equipment			22	3,317.	1	65,3	59.	5	7,958.
	Other				900.			00.		0.
	Add lines 1a through 1e. (Column (d) must e		X, colur	mn (B), line 1	10c.)	-			5'	7,958.
	Z , , , , , , , , , , , , , , , , , , ,									

Schedule D (Form 990) 2020

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.								
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value						
(1) Financial derivatives								
(2) Closely held equity interests								
(3) Other								
(A)								
(B)								
(C)								
(D)								
(E)								
(F)								
(G)								
(H)								
Total (Col. (b) must equal Form 990 Part X. col. (B) line 12.)								

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) Due from related organizations	183,160.
(2) Security deposits	9,024.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	▶ 192,184.
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11	. See Form 990, Part X, line 25.
1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Payroll liabilities	72,664.
(3) Retirement plan contribution	
(4) payable	14,885.
(5)	
(6)	
(7)	
(7)	
(7) (8)	▶ 87,549.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII....

26-1817966	Page 4
------------	--------

Schedule D (Form 990) 2020	Grace	Medical	Home,	Inc.
----------------------------	-------	---------	-------	------

Pa	rt XI Reconciliation of Revenue per Audited Financial Staten	nents With Rever	nue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
			mana may Datum
Ра	rt XII Reconciliation of Expenses per Audited Financial State	•	nses per Return.
Pa	rt XII Reconciliation of Expenses per Audited Financial States Complete if the organization answered "Yes" on Form 990, Part IV, line 12	•	nses per Return.
Pa 		а.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	а.	
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements	a.	
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	a. 	
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	a. 2a 2b	
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	a. 	
1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	a. 	
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	a. 2a 2b 2c 2d	1
1 2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	a. 2a 2b 2c 2d	1
1 2 b c d e 3	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	a. 	1
1 2 b c d 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	a. 2a 2b 2c 2d 4a	1
1 2 3 4 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	a. 2a 2b 2c 2d 2d 4a 4b	
1 2 d e 3 4 b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	a. 2a 2b 2c 2c 2d 4a 4b	

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE G	Suppleme	ental Information Regarding	g Fun	drais	ing or Gaming	Activ	vities	OMB No. 1545-0047
(Form 990 or 990-EZ) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.								2020
Department of the Treasury		Attach to Form 990) or Fo	rm 99	0-EZ.			Open to Public
Internal Revenue Service Name of the organization		o to www.irs.gov/Form990 for inst	ructior	is and	the latest informat	ion.	Employer	Inspection dentification number
Grace Medical Home, Inc. 26-181								
	complete this par	Complete if the organization answ t.	ered "ነ	es" o	n Form 990, Part IV,	line 1	7. Form 990	-EZ filers are not
 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations g Special fundraising events d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. 								
(i) Name and address or entity (fund		(ii) Activity	or cor	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	tò (c	Amount paid r retained b fundraiser ied in col. (i)	y) to (or retained by)
			Yes	No				
Total				. 🕨				
3 List all states in whi or licensing.	ch the organizatio	on is registered or licensed to solicit	contrik	outions	s or has been notified	d it is	exempt fron	n registration

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

Schedule G (Form 990 or 990-EZ) 2020

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

		of fundraising event contributions and gr	oss income on Form 990	D-EZ, lines 1 and 6b. List	events with gross receip	ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(-I) Tatal suggests
			Let's See	Spa	None	(d) Total events
				Invitational		(add col. (a) through
					(tatal you wash av)	col. (c))
ē			(event type)	(event type)	(total number)	
Revenue						
lev	1	Gross receipts	235,598.	32,616.		268,214.
щ						
	2	Less: Contributions	235,598.	32,616.		268,214.
	-		,			
	<u>_</u>	Cross income (line 1 minus line 2)				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
es						
sue	6	Rent/facility costs				
ğx	ľ					
Direct Expenses	_					
5 E	7	Food and beverages				
ā						
	8	Entertainment				
	9	Other direct expenses	13,410.	11,483.		24,893.
	10				•	24,893.
	11	Net income summary. Subtract line 10 from I				-24,893.
Pa	irt I	II Gaming. Complete if the organization				· · · ·
		\$15,000 on Form 990-EZ, line 6a.			·	
		+ · · · · · · · · · · · · · · · · · · ·		(b) Pull tabs/instant		(d) Total gaming (add
ue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Revenue				bingo/progrosoivo bingo		
je B						
	1	Gross revenue				
ŝ	2	Cash prizes				
JSe						
bei	3	Noncash prizes				
Direct Expenses	ľ					
ŝĊ						
Ē	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	└── No	No	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)			
		1 , 3	(/		······································	
	8	Net gaming income summary. Subtract line 7	from line 1 column (d)		•	
	0	Net gaming income summary. Subtract line r			·····	I
~	-					
		ter the state(s) in which the organization condu				
		he organization licensed to conduct gaming a				Yes No
b	lf "	No," explain:				
10a	We	ere any of the organization's gaming licenses re	evoked, suspended. or te	erminated during the tax	vear?	Yes No
		ere any of the organization's gaming licenses re		-	year?	Yes No
		ere any of the organization's gaming licenses re Yes," explain:		-	year?	YesNo

Sch	edule G (Form 990 or 990-EZ) 2020 Grace Medical Home, Inc. 26-1	1817966	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	🗌 No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	%
	An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
1 5a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party ▶\$		
с	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🕨		
	Director/officer Employee Independent contractor		
47	Mandatan (distributions)		
	Mandatory distributions:		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to	Yes	
L	retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
U	organization's own exempt activities during the tax year > \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part I	rt III lines 9	9b 10b
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
Sc	hedule G, Part II:		
Th	e Organization held a virtual fundraiser, Let's Say Grace, in	2020.	
Sp	onsorships, virtual tables, and individual virtual tickets to	attend	
th	e event were sold. All attendees were provided with a link to	> the	
on	line event. Table hosts and sponsors received a small flower		
ar	rangement, granola and a bottle of wine. Since the items rece	vived b	У
do	nors meet the "token" item exception to the quid pro quo rules	s, all	
	yments received in connection with the event have been treated		
Or	ganization as contributions. Other than the "token" items des	cribed	L

above no goods or services were received in exchange for these

sponsorships/contributions.

Schedule G, Part II:

The 2020 Spa Invitational was cancelled due to COVID-19. Previously

purchased sponsorships and foursomes that had been received were

considered contributions. No goods or services were received in

exchange for these contributions.

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.						
Department of the Treasury Attach to Form 990. Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.							Open to Public Inspection
Name of the organization	e Medical Home	Inc					Employer identification number $26-1817966$
	n Grants and Assistance	e, Inc.					20-101/900
 Does the organization mainta criteria used to award the gra Describe in Part IV the organi 	nts or assistance?		· · · · · · · · · · · · · · · · · · ·				tion Yes X No
	stance to Domestic Organ more than \$5,000. Part II car				anization answered "	es" on Form 990, Par	t IV, line 21, for any
1 (a) Name and address of orgation or government		(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Grace Medical Home Foundat: Inc 1417 E Concord Stree Orlando, FL 32803	,	501(c)(3)	1,040,000.	0.			To support the Foundation's grant-making activities on behalf of GMH.
GMH Property Holdings, Inc. 1417 E Concord Street Orlando, FL 32803	82-1202430	501(c)(3)	447,000.	0.			For the improvement and purchase of buildings
2 Enter total number of section	501(c)(3) and government o	rganizations listed in t	he line 1 table			I	2.
3 Enter total number of other or LHA For Paperwork Reduction	2						

 Part III
 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

 Part III can be duplicated if additional space is needed.
 (b) Number of recipients
 (c) Amount of cash grant
 (d) Amount of non-cash assistance
 (e) Method of valuation (book, FMV, appraisal, other)
 (f) Description of noncash assistance

 Image: Cash grant
 I

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Part I, Line 2:

Grace Medical Home Foundation, Inc. and GMH Property Holdings, Inc. are

supporting organizations of Grace Medical Home, Inc. The Organization

monitors the use of the grant funds by virtue of the fact that certain

members of the Organization's Board of Directors serve on the Board of each

recipient organization. In addition, control of the recipient

organizations is vested in the same entity that controls the Organization,

and the same persons that manage the recipient organizations also manage

the Organization. No further grant monitoring is deemed necessary.

Page 2

SC	HEDULE J Compensation Information	I	OMB No. 1	545-00	47	
	Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest				<u> </u>	
•	Compensated Employees			2020		
Deres	► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990. Open to Publi					
	tment of the Treasury al Revenue Service ■ Go to www.irs.gov/Form990 for instructions and the latest information.	Inspection				
Nam	ne of the organization	Employer id			mber	
	Grace Medical Home, Inc.	26-18	31796	6		
Pa	rt I Questions Regarding Compensation					
				Yes	No	
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 9	990,				
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or charter travel					
	Travel for companions Payments for business use of personal residence					
	Tax indemnification and gross-up payments					
	Discretionary spending account	r, chef)				
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or					
~	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		. 1b			
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?		. 2			
2	Indicate which, if any, of the following the organization used to establish the compensation of the organization's					
3						
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. X Compensation committee Written employment contract					
	Independent compensation consultant Independent compensation consultant Independent compensation consultant					
	Form 990 of other organizations					
		mmillee				
4	4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
	organization or a related organization:					
а	Receive a severance payment or change-of-control payment?		4a		Х	
b	Participate in or receive payment from a supplemental nonqualified retirement plan?		. 4b		Х	
с	Participate in or receive payment from an equity-based compensation arrangement?				Х	
	If "Yes" to any of lines 4a c, list the persons and provide the applicable amounts for each item in Part III.					
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n				
	contingent on the revenues of:					
а	The organization?		5 a		X	
b	Any related organization?		5 b		X	
	If "Yes" on line 5a or 5b, describe in Part III.					
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n				
	contingent on the net earnings of:					
	e organization?				X	
b	iy related organization?6				Х	
	If "Yes" on line 6a or 6b, describe in Part III.					
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				37	
_	not described on lines 5 and 6? If "Yes," describe in Part III		. 7		X	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		-		v	
-	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		. 8		X	
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in					
	Regulations section 53.4958-6(c)?		. 9			
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedu	le J (Forn	n 990)	2020	

26-1817966

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title	(A) Name and Title		(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(i)-(D)	reported as deferred on prior Form 990
(1) Sherry Brooks	(i)	165,762.	0.	0.	2,458.	2,278.	170,498.	0.
Medical Director	(ii)	0.	0.	0.	0.	0.		0.
(2) Stephanie Garris	(i)	140,077.	0.	0.	2,496.	23,738.		0.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2020

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047 2020

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

Name of the	organization
-------------	--------------

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

me of the organization				
	Grace	Medical	Home,	Inc.

Employer identification number
26-1817966

Pa	rt I Types of Property		•					
		(a)	(b)	(c)	(d)			
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of de			_
		applicable	items contributed	Form 990, Part VIII, line 1g	noncash contribu	ution al	mount	S
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	X	8	25,279.	Fair market	va	lue	
10	Securities - Closely held stock			,				
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
10	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18								
19	Collectibles							
20	Food inventory	x	570	2 017 190.	Fair market	va	1110	
20 21	Drugs and medical supplies		570	2,017,190.	rurr market	, vu	<u>ruc</u>	
21	Taxidermy							
	Historical artifacts							
23	Scientific specimens							
24 05	Archeological artifacts							
25	Other ()							
26 07	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organization						0	
	for which the organization completed Form 82	283, Part V, L	Jonee Acknowledg	gement				Na
20-	During the user did the eventienties wereine h			a subad in Daub I. Jinaa d dhuuu	ah 00 that it		Yes	No
30a	During the year, did the organization receive b							
	must hold for at least three years from the dat			•		20-		x
	exempt purposes for the entire holding period	<i>(</i>				30a		
	If "Yes," describe the arrangement in Part II.	noliou that a	an inco the new income	of any nonotor-developments	utionol	0.4	y	
31	Does the organization have a gift acceptance					31	Х	
32a	Does the organization hire or use third parties		-					v
	contributions?					32a		X
	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in o	column (c) fo	r a type of propert	y tor which column (a) is che	ecked,			
	describe in Part II.							
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	0.	Schedule N	/I (Forr	n 990)	2020

Schedule M (Form 990) 2020	Grace	Medical	Home,	Inc.	

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Schedule M, Part I, Column (b):

The Organization is reporting in Part I, column (b), the number of

items contributed.

SCHEDULE O (Form 990 or 990-EZ) 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.



26-1817966

Grace Medical Home, Inc.

Form 990, Part I, Line 1, Description of Organization Mission:

those in our community who need it most.

Form 990, Part III, Line 4a, Program Service Accomplishments: on-site medical specialties including cardiology, mental health counseling, dental, endocrinology, ophthalmology, vascular, and more.

In 2020, the Organization enrolled 217 new patients despite a global pandemic (151 adult and 66 children) for a total of 1,167 unduplicated These patients had more than 13,000 patient encounters, patients. received more than \$6.8 million in value of care, including prescription medications obtained on behalf of specific patients or donated directly to our facility, and were offered 28 medical specialties on-site, including 744 Dental Center visits and 1,296 mental health or spiritual care visits. Our medical outcomes of our chronically-ill patients demonstrate that we are improving people's health so they can remain on the path of self-sustainability. As COVID-19 became a threat, Grace took immediate steps to protect the safety and well-being of patients and staff. The clinical team followed every CDC recommendation for a health care facility. Our priority was to remain open to care for our patients unless medical supplies or adequate staffing forced a closure. All patients were called by Grace staff to determine the appropriate response to address their medical needs: on the phone, via telehealth or at Grace for necessary or urgent medical care. We launched a telehealth patient appointment option at the onset of the pandemic and provided 1,547 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) 2020 032211 11-20-20

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization Grace Medical Home, Inc.	Employer identification number $26-1817966$
telehealth appointments. When some patients needed immed	
food but were fearful to leave their home, we arranged dr	
pick-up or we delivered food to their house. A staff doc	
attended many deliveries to check on the patient, drop of:	f medication,
or provide follow-up care. While we are back to full capa	acity
following all CDC safety protocols, the need for Grace has	s never been
greater. In 2020, our already vulnerable patients were the	hrust into
survival mode and many continue to experience medical or o	economic
hardship.	
Form 990, Part VI, Section A, line 6:	
The Organization's sole member is Grace Medical Nominating	g Trust.
Form 990, Part VI, Section A, line 7a:	
Directors are selected by the Organization's sole member,	Grace Medical
Nominating Trust.	
Form 990, Part VI, Section B, line 11b:	
The Organization's top management official and top financ	ial official each
review the Form 990 prior to its filing with the IRS. A	copy of the final
Form 990 is also provided to the voting members of the Org	ganization's
governing body prior to its filing with the IRS.	
Form 990, Part VI, Section B, Line 12c:	
The Organization's conflict of interest policy is distributed	uted to each
member of the Organization's governing body, its officers	, and its key
employees on an annual basis. Each such individual provid	des an annual

disclosure statement indicating that they have received, read, understood, 032212 11-20-20 Schedule O (Form 990 or 990-EZ) 2020

Schedule O (Form 990 or 990-EZ) 2020	Page 2	
Name of the organization Grace Medical Home, Inc.	Employer identification number 26-1817966	
and agreed to comply with the policy, and certifying that	: (1) they have no	
relationships or interests that present a conflict of int	erest, (2) they	
have one or more conflicts of interest that have been ful	ly disclosed as	
required by the policy and have been properly administered in conformity		
with the policy, or (3) they have previously undisclosed	conflicts of	
interest and disclosing the details of such conflicts. A	ny disclosure	
statement with previously undisclosed conflicts of interest are forwarded		
to appropriate Organization officials to take appropriate actions as		
required by the policy.		

Form 990, Part VI, Section B, Line 15:

The Organization has adopted an executive compensation setting policy applicable to all disqualified persons, including the Organization's CEO, officers, and key employees. Under the policy, an independent committee of the Board of Directors annually reviews and approves the compensation levels of all individuals subject to the policy. The deliberations and decisions of the committee are contemporaneously substantiated. The committee utilizes comparability data in its deliberations; updated comparability data is generally obtained every two to three years.

Form 990, Part VI, Section C, Line 19:
The Organization provides, upon request, copies of its Articles of
Incorporation, bylaws, conflict of interest policy, and its audited
financial statements.

Form 990, Part XII, Line 2c:

The Organization's Board of Directors, or a committee thereof, assumes

responsibility for the oversight of the audit of its financial

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization Grace Medical Home, Inc.	Employer identification number 26-1817966
statements and the selection of an independent accountant	. The
organization is included in consolidated, independent aud	ited financial
statements for the tax year.	

SCHEDULE R	L	OMB No. 154	5-0047					
(Form 990) Department of the Treasury	► Comp	· · · · ·	"Yes" on Form 990, Part IV, ach to Form 990.	line 33, 34, 35b, 3	6, or 37.		202 Open to P Inspecti	ublic
Internal Revenue Service Name of the organizati	on Grace Medical	► Go to www.irs.gov/Form990 Home, Inc.	for instructions and the late	est mormation.		Employer ide	ntification n	
Part I Identificati	on of Disregarded Entities. Comple	te if the organization answered "Yes	" on Form 990, Part IV, line 3	3.				
(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary activity	(c) Legal domicile (state c foreign country)	or Total incor	(e) End-of-year a	assets Dire	(f) ect controlling entity	9
Identificati	on of Related Tax-Exempt Organiz	ations. Complete if the organization	answered "Yes" on Form 99	0 Part IV line 34 h	pecause it had one o	or more related tax	-exempt	
	ns during the tax year.	1		1				
(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controllin entity	g cont	g) 512(b)(13) rolled tity?
	ne Foundation, Inc. – E Concord Street, Orlando,	Support of Grace Medical Home, Inc.	Florida	501(c)(3)		race Medical Cominating True		
GMH Property Holdings, Inc 82-1202430 1417 E Concord Street Orlando, FL 32803		Support of Grace Medical Home, Inc.	Florida	501(c)(3)		race Medical	st X	
		-						
		-						

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

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		oortionate ations?	amount in box 20 of Schedule	partne	r?
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes I	lo
	4										
	-										
	-										
										+	
	-										
	-										
	-										
	_										
	4										
IV Identification of Related O organizations treated as a c	rganizations Taxable a orporation or trust durir	as a Corpo	pration or Trust. Co year.	mplete if the organizat	ion answered "Yes	s" on Form 990, P	art IV,	line 34	4, because it had	one oi	more relat
(a)			(b)	(c) (d)	(e) (f)		(g)	(h)	(i)

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)) (i) ction
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	512(i contr ent	b)(13) rolled tity?
		country)		,				Yes	No
Grace Medical Nominating Trust	Appointing and								
1417 E Concord Street	removing the filing								
Orlando, FL 32803	Organization's board	FL	N/A	TRUST	N/A	N/A	N/A		x
	7								
	7								
	1								
	-								
	1								
	1								

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.								
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?							
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X				
	Gift, grant, or capital contribution to related organization(s)	1b	Х					
с	Gift, grant, or capital contribution from related organization(s)	1c	Х					
	Loans or loan guarantees to or for related organization(s)	1d	Х					
	Loans or loan guarantees by related organization(s)	1e		X				
f	Dividends from related organization(s)	1f		X				
g	Sale of assets to related organization(s)	1g		X				
h	Purchase of assets from related organization(s)	1h		X				
i	Exchange of assets with related organization(s)	1i		X				
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X				
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X				
- 1	Performance of services or membership or fundraising solicitations for related organization(s)	11		X				
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X				
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X					
	Sharing of paid employees with related organization(s)	10	Х					
р	Reimbursement paid to related organization(s) for expenses	1p		Х				
q	Reimbursement paid by related organization(s) for expenses	1q	X					
r	Other transfer of cash or property to related organization(s)	1r		X				
s	Other transfer of cash or property from related organization(s)	1s		X				
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.							

(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved
(1) Grace Medical Home Foundation, Inc.	В	1,040,000.	Cash transferred
(2) GMH Property Holdings, Inc.	В	447,000.	Cash transferred
(3) Grace Medical Home Foundation, Inc.	с	330,000.	Cash transferred
(4)			
(5)			
(6)			

Schedule R (Form 990) 2020 Grace Medical Home, Inc.

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are al partners 501(c)(orgs. Yes N	 sec. (3) ? No	(f) Share of total income	(g) Share of end-of-year assets	(I Dispr tion alloca Yes	n) opor- nate tions? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partne Yes I	al or P ging er?	(k) Percentage ownership

Schedule R (Form 990) 2020

Grace Medical Home, Inc.

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Part IV, Identification of Related Organizations Taxable as Corp or Trust:

Name of Related Organization:

Grace Medical Nominating Trust

Primary Activity: Appointing and removing the filing Organization's board

members