# \*\* PUBLIC DISCLOSURE COPY \*\* Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Αг	OI LITE	2022 Calendar year, or tax year beginning	enung						
<b>В</b> с	heck if pplicable	C Name of organization		D Employer identif	ication number				
	Addre								
	Name chang	Doing business as		81-48195	33				
	Initial  return  Final	Number and street (or P.O. box if mail is not delivered to street address) 3400 PROSPECT STREET, NW	Room/suite		phone number 02-796-4240				
	√return termin			G Gross receipts \$	2 222 242				
	ated ∏Amend	City or town, state or province, country, and ZIP or foreign postal code  WASHINGTON, DC 20007							
	_return Applic tion			H(a) Is this a group					
	⊥tion pendir	SAME AS C ABOVE		for subordinate	—				
				H(b) Are all subordinates					
			or 527	7	a list. See instructions				
	Vebsit	<del></del>	1	H(c) Group exempti					
	orm of ort I	organization: X Corporation Trust Association Other  Summary	L Year	of formation: 2017	M State of legal domicile: DC				
	1	Briefly describe the organization's mission or most significant activities: HALC	YON LI	FTS UP INNO	VATORS AND				
ဥ		CREATORS WHO SEEK TO MAKE THE WORLD A BET							
na l	2	Check this box if the organization discontinued its operations or dispose	sed of more	than 25% of its net as	ssets.				
Š	3			3	1 40				
Activities & Governance		Number of independent voting members of the governing body (Part VI, line 1b)			10				
		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			22				
Ęį		Total number of volunteers (estimate if necessary)			79				
냚	7 a			7a	0.				
٩		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.				
				Prior Year	Current Year				
Revenue	8	Contributions and grants (Part VIII, line 1h)		2,953,167.	3,531,515.				
		Program service revenue (Part VIII, line 2g)		63,865.	14,086.				
		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		87.	3,560.				
۳		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		84,194.					
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,101,313.	3,682,115.				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		382,856.					
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
۵	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,730,096.	1,915,859.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
per	b	Total fundraising expenses (Part IX, column (D), line 25) 191, 3	97.						
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		922,723.	860,659.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,035,675.	3,094,618.				
	19	Revenue less expenses. Subtract line 18 from line 12		65,638.					
or Sec		·		ginning of Current Year	End of Year				
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		1,434,839.	1,514,892.				
Ass	21	Total liabilities (Part X, line 26)		586,790.					
Est	22	Net assets or fund balances. Subtract line 21 from line 20		848,049.	1,406,479.				
Pa	ırt II	Signature Block							
Unde	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedule	s and stateme	ents, and to the best of m	ny knowledge and belief, it is				
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wl	hich preparer	has any knowledge.					
Sigr	ı	Signature of officer		Date					
Here	е	KATE GOODALL, CHIEF EXECUTIVE OFFICER							
		Type or print name and title							
		Print/Type preparer's name Preparer's signature		Date Check if	PTIN				
Paid		FRANK H. SMITH FRANK H. SMITH		self-empl					
Prep	arer	Firm's name MARCUM LLP		Firm's EIN	L1-1986323				
Use	Only	Firm's address 1899 L STREET, NW, SUITE 850							
		WASHINGTON, DC 20036		Phone no. 20	02-227-4000				
May	the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No				

Pai	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
•	HALCYON LIFTS UP INNOVATORS AND CREATORS WHO SEEK TO MAKE THE WORLD A
	BETTER PLACE, GIVING THEM THE TOOLS AND OPPORTUNITIES THEY NEED TO
	BRING THEIR IDEAS TO LIFE.
2	Did the organization undertake any significant program services during the year which were not listed on the
	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 services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 2,001,594. including grants of \$ 318,100.) (Revenue \$ 14,086.
	HALCYON INCUBATOR AND INTENSIVES: THE PROGRAM OFFERS FELLOWSHIPS TO
	SUPPORT EARLY-STAGE IMPACT-DRIVEN BUSINESS FOUNDERS FROM AROUND THE
	WORLD. THE FELLOWSHIPS INCLUDE A FOUR-MONTH RESIDENTIAL FELLOWSHIP IN
	WASHINGTON, D.C., AS WELL AS INTENSIVE FELLOWSHIPS THAT SERVE DIFFERENT
	INTERNATIONAL COMMUNITIES, SECTORS, OR DEMOGRAPHIC GROUPS WITH TAILORED
	NEEDS. HALCYON'S FELLOWSHIPS OFFER A COMBINATION OF LEADERSHIP
	COACHING, LEGAL SUPPORT, CONSULTING SUPPORTING, COACHING, MENTORSHIP,
	RESIDENCY, SKILL-BUILDING, AND CASH STIPENDS TO HELP FOUNDERS SCALE
	BUSINESSES SOLVING PROBLEMS IN EVERY SECTOR, FROM EDUCATION, TO ENERGY,
	TO HEALTH CARE. HALCYON INCUBATOR OFFERS THESE FELLOWSHIPS AT NO COST
	TO PARTICIPATING ENTREPRENEURS, AND TAKES NO EQUITY IN THEIR VENTURES
	FOR THE FELLOWSHIP.
4b	(Code:) (Expenses \$ 433,908 • including grants of \$) (Revenue \$)
	IMPACT INVESTING: AS PART OF ITS EFFORT TO GROW THE IMPACT-DRIVEN
	BUSINESS ECOSYSTEM AND FUEL IMPACT-DRIVEN STARTUPS, HALCYON HAS
	LAUNCHED THREE FUNDING VEHICLES. WHILE HALCYON INCUBATOR FELLOWSHIPS
	TAKE NO EQUITY, FOUNDERS SHARED A NEED FOR ACCESS TO LIKEMINDED
	FUNDERS, LEADING HALCYON TO CREATE:
	1) MUE HALVON BUND A GEN TANDERMENT BUND GUDDODETNG HALGVON TNOUDARDD
	1) THE HALYON FUND, A \$5M INVESTMENT FUND SUPPORTING HALCYON INCUBATOR
	VENTURES THAT DO WANT TO PURSUE VENTURE CAPITAL FUNDING. TO DATE, THE
	HALCYON FUND HAS A PORTFOLIO OF 12 VENTURES.
	2) HALCYON ANGELS, AN ACTIVE ANGEL INVESTING GROUP THAT SEES HALCYON
	INCUBATOR VENTURES AS WELL AS OTHER EARLY-STAGE IMPACT-DRIVEN STARTUPS.
4c	202 (00
40	(Code:) (Expenses \$283,609. including grants of \$) (Revenue \$)  HALCYON AWARDS: HALCYON'S EVENT PROGRAMMING IS DESIGNED TO LEAD AND
	EXPAND THE CONVERSATION AROUND IMPACT-DRIVEN BUSINESS AND INSPIRE
	INNOVATION. THE LARGEST OF HALCYON'S EVENTS, THE HALCYON AWARDS ARE AN
	ANNUAL CELEBRATION OF HALCYON'S FELLOWS, COMMUNITY MEMBERS, AND
	NATIONALLY AND INTERNATIONALLY RECOGNIZED TRAILBLAZERS IN BUSINESS,
	ARTS AND CULTURE, AND POLICY.
4d	Other program services (Describe on Schedule O.)
-	(Expenses \$ including grants of \$ ) (Revenue \$ )
<u>4</u> e	Total program service expenses 2,719,111.
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2

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81-4819533 Page **3** 

# Form 990 (2022) HALCYON HOUSE Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		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			<del></del>
3	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		x
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
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,		7.7	
	Part VI	11a	_X_	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> X</u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	٠.٠		
"		17		x
1Ω	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	''		<del>                                     </del>
18		40	Х	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	21	_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	امدا		<sub>V</sub>
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		$\vdash$
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	000	X

232003 12-13-22

Form **990** (2022)

Form 990 (2022) HALCYON HOUSE
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			37
	Schedule K. If "No," go to line 25a	24a		_X_
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
d	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u> </u>
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			37
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?   f	28a		х
h	"Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		_X_
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		v	
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34	Х	
35.2	Part V, line 1  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	000		_
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	Х	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		_X_
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Da	Note: All Form 990 filers are required to complete Schedule O  † V   Statements Regarding Other IRS Filings and Tax Compliance	38	X	L
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	1c	Х	
232004	1 12-13-22	Form	990	(2022)

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Form 990 (2022) HALCYON HOUSE

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) 81-4819533 Page **5** 

			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 22			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
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			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against			
b				
120	amounts due or received from them.)  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	ıza		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note: See the instructions for additional information the organization must report on Schedule O.	100		
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			
С	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

Form **990** (2022) 232005 12-13-22

Form 990 (2022) HALCYON HOUSE 81-4819533 Page 6

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 10			
	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 10			
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		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
	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:			
	The governing body?	8a	Х	
b	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.)			
	This couldn't brogada information about policio net regalica by the internal netwine could,		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	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	
	Describe on 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			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on 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 filedAL , AK , AZ , AR , CA , CO , CT , DE , FL	, GA	HI,	ID
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			
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X 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	l financ	cial	
	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			
	KATE GOODALL - 202-796-4240			
	3400 PROSPECT STREET, NW, WASHINGTON, DC 20007			
	SEE SCHEDILE O FOR FILL LIST OF STATES	F	000	(2022)

Form 990 (2022) HALCYON HOUSE 81-4819533 Page 7

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
   List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
- Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and title	(B) Average	(C) Position (do not check more than one					one	( <b>D</b> ) Reportable	<b>(E)</b> Reportable	<b>(F)</b> Estimated
	hours per	box	, unle: cer ar	ss pei	son i	s both	n an	compensation	compensation	amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) KATE GOODALL	40.00	1							_	
CHIEF EXECUTIVE OFFICER				Х				219,228.	0.	10,233.
(2) DAHNA GOLDSTEIN UNTIL 9/30/2022	40.00	1							_	
CHIEF INVESTMENT OFFICER						X		160,000.	0.	5,344.
(3) DANIEL BARKER	40.00	1								
MANAGING DIRECTOR	10.00					X		141,658.	0.	10,836.
(4) JOSH MANDELL CHIEF OPERATING OFFICER	40.00	4				x		110 760	0.	2 722
	40.00					<u> </u>		110,769.	0.	3,733.
(5) NICOLE WEISSMAN UNTIL 10/25/202 DIRECTOR OF COMMUNICATIONS	40.00	1				x		102,568.	0.	4,544.
(6) MARTHA METZ	1.00					125		102,300.	•	1,311.
BOARD CHAIR		x						0.	0.	0.
(7) BYRON BARNES	1.00									
BOARD MEMBER		Х						0.	0.	0.
(8) TERESA CARLSON	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) MICHELLE DIFEBO FREEMAN	1.00							_	_	_
BOARD MEMBER		Х						0.	0.	0.
(10) W. MATTHEW KELLY	1.00	1							_	
BOARD MEMBER		Х						0.	0.	0.
(11) PATRICE KING BRICKMAN	1.00									•
BOARD MEMBER	1 00	Х						0.	0.	0.
(12) SACHIKO KUNO, PH.D. BOARD MEMBER	1.00	х						0.	0.	0
(13) MUKTESH PANT	1.00	^						0.	0.	0.
BOARD MEMBER	1.00	х						0.	0.	0.
(14) MAX PETERSON	1.00	^						0.	0.	0.
BOARD MEMBER	1.00	Х						0.	0.	0.
(15) KARYN SMITH	1.00	22								
BOARD MEMBER	1.00	х						0.	0.	0.
(16) KERONE VATEL	1.00	† <u></u>							•	
BOARD MEMBER		Х						0.	0.	0.

Form 990 (2022)

Form 990 (2022) HALCYON HOUSE 81-4819533 Page 8
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)
(C) (D) (E) (F)

(A) Name and title	(B) Average	(C) Position (do not check more than one				one	(D) (E)  Reportable Reportable			(F) Estimated			
	hours per week	box, offic	, unles	ss per	son i	s both or/trust	an	compensation compensation from from related				ount o	of
	(list any hours for related organizations below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	ıer	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC 1099-NEC)	;/ 	orga	m the nizati relate	e ion ed
	line)	Indiv	Instit	Officer	Key e	High emp	Former			+			
										_			
										$\dashv$			
										$\perp$			
										_			
1b Subtotal								734,223.		).	34	, 69	90.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)								734,223.		0.	34	, 69	0. 90.
Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	d ab	ove	) wh	o re	ceived more than \$100,	000 of reportable				5
											,	Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s.											3		X
4 For any individual listed on line 1a, is the su	ım of reportabl	е со	mpe	ensa	tion	and	oth	er compensation from t	he organization		4	х	
<ul><li>and related organizations greater than \$150</li><li>Did any person listed on line 1a receive or a</li></ul>	ccrue compen	satio	on fr	om	any	unre	elate	ed organization or individ	dual for services	··	4	21	
rendered to the organization? If "Yes." com Section B. Independent Contractors	plete Schedule	e J fo	or su	ıch r	oers	on .					5		X
1 Complete this table for your five highest co	•	-							•	nsatio	on fror	n	
the organization. Report compensation for (A)					iun C	or wii	LIIII	(B)			(C)		
Name and business	address	NC	ONE	5				Description of s	services	Co	mpen	satioi	<u> </u>
							1						
2 Total number of independent contractors (ii		ot lin	nited	d to 1	_		ted	above) who received me	ore than				
\$100,000 of compensation from the organiz	zation				(	,				F	orm 9	90 (2	2022)

Form	1 990 (			ON HOUSE				81-4819	533 Page <b>9</b>
Ра	rt VII	Statement of Rev	/en	iue					
		Check if Schedule O c	onta	ains a response	or note to any lin			T (0)	
						(A)	(B) Related or exempt	(C) Unrelated	( <b>D)</b> Revenue excluded
						Total revenue		business revenue	from tax under
									sections 512 - 514
Si	1 a	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues			48,212.				
ج کے	С				297,493.				
fts	d			1d					
⊒ie	e	Government grants (contri			272,014.				
Sin	•	All other contributions, gifts,			2,2,011				
ıti e	f			-	913,796.				
giệ		similar amounts not included			101,568.				
ont	9	Noncash contributions included in I				2 521 515			
<u>Q</u> <u>e</u>	h	Total. Add lines 1a-1f				3,531,515.			
			_ ~		Business Code	14 006	14 006		
ce	2 a	FACILITIES FE	ES		900099	14,086.	14,086.		_
řvi e	b								
Program Service Revenue	С								
am	d								
ogr	е								
P	f	All other program service r	eve	nue					
	g					14,086.			
	3	Investment income (includ							
		,	•	,	*	3,560.			3,560.
	other similar amounts)  4 Income from investment of tax-exempt bond p			7,000					
	5	Royalties			1000003				
	3	noyaities	· · · · · ·	(i) Real	(ii) Personal				
	٠.	Ouese wente		(i) ricai	(ii) i cisoriai				
	_	Gross rents	6a						
	b		6b						
	c Rental income or (loss) 6c								
		d Net rental income or (loss)							
	7 a	Gross amount from sales of		(i) Securities	(ii) Other				
		assets other than inventory	7a						
	b	Less: cost or other basis							
ne		and sales expenses	7b						
/en	С	Gain or (loss)	7с						
Revenue		Net gain or (loss)							
e		Gross income from fundraisin	ıg ev	rents (not					
Other		including \$297	, 4	93. of					
		contributions reported on							
		Part IV, line 18		· .	107,500.				
	h	Less: direct expenses			148,128.				
		Net income or (loss) from f				-40,628.			-40,628.
		Gross income from gaming			<u> </u>	10,0201			10,0201
	Эа		-						
		Part IV, line 19							
		Less: direct expenses							
		Net income or (loss) from (		-	T				
	10 a	Gross sales of inventory, le							
		and allowances							
	b	Less: cost of goods sold		10b	)				
	С	Net income or (loss) from s	sales	s of inventory					
S					Business Code				
oğ e	11 a	MISCELLANEOUS			900099	173,582.			173,582.
ane	b								
Miscellaneous Revenue	С								
lisc B	d	All other revenue							
2	e	Total. Add lines 11a-11d				173,582.			
	12	Total revenue. See instructio				3,682,115.	14,086.	0.	136,514.

232009 12-13-22

Form **990** (2022)

# Form 990 (2022) HALCYON HOUSE Part IX Statement of Functional Expenses

Cooti	on E01(a)(2) and E01(a)(4) arganizations must some	lata all aglumna. All atha	er organizations must con	anlota column (A)	
Secti	on 501(c)(3) and 501(c)(4) organizations must compl			ipiete column (A).	
	Check if Schedule O contains a respons	se or note to any line in t	this Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	193,580.	193,580.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	124,520.	124,520.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	229,461.	146,855.	55,071.	27,535.
6	Compensation not included above to disqualified	,	,	,	•
_	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,454,463.	1,349,736.	1,261.	103,466.
8	Pension plan accruals and contributions (include	_,,,	_, , ,	=,2020	
J	section 401(k) and 403(b) employer contributions)	22,890.	21,392.		1,498.
9	Other employee benefits	77,461.	71,269.		6,192.
		131,584.	115,797.	4,519.	11,268.
10	Payroll taxes	131,304.	113,1310	±,J±3•	11,200.
11	Fees for services (nonemployees):				
	Management				
	Legal	66,918.	43,946.	22,647.	325.
	Accounting	00,910.	43,940.	22,047.	343.
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	121 150	110 644	0 001	4 504
	column (A), amount, list line 11g expenses on Sch 0.)	131,179.	118,644.	8,031.	4,504. 2,384.
12	Advertising and promotion	85,487.	75,390.	7,713.	
13	Office expenses	73,870.	59,262.	9,847.	4,761.
14	Information technology	63,810.	48,613.	12,592.	2,605.
15	Royalties				
16	Occupancy	192,362.	139,069.	42,077.	11,216.
17	Travel	49,543.	42,331.	3,146.	4,066.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	172,677.	156,683.	5,214.	10,780.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	8,116.		8,116.	
23	Insurance	16,612.	11,939.	3,876.	797.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	ARTIST FEES	85.	85.		
b			33.		
C					
d					
	All other expenses				
		3,094,618.	2,719,111.	184,110.	191,397.
<u>25</u>	Total functional expenses. Add lines 1 through 24e	J, UJ ± , U ± U •	4,113,1110	104,110•	171,331.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				000

81-4819533 Page 11

HALCYON HOUSE

### Form 990 (2022) Part X | Balance Sheet

art >	X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	1	Cash - non-interest-bearing			939,882.	1	649,847
2		Savings and temporary cash investments				2	
3		Pledges and grants receivable, net				3	
4		Accounts receivable, net			450,759.	4	612,371
5		Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of the	ons		5		
6	6	Loans and other receivables from other disqua	alified pei				
		under section 4958(f)(1)), and persons describ	ed in sec	tion 4958(c)(3)(B)		6	
7	7	Notes and loans receivable, net			9,202.	7	79,61
8		Inventories for sale or use				8	
:   g		Donat del como con con el eleferor el electrone				9	
10	0a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	15,026. 2,634.			
	b	Less: accumulated depreciation		2,634.	12,214.	10c	12,39 89,59
11	1	Investments - publicly traded securities			17,282.	11	89,59
12	2	Investments - other securities. See Part IV, line	e 11			12	
13	3	Investments - program-related. See Part IV, lin	e 11			13	
14	4	Intangible assets		14			
15	5	Other assets. See Part IV, line 11			5,500.	15	71,07
16		Total assets. Add lines 1 through 15 (must ed			1,434,839.	16	1,514,89
17	7	Accounts payable and accrued expenses	65,878.	17	108,41		
18	8	Grants payable		18			
19		Deferred revenue			19		
20	0	Tax-exempt bond liabilities				20	
21	1	Escrow or custodial account liability. Complet	e Part IV	of Schedule D		21	
22	2	Loans and other payables to any current or fo	rmer offic	er, director,			
		trustee, key employee, creator or founder, sub	stantial o	contributor, or 35%			
22		controlled entity or family member of any of the	ese pers	ons		22	
23	3	Secured mortgages and notes payable to unre	elated thi	rd parties		23	
24	4	Unsecured notes and loans payable to unrelate	ed third	oarties	520,912.	24	
25	5	Other liabilities (including federal income tax,	oayables	to related third			
		parties, and other liabilities not included on lin	es 17-24)	. Complete Part X			
		of Schedule D				25	100
26	6	<b>Total liabilities.</b> Add lines 17 through 25			586,790.	26	108,41
		Organizations that follow FASB ASC 958, c	heck her	e X			
		and complete lines 27, 28, 32, and 33.			150 010		<b>505.00</b>
27		Net assets without donor restrictions			158,310.	27	787,03 619,44
28	В	Net assets with donor restrictions			689,739.	28	619,44
		Organizations that do not follow FASB ASC	958, che	eck here			
		and complete lines 29 through 33.					
29		Capital stock or trust principal, or current fund				29	
30		Paid-in or capital surplus, or land, building, or				30	
31		Retained earnings, endowment, accumulated			0.40 0.40	31	1 406 45
27 28 29 30 31 32		Total net assets or fund balances			848,049.	32	1,406,47
33	3	Total liabilities and net assets/fund balances			1,434,839.	33	1,514,892 Form <b>990</b> (20

81-4819533 Page **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	3,68		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,09	4,6	<u> 18.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		7,4	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	84	8,0	49.
5	Net unrealized gains (losses) on investments	5	-2	9,0	67.
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	1,40	6,4	79.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			1
	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 Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2022)

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

### **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.

**ZUZZ** 

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
HALCYON HOUSE

Employer identification number 81 – 481 9533

Part   Reason for Public Charity Status. (Air organizations must complete this part.) See instructions.	ъ.			TON HOODE					T 4017333
A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii).  A school described in section 170(b)(1)(A)(iii). (Attach Schoelule E (Form 990i.)  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:  An organization operated for the benefit of a coilege or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)  A rederal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)  An agricultural research organization described in section 170(b)(1)(A)(xi), operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:  10	Ра	rt i	Reason for Public C	Juarity Status.	(All organizations must o	omplete th	nis part.) S	ee instructions.	
A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(v). (Complete Part III.)  A community trust described in section 170(b)(1)(A)(v). (Complete Part III.)  An organization that normally receives (1) more than 33 1/3% of its support from contributions with a land-grant college or university or a non-land-grant college of agricultrure (see instructions). Enter the name, city, and state of the college or university or a non-land-grant college of agricultrure (see instructions). Enter the name, city, and state of the college or university.  To An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Ch	The	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, c	heck only	one box.)		
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lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.  a	12			•	•	•			
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					above (see instructions))	Yes	NO		Topper (cos men action)
Total	Tota	al							

#### 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.)

Calendar year (or fiscal year beginning in)   (a) 2018   (b) 2019   (c) 2020   (d) 2021   (e) 2022   (f) Total membership frees received. (Do not include any "unusual grants.")   2976709. 3140404. 2873974. 2953167. 3531515. 15475769.	Sec	tion A. Public Support						
1 Giffs, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge and the organization without charge governmental unit or publicly supported organization included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 2976709. 3140404. 2873974. 2953167. 3531515. 15475769.  5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Service line 3 ron line 4 2976709. 3140404. 2873974. 2953167. 3531515. 15475769.  8 Cection B. Total Support. Service line 3 ron line 4 2976709. 3140404. 2873974. 2953167. 3531515. 15475769.  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Not income from innelated 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) 17 Total support. Add lines 7 through 10 18 First Syears. If the Form 990 is for the organization is first, second, third, fourth, or lifth 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 from 2021 Schedule A, Part II, line 14 16 33 1/3% support test - 2022. 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 17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more.	Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
Tax revenues levied for the organization showing the paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to the organization without charge to the organization of services or facilities furnished by a governmental unit to the organization 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)	1	Gifts, grants, contributions, and						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 2976709. 3140404. 2873974. 2953167. 3531515. 15475769.  5 The portion of total contributions by each person (other than a governmental unit to revenue of the public support of organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Sobrace line 5 from line 4 8 Gross income from interest, dividends, payments received on securities loans, ents, royallies, and income from similar sources of 44, 293. (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total Support or securities loans, ents, royallies, and income from similar sources of 44, 293. (a) 2976709. 3140404. 2873974. 2953167. 3531515. 15475769.  9 Net income from unrelated business activities, whether or not the business is regularly carried on or loss from the saie of capital assets (Explain in Part VI.) 11 Total support. Add lines? through 10 12 Gross receipts from related activities, etc. (see instructions) (2, 485. (a) 17 Total support and lines? If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501c)(3) organization, check this box and stop here. (b) 18 3173% support test- 2022. If the organization of the box on line 13, and line 14 is 33173% or more, check this box and stop here. The organization qualifies as a publicly supported organization and stop here. The organization qualifies as a publicly supported organization of check a box on line 13, and line 14 is 10% or more, check this box and stop here. The organization qualifies as a publicly supported organization of check a box on line 13, and line 14 is 10% or more, check this box and stop here. The organization qualifies as a publicly supported organization of check a box on line 13, 16a, or 16b, and line 14 is 10% or more.		membership fees received. (Do not						
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turnished by a governmental unit to the organization without charge  4 Total. Add lines 1 through 3  5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subsectine 9 from line 4.  8 Gross income from line 4  8 Gross income from line 4  8 Gross income from initerest, dividends, payments received on securities loans, rents, royalties, and income from similar sources activities, whether or not the businesses are gularly 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		or expended on its behalf						
turnished by a governmental unit to the organization without charge  4 Total. Add lines 1 through 3  5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subsectine 9 from line 4.  8 Gross income from line 4  8 Gross income from line 4  8 Gross income from initerest, dividends, payments received on securities loans, rents, royalties, and income from similar sources activities, whether or not the businesses are gularly 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	3	The value of services or facilities						
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4 Total. Add lines 1 through 3		the organization without charge						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 4672030.  6 Public support. Subtract line 5 from line 4.  Calendar year (or fiscal year beginning in)  7 Amounts from line 4.  2976709. 3140404. 2873974. 2953167. 3531515. 15475769.  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.  9 Net income from unrelated business activities, whether or not the business is regularly carried on.  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  2 Gross receipts from related activities, etc. (see instructions)  12 1,069,841.  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 from 2021 Schedule A, Part II, line 14  8 and 31/3% support test - 2022. If 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 qualifies as a publicly supported organization.  15 Public support test - 2021. If the organization did not check a box on line 13 or 16a, and line 14 is 10% or more, check this box and stop here. The organization qualifies as a publicly supported organization.	4	Total. Add lines 1 through 3	2976709.	3140404.	2873974.	2953167.	3531515.	15475769.
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governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtract line 5 from line 4.  8 Paction B. Total Support  Calendar year (or fiscal year beginning in)  7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 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  12 Gross receipts from related activities, etc. (see instructions)  12 In 1, 069, 841.  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 2022 (line 6, column (f), divided by line 11, column (f))  15 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))  16 33 1/3% support test - 2022. 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  17 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,	•	·						
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18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar		(Form 990) 2022

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support		1	T			
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	•		•	•		· —
0-	check this box and stop here						
	ction C. Computation of Publi					T T	
	Public support percentage for 2022 (I	, (,,	,	( //		15	<u>%</u>
	Public support percentage from 2021 ction D. Computation of Investigation					16	%
	•			no 13 column (f)		17	0/
	Investment income percentage for 20						<u>%</u>
	Investment income percentage from :					18   3 1/3% and line 1	7 is not
198	33 1/3% support tests - 2022. If the						
L	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the						
i.	line 18 is not more than 33 1/3%, che						
20	<b>Private foundation</b> If the organization						

#### Part IV | Supporting Organizations

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

#### 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?

  If "Yes." complete Part I of Schedule L (Form 990).
- 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 on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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.)

	Yes	No
1		
_		
2		
0-		
3a		
3b		
0.0		
3с		
4a		
4b		
4c		
5a		
Ja		
5b		
5c		
6		
_		
7		
8		
- 0		
9a		
9b		
9с		
10a		
401		
10b		

232024 12-09-22

Га	Gontinued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
800	<u>detail in</u> Part VI. tion B. Type I Supporting Organizations	11c		
Sec	tion B. Type i Supporting Organizations		1	
			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 <b>Part VI</b> 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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	140
•	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		
Sec	tion 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 on 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		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	-		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	l' I	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on 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	OI-		
•	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	2-		
h	trustees of each of the supported organizations? <i>If</i> "Yes" or "No" provide details in <b>Part VI.</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		
	or ito supported organizations: [[-] fes.   describe    Fait VI the fole biaved by the organization in this regard.	UU		

232025 12-09-22 Schedule A (Form 990) 2022

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations			
1	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.					
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
_1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
_4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	<b>Discount</b> claimed for blockage or other factors					
	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
	see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-function	ally integrate	ad Type III supporting orga	nization (see		

Schedule A (Form 990) 2022

instructions).

Par	t V Type III Non-Functionally Integrated 509(	(a)(3) Supporting Orga	ınizations <sub>(continu</sub>	ıed)	
Section	on D - Distributions		•	ĺ	Current Year
1	Amounts paid to supported organizations to accomplish exe		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro		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	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	Г	1	10	
Section	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ıs	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
<u>a</u>	From 2017				
<u>b</u>	From 2018				
с	From 2019				
d	From 2020				
<u>e</u>	From 2021				
f	Total of lines 3a through 3e				
<u>g</u>	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2022 distributable amount				
<u>i</u>	Carryover from 2017 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
<u> </u>	Excess from 2021				

Schedule A (Form 990) 2022

e Excess from 2022

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:
MISCELLANEOUS
2018 AMOUNT: \$ 2,485.
SCHEDULE A, PART II, COLUMN (D):
HALCYON WAS INCORPORATED ON JANUARY 03, 2017. ITS INITIAL FEDERAL FORM
990 FOR THE PERIOD ENDED DECEMBER 31, 2017 WAS A SHORT YEAR RETURN.

#### Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Schedule of Contributors**

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

OMB No. 1545-0047

**2022** 

**Employer identification number** 

HALCYON HOUSE 81-4819533 Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Name of organization Employer identification number

HALCYON HOUSE 81-4819533

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
1		Person X Payroll  Noncash  (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
2		Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
3		Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a)	(b)	(c) (d)			
No. 4	Name, address, and ZIP + 4	Total contributions  Type of contribution  Person X Payroll  Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
5	Talloj dudi 660, dila Eli TT	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
6		Person X Payroll Noncash (Complete Part II for noncash contributions.)			

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

81-4819533

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

Schedule B (Form 990) (2022) Page **3** 

Name of organization

Employer identification number

### HALCYON HOUSE

81-4819533

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed	4017333
(a) No. from	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	26 SH AIRBNB		05/27/22
(a) No.	(b)	\$ 3,133.	05/27/22 (d)
from Part I	Description of noncash property given  37 SH ALPHABET INC	FMV (or estimate) (See instructions.)	Date received
7		\$ \$83,471.	_05/27/22_
(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
$-\Big $		  	
453 11-15		I Ψ	Schedule B (Form 990) (20

Page 4

Schedule B (Form 990) (2022) Name of organization **Employer identification number** HALCYON HOUSE 81-4819533 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

223454 11-15-22 Schedule B (Form 990) (2022)

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

HALCYON HOUSE

**Employer identification number** 81-4819533

Par			or Accounts. Complete if the			
	organization answered "Yes" on Form 990, Part IV, lin	· · · · · · · · · · · · · · · · · · ·	(b) Funds and other accounts			
_	Total growth and and of const	(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year					
2 3	Aggregate value of contributions to (during year)  Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advis	eed funds			
J	are the organization's property, subject to the organization's	_				
6						
•	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring					
Par						
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).				
	Preservation of land for public use (for example, recrea	tion or education) Preservation o	f a historically important land area			
	Protection of natural habitat	Preservation o	f a certified historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form				
	day of the tax year.		Held at the End of the Tax Year			
	Total number of conservation easements		l l			
			I I			
	Number of conservation easements on a certified historic stru		2c			
d	Number of conservation easements included in (c) acquired a	•				
•	historic structure listed in the National Register					
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	e organization during the tax			
4	year Number of states where property subject to conservation eas	sement is located				
5	Does the organization have a written policy regarding the per					
Ŭ	violations, and enforcement of the conservation easements it		Yes No			
6	Staff and volunteer hours devoted to monitoring, inspecting,					
			,			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easements during the year			
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170	(h)(4)(B)(i)			
	and section 170(h)(4)(B)(ii)?		Yes No			
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement and			
	balance sheet, and include, if applicable, the text of the footn	note to the organization's financial statem	ents that describes the			
Dos	organization's accounting for conservation easements.	i Aut Historiaal Trassures or Of	thay Cimilay Assats			
Par	t III Organizations Maintaining Collections of		ther Similar Assets.			
	Complete if the organization answered "Yes" on Form		and below as also also solve			
па	If the organization elected, as permitted under FASB ASC 95	•				
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public					
h	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.					
D	<b>b</b> If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,					
	provide the following amounts relating to these items:	exhibition, education, or research in full	lerance of public service,			
	(i) Revenue included on Form 990, Part VIII, line 1		\$			
2	If the organization received or held works of art, historical trea					
_	the following amounts required to be reported under FASB A		J , F			
а	Revenue included on Form 990, Part VIII, line 1	· ·	\$			
	Assets included in Form 990, Part X					
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2022			

Par	t III Organizations Maintaining C		t, Histo	orical Tre	easures, o	r Other	Simila	Assets	Continu	Page <b>4</b> ued)	
3	Using the organization's acquisition, accessi								COILLIIC	<i>ieu)</i>	
Ü	collection items (check all that apply):										
_	Public exhibition  d Loan or exchange program										
a		_									
b	Scholarly research	€	• 🗀 '	Jiner							
C	Preservation for future generations  Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.										
4								se in Part	XIII.		
5	During the year, did the organization solicit of to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than the ra		-		•				Yes	☐ No	
Par	t IV Escrow and Custodial Arran									NO	
· ui	reported an amount on Form 990, Pa		ete ii tile	organizatio	ni answered	res on	-01111 990	, Fait IV, I	irie 9, or		
12	Is the organization an agent, trustee, custodi		lian, for c	ontribution	s or other ass	eate not in	oludod				
ıa	on Form 990, Part X?								Yes	No	
h	If "Yes," explain the arrangement in Part XIII								_ 1es	NO	
b	ii res, explain the arrangement in Part Alli	and complete the lo	nowing to	able.					Amount		
_	Paginning halange						10		Amount		
	Beginning balance										
	Additions during the year										
e	Distributions during the year										
7	Ending balance								7 v		
	Did the organization include an amount on Fo								Yes	∐ No	
Par	If "Yes," explain the arrangement in Part XIII. <b>t V</b> Endowment Funds. Complete										
ı aı	Endowment runds. Complete	(a) Current year			(c) Two yea			ears back	(a) Four	years back	
		(a) Current year	(0) F	rior year	(C) TWO yea	IS DACK (	u) Tillee y	tais Dack	(e) Four	years back	
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g	, column (a	)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
За	Are there endowment funds not in the posse	ssion of the organiza	ation that	are held a	nd administer	ed for the	)				
	organization by:								[	Yes No	
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	itions listed as requir	red on Sc	hedule R?					3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990	), Part IV	, line 11a. S	See Form 990	, Part X, li	ine 10.				
	Description of property	(a) Cost or o			t or other (other)		cumulate	ed	(d) Book	value	
10	Land	<del>-   ` ` ` </del>	,	24010	\	339					
ia b	Land	<b>I</b>									
b	Buildings										
נ	Leasehold improvements	l l			4,517.		7	53.	3	,764.	
d	Equipment Other			1	0,509.		1,8			,628.	
	Other		V ook			1				,392.	
· Jtal	., wa mico la unough lo (Coluffii (a) Must e	uuai ruiiii 330. Pält	A. COIUM	ттот. ште Т	VU.1					,	

Schedule D (Form 990) 2022

Complete if the organization answered "Yes" o  (a) Description of security or category (including name of security)			
N E: : : : : : : :	(b) Book value	(c) Method of valuation: Cost or end-of-year market	value
) Financial derivatives			
Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n 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)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) D	Description	(b) Book	value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, col. (B) line	<u>15.)</u>		
Part X Other Liabilities.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line		
(a) Description of liability		(b) Book	value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			

232053 09-01-22

Schedule D (Form 990) 2022

Part	Reconciliation of Revenue per Audited Financial Statemen	ts Witl	n Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				6,207,236.
				1	0,201,230.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ا مما	-29 067		
	Net unrealized gains (losses) on investments	2a 2b	-29,067. 2,406,060.	-	
	Donated services and use of facilities Recoveries of prior year grants	-	2,400,000	-	
	Other (Describe in Part XIII.)		148,128.	-	
	Add lines 2a through 2d			2e	2,525,121.
	Subtract line <b>2e</b> from line <b>1</b>			3	3,682,115.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				0,002,220
	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII.)	4b			
	Add lines <b>4a</b> and <b>4b</b>			4c	0.
5				5	3,682,115.
Part	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  XII Reconciliation of Expenses per Audited Financial Statement	nts Wi	th Expenses per F	Returr	າ.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	5,648,806.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	2,406,060.		
	Prior year adjustments	2b		-	
	Other losses	2c	1.10.100		
	Other (Describe in Part XIII.)		148,128.	_	0 554 100
	Add lines 2a through 2d			2e	2,554,188. 3,094,618.
	Subtract line 2e from line 1			3	3,094,618.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 4-1			
	Investment expenses not included on Form 990, Part VIII, line 7b			-	
	Other (Describe in Part XIII.) Add lines <b>4a</b> and <b>4b</b>			4c	0.
	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990. Part I, line 18.)			5	3,094,618.
Part	: XIII Supplemental Information.				
	te the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition			l; Part >	(, line 2; Part XI,
PAR'	T X, LINE 2:				
THE	ORGANIZATION PERFORMED AN EVALUATION FOR U	UNCE	RTAINTY IN I	NCO	ME TAXES
FOR	THE YEAR ENDED DECEMBER 31, 2022, AND DET	ERMII	NED THAT THE	RE A	ARE NO
MAT'	TERS THAT WOULD REQUIRE RECOGNITION IN THE	CON	SOLIDATED FI	NAN	CIAL
STA'	TEMENTS OR THAT MAY HAVE ANY EFFECT ON ITS	TAX-	-EXEMPT STAT	US.	
	T VI I IND OD ODUDD AD HIGHWINE				
PAR.	T XI, LINE 2D - OTHER ADJUSTMENTS:				
FUN	DRAISING EXPENSES				
PAR'	T XII, LINE 2D - OTHER ADJUSTMENTS:				
FUN	DRAISING EXPENSES				



# SCHEDULE F (Form 990)

#### Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

 $\begin{tabular}{lll} \textbf{Go to} & \textit{www.irs.gov/Form990} & \textbf{for instructions and the latest information.} \end{tabular}$ 

Inspection

**Employer identification number** 

HALCYON HOUSE					31-481953	
Part I General Infor	mation on A	ctivities Out	side the United States. Comple	ete if the organiza	tion answered "Y	es" on
Form 990, Part IV	/, line 14b.					
			ds to substantiate the amount of its gra			[37]
the grantees' eligibility for	or the grants or a	ssistance, and t	he selection criteria used to award the	grants or assista	nce? 🗀 `	Yes X No
2 For grantmakers. Desc	ribe in Part V the	organization's	procedures for monitoring the use of its	grants and othe	assistance outsid	de the
United States.						
			n be duplicated if additional space is n			(O.T.)
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a progra describe s	/ listed in (d) am service, pecific type in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND						
THE CARIBBEAN			GRANTMAKING			2,000.
						2,000.
MIDDLE EAST AND						
NORTH AFRICA			GRANTMAKING			54,000.
SUB-SAHARAN AFRICA			GRANTMAKING			68,250.
2 a Cubtotal	0	0				124,250.
<b>3 a</b> Subtotal <b>b</b> Total from continuation	0	U				124,230.
sheets to Part I	0	0				0.
c Totals (add lines 3a						
and 3h)	0	0				124 250.

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

Schedule F (Form 990) 2022

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

HALCYON HOUSE

Schedule F (Form 990) 2022

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)	
			recognized as charities by the				L	1	
	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter  3 Enter total number of other organizations or entities								

Page 2

Page 3 Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (f) Amount of (c) Number of (d) Amount of (e) Manner of (g) Description of (b) Region (a) Type of grant or assistance cash disbursement recipients cash grant noncash noncash assistance assistance CENTRAL AMERICA TRAVEL AND LIVING STIPEND AND THE CARIBBEAN 2,000.2 0. MIDDLE EAST AND TRAVEL AND LIVING STIPEND NORTH AFRICA 18 54,000.18 0 SUB-SAHARAN TRAVEL AND LIVING STIPEND AFRICA 15 68,520,25 0.

Schedule F (Form 990) 2022 HALCYON HOUSE 81-4819533 Page 4
Part IV Foreign Forms

rait	IV	Foreign Forms		
1	Was	s the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes,"		
	the	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign		
	Cor	rporation (see Instructions for Form 926)	Yes	X No
2	Did	the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may		
	be r	required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and		
	Rec	ceipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a		
	U.S	S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did	the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"		
	the	organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to		
	Cer	tain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was	s the organization a direct or indirect shareholder of a passive foreign investment company or a		
	qua	alified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,		
	Info	ormation Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing		
	Fun	nd (see Instructions for Form 8621)	Yes	X No
5	Did	the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"		
	the	organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain		
	Fore	eign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did	the organization have any operations in or related to any boycotting countries during the tax year? If		
	"Vo	s " the organization may be required to separately file Form 5713. International Roycott Report (see		

Instructions for Form 5713; don't file with Form 990)

Schedule F (Form 990) 2022

Yes X No

2022.05000 HALCYON HOUSE

## SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization  HALCYON	HOIIGE					Employer ide 81-4819	ntification number 533
	· Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 1		
Indicate whether the organization rais	sed funds through any of the followin  e Solicitat  f Solicitat  g Special  or oral agreement with any individual tart VII) or entity in connection with providuals or entities (fundraisers) pursuit	tion of tion of fundra (includ	non-g gover aising of ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	itees,	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total							
3 List all states in which the organization or licensing.			utions	or has been notified	it is e	exempt from re	gistration
					—		

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

Schedule G (Form 990) 2022

	rt I	Fundraising Events. Complete if the of fundraising event contributions and gr	ne organization answered		t IV, line 18, or reported	
		<u> </u>	(a) Event #1 HALCYON AWARDS	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
ne			(event type)	(event type)	(total number)	551. ( <b>6</b> ))
Revenue	1	Gross receipts	404,993.			404,993.
	2	Less: Contributions	297,493.			297,493.
	3	Gross income (line 1 minus line 2)	107,500.			107,500.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	15,400.			15,400.
rect Ex	7	Food and beverages	72,506.			72,506.
Di	8	Entertainment	52,222.			52,222.
	9	Other direct expenses	8,000.			8,000.
		Direct expense summary. Add lines 4 through	. ,			148,128.
Pa	rt I	Net income summary. Subtract line 10 from I Gaming. Complete if the organization		990, Part IV, line 19, or		-40,020.
		\$15,000 on Form 990-EZ, line 6a.	<u> </u>	T		
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
es	2	Cash prizes				
ect Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)			
9	En	ter the state(s) in which the organization condu	ucts gaming activities:			
а	ls t	the organization licensed to conduct gaming a No," explain:	ctivities in each of these			Yes No
	_					
		ere any of the organization's gaming licenses re Yes," explain:			/ear?	. Yes No
	_					

Schedule G (Form 990) 2022

232082 10-27-22

Sch	edule G (Form 990) 2022 HALCYON HOUSE	31-48	319:	<u> 533</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?			Yes	No
	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?		<b>п</b> ,	Yes	No
13	Indicate the percentage of gaming activity conducted in:				
	The organization's facility		13a		%
					<del>//</del>
	An outside facility		13b		70
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records				
	Name				
	Address				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		,	Yes	☐ No
r	of "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization	ınt			
L		אוונ			
_	of gaming revenue retained by the third party \$				
C	If "Yes," enter name and address of the third party:				
	Name				
	Address				
16	Gaming manager information:				
	Name				
	- Inditie				
	Coming manager componentian				
	Gaming manager compensation \$				
	Description of services provided				
	Director/officer Employee Independent contractor				
17	Mandatory distributions:				
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?		·	Yes	☐ No
ŀ	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the			
_	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); a	nd Part	III line	oc 0 (	h 10h
-	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	na r art	, <u>.</u>	55 5, 0	, iob,
	13b, 13c, 16, and 17b, as applicable. Also provide any additional information. See instructions.				
			_		



#### SCHEDULE I (Form 990)

# **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Attach to Form 990.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

2022

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Public Inspection

Employer identification number

Schedule I (Form 990) 2022

	HALCYON H	OUSE						81-4819533				
Part I	General Information on Grants a	nd Assistance					·					
<b>1</b> Doe	es the organization maintain records t	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selection	n				
crite	criteria used to award the grants or assistance?											
2 Des	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.											
Part II						anization answered "Y	es" on Form 990, Part I	V, line 21, for any				
	recipient that received more than	\$5,000. Part II can	be duplicated if additi	onal space is need	ed.							
1 (a)	Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance				
	er total number of section 501(c)(3) a	-										
	er total number of other organizations	s listed in the line	I table									

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

Schedule i (Form 990) 2022 Interest in Control in Contr					OI TOIDS Fage
Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	ered "Yes" on Form 9	90, Part IV, line 22.	
(a) Type of grant or assistance	(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
FELLOWSHIP STIPENDS	36	193,580.	0.		
Part IV Supplemental Information. Provide the information rec	ıuired in Part I, lin	e 2; Part III, column	(b); and any other ac	Iditional information.	
PART I, LINE 2:					
HALCYON ENDEAVORS TO MONITOR ITS G	RANTS TO	ENSURE THA	AT SUCH GRA	NT FUNDS ARE	
USED FOR PROPER PURPOSES AND NOT O	THERWISE	DIVERTED E	ROM THEIR	INTENDED	
USE. GRANTEES ARE REQUIRED TO APPL	Y FOR THE	GRANTS AN	ND GO THROU	GH A	
SELECTION PROCESS WITH THE COMMITT	EE. GRANT	RECIPIENT	'S ARE REQU	IRED TO	
AFFIRM THAT FUNDS MUST BE USED SOL	ELY IN AC	CORDANCE V	VITH THE GR	ANT REQUEST	
AND BUDGET ON WHICH THE GRANT WAS	BASED AND	THAT ANY	FUNDS NOT	EXPENDED FOR	
THE STATED PURPOSE ARE TO BE RETUR	NED TO TH	E ORGANIZ <i>A</i>	ATION. REPO	RTS ARE	
REQUESTED FROM TIME TO TIME AS APP.	ROPRIATE.				

## SCHEDULE J (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

2022

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

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

HALCYON HOUSE
art I Questions Regarding Compensation

Employer identification number 81-4819533

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (such as maid, chauffeur, 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		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	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.			
	Compensation committee Written employment contract			
	Independent compensation consultant  X Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
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		X
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?	4c		X
	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			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	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			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		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			
	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			77
	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	1	l

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

Schedule J (Form 990) 2022

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	I-2 and/or 1099-MISC compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
(A) Name and Title	•	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) KATE GOODALL	(i)	219,228.	0.	0.	6,600.	3,633.	229,461.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DAHNA GOLDSTEIN UNTIL 9/30/2022	(i)	160,000.	0.	0.	4,798.	546.	165,344.	0.
CHIEF INVESTMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) DANIEL BARKER	(i)	141,658.	0.	0.	0.	10,836.	152,494.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
·	(ii)							
	(i)							
·	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							<u> </u>
	(i)							<del> </del>
	(ii)						-	
	(i)						-	
	(ii)						L	L

Page 2

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.
FORM 990, PART VII, LINE 5:
HALCYON CONTRACTS WITH AN OUTSIDE MANAGEMENT COMPANY, TREEFORT
MANAGEMENT CONSULTANTS, LLC. THE CONTRACTED SERVICES INCLUDED FINANCIAL
REPORTING, PLANNING AND ANALYSIS, FORECASTING, BUDGETING, ASSISTANCE
WITH THE AUDIT, AND OVERSIGHT OF ACCOUNTING PROCEDURES.

#### **SCHEDULE M** (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Open to Public Inspection

Employer identification number

	HALCYON HOUS	SE			81-4	8195	33	
Par	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of dei noncash contribu		•	3
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	2	101,568.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other $_{\dots}$							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other ( )							
29	Number of Forms 8283 received by the organ							
	for which the organization completed Form 82	283, Part V, D	onee Acknowledg	ement <b>29</b>				
					ſ	,	es/	No
30a	During the year, did the organization receive by	-		· · · · · · · · · · · · · · · · · · ·				
	must hold for at least 3 years from the date of							
	exempt purposes for the entire holding period	l?				30a		_X_
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance		•	•	ions?	31	X	
32a	Does the organization hire or use third parties contributions?		•	cit, process, or sell noncash		32a		х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in	column (c) fo	r a type of property	for which column (a) is chec	cked,			
	describe in Part II.							
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 990	).	Schedule M	(Form	990)	2022

232142 09-09-22 Schedule M (Form 990) 2022

## SCHEDULE O (Form 990)

Department of the Treasury

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022
Open to Public Inspection

Internal Revenue Service

Name of the organization

HALCYON HOUSE

Employer identification number 81-4819533

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
SINCE LAUNCHING IN 2014 HALCYON HAS SUPPORTED 288 STARTUP VENTURES,
WHICH HAVE GONE ON TO RAISE ALMOST \$500 MILLION TO SCALE THEIR
BUSINESSES, CREATE OVER 6,000 JOBS, AND IMPACT THE LIVES OF 9.3 MILLION
PEOPLE AROUND THE WORLD. SEVENTY-EIGHT PERCENT OF OUR VENTURES HAD A
FOUNDER OF COLOR, AND SEVENTY-FIVE PERCENT HAVE A WOMAN FOUNDER OR
CO-FOUNDER. SOURCED AT THEIR FOUNDING STAGES, 84% OF VENTURES ARE STILL
IN OPERATION TODAY.
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
THE HALCYON ANGELS MEET SIX TIMES PER YEAR TO HEAR PITCHES.
3) HALCYON MICROLOAN FUND, AN ALTERNATIVE FUNDING SOURCE FOR D.CBASED
HALCYON INCUBATOR VENTURES THAT CHOOSE NOT TO PURSUE VENTURE CAPITAL
FUNDING AT THIS TIME, BUT CAN BENEFIT FROM AN INFUSION OF FUNDING.
LOANS OF UP TO \$20,000 ARE AVAILABLE, WITH GENEROUS TERMS DESIGNED TO
SUPPORT SCALING THE VENTURES.
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
FORM 990, PART VI, SECTION A, LINE 3:
HALCYON CONTRACTED WITH AN OUTSIDE MANAGEMENT COMPANY, CORDIA PARTNERS, TO

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page 2

Name of the organization HALCYON HOUSE

Employer identification number 81-4819533

PROVIDE CFO SERVICES FOR THE ORGANIZATION DURING Q1, Q2 AND Q3. IN Q4,

TREEFORT MANAGEMENT CONSULTANTS, LLC WAS CONTRATED. THE CONTRACTED SERVICES

INCLUDED FINANCIAL REPORTING, PLANNING AND ANALYSIS, FORECASTING,

BUDGETING, ASSISTANCE WITH THE AUDIT, AND OVERSIGHT OF ACCOUNTING

PROCEDURES.

FORM 990, PART VI, SECTION B, LINE 11B:

THE 990 IS DISTRIBUTED TO THE BOARD MEMBERS VIA EMAIL SEVEN DAYS PRIOR TO

THE BOARD MEETING. THE BOARD MEMBERS REVIEW IT INDIVIDUALLY AND SEND BACK

COMMENTS OR QUESTIONS. AFTER THE RESPONSES AND OR CHANGES ARE MADE, THE

FINAL VERSION IS PRESENTED TO THE BOARD MEMBERS FOR APPROVAL DURING THE

MEETING.

FORM 990, PART VI, SECTION B, LINE 12C:

TO PROPERLY MONITOR AND ENFORCE A CONFLICT-OF-INTEREST POLICY, HALCYON
HOUSE IS DILIGENT IN REVIEWING THE ANNUAL DISCLOSURE FORMS SUBMITTED BY

COVERED PERSONS, AND IN COMPILING AND MAINTAINING A LIST OF POTENTIALLY

CONFLICTED ENTITIES AND INDIVIDUALS. PROPOSED TRANSACTIONS CAN THEN BE

MATCHED AGAINST THE LIST AS A MEANS OF IDENTIFYING POSSIBLE CONFLICTS.

WHEN DEALING WITH MAJOR VENDORS AND SERVICE PROVIDERS, THE ORGANIZATION

CONSIDERS ASKING THE VENDOR OR SERVICE PROVIDER TO DISCLOSE ANY

RELATIONSHIP PERSONAL, FINANCIAL, OR OTHERWISE THAT THE VENDOR OR SERVICE

PROVIDER HAS WITH ANY OF THE ORGANIZATION'S DIRECTORS, OFFICERS, EMPLOYEES

OR VOLUNTEERS. IN ADDITION, THE ORGANIZATION REVIEWS TRANSACTIONS INVOLVING

ANY SIGNIFICANT EXPENDITURE OF ORGANIZATIONAL FUNDS TO ENSURE ANY

COMPENSATION PAID CONTINUES TO BE REASONABLE. IF A POSSIBLE CONFLICT IS

IDENTIFIED WITH RESPECT TO A PROPOSED TRANSACTION, THE ORGANIZATION IS

Schedule O (Form 990) 2022 Page 2

Name of the organization HALCYON HOUSE

Employer identification number 81-4819533

COMMITTED TO FOLLOWING THE PROCEDURES SET OUT IN ITS CONFLICT-OF-INTEREST

POLICY FOR DETERMINING WHETHER AN ACTUAL CONFLICT OF INTEREST EXISTS, AND

THE PROCEDURES FOR ADDRESSING THE CONFLICT OF INTEREST.

AMONG THE STEPS THE ORGANIZATION TAKE THE FOLLOWING: 1) THE PERSON WITH THE POTENTIAL CONFLICT WITH RESPECT TO A TRANSACTION SHOULD DISCLOSE SUCH CONFLICT. 2) THE PERSON SHOULD NOT PARTICIPATE OR BE PRESENT AT ANY MEETING DURING WHICH THE DISCUSSION OF THE POSSIBLE CONFLICT OF INTEREST TAKES PLACE. 3) THE CHAIR OF THE BOARD OF DIRECTORS SHOULD, IF APPROPRIATE, APPOINT A COMMITTEE OF THE BOARD OF DIRECTORS MADE UP OF DISINTERESTED DIRECTORS TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION 4) IF A MORE ADVANTAGEOUS TRANSACTION IS NOT REASONABLY AVAILABLE, THE GOVERNING BOARD OR COMMITTEE SHOULD DETERMINE, BY A MAJORITY VOTE OF THE DISINTERESTED DIRECTORS, WHETHER THE TRANSACTION IS IN THE ORGANIZATION'S BEST INTEREST AND IS FAIR AND REASONABLE. THE ORGANIZATION SHOULD ALSO DOCUMENT, THROUGH WELL-KEPT MINUTES, ANY DECISIONS RELATED TO TRANSACTIONS INVOLVING AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST. FINALLY, THE ORGANIZATION MUST BE DILIGENT IN TAKING APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION IF A PERSON WHO IS COVERED BY THE CONFLICT-OF-INTEREST POLICY FAILS TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15:

HALCYON FOLLOWS THE STEPS REQUIRED IN THE COMPENSATION POLICY ESTABLISHED

IN 2017. AFTER THE REVIEW FROM THE BOARD OF DIRECTORS AND OR SUPERVISORS,

HALCYON PRESENTS THE COMPENSATION SURVEY DOCUMENTATION AND DECIDES IF THE

PROPOSED SALARY IS COMPARABLE TO SIMILAR SIZED ORGANIZATIONS IN THE AREA.

AFTER APPROVAL, A SIGNED LETTER WITH THE ESTABLISHED NEW SALARY AND

EFFECTIVE DATE IS SENT TO THE EMPLOYEE OR OFFICER BY HUMAN RESOURCES.

Schedule O (Form 990) 2022	Page <b>2</b>
Name of the organization  HALCYON HOUSE	Employer identification number 81-4819533
INAUCTON HOUSE	01-4019333
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY	OF FORM 990:
AL,AK,AZ,AR,CA,CO,CT,DE,FL,GA,HI,ID,IL,IN,IA,KS,KY,LA,ME,	MD,MA,MI,MN,MS,MO
MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT,	/T,VA,WA,WV,WI,WY,
DC	
FORM 990, PART VI, SECTION C, LINE 19:	
HALCYON WILL SEND BY EMAIL OR MAIL A COPY OF REQUESTS FOR	THE
DOCUMENTATION. THIS CAN BE REQUESTED VIA EMAIL, MAIL, OR 1	PHONE. UPON
RECEIPT OF THE REQUEST, HALCYON IS COMMITTED TO SUBMIT THE	E COPY WITHIN FIVE
BUSINESS DAYS.	

#### SCHEDULE R (Form 990)

Part I

## **Related Organizations and Unrelated Partnerships**

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

(a)

Name, address, and EIN (if applicable)

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(b)

Primary activity

or 37. **2022** 

(e)

End-of-year assets

Open to Public Inspection

(f)

Direct controlling

OMB No. 1545-0047

Name of the organization HALCYON HOUSE Employer identification number 81-4819533

(c)

Legal domicile (state or

(d)

Total income

of disregarded entity	1 may activity	foreign country)	or Total moo	The oryc			entity		
HALCYON FUND GP, LLC - 35-2645407									
3400 PROPSECT ST, NW									
WASHINGTON, DC 20007	VENTURE CAPITAL FUND	DELAWARE		0.	0.	HALCYON HOU:	SE		
HALCYON INVESTMENT MANAGEMENT, LLC -									
36-4915336, 3400 PROSPECT ST NW, WASHINGTON,									
DC 20007	VENTURE CAPITAL FUND	DELAWARE	208	,058.	52,972.	. HALCYON HOUSE			
Part II Identification of Related Tax-Exempt Organiz organizations during the tax year.  (a)  Name, address, and EIN of related organization	(b) EIN Primary activity		(d) Exempt Code section	(e) Public charity status (if section	Dire	(f) Direct controlling entity		<b>g)</b> 512(b)(13) rolled tity?	
				501(c)(3))			Yes	No	
HALCYON ANGELS - 85-0972725	PROMOTE IMPACT-DRIVEN								
3400 PROSPECT ST NW	BUSINESSES, IMPROVE								
WASHINGTON, DC 20007	CONDITIONS FOR INVESTORS	DISTRICT OF COLUMBIA	501(C)(6)		HALCYC	N HOUSE	X		

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

Schedule R (Form 990) 2022

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.

organizations troutes as a partitioning during the tax year.																									
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	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 total income		Share of total income	Share of total income	Share of total income	Share of end-of-year assets	1 ' '	ortionate ations?	Code V-UBI amount in box 20 of Schedule	Genera manag partn	Percentage ownership								
		country)		sections 512-514)		455015	Yes	No	K-1 (Form 1065)	Yes	10														
	]																								
	1																								
	1																								
	1																								
	1		1	1				•	1																

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Section 512(b)(13) controlled entity?		
		country)		,				Yes	No	
-	-									
-										
	-									

Page 2

81-4819533 Page 3

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

Not	ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more	related organizations listed i	n Parts II-IV?			
а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			1a		_X_
	<b>b</b> Gift, grant, or capital contribution to related organization(s)			1b		X
	c Gift, grant, or capital contribution from related organization(s)			1c		X
	d Loans or loan guarantees to or for related organization(s)			1d		X
	e Loans or loan guarantees by related organization(s)			1e		X
f Dividends from related organization(s)						
g Sale of assets to related organization(s)						
	h Purchase of assets from related organization(s)			1h		X
i	i Exchange of assets with related organization(s)			1i		X
j	j Lease of facilities, equipment, or other assets to related organization(s)			1j		_X_
k	k Lease of facilities, equipment, or other assets from related organization(s)			1k		<u>X</u>
I Performance of services or membership or fundraising solicitations for related organization(s)						
m	m Performance of services or membership or fundraising solicitations by related organization(s)			1m		_X_
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			1n		_X_
0	Sharing of paid employees with related organization(s)			10	Х	
р	p Reimbursement paid to related organization(s) for expenses			1p		_X_
	q Reimbursement paid by related organization(s) for expenses			1q		_X_
r	r Other transfer of cash or property to related organization(s)			1r		_X_
s	s Other transfer of cash or property from related organization(s)			1s	Х	
2	! If the answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including covered r	elationships and transaction thresholds.			
	(a) (b) (c) (d)  Name of related organization type (a-s) (b) Amount involved Method of determining amount in					
(1) I	HALCYON ANGELS O	118,080.	FMV			
			1			

Schedule R (Form 990) 2022 HALCYON HOUSE 81-4819533 Page 4

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.?  Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocation Yes N	General of managing partner?  Yes No	(k) r Percentage ownership