*** PUBLIC DISCLOSURE COPY ***

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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



| <u>A</u> F | or the | e 2020 calendar year, or tax year beginning and | ending | | | | | | |
|-------------------------|------------------------------|--|----------------------------------|------------------------------|---------------------------------------|--|--|--|--|
| B C a | heck if pp l icabl | e: C Name of organization | D Employer identification number | | | | | | |
| | Addre | HALCYON HOUSE | | | | | | | |
| | Name chang | | | 81-481953 | 33 | | | | |
| | nitia return | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | E Telephone number | | | | | |
| | Final return | 3400 PROSPECT STREET, NW | | 202-796-4 | | | | | |
| | termir ated | City or town, state or province, country, and ZIP or foreign postal code | | G Gross receipts \$ | 3,247,981. | | | | |
| | Amen return | WASHINGION, DC 20007 | | H(a) Is this a group re | | | | | |
| | Applic tion pendi | F Name and address of principal officer: KATE GOODALL | | for subordinates | ? Yes X No | | | | |
| | | SAME AS C ABOVE | | H(b) Are all subordinates in | oluded? Yes No | | | | |
| | | empt status: $X = 501(c)(3) = 501(c) () $ (insert no.) 4947(a)(1) | or 527 | If "No," attach a | list. See instructions | | | | |
| | | te: HALCYONHOUSE.ORG | | H(c) Group exemption | · · · · · · · · · · · · · · · · · · · | | | | |
| | - | forganization: 🔀 Corporation 🔄 Trust 🦳 Association 🦳 Other 🕨 | L Year | of formation: 2017 N | State of legal domicile: DC | | | | |
| Ра | rt I | Summary | | | | | | | |
| e | 1 | Briefly describe the organization's mission or most significant activities: HALC | | | ATORS AND | | | | |
| anc | | CREATORS WHO SEEK TO MAKE THE WORLD A BET | | | | | | | |
| Activities & Governance | | Check this box 🕨 🗌 if the organization discontinued its operations or dispos | sed of more | | | | | | |
| jo V | 3 | | | 10 | | | | | |
| ي ھ | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | | 10 | | | | | |
| es | | Total number of individuals employed in calendar year 2020 (Part V, line 2a) | | 19 | | | | | |
| ivit | 6 | Total number of volunteers (estimate if necessary) | | | 53 | | | | |
| Act | | | | | | | | | |
| | b | Net unrelated business taxable income from Form 990-T, Part I, line 11 | <u></u> | | 0. | | | | |
| | • | | | Prior Year 3,140,404. | Current Year 2,873,974. | | | | |
| ne | 8 | Contributions and grants (Part VIII, line 1h) | | 239,258. | 225,536. | | | | |
| Revenue | 9 | Program service revenue (Part VIII, line 2g) | | 239,238. | 0. | | | | |
| Be | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | -5,401. | 43,008. | | | | |
| | 11 12 | | | 3,374,261. | 3,142,518. | | | | |
| | 13 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 270,589. | 388,370. | | | | |
| | 13 14 | | | 270,305. | 0. | | | | |
| | | Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 1,333,838. | 1,546,384. | | | | |
| Expenses | | Professional fundraising fees (Part IX, column (A), line 11e) | | 0. | 0. | | | | |
| Den | | Total fundraising expenses (Part IX, column (D), line 25) 33, 3 | 25. | | | | | | |
| ĔX | | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 1,427,759. | 806,520. | | | | |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 3,032,186. | 2,741,274. | | | | |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | | 342,075. | 401,244. | | | | |
| or | | | | ginning of Current Year | End of Year | | | | |
| Assets (Balanc | 20 | Total assets (Part X, line 16) | | 675,389. | 1,090,938. | | | | |
| Ass ABa | 21 | Total liabilities (Part X, line 26) | | 306,017. | 329,093. | | | | |
| Net | 22 | Net assets or fund balances. Subtract line 21 from line 20 | | 369,372. | 761,845. | | | | |
| | rt II | Signature Block | | - | | | | | |

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. T.

| Sign Here | Signature of officer KATE GOODALL, CHIEF EXECUTIVE OFFICER Type or print name and title | Date |
|--------------|---|------------------------------|
| | Print/Type preparer's name Preparer's signature Date | |
| Paid | FRANK H. SMITH Frank H. Smith 06/0 | 1/21 self-employed P00639053 |
| Preparer | Firm's name MARCUM LLP | Firm's EIN ▶ 11–1986323 |
| Use Only | Firm's address 🖕 1899 L STREET, NW, SUITE 850 | |
| | WASHINGTON, DC 20036 | Phone no. 202-227-4000 |
| May the I | RS discuss this return with the preparer shown above? See instructions | X Yes No |
| 032001 12-2 | 3-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. | Form 990 (2020) |
| | *** ELECTRONICALLY FILED ON 06/01/202 | |

*** ELECTRONICALLY FILED ON 06/01/2021 ***

| | 990 (2020) HALCYON HOUSE | 81-4819533 | Page 2 |
|-------|---|---------------------------|-----------------|
| Par | t III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III | | X |
| 1 | Briefly describe the organization's mission: | <u></u> | 11 |
| • | HALCYON LIFTS UP INNOVATORS AND CREATORS WHO SEEK TO MAKE | THE WORLD | A |
| | BETTER PLACE, GIVING THEM THE TOOLS AND OPPORTUNITIES THE | | |
| | 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? | Yes | X No |
| | 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? | Yes | X No |
| | 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 n | | |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others | s, the total expenses, ar | nd |
| | revenue, if any, for each program service reported. | | 0.017 |
| 4a | (Code:) (Expenses \$ 1,267,576. including grants of \$ 257,364.) (Revenue Concerned to the | | 037. |
| | SOCIAL ENTERPRISE - THE HALCYON INCUBATOR IS COMMITTED TO | | |
| | 21ST-CENTURY CHALLENGES THROUGHOUT THE NATION AND THE WOR | | ING |
| | SOCIAL ENTREPRENEURS TRANSFORM AUDACIOUS IDEAS INTO SCALA | | |
| | SUSTAINABLE VENTURES, THE HALCYON INCUBATOR ACTS AS A CAN | | |
| | MEASURABLE SOCIAL OUTCOMES. DURING THIS 18-MONTH FELLOWSH | | |
| | RECEIVE FREE RESIDENCY AND WORKSPACE, MENTORSHIP AND LEAD | | |
| | COACHING, ROBUST SUPPORT FROM BUSINESS CONSULTANTS, AND A | | |
| | STIPEND TO DEVELOP THEIR ENTREPRENEURIAL VISION INTO REAL | | |
| | SINCE INCEPTION, THE SOCIAL ENTERPRISE PROGRAM HAS MADE 7 | THE FOLLOWING | G |
| | IMPACT THROUGH THE HALCYON INCUBATOR: - 111 SOCIAL ENTERPRISE VENTURES SUPPORTED | | |
| | | | |
| | - 156M+ RAISED BY HALCYON INCUBATOR VENTURES (Code:)(Expenses\$ 601,094. including grants of \$ 117,916.) (Revenue) | F 2 | 826. |
| 4b | (Code:) (Expenses \$601,094. including grants of \$117,916.) (Revenue HALCYON ARTS LAB - HALCYON ARTS LAB IS A FULLY-FUNDED RES | | 020. |
| | FELLOWSHIP FOR SOCIALLY-DRIVEN ARTISTS IN WASHINGTON, DC. | | |
| | EMERGING ARTISTS WORKING IN DIVERSE DISCIPLINES FROM CHOP | | |
| | SPOKEN WORD TO VISUAL ARTS ARE OFFERED RESIDENCY, STUDIO | | |
| | FINANCIAL STIPEND AND PROFESSIONAL DEVELOPMENT. IN 2020, | | TWO |
| | 5-MONTH COHORTS WILL ALLOW FOR MORE ARTISTS TO PARTICIPAT | | 1110 |
| | PROGRAM ON AN ANNUAL BASIS. OVER THE COURSE OF RESIDENCY | | AGE |
| | WITH LOCAL CURATORS, ACTIVISTS, ARTISTS AND PRACTITIONERS | | |
| | THEIR PRACTICES AND TACKLE ISSUES INCLUDING ECONOMIC INEQ | | |
| | SYSTEMIC RACISM, SOCIO-POLITICAL UPHEAVAL, INDIGENOUS INC | | |
| | AND OTHER CONTEMPORARY SOCIAL JUSTICE ISSUES. | | |
| | | | |
| 4c | (Code:) (Expenses \$234,695. including grants of \$5,646.) (Revenue | le \$ | |
| | HALCYON AWARDS THE HALCYON AWARDS WAS HELD VIRTUALLY IN | 2020 DUE TO | |
| | THE PANDEMIC. SINCE IT WAS CHANGED TO AN ONLINE FORMAT, 7 | THE EVENT WA | S |
| | REDESIGNED TO BE HALCYON HOMECOMING WHICH FOCUSED ON TELI | JING THE | |
| | STORIES OF HALCYON'S FELLOWS WHILE FUNDRAISING FOR HALCYO | DN'S PROGRAM | s. |
| | THE HALCYON AWARDS WILL RESUME IN-PERSON AND IN ITS ORIGI | INAL FORMAT | |
| | HONORING THREE AWARDEES: ARTS INNOVATOR AWARD SPOTLIGHTIM | | TOR |
| | OF ARTISTIC AND SOCIAL IMPACT, BUSINESS LUMINARY AWARD HO | | |
| | GLOBAL PIONEER IN SOCIAL ENTERPRISE AND POLICY VISIONARY | AWARD | |
| | CELEBRATING INNOVATORS IN PUBLIC POLICY. | | |
| | | | |
| | | | |
| 4d | Other program services (Describe on Schedule O.) | | |
| | | 75,673. ₎ | |
| 4e | Total program service expenses ► 2,368,603. | | |
| 0000- | SEE SCHEDULE O FOR CONTINUATION (S | | 90 (2020 |
| 32002 | 2 12-23-20 SEE SCHEDULE O FOR CONTINUATION (S | | יחר |
| 006 | 01 150872 201881 2020.03050 HALCYON HOUSE | | |
| υb | UL 150672 ZUIGOL ZUZU.USUSU HALCYON HOUSE | | 7019. |

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| FUIIII | 330 | (2020) |

 Form 990 (2020)
 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 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | 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 | <u> </u> | | |
| • | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | x |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | L | | <u> </u> |
| Ŭ | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | x |
| 7 | | | | |
| ' | Did the organization receive or hold a conservation easement, including easements to preserve open space, | _ | | x |
| • | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | |
| 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 X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | Х | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| с | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in | | | |
| | 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 | Х | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | х | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | x |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the survey institute restricted on a filler survey is a survey of the little distance of the survey of the sur | 14a | | X |
| b | Did the organization maintain an office, employees, or agents outside of the United States? | | | <u> </u> |
| 5 | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | | 14b | | x |
| 15 | or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | <u> </u> |
| 15 | | 15 | | x |
| 16 | foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | 10 | | <u> </u> |
| 10 | | 16 | | x |
| 47 | or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | 16 | | |
| 17 | | 47 | | x |
| 10 | column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> | 17 | | |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | 10 | х | |
| 40 | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | ├── |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | - v |
| • | complete Schedule G, Part III | 19 | | X |
| | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | 77 | |
| | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II | 21 | X | |
| 032003 | 12-23-20 | Form | 390 | (2020) |

| Form | 990 | (2020) |
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 Form 990 (2020)
 HALCYON
 HOUSE

 Part IV
 Checklist of Required Schedules (continued)

| | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
|-------|---|-------|--------------|----------|
| | Did the organization report more than \$5,000 or 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 | |
| | 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 | |
| | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No," go to line 25a | 24a | | X |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | |
| | 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 | | x |
| | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | 200 | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete | | | |
| | | 25b | | x |
| | Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | 200 | | |
| | | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | 26 | | x |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 20 | | |
| | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | | | 1 |
| | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | | |
| | instructions, for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | |
| | "Yes," complete Schedule L, Part IV | 28a | | X |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | X |
| С | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If | | | |
| | "Yes," complete Schedule L, Part IV | 28c | | X |
| 9 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | Х | |
| | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | X |
| 81 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | X |
| | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| | Schedule N, Part II | 32 | | X |
| | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | х | |
| | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| | | 34 | х | |
| | Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | X | |
| | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 000 | | <u> </u> |
| | | 35b | х | 1 |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 330 | | <u> </u> |
| | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | 20 | х | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | <u>^</u> | <u> </u> |
| | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | - v |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | X |
| | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | | 77 | |
| Dar | Note: All Form 990 filers are required to complete Schedule 0 t V Statements Regarding Other IRS Filings and Tax Compliance | 38 | Х | Ĺ |
| Par | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | ····· | | |
| | | | Yes | No |
| | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 78 | | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 | | | |
| с | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| | (gambling) winnings to prize winners? | 1c | Х | |
| 32004 | 12-23-20 | Form | 990 (| (202 |
| | 4 | C | | J١ |
| | 01 150872 201881 2020.03050 HALCYON HOUSE | | | 18 |

| | 990 (2020) HALCYON HOUSE 81-4819 | 533 | P | age 5 | | | |
|---------|--|----------|-----|--------------|--|--|--|
| Par | t V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | | | | |
| | | | Yes | No | | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | | | | |
| | filed for the calendar year ending with or within the year covered by this return 2a 19 | | | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Х | <u> </u> | | | |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) | | | 37 | | | |
| | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | X | | | |
| | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | | <u> </u> | | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | x | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | | | | |
| b | If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | | | | |
| 50 | | 5a | | х | | | |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5a 5b | | X | | | |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 50 50 | | _ <u></u> | | | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | | | | | | |
| | any contributions that were not tax deductible as charitable contributions? | 6a | | x | | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | | | | |
| | were not tax deductible? | 6b | | | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | Х | | | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | 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 | 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 | | <u> </u> | | | |
| 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 | | <u> </u> | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | • | | | | | |
| a L | Did the sponsoring organization make any taxable distributions under section 4966? | 9a Oh | | <u> </u> | | | |
| b 10 | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | <u> </u> | | | |
| 10 | Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a | | | | | | |
| a b | Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | | | | |
| a | Gross income from members or shareholders 11a | | | | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against | | | | | | |
| | amounts due or received from them.) | | | | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | | | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | | | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | | | | | | |
| | organization is licensed to issue qualified health plans 13b | | | | | | |
| 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 | | X | | | |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | | | | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | | 37 | | | |
| | excess parachute payment(s) during the year? | 15 | | X | | | |
| 40 | If "Yes," see instructions and file Form 4720, Schedule N. | | | v | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | X | | | |
| | If "Yes," complete Form 4720, Schedule O. | | 000 | | | | |

Form **990** (2020)

032005 12-23-20

| - | 990 (2020) HALCYON HOUSE | | 81-48 | <u>8195</u> | 33 | Р | age |
|----------|--|------------|-------------------|-------------|-------------------|----------|------|
| Pai | t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th | | | for a "No | o" re | spons | se |
| | to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part VI | | | <u></u> | | | Χ |
| ec | ion A. Governing Body and Management | | | | | | |
| | | | | 10 | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1 a | | 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. | | | 10 | | | |
| | Enter the number of voting members included on line 1a, above, who are independent | · · · · · | | | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship | | | | ~ | | x |
| 3 | officer, director, trustee, or key employee? | | | ····· | 2 | | |
| • | Did the organization delegate control over management duties customarily performed by or under the of officers, directors, trustees, or key employees to a management company or other person? | | | | 3 | Х | |
| 1 | Did the organization make any significant changes to its governing documents since the prior Form 9 | | filed? | ····· ⊢ | 3 4 | - 23 | x |
| + 5 | Did the organization become aware during the year of a significant diversion of the organization's ass | | | | 4 5 | | X |
| 5 | | | | | 5 6 | | x |
| , 7a | Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or ap | | | ····· | 0 | | |
| a | | | | - | 7a | | x |
| þ | more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, st | | | ···· | u | | |
| 2 | persons other than the governing body? | | | - | 7b | | x |
| 3 | Did the organization contemporaneously document the meetings held or written actions undertaken during the yea | | | ···· | ~ | | |
| a | The governing body? | | | 1 | Ba | х | |
| | Each committee with authority to act on behalf of the governing body? | | | | 3b | Х | |
|) | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read | | | | | | |
| | organization's mailing address? If "Yes," provide the names and addresses on Schedule O | | | | 9 | | x |
| ec | ion B. Policies (This Section B requests information about policies not required by the Internal Re | venue (| Code.) | | | | |
| | | | , | | | Yes | No |
|)a | Did the organization have local chapters, branches, or affiliates? | | | 1 | 0a | | X |
| | If "Yes," did the organization have written policies and procedures governing the activities of such ch | | | | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | | | 1 | 0b | | |
| a | Has the organization provided a complete copy of this Form 990 to all members of its governing body | / before | e filing the form | n? 1 | 1a | Х | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | | | | |
| a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | | | 1 | 2a | Х | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise | | | 1 | 2b | Х | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y | 'es," de | scribe | | | | |
| | in Schedule O how this was done | | | 1 | 2c | <u> </u> | |
| | Did the organization have a written whistleblower policy? | | | ····· | 13 | <u> </u> | |
| ŀ | Did the organization have a written document retention and destruction policy? | | | 上 | 14 | Х | |
| 5 | Did the process for determining compensation of the following persons include a review and approva | l by ind | ependent | | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | _ | 77 | |
| | The organization's CEO, Executive Director, or top management official | | | | 5a | X | |
| b | Other officers or key employees of the organization | | | 1 | 5b | X | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | th a | | | | |
| a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen | | | | 6- | | x |
| ۲ | taxable entity during the year? | | | ···· 1 | 6a | | |
| α | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat | | - | | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ exempt status with respect to such arrangements? | | | | 6b | | |
| 0 | exempt status with respect to such arrangements? | | | | JU | | I |
| <u> </u> | List the states with which a copy of this Form 990 is required to be filed ▶AL , AK , AZ , AR , C | A.CC |),CT.DE | FL C | A | НŢ | , IT |
| | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar | | | | | | |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | (5)(0)3 0 | (עיי | avand | |
| | Own website IX Another's website IX Upon request Other (explain | on Sch | nedule () | | | | |
| | Describe on Schedule O whether (and if so, how) the organization made its governing documents, co | | , | v. and fir | anc | cial | |
| | statements available to the public during the tax year. | | | ,, and 11 | | | |
| | State the name, address, and telephone number of the person who possesses the organization's boo | ks and | records | | | | |
| | KATE GOODALL - 202-796-4240 | | | | | | |
| | | | | | | | |
| | 3400 PROSPECT STREET, NW, WASHINGTON, DC 20007 | | | | | | |
| | 3400 PROSPECT STREET, NW, WASHINGTON, DC2000712-23-20SEE SCHEDULE O FOR FULL LIST OF STATES | | | F | orm | 990 | (202 |

16

| Form 990 (2020) | HALCYON HOUSE | 81-4819533 Page 7 | | | | | | | | | |
|---|--|-------------------|--|--|--|--|--|--|--|--|--|
| Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated | | | | | | | | | | | |
| Employe | Employees, and Independent Contractors | | | | | | | | | | |
| Check if Sc | Check if Schedule O contains a response or note to any line in this Part VII | | | | | | | | | | |
| Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees | | | | | | | | | | | |
| 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. | | | | | | | | | | | |

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

| (A) | (B) | | | (0 | C) | | | (D) | (E) | (F) |
|-----------------------------|--------------------------|---|--|------------|--------------|---------------------------------|--------|-----------------|-----------------|-----------------------------|
| Name and title | Average | Position (do not check more than one | | Reportable | Reportable | Estimated | | | | |
| | hours per | box | box, unless person is both an officer and a director/trustee) | | compensation | compensation compensation | | | | |
| | week | | cer an I | dad | irecto | r/trus | tee) | from | from related | other |
| | (list any | rector | | | | | | the | organizations | compensation |
| | hours for | or di | ee | | | ated | | organization | (W-2/1099-MISC) | from the |
| | related organizations | ustee | trust | | ee | bens | | (W-2/1099-MISC) | | organization and related |
| | below | lual tr | tional | | nploy | st con yee | _ | | | organizations |
| | line) | ndividual trustee or director | nstitutional trustee | Officer | Key employee | Highest compensated employee | Former | | | organizations |
| (1) KATE GOODALL | 40.00 | | _ | | | | - | | | |
| CHIEF EXECUTIVE OFFICER | | | | х | | | | 192,185. | 0. | 12,483. |
| (2) JOSH MANDELL | 40.00 | | | | | | | | | |
| CHIEF OPERATING OFFICER | | | | | | X | | 116,247. | 0. | 4,337. |
| (3) RYAN ROSS | 40.00 | | | | | | | | | |
| CHIEF INNOVATION OFFICER | | | | | | X | | 105,876. | 0. | 12,031. |
| (4) NICOLE WEISSMAN | 40.00 | | | | | | | | | |
| DIRECTOR OF COMMUNICATIONS | | | | | | X | | 104,218. | 0. | 4,323. |
| (5) SACHIKO KUNO, PH.D. | 1.00 | | | | | | | | | |
| PRESIDENT AND CHAIR | | Х | | Х | | | | 0. | 0. | 0. |
| (6) TERESA CARLSON | 1.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (7) MICHELLE DIFEBO FREEMAN | 1.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (8) W. MATTHEW KELLY | 1.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (9) PATRICE KING BRICKMAN | 1.00 | | | | | | | | | _ |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (10) FRANK LAPRADE | 1.00 | | | | | | | | | _ |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (11) KEVIN LAVIN | 1.00 | | | | | | | | | - |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (12) JODIE MCLEAN | 1.00 | | | | | | | | | - |
| BOARD MEMBER | 1 | Х | | | | | | 0. | 0. | 0. |
| (13) CAROL A. MELTON | 1.00 | | | | | | | | • | • |
| BOARD MEMBER | 1 00 | X | | | | | | 0. | 0. | 0. |
| (14) MARTHA METZ | 1.00 | | | | | | | | • | • |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | - | | | | |
| | | | | | | | | | | |
| 032007 12-23-20 | 1 | 1 | L | | I | I | | 1 | | Form 990 (2020) |

032007 12-23-20

| Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) | (=) |
|--|--|
| | |
| (A)(B)(C)(D)(E)Name and titleAverage hours per weekPosition (do not check more than one box, unless person is both an officer and a director/trustee)Reportable compensation from theReportable compensation from related | (F) Estimated amount of other |
| (list any hours for related 0000 related | compensation from the organization and related organizations |
| | |
| | |
| | |
| | |
| | |
| | |
| 1b Subtotal 518,526. 0. c Total from continuation sheets to Part VII. Section A 0. 0. | 33,174. |
| c Total from continuation sheets to Part VII, Section A 0.0.0. d Total (add lines 1b and 1c) 518, 526.0. 0.0. 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable | 0. 33,174. |
| compensation from the organization | 4 |
| 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If</i> "Yes," <i>complete Schedule J for such individual</i> | Yes No 3 X |
| For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | 4 X |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> Section B. Independent Contractors | 5 X |
| 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensated | ion from |
| the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) Name and business address Description of services Complexity | (C) ompensation |
| FRIENDLY DESIGN, LLC, 1730 RHODE ISLANDCOMMUNICATIONSAVE. NW, 11TH FL., STE. 200, WASHINGTON, DSUPPORT | 133,175. |
| | |
| | |
| | |
| 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 1 | Form 990 (2020) |

032008 12-23-20



| lembership dues | 1a 1b 1c 1d butions) 1e | nse or note to an 264,61 | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue exclu from tax und sections 512 - |
|---|---|---|--|---|--|---|
| lembership dues undraising events elated organizations overnment grants (contrib Il other contributions, gifts, g milar amounts not included a oncash contributions included in lin | 1b 1c 1d butions) | 264,61 | Total revenue | Related or exempt | Unrelated | Revenue exclu from tax und |
| lembership dues undraising events elated organizations overnment grants (contrib Il other contributions, gifts, g milar amounts not included a oncash contributions included in lin | 1b 1c 1d butions) | 264,61 | _ | 1 | | from tax und |
| lembership dues undraising events elated organizations overnment grants (contrib Il other contributions, gifts, g milar amounts not included a oncash contributions included in lin | 1b 1c 1d butions) | 264,61 | | | | |
| lembership dues undraising events elated organizations overnment grants (contrib Il other contributions, gifts, g milar amounts not included a oncash contributions included in lin | 1b 1c 1d butions) | 264,61 | | | | 300110113 312 - |
| lembership dues undraising events elated organizations overnment grants (contrib Il other contributions, gifts, g milar amounts not included a oncash contributions included in lin | 1b 1c 1d butions) | 264,61 | | | | |
| undraising events elated organizations overnment grants (contrik Il other contributions, gifts, g milar amounts not included a oncash contributions included in lin | 1c 1d butions) | 264,61 | <u></u> | | | |
| elated organizations overnment grants (contrib Il other contributions, gifts, g milar amounts not included a oncash contributions included in lin | butions) 1e | | | | | |
| overnment grants (contributions, gifts, g milar amounts not included a oncash contributions included in lin | butions) 1e | | | | | |
| Il other contributions, gifts, g milar amounts not included a oncash contributions included in lin | · · · · | 291,67 | 2 | | | |
| milar amounts not included a oncash contributions included in lin | grants, and | 291,07 | <u>.</u> | | | |
| oncash contributions included in li | | 0 01 7 60 | | | | |
| | | 2,317,68 | | | | |
| otal. Add lines 1a-1f | ines 1a-1f 1g \$ | 137,65 | | | | |
| | | | ▶ 2,873,974. | | | |
| | | Business Co | | | | |
| ONTRACT REVEN | | 90009 | | | | |
| IANAGEMENT FEI | E | 90009 | 9 75,673. | 75,673. | | |
| ACILITIES FEE | | 90009 | 9 52,826. | | | |
| | NCUBATOR | | | | 1 | |
| | | | | 1 ., | † | |
| Il other program service re | | _ | | 1 | <u> </u> | |
| | | | ▶ 225,536. | | | |
| otal. Add lines 2a-2f | | | <u> </u> | | | |
| ivestment income (includi | • | | | | | |
| ther similar amounts) | | | < ├──── | + | <u> </u> | |
| come from investment of | | • | ▶ | | <u> </u> | |
| oyalties | | | ► | | | |
| | (i) Real | (ii) Person | al | | | |
| ross rents | 6a | | | | | |
| ess: rental expenses | 6b | | | | | |
| ſ | 6c | | | | | |
| et rental income or (loss) | · · · · · | | | | | |
| ross amount from sales of | (i) Securit | ies (ii) Other | | | | |
| | 7a | () = | | | | |
| | , a | | | | | |
| ess: cost or other basis | 76 | | | | | |
| | 7b | | | | | |
| ain or (loss) | | | | | - | |
| et gain or (loss) | | | ▶ | | | |
| ross income from fundraising | | | | | | |
| cluding \$ 264 | ,612. of | | | | | |
| ontributions reported on li | line 1c). See | | | | | |
| art IV, line 18 | | 8a 29,44 | 8. | | | |
| ess: direct expenses | | 8b 61,30 | | | | |
| et income or (loss) from fu | | · · · · · | -31,852. | | | -31,85 |
| ross income from gaming | - | | | | | 3=700 |
| | | 99 | | | | |
| art IV, line 19 | | 9a | | | | |
| ess: direct expenses | | 9b | | | | |
| et income or (loss) from g | | \$ | ▶ | | | |
| ross sales of inventory, le | | | | | | |
| nd allowances | | 10a 44,16 | | | | |
| ess: cost of goods sold | | 10b 44,16 | 3. | | | |
| et income or (loss) from s | | у | • 0. | | | |
| | | Business Co | de | | | |
| IISCELLANEOUS | | 90009 | 9 65,961. | | | 65,96 |
| | S/REFUND | | | | 1 1 | 8,89 |
| | 2, ILLI 014D | | | + | | |
| | | | | + | <u> </u> | |
| | | | 74 060 | | | |
| Il other revenue | <u></u> | | | | | 42.04 |
| II other revenue | | | | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 0. | 43,00 |
| | IMBURSEMENT | IMBURSEMENTS/REFUND other revenue al. Add lines 11a-11d | SCELLANEOUS 90009 IMBURSEMENTS/REFUNDS 90009 other revenue | SCELLANEOUS 900099 65,961. IMBURSEMENTS/REFUNDS 900099 8,899. other revenue | SCELLANEOUS 900099 65,961. IMBURSEMENTS/REFUNDS 900099 8,899. other revenue 74,860. al. Add lines 11a-11d 742,510. | SCELLANEOUS 900099 65,961. IMBURSEMENTS/REFUNDS 900099 8,899. other revenue |

16390601 150872 201881

| | 990 (2020) HALCYON HOUS t IX Statement of Functional Expense | | | 81-48 | 19533 Page |
|---|--|------------------------------|---|--|---------------------------------------|
| | on 501(c)(3) and 501(c)(4) organizations must comp | | er organizations must con | nplete column (A). | |
| | Check if Schedule O contains a response | | | (0) | |
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | | | |
| | and domestic governments. See Part IV, line 21 | 89,416. | 89,416. | | |
| 2 | Grants and other assistance to domestic | | | | |
| | individuals. See Part IV, line 22 | 298,954. | 298,954. | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and foreign | | | | |
| | individuals. See Part IV, lines 15 and 16 | | | | |
| ŀ | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | 4 - 4 - 4 4 | | |
| | trustees, and key employees | 204,668. | 174,768. | 29,900. | |
| 5 | Compensation not included above to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | 4 4 9 9 9 9 9 | 1 0 0 1 1 1 0 | | |
| , | Other salaries and wages | 1,130,308. | 1,031,118. | 96,099. | 3,09 |
| ; | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions) | 20,392. | 19,976. | 416. | |
|) | Other employee benefits | 86,102. | 80,488. | 5,614. | |
|) | Payroll taxes | 104,914. | 94,284. | 10,202. | 42 |
| | Fees for services (nonemployees): | | | | |
| а | Management | 52,300. | 52,300. | | |
| b | Legal | 2,490. | 1,194. | 1,296. | |
| С | Accounting | 27,197. | 172. | 27,025. | |
| d | Lobbying | | | | |
| е | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | | | | . – |
| | column (A) amount, list line 11g expenses on Sch 0.) | 48,643. | 36,542. | 11,125. | 97 |
| 2 | Advertising and promotion | 171,657. | 120,982. | 45,609. | 5,06 |
| ; | Office expenses | 255,025. | 191,575. | 60,301. | 3,14 |
| | Information technology | 43,852. | 30,420. | 12,853. | 57 |
| 5 | Royalties | | | | |
| ; | Occupancy | 94,633. | 71,256. | 22,206. | 1,17 |
| | Travel | 4,766. | 4,066. | 674. | 2 |
| | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
|) | Conferences, conventions, and meetings | 78,593. | 56,268. | 3,681. | 18,64 |
|) | Interest | | | | |
| | Payments to affiliates | | | | |
| 2 | Depreciation, depletion, and amortization | 4,466. | | 4,466. | - - |
| | Insurance | 21,218. | 13,144. | 7,879. | 19 |
| | 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 | 1,680. | 1,680. | | |
| b | | | | | |
| с | | | | | |
| d | | | | | |
| е | All other expenses | | | | |
| _ | | 2 7/1 27/ | 2 368 603 | 330 316 | 22 201 |

2,741,274.

Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

032010 12-23-20

2,368,603.

339,346.

33,325.

16390601 150872 201881

| | | Check if Schedule O contains a response or no | te to an | / line in this Part X | | | |
|-----------------------------|----------|--|---|-----------------------|---------------------------------|------------|---------------------------|
| | | · · | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | | 189,596. | 1 | 751,307. |
| | 2 | Savings and temporary cash investments | | | 2 | | |
| | 3 | Pledges and grants receivable, net | 263,500. | 3 | 173,212. | | |
| | 4 | Accounts receivable, net | 182,038. | 4 | 116,784. | | |
| | 5 | Loans and other receivables from any current o | | | | | |
| | | trustee, key employee, creator or founder, subs | | | | | |
| | | controlled entity or family member of any of these persons | | | | 5 | |
| | 6 | Loans and other receivables from other disquali | receivables from other disqualified persons (as defined | | | | |
| | | under section 4958(f)(1)), and persons described | d in sect | tion 4958(c)(3)(B) | | 6 | |
| s | 7 | Notes and loans receivable, net | | | | 7 | |
| Assets | 8 | Inventories for sale or use | | | 25,704. | 8 | 25,704. |
| ¥8 | 9 | Prepaid expenses and deferred charges | | | 861. | 9 | 0. |
| | 10a | Land, buildings, and equipment: cost or other | | | | | |
| | | basis. Complete Part VI of Schedule D | | 20,423. | | | |
| | b | Less: accumulated depreciation | 10b | 13,480. | 11,409. | 10c | 6,943. 0. |
| | 11 | Investments - publicly traded securities | | | 2,281. | 11 | 0. |
| | 12 | Investments - other securities. See Part IV, line | | | | 12 | |
| | 13 | Investments - program-related. See Part IV, line | 11 | | | 13 | |
| | 14 | Intangible assets | | 14 | 16.000 | | |
| | 15 | Other assets. See Part IV, line 11 | 0. | 15 | 16,988. | | |
| | 16 | Total assets. Add lines 1 through 15 (must equ | 675,389. | 16 | 1,090,938. | | |
| | 17 | Accounts payable and accrued expenses | 306,017. | 17 | 81,948. | | |
| | 18 | Grants payable | | | | 18 | |
| | 19 | Deferred revenue | | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete | | | | 21 | |
| ies | 22 | Loans and other payables to any current or form | | | | | |
| Liabilities | | trustee, key employee, creator or founder, subs | | | | 22 | |
| Lial | 23 | controlled entity or family member of any of the | | | | 22 | |
| | 23 24 | Secured mortgages and notes payable to unrelate Unsecured notes and loans payable to unrelate | | | 0. | 23 24 | 247,145. |
| | 24 | Other liabilities (including federal income tax, pa | | Г | •• | 24 | 217,113. |
| | 25 | parties, and other liabilities not included on line | | | | | |
| | | - | - | | | 25 | |
| | 26 | of Schedule D Total liabilities. Add lines 17 through 25 | | | 306,017. | | 329,093. |
| | | Organizations that follow FASB ASC 958, che | eck here | | | | |
| es | | and complete lines 27, 28, 32, and 33. | | | | | |
| anc | 27 | | | -206,504. | 27 | 164,787. | |
| Bal | 28 | Net assets with donor restrictions | 575,876. | 28 | 597,058. | | |
| pu | | Organizations that do not follow FASB ASC 9 | | | | | |
| Fu | | and complete lines 29 through 33. | | | | | |
| ŗ | 29 | Capital stock or trust principal, or current funds | | | | 29 | |
| set | 30 | Paid-in or capital surplus, or land, building, or ea | | | | 30 | |
| Net Assets or Fund Balances | 31 | Retained earnings, endowment, accumulated in | | | | 31 | |
| Net | 32 | Total net assets or fund balances | | | 369,372. | 32 | 761,845. |
| _ | 33 | Total liabilities and net assets/fund balances | | 675,389. | 33 | 1,090,938. | |

Form **990** (2020)

 \textbf{CQPY}_{1881_1}

Form 990 (2020) Part X Balance Sheet

HALCYON HOUSE

| Form | 1990 (2020) HALCYON HOUSE | 81-483 | L9533 | Pag | _{ge} 12 |
|------|--|-----------|-------------|-----|------------------|
| Pa | rt XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 3,142 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 2,741 | - | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | ,24 | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 369 | | |
| 5 | Net unrealized gains (losses) on investments | 5 | | -52 | 26. |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | - 8 | ,24 | |
| 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 | 761 | ,84 | <u>15.</u> |
| 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 in Schedule (| Э. | | | 37 |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | . 2a | _ | <u> </u> |
| | 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 | | | v | |
| b | Were the organization's financial statements audited by an independent accountant? | | . 2b | X | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | basis, | | | |
| | consolidated basis, or both: | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| с | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | | | x | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | <u>2c</u> | ^ | |
| • | If the organization changed either its oversight process or selection process during the tax year, explain on Sche | | | | |
| за | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing | gie Audit | | | х |
| | Act and OMB Circular A-133? | | . <u>3a</u> | | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require | | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3 b | | |

Form **990** (2020)

032012 12-23-20



Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

| OMB No. 1545-0047 |
|------------------------------|
| 2020 |
| Open to Public Inspection |

1

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

| Nam | e of t | he organization | | | | | | Employer | identification number | | | |
|-------|--------|---|------------------------|--|------------------|------------------------|---------------------------------|---------------|---|--|--|--|
| | | | | | | | | | 1-4819533 | | | |
| Par | tl | Reason for Public (| Charity Status. | (All organizations must of | complete th | nis part.) S | See instruction | s. | | | | |
| The c | organi | zation is not a private found | ation because it is: (| For lines 1 through 12, c | heck only | one box.) | | | | | | |
| 1 | | A church, convention of chu | urches, or associatio | on of churches described | in sectio | n 170(b)(⁻ | 1)(A)(i). | | | | | |
| 2 | | A school described in section | ion 170(b)(1)(A)(ii). | (Attach Schedule E (Forr | n 990 or 99 | 90-EZ).) | | | | | | |
| 3 | | A hospital or a cooperative | hospital service org | anization described in s | ection 170 | (b)(1)(A)(i | ii). | | | | | |
| 4 | | A medical research organization | ation operated in co | njunction with a hospital | described | in sectio | on 170(b)(1)(A |)(iii). Enter | the hospital's name, | | | |
| | | city, and state: | | | | | | | | | | |
| 5 | | An organization operated for the benefit of a college or university owned or operated by a governmental unit described in | | | | | | | | | | |
| , | | section 170(b)(1)(A)(iv). (C | Complete Part II.) | | | | | | | | | |
| 6 [| | A federal, state, or local gov | vernment or governr | nental unit described in | section 17 | 70(b)(1)(A) | (v). | | | | | |
| 7 [| Х | An organization that norma | lly receives a substa | ntial part of its support f | rom a gove | ernmental | unit or from th | ne general | oublic described in | | | |
| r | | section 170(b)(1)(A)(vi). (C | omplete Part II.) | | | | | | | | | |
| 8 [| | A community trust describe | ed in section 170(b) | (1)(A)(vi). (Complete Par | t II.) | | | | | | | |
| 9 | | An agricultural research org | | | | - | | - | - | | | |
| | | or university or a non-land-g | grant college of agric | culture (see instructions). | Enter the | name, city | , and state of | the college | or | | | |
| [| | university: | | | | | | | | | | |
| 10 [| | An organization that norma | | | | | | | | | | |
| | | activities related to its exem | | - | | | | | • | | | |
| | | income and unrelated busir | | (less section 511 tax) fro | om busines | ses acqui | red by the ore | janization a | after June 30, 1975. | | | |
| | | See section 509(a)(2). (Con | - | San bar da an da da an da Barra a | (.). O | | 00(-)(4) | | | | | |
| 11 | | An organization organized a | - | • | • | | | | | | | |
| 12 [| | An organization organized a more publicly supported or | - | • | - | | | • | | | | |
| | | lines 12a through 12d that | - | | | | | | | | | |
| а | | Type I. A supporting orga | ••• | | | | | - | aivina | | | |
| u | L | the supported organization | - | - | • • • • | - | | | | | | |
| | | organization. You must c | | | i majority c | | | | pporting | | | |
| b | | Type II. A supporting org | - | | tion with its | s supporte | ed organizatio | n(s) by hay | vina | | | |
| ~ | L | control or management o | - | | | | • | | - | | | |
| | | organization(s). You mus | | | | | | 90o oo.pr | | | | |
| с | |] Type III functionally inte | - | | in connect | tion with, a | and functional | ly integrate | ed with, | | | |
| | | its supported organization | | | | | | , , | , | | | |
| d | |] Type III non-functionally | integrated. A supp | oorting organization oper | rated in co | nnection v | vith its suppor | ted organi: | zation(s) | | | |
| | | that is not functionally int | egrated. The organiz | zation generally must sat | isfy a distr | ibution red | quirement and | an attentiv | /eness | | | |
| | | requirement (see instructi | ions). You must co | mplete Part IV, Sections | s A and D, | and Part | v . | | | | | |
| е | | Check this box if the orga | anization received a | written determination fro | m the IRS | that it is a | Туре I, Туре | II, Type III | | | | |
| | | functionally integrated, or | Type III non-functio | nally integrated supporti | ng organiz | ation. | | | | | | |
| f | Ente | r the number of supported o | organizations | | | | | | | | | |
| g | | ide the following information | | | (iv) is the orac | anization listed | | | | | | |
| | (1 |) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 | in your governi | ng document? | (v) Amount o support (see ir | | (vi) Amount of other support (see instructions) | | | |
| | | organization | | above (see instructions)) | Yes | No | | 131140110113) | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
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| Total | | | | | | | | | | | | |
| | | an amount Deduction Act N | | wations far Farm 000 a | 000 57 | | Saha | | | | | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 032021 01-25-21 or 990-EZ. Schedule A (Form 990 or 13

Schedule A (Form 990 or 990 EZ) 2020 HALCYON HOUSE

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

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

| See | ction A. Public Support | | | | | | |
|----------|--|-------------------|---------------------|---------------------|--------------------|--------------------|-----------------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | 1552189. | 2976709. | 3140404. | 2873974. | 10543276. |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | 1 01 00 | 0000000 | 21.40.40.4 | 00000004 | 10540056 |
| 4 | Total. Add lines 1 through 3 | | 1552189. | 2976709. | 3140404. | 2873974. | 10543276. |
| 5 | | | | | | | |
| | 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) | | | | | | 2932297. |
| | Public support. Subtract line 5 from line 4. | | | | | | 7610979. |
| | ction B. Total Support | | 1 | [| 1 | 1 | |
| | ndar year (or fiscal year beginning in) 🕨 | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | |
| 7 | Amounts from line 4 | | 1552189. | 2976709. | 3140404. | 2873974. | 10543276. |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources \dots | | | 64,293. | | | 64,293. |
| 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.) | | | 2,485. | | | 2,485. |
| 11 | Total support. Add lines 7 through 10 | | | | | | 10610054. |
| | Gross receipts from related activities, | • | , | | | 12 | 957,308. |
| 13 | First 5 years. If the Form 990 is for th | - | | | | | |
| <u>.</u> | organization, check this box and stop | here | | | | | X |
| | ction C. Computation of Public | | | | | | |
| | Public support percentage for 2020 (li | | | | | 14 | % |
| | Public support percentage from 2019 | | | | | 15 | % |
| 16a | 33 1/3% support test - 2020. If the c | | | | 14 is 33 1/3% or m | ore, check this bo | x and |
| | stop here. The organization qualifies | . , | • | | | | |
| b | 33 1/3% support test - 2019. If the c | | | | | | |
| | and stop here. The organization quali | | | | | | |
| 17a | 10% -facts-and-circumstances test | - | | | | | |
| | and if the organization meets the facts | | | | • | VI how the organiz | zation |
| | meets the facts-and-circumstances te | - | - | | - | | |
| b | 10% -facts-and-circumstances test | - | | | | | 10% or |
| | more, and if the organization meets th | | | | | | . — |
| | organization meets the facts-and-circu | | - | | | | |
| 18 | Private foundation. If the organizatio | n did not check a | box on line 13, 16a | a, 16b, 17a, or 17b | | | |
| | | | | | Sche | odule & (Form 990 | or 990-F7) 2020 |

Schedule A (Form 990 or 990-EZ) 2020

032022 01-25-21



Schedule A (Form 990 or 990-EZ) 2020 HALCYON HOUSE 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.)

| Calendar year (or fiscal year beginning in) 🕨 📙 | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|---|---|--|---|---|--|---------------------------------|
| 1 Gifts, grants, contributions, and | | | | | | |
| membership fees received. (Do not | | | | | | |
| include any "unusual grants.") | | | | | | |
| 2 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- | | | | | | |
| in and under eaching 510 | | | | | | |
| 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 disgualified 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 | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |
| Section B. Total Support | | | | | | |
| Calendar year (or fiscal year beginning in) 🕨 | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| 9 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 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| | e organization's fi | irst, second, third, | fourth, or fifth tax | year as a section 5 | 501(c)(3) organizati | ion, |
| 14 First 5 years. If the Form 990 is for the | | | | | | |
| check this box and stop here | | <u></u> | | <u></u> | | |
| check this box and stop here | | rcentage | | | | |
| check this box and stop here | c Support Per | rcentage | | | 15 | |
| check this box and stop here Section C. Computation of Public 15 Public support percentage for 2020 (lir | c Support Pei ne 8, column (f), c | r centage divided by line 13, | | | | ç |
| check this box and stop here Section C. Computation of Public 15 Public support percentage for 2020 (lir 16 Public support percentage from 2019 s | c Support Pei ne 8, column (f), c Schedule A, Part | r centage divided by line 13, III, line 15 | column (f)) | | 15 | ç |
| check this box and stop here Section C. Computation of Public 15 Public support percentage for 2020 (lir 16 Public support percentage from 2019 s Section D. Computation of Invest | c Support Per ne 8, column (f), c Schedule A, Part tment Income | rcentage livided by line 13, III, line 15 e Percentage | column (f)) | | 15 16 | 9 |
| check this box and stop here Section C. Computation of Public 15 Public support percentage for 2020 (lir 16 Public support percentage from 2019 Section D. Computation of Invest 17 Investment income percentage for 202 | c Support Per ne 8, column (f), c Schedule A, Part tment Income 20 (line 10c, colu | rcentage divided by line 13, III, line 15 e Percentage mn (f), divided by l | column (f)) | | 15 | 9 |
| check this box and stop here Section C. Computation of Public 15 Public support percentage for 2020 (lir 16 Public support percentage from 2019 Section D. Computation of Invest 17 Investment income percentage for 202 18 Investment income percentage from 2 | c Support Per ne 8, column (f), c Schedule A, Part tment Income 20 (line 10c, colur 20 Schedule A, | rcentage divided by line 13, III, line 15 Percentage mn (f), divided by I Part III, line 17 | column (f)) | ····· | 15 16 17 18 | 9 9 9 9 9 |
| Section C. Computation of Public Public support percentage for 2020 (lin Public support percentage from 2019 Section D. Computation of Invest Investment income percentage from 2 Investment income percentage from 2 19a 33 1/3% support tests - 2020. If the example of the support sets - 2020. | c Support Per ne 8, column (f), c Schedule A, Part tment Income 20 (line 10c, colu 2019 Schedule A, organization did r | rcentage divided by line 13, <u>III, line 15</u> e Percentage mn (f), divided by I Part III, line 17 not check the box | column (f)) ine 13, column (f)) on line 14, and line | e 15 is more than 3 | 15 16 17 18 33 1/3%, and line 1 | 9 9 9 9 |
| check this box and stop here Section C. Computation of Public 15 Public support percentage for 2020 (lin 16 Public support percentage from 2019 Section D. Computation of Invest 17 Investment income percentage for 202 18 Investment income percentage from 2 19a 33 1/3% support tests - 2020. If the of more than 33 1/3%, check this box and | c Support Per ne 8, column (f), c Schedule A, Part tment Income 20 (line 10c, colui 2019 Schedule A, organization did r d stop here. The | rcentage divided by line 13, III, line 15 e Percentage mn (f), divided by l Part III, line 17 not check the box e organization qual | column (f)) ine 13, column (f)) on line 14, and line ifies as a publicly s | e 15 is more than 3 upported organiza | 15 16 17 18 33 1/3%, and line 1 ation | 9 9 9 17 is not ► |
| check this box and stop here Section C. Computation of Public 15 Public support percentage for 2020 (lin 16 Public support percentage from 2019 Section D. Computation of Invest 17 Investment income percentage for 202 18 Investment income percentage from 2 19a 33 1/3% support tests - 2020. If the order of the support tests - 2019. If the order of the support tests - 2019. If the order of the support tests - 2019. If the order of the support tests - 2019. If the order of the support tests - 2019. If the order of the support tests - 2019. If the order of the support tests - 2019. If the order of the support tests - 2019. If the order of the support tests - 2019. If the order of the support tests - 2019. If the order of the support tests - 2019. | c Support Per ne 8, column (f), c Schedule A, Part tment Income 20 (line 10c, colur 2019 Schedule A, organization did r d stop here. The organization did r | rcentage divided by line 13, III, line 15 e Percentage mn (f), divided by l Part III, line 17 not check the box e organization qual not check a box or | column (f)) ine 13, column (f)) on line 14, and line ifies as a publicly s n line 14 or line 19a | e 15 is more than 3 supported organiza a, and line 16 is mo | 15 16 17 18 33 1/3%, and line 1 ation ore than 33 1/3%, i | 9 9 9 17 is not and |
| check this box and stop here Section C. Computation of Public 15 Public support percentage for 2020 (lin 16 Public support percentage from 2019 Section D. Computation of Invest 17 Investment income percentage from 2020 18 Investment income percentage from 2020 19a 33 1/3% support tests - 2020. If the of more than 33 1/3%, check this box and b 33 1/3% support tests - 2019. If the of line 18 is not more than 33 1/3%, check | C Support Per ne 8, column (f), c Schedule A, Part tment Income 20 (line 10c, colur 2019 Schedule A, organization did r d stop here. The organization did r ck this box and st | rcentage divided by line 13, III, line 15 Percentage mn (f), divided by l Part III, line 17 not check the box organization qual not check a box or top here. The organization | column (f)) ine 13, column (f)) on line 14, and line ifies as a publicly s n line 14 or line 19a anization qualifies a | e 15 is more than 3 supported organiza a, and line 16 is mo as a publicly support | 15 16 17 18 33 1/3%, and line 1 ation ore than 33 1/3%, orted organization | 9 9 9 17 is not |
| check this box and stop here Section C. Computation of Public 15 Public support percentage for 2020 (lin 16 Public support percentage from 2019 Section D. Computation of Invest 17 Investment income percentage for 202 18 Investment income percentage from 2 19a 33 1/3% support tests - 2020. If the order than 33 1/3%, check this box and b 33 1/3% support tests - 2019. If the order tests - 2019. If the order tests - 2019. If the order tests - 2019. | C Support Per ne 8, column (f), c Schedule A, Part tment Income 20 (line 10c, colur 2019 Schedule A, organization did r d stop here. The organization did r ck this box and st | rcentage divided by line 13, III, line 15 Percentage mn (f), divided by l Part III, line 17 not check the box organization qual not check a box or top here. The organization | column (f)) ine 13, column (f)) on line 14, and line ifies as a publicly s n line 14 or line 19a anization qualifies a | e 15 is more than 3 supported organiza a, and line 16 is mo as a publicly support his box and see ins | 15 16 17 18 33 1/3%, and line 1 ation ore than 33 1/3%, orted organization | 9 9 9 17 is not |

1

2

3a

3b

3c

4a

4b

Yes No

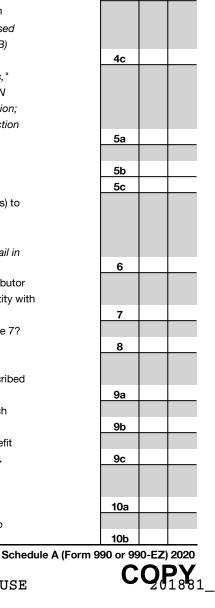
Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

032024 01-25-21



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| Pa | rt IV Supporting Organizations (continued) | | |
|-----|---|-----|----|
| | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in lines 11b and | | |
| | 11c below, the governing body of a supported organization? 11a | | |
| b | A family member of a person described in line 11a above? 11b | | |
| с | A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | |
| | detail in Part VI. | | |
| Sec | tion B. Type I Supporting Organizations | | |
| | | Yes | No |
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the | | |
| | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | |
| | supervised, or controlled the supporting organization. 2 | | |
| Sec | tion C. Type II Supporting Organizations | | |
| | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | |
| | the supported organization(s). | | |
| 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 in line 2, above, did the organization's supported organizations have a | | | |
| | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | supported organizations played in this regard. | 3 | | |

Section E. Type III Functionally Integrated Supporting Organizations

| 1 | Check the box next to the me | ethod that the organization | n used to satisfy the | e Integral Part Test durin | g the year (see instructions). |
|---|------------------------------|-----------------------------|-----------------------|----------------------------|--------------------------------|
|---|------------------------------|-----------------------------|-----------------------|----------------------------|--------------------------------|

a The organization satisfied the Activities Test. Complete line 2 below.

| b | The organization is the | parent of each of its supported | organizations. | Complete line 3 below. |
|---|-------------------------|---------------------------------|----------------|------------------------|
| | | | | |

| c | | The organization supported a | governmental entity. | Describe in Part VI how | vou supported a government | al entity (see instructions). |
|---|--|------------------------------|----------------------|-------------------------|----------------------------|-------------------------------|
|---|--|------------------------------|----------------------|-------------------------|----------------------------|-------------------------------|

17

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 032025 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

2a

2b

3a

3b

Yes No

| 1 | Check here if the organization satisfied the Integral Part Test as a qualify All other Type III non-functionally integrated supporting organizations mu | | • | Part VI). See instructions. |
|------|--|----|----------------|--------------------------------|
| 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 | Discount claimed for blockage or other factors | | | |
| | (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d. | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, | | | |
| | see instructions). | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by 0.035. | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| 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 | | |

emergency temporary reduction (see instructions).

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

Schedule A (Form 990 or 990-EZ) 2020

Check here if the organization satisfied the Integral Part Test as a gualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions

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Schedule A (Form 990 or 990-EZ) 2020 HALCYON HOUSE Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

| | dule A (Form 990 or 990 EZ) 2020 HALCYON HOUSE | | | 1-4819533 Page 7 |
|-------|---|-------------------------------|--|---|
| Par | t V Type III Non-Functionally Integrated 509(| a)(3) Supporting Orga | nizations (continued) | |
| Secti | on D - Distributions | | | Current Year |
| _1 | Amounts paid to supported organizations to accomplish exer | mpt purposes | 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 | 3 | |
| 4 | Amounts paid to acquire exempt-use assets | | 4 | |
| 5 | Qualified set-aside amounts (prior IRS approval required - pro | ovide details in Part VI) | 5 | |
| 6 | Other distributions (describe in Part VI). See instructions. | | 6 | |
| 7 | Total annual distributions. Add lines 1 through 6. | | 7 | |
| 8 | Distributions to attentive supported organizations to which the | ne organization is responsive | | |
| | (provide details in Part VI). See instructions. | - | 8 | |
| 9 | Distributable amount for 2020 from Section C, line 6 | | 9 | |
| 10 | Line 8 amount divided by line 9 amount | | 10 | |
| Secti | on E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2020 | (iii) Distributable Amount for 2020 |
| 1 | Distributable amount for 2020 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2020 (reason- | | | |
| | able cause required - explain in Part VI). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2020 | | | |
| а | From 2015 | | | |
| b | From 2016 | | | |
| c | From 2017 | | | |
| d | From 2018 | | | |
| е | From 2019 | | | |
| f | Total of lines 3a through 3e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2020 distributable amount | | | |
| i | Carryover from 2015 not applied (see instructions) | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 | Distributions for 2020 from Section D, | | | |
| | line 7: \$ | | | |
| а | Applied to underdistributions of prior years | | | |
| b | Applied to 2020 distributable amount | | | |
| с | Remainder. Subtract lines 4a and 4b from line 4. | | | |
| | Remaining underdistributions for years prior to 2020, if | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | |
| | than zero, explain in Part VI. See instructions. | | | |
| 6 | Remaining underdistributions for 2020. Subtract lines 3h | | | |
| | and 4b from line 1. For result greater than zero, <i>explain in</i> | | | |
| | Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2021. Add lines 3j | | | |
| | and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| а | Excess from 2016 | | | |
| | Excess from 2017 | | | |
| | Excess from 2018 | | | |
| | Excess from 2019 | | | |
| | Excess from 2020 | | | |

Schedule A (Form 990 or 990-EZ) 2020

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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, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

** PUBLIC DISCLOSURE COPY *

Schedule of Contributors

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

OMB No. 1545-0047

2020

Employer identification number

81-4819533

| ALCYON | HOUSE |
|--------|-------|
| | |

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

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

General Rule

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

Special Rules

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \dots \blacktriangleright \$

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

 $\label{eq:LHA} \ \ \mbox{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

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

(:O)

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

Name of organization

HALCYON HOUSE

Employer identification number

81-4819533

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 1,000,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 2 X Person Payroll 191,817. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 130,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 X Person Payroll 125,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 120,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 6 X Person Payroll 100,000. Noncash \$ (Complete Part II for noncash contributions.) 023452 11-25-20 Schedule B (Form 990, 990-EZ, or 990-PF) (2020) 23

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

Name of organization

Employer identification number

HALCYON HOUSE

81-4819533

| | Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. | | | | |
|--------------|--|----------------------------|--|--|--|
| (a) | (b) | (c) | (d) | | |
| <u>No.</u> | Name, address, and ZIP + 4 | Total contributions | Type of contribution Person X Payroll | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 8 | | \$85,001. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 9 | | \$60,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| | | \$ | 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 Payroll Occupient Payroll Payroll Part II for noncash contributions.) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 023452 11-25 | | \$ | Person Payroll Payroll Occupient Part II for noncash contributions.) | | |

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

Name of organization

Page 3

Employer identification number

HALCYON HOUSE

81-4819533

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) | | | |
|------------------------------|--|---|----------------------|
| No. rom 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 |
| | | | |
| | | \$ | |
| (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 |
| | | | |
| | | \$ | |

16370601 150872 201881

25 2020.03050 HALCYON HOUSE

 $\textbf{COPY}_{\texttt{01881}_1}$

Page **4**

 $\textbf{COPY}_{\texttt{01881}_1}$

| lame of o | rganization | | Employer identification number | | | | | |
|---------------------------|--|---|---|--|--|--|--|--|
| IALCY | ON HOUSE | | 81-4819533 | | | | | |
| Part III | Exclusively religious, charitable, etc., contrib | (a) through (e) and the following line , charitable, etc., contributions of \$1,000 | in section 501(c)(7), (8), or (10) that total more than \$1,000 for the yea | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | | | |
| | | | | | | | | |
| | | (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 | (b) F di pode di girt | (c) cos or give | | | | | | |
| - | (e) Transfer of gift | | | | | | | |
| - | Transferee's name, address, | and ZIP + 4 | Relationship of transferor to transferee | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | | | |
| | | gift | | | | | | |
| - | Transferee's name, address, | and ZIP + 4 | Relationship of transferor to transferee | | | | | |
| a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | | | |
| | | | | | | | | |
| - | | (e) Transfer of | gift | | | | | |
| - | Transferee's name, address, | and ZIP + 4 | Relationship of transferor to transferee | | | | | |
| | | | | | | | | |
| 3454 11-25 | 5-20 | 1 | Schedule B (Form 990, 990-EZ, or 990-PF) (20 | | | | | |

16370601 150872 201881

| SCHEDULE [|) |
|------------|---|
|------------|---|

Department of the Treasury Internal Revenue Service

| (Form | 990) |
|-------|------|
|-------|------|

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.



| lame of | f the | organization | |
|---------|-------|--------------|--|
|---------|-------|--------------|--|

_

| Nam | HALCYON HOUSE | | 81-4819533 |
|--------|--|---|--|
| Par | t I Organizations Maintaining Donor Advise | ed Funds or Other Similar Fund | |
| | organization answered "Yes" on Form 990, Part IV, li | | |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate value of contributions to (during year) | | |
| 3 | Aggregate value of grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and donor advisors in | | <i>i</i> ised funds |
| Ŭ | are the organization's property, subject to the organization's | - | |
| 6 | Did the organization inform all grantees, donors, and donor | | |
| Ŭ | for charitable purposes and not for the benefit of the donor | | |
| | | | |
| Par | | roanization answered "Yes" on Form 990 | |
| 1 | Purpose(s) of conservation easements held by the organizat | | |
| • | Preservation of land for public use (for example, recreation) | | of a historically important land area |
| | Protection of natural habitat | | of a certified historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a qual | lified conservation contribution in the for | n of a conservation easement on the last |
| 2 | day of the tax year. | | Held at the End of the Tax Year |
| ~ | | | |
| а ь | | | |
| b | | | |
| C | Number of conservation easements on a certified historic st | () | |
| d | Number of conservation easements included in (c) acquired | | |
| ~ | | | |
| 3 | Number of conservation easements modified, transferred, re | eleased, extinguished, or terminated by th | ne organization during the tax |
| | year ▶ | | |
| 4 | Number of states where property subject to conservation ea | | |
| 5 | Does the organization have a written policy regarding the pe | | |
| ~ | violations, and enforcement of the conservation easements | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting | , nandling of violations, and emorcing co | riservation easements during the year |
| - | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, han \$ | idling of violations, and enforcing conser- | vation easements during the year |
| • | ▶ ↓ Does each conservation easement reported on line 2(d) abo | we esticify the requirements of eastion 17 | |
| 8 | | , , | |
| • | | tion accomenta in its revenue and overce | |
| 9 | In Part XIII, describe how the organization reports conservat | • | |
| | balance sheet, and include, if applicable, the text of the foot organization's accounting for conservation easements. | thote to the organization's inhancial state | ments that describes the |
| Par | | of Art. Historical Treasures, or (| Other Similar Assets. |
| | Complete if the organization answered "Yes" on Forr | | |
| 10 | If the organization elected, as permitted under FASB ASC 9 | | t and balance sheet works |
| 14 | of art, historical treasures, or other similar assets held for pu | | |
| | service, provide in Part XIII the text of the footnote to its fina | | · |
| b | If the organization elected, as permitted under FASB ASC 9 | | |
| b | art, historical treasures, or other similar assets held for publi | | |
| | provide the following amounts relating to these items: | | Therance of public service, |
| | | | ¢ |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | |
| 2 | (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical tre | assuras, or other similar assots for financ | |
| 2 | | | iai yain, provide |
| - | the following amounts required to be reported under FASB / | - | ¢. |
| a b | Revenue included on Form 990, Part VIII, line 1 | | |
| | | as for Form 990 | |
| _na | For Paperwork Reduction Act Notice, see the Instruction | 15 101 20111 330. | Schedule D (Form 990) 2020 |

032051 12-01-20

| Sche | dule D (Form 990) 2020 HALCYON | | | | | | | <u>4819533</u> | | age 2 |
|--------|---|-------------------------|-----------|-----------------------|----------------|-------------|-------------------------|--------------------------|-------|--------------|
| Par | t III Organizations Maintaining C | ollections of Ar | t, Hist | orical Tre | easures, or | Other \$ | Similar Ass | sets _{(continu} | ued) | |
| 3 | Using the organization's acquisition, accessi | on, and other record | s, checl | k any of the | following that | make sigr | nificant use of | its | | |
| | collection items (check all that apply): | | | | | | | | | |
| а | Public exhibition | c | 1 🗌 | Loan or exc | hange progra | m | | | | |
| b | Scholarly research | e | • | Other | | | | | | |
| с | Preservation for future generations | | | | | | | | | |
| 4 | Provide a description of the organization's co | ollections and explair | n how th | ney further th | ne organizatio | n's exemp | ot purpose in F | Part XIII. | | |
| 5 | During the year, did the organization solicit of | - | | - | - | | | | | |
| | to be sold to raise funds rather than to be ma | | | | - | | | Yes | | No |
| Par | t IV Escrow and Custodial Arran | | | | | | | | | - |
| | reported an amount on Form 990, Pa | | | 9 | | | ,, | , | | |
| 1a | Is the organization an agent, trustee, custod | ian or other intermed | liarv for | contribution | s or other ass | ets not ind | cluded | | | |
| | on Form 990, Part X? | | | | | | | Yes | | No |
| b | If "Yes," explain the arrangement in Part XIII | | | | | | | | L | |
| | | | lowing | abio. | | | | Amount | | |
| с | Beginning balance | | | | | | 1c | / iniouni | | |
| | Additions during the year | | | | | | 1d | | | |
| u o | Distributions during the year | | | | | | 1e | | | |
| f | | | | | | | 1f | | | |
| | Ending balance Did the organization include an amount on F | | | | | | | Yes | | No |
| | If "Yes," explain the arrangement in Part XIII. | | | | | | | | | |
| Par | | | | | | | | | | |
| | | (a) Current year | | Prior year | (c) Two year | | d) Three years b | ack (e) Four | voare | haok |
| 10 | Pagipping of year balance | (a) Current year | | -nor year | (C) Two year | S DACK (C | aj milee years b | | years | Dauk |
| | Beginning of year balance | | | | | | | | | |
| b | Contributions | | | | | | | | | |
| C | Net investment earnings, gains, and losses | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | | |
| - | and programs | | | | | | | | | |
| t | Administrative expenses | | | | | | | | | |
| g | End of year balance | | | | | | | | | |
| 2 | Provide the estimated percentage of the curr | • | e (line 1 | g, column (a |)) held as: | | | | | |
| а | Board designated or quasi-endowment | | _% | | | | | | | |
| b | Permanent endowment | % | | | | | | | | |
| С | | % | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c sho | • | | | | | | | | |
| 3a | Are there endowment funds not in the posse | ession of the organiza | ation tha | at are held a | nd administer | ed for the | organization | Г | | |
| | by: | | | | | | | | Yes | No |
| | (i) Unrelated organizations | | | | | | | | | |
| | (ii) Related organizations | | | | | | | <u>3a(ii)</u> | | |
| b | If "Yes" on line 3a(ii), are the related organization | ations listed as requir | red on S | Schedule R? | | | | 3b | | |
| 4 | Describe in Part XIII the intended uses of the | | wment | funds. | | | | | | |
| Pai | t VI Land, Buildings, and Equipm | | | | | | | | | |
| | Complete if the organization answere | d "Yes" on Form 990 |), Part I | V, line 11a. S | See Form 990, | Part X, lir | ne 10. | | | |
| | Description of property | (a) Cost or o | | | t or other | • • | cumulated | (d) Book | value | Э |
| | | basis (investr | nent) | basis | (other) | depr | eciation | | | |
| 1a | Land | | | | | | | | | |
| | Buildings | | | | | | | | | |
| с | Leasehold improvements | | | | | | | | | |
| d | Equipment | | | | 8,127. | | 7,851. | | | 76. |
| е | Other | | | 1 | 2,296. | | 5,629. | | ,60 | |
| Tota | . Add lines 1a through 1e. (Column (d) must e | equal Form 990, Part | X, colur | <u>mn (B), line 1</u> | 0c.) | | | 6 | ,94 | 43. |
| | | | | | | | Sche | dule D (Form | 990) | 2020 |

032052 12-01-20



| | | | 11b. See Form 990, Part X, line | |
|--|---|---|--|---|
| | tion of security or category (including name of security) | (b) Book value | (c) internod of valuation: Co | st or end-of-year market value |
| | l derivatives | | | |
| | held equity interests | | | |
| Other . | | | | |
| (A) | | | | |
| (B) | | | | |
| (C) | | | | |
| (D) | | | | |
| (E) | | | | |
| (F) | | | | |
| (G) | | | | |
| (H) |) | | | |
| |) must equal Form 990, Part X, col. (B) line 12.) ► Investments - Program Related. | | | |
| | - | | | - |
| | Complete if the organization answered "Yes" (a) Description of investment | | | <u>3.</u> st or end-of-year market value |
| | (a) Description of investment | (b) Book value | | St of end-of-year market value |
| <u>(1)</u> | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| al . (Col. (b | 0) must equal Form 990, Part X, col. (B) line 13.) ► Other Assets. | ar Farm 000, Dart IV, line | | |
| al . (Col. (b | Other Assets. Complete if the organization answered "Yes" | on Form 990, Part IV, line Description | 11d. See Form 990, Part X, line 1 | 15. (b) Book value |
| al. (Col. (b art IX | Other Assets. Complete if the organization answered "Yes" | | 11d. See Form 990, Part X, line ⁻ | |
| al. (Col. (b art IX (1) | Other Assets. Complete if the organization answered "Yes" | | 11d. See Form 990, Part X, line ⁻ | |
| al. (Col. (b art IX (1) (2) | Other Assets. Complete if the organization answered "Yes" | | 11d. See Form 990, Part X, line ⁻ | |
| al. (Col. (b art IX (1) (2) (3) | Other Assets. Complete if the organization answered "Yes" | | 11d. See Form 990, Part X, line ⁻ | |
| al. (Col. (b art IX (1) (2) (3) (4) | Other Assets. Complete if the organization answered "Yes" | | 11d. See Form 990, Part X, line ⁻ | |
| al. (Col. (b art IX (1) (2) (3) (4) (5) (6) | Other Assets. Complete if the organization answered "Yes" | | 11d. See Form 990, Part X, line ⁻ | |
| al. (Col. (b art IX (1) (2) (3) (4) (5) (6) | Other Assets. Complete if the organization answered "Yes" | | 11d. See Form 990, Part X, line ⁻ | |
| al. (Col. (b art IX (1) (2) (3) (4) (5) (6) (7) (8) | Other Assets. Complete if the organization answered "Yes" | | 11d. See Form 990, Part X, line ⁻ | |
| al. (Col. (b art IX (1) (2) (3) (4) (5) (6) (7) (8) | Other Assets. Complete if the organization answered "Yes" | | 11d. See Form 990, Part X, line ⁻ | |
| al. (Col. (b art IX (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Colut | Other Assets. Complete if the organization answered "Yes" | Description | | |
| al. (Col. (b art IX (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Colut | Other Assets. Complete if the organization answered "Yes" (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" | Description | | (b) Book value |
| al. (Col. (b art IX (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Colut | Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. | Description | | (b) Book value |
| al. (Col. (b art IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (art X | Other Assets. Complete if the organization answered "Yes" (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" | Description | | (b) Book value |
| II. (Col. (b art IX) (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Colur art X) (1) Fede | Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line (b) must equal Form 990, Part X, col. (B) line (complete if the organization answered "Yes" (a) Description of liability | Description | | (b) Book value |
| al. (Col. (b art IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (al. (Colun art X (1) Fede (2) | Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line (b) must equal Form 990, Part X, col. (B) line (complete if the organization answered "Yes" (a) Description of liability | Description | | (b) Book value |
| al. (Col. (b art IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (art X (1) Fede (2) (3) | Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line (b) must equal Form 990, Part X, col. (B) line (complete if the organization answered "Yes" (a) Description of liability | Description | | (b) Book value |
| al. (Col. (b art IX (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Colur art X (1) Fede (2) (3) | Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line (b) must equal Form 990, Part X, col. (B) line (complete if the organization answered "Yes" (a) Description of liability | Description | | (b) Book value |
| al. (Col. (b art IX (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Colur art X (9) tal. (Colur (2) (3) (4) | Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line (b) must equal Form 990, Part X, col. (B) line (complete if the organization answered "Yes" (a) Description of liability | Description | | (b) Book value |
| al. (Col. (b art IX (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Colur art X (1) Fede (2) (3) (4) (5) | Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line (b) must equal Form 990, Part X, col. (B) line (complete if the organization answered "Yes" (a) Description of liability | Description | | (b) Book value |
| al. (Col. (b art IX (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Colun art X (1) Fedd (2) (3) (4) (5) (6) | Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line (b) must equal Form 990, Part X, col. (B) line (complete if the organization answered "Yes" (a) Description of liability | Description | | (b) Book value |
| al. (Col. (b art IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (art X (9) (art X (1) Fedd (2) (3) (4) (5) (6) (7) | Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line (b) must equal Form 990, Part X, col. (B) line (complete if the organization answered "Yes" (a) Description of liability | Description | | (b) Book value |

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2020

032053 12-01-20

| Sche | dule D (Form 990) 2020 HALCYON HOUSE | | | 81- | 4819533 Page 4 |
|------|--|----------|------------------|--------|--------------------------|
| Par | t XI Reconciliation of Revenue per Audited Financial Stateme | ents Wit | h Revenue per Re | eturn. | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a | | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 6,538,203. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| а | Net unrealized gains (losses) on investments | . 2a | -526. | | |
| b | Donated services and use of facilities | 2b | 3,273,397. | | |
| с | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | 154,324. | | |
| е | Add lines 2a through 2d | | | 2e | 3,427,195. 3,111,008. |
| 3 | Subtract line 2e from line 1 | | | 3 | 3,111,008. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | . 4a | | | |
| b | Other (Describe in Part XIII.) | . 4b | 31,510. | | |
| с | Add lines 4a and 4b | | | 4c | 31,510. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | | 5 | 3,142,518. |
| Pa | rt XII Reconciliation of Expenses per Audited Financial Statem | ents Wi | th Expenses per | Retur | 'n. |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a | | | _ | |
| 1 | Total expenses and losses per audited financial statements | | | 1 | 6,119,534. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | |
| а | Donated services and use of facilities | . 2a | 3,273,397. | | |
| b | Prior year adjustments | 2b | | | |
| с | Other losses | 2c | | | |
| d | Other (Describe in Part XIII.) | . 2d | 198,487. | | |
| е | Add lines 2a through 2d | | | 2e | 3,471,884. |
| 3 | Subtract line 2e from line 1 | | | 3 | 2,647,650. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | . 4a | | | |
| b | Other (Describe in Part XIII.) | . 4b | 93,624. | | |
| с | Add lines 4a and 4b | | | 4c | 93,624. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.) | | | 5 | 2,741,274. |
| Pa | rt XIII Supplemental Information. | | | | |

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

PART X, LINE 2:

HALCYON PERFORMED AN EVALUATION FOR UNCERTAINTY IN INCOME TAXES FOR THE

YEAR ENDED DECEMBER 31, 2020, AND DETERMINED THAT THERE ARE NO MATTERS

THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR THAT MAY

HAVE ANY EFFECT ON ITS TAX-EXEMPT STATUS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSE

INTERCOMPANY TRANSACTIONS

TOTAL TO SCHEDULE D, PART XI, LINE 2D

PART XI, LINE 4B - OTHER ADJUSTMENTS:

032054 12-01-20

61,<u>30</u>0.

93,024.

154,324.

| Schedule D (Form 990) 2020 HALCYON HOUSE Part XIII Supplemental Information (continued) | 81-4819533 Page 5 |
|---|----------------------------|
| INCOME FROM DISREGARDED ENTITY | 75,673. |
| COST OF GOODS SOLD | -44,163. |
| TOTAL TO SCHEDULE D, PART XI, LINE 4B | 31,510. |
| PART XII, LINE 2D - OTHER ADJUSTMENTS: | |
| SPECIAL EVENTS EXPENSE | 61,300. |
| INTERCOMPANY TRANSACTIONS | 93,024. |
| COST OF GOODS SOLD | 44,163. |
| TOTAL TO SCHEDULE D, PART XII, LINE 2D | 198,487. |
| PART XII, LINE 4B - OTHER ADJUSTMENTS: | |
| EXPENSES FROM DISREGARDED ENTITY | 93,624. |
| | |
| | |
| | |
| | |
| | |
| | |
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| | |
| | |
| | |
| | Schedule D (Form 990) 2020 |

 $\textbf{CQPY}_{\texttt{0}1881_1}$

032055 12-01-20

| SCHEDULE G | IEDULE G Supplemental Information Regarding Fundraising or Gaming Activities OMB No. 1545-0047 | | | | | | | |
|--|--|--|---|-------------------|--------------------------------------|---------|--|---|
| (Form 990 or 990-EZ) | Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. | | | | | | | 2020 |
| Department of the Treasury | Attach to Form 990 or Form 990-EZ. | | | | | | | Open to Public |
| Internal Revenue Service | | to www.irs.gov/Form990 for instr | uction | s and | the latest informati | on. | Employer ide | Inspection entification number |
| | HALCYON | HOUSE | | | | | 81-4819 | |
| | | Complete if the organization answe | ered "Y | es" or | n Form 990, Part IV, I | ine 1 | 7. Form 990-EZ | filers are not |
| · · · · | complete this part e organization rais | ed funds through any of the followin | g activ | rities. (| Check all that apply. | | | |
| a 📃 Mail solicitat | ions | e 🔛 Solicita | tion of | non-g | overnment grants | | | |
| b Internet and c Phone solici | email solicitations | s f Solicita g Special | | | nment grants events | | | |
| d In-person so | | y opend. | lanare | long | | | | |
| | | or oral agreement with any individual art VII) or entity in connection with p | | | | tees, | or Yes | s 🗌 No |
| | | viduals or entities (fundraisers) pursu | | | e | he fur | | |
| compensated at le | ast \$5,000 by the | organization. | | | | | | |
| (i) Name and addres or entity (fund | | (ii) Activity | (iii) fundr have c or cor contrib | ustody trol of | (iv) Gross receipts from activity | tò (c | Amount paid or retained by) fundraiser ted in col. (i) | (vi) Amount paid to (or retained by) organization |
| | | | Yes | No | | 113 | | |
| | | | | | - | | | |
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| Total | | | | | | | | |
| | | n is registered or licensed to solicit o | contrib | utions | or has been notified | it is (| exempt from re | gistration |
| or licensing. | | | | | | | | |
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| LHA For Paperwork Re | eduction Act Noti | ce, see the Instructions for Form S | 990 or | 990-E | Z. 9 | Sche | dule G (Form § | 990 or 990-EZ) 2020 |



Schedule G (Form 990 or 990 EZ) 2020 HALCYON HOUSE

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

| | | | (a) Event #1 HALCYON HOMECOMING | (b) Event #2 | (c) Other events NONE | (d) Total events (add col. (a) through |
|-----------------|----------------------------------|--|---|-------------------------|--------------------------|---|
| | | | (event type) | (event type) | (total number) | - col. (c)) |
| Peverine | 1 | Gross receipts | 294,060. | | | 294,060 |
| | 2 | Less: Contributions | 264,612. | | | 264,612 |
| | 3 | Gross income (line 1 minus line 2) | . 29,448. | | | 29,448 |
| | 4 | Cash prizes | | | | |
| s | 5 | Noncash prizes | 27,651. | | | 27,651 |
| cherise | 6 | Rent/facility costs | | | | |
| DILECT EXPENSES | 7 | Food and beverages | 10,203. | | | 10,203 |
| 기 | 8 | Entertainment | 900. | | | 900 |
| | 9 | Other direct expenses | | | | 22,546 |
| | 10 | Direct expense summary. Add lines 4 throu | | | ▶ | 61,300 |
| - 1 | | Net income summary. Subtract line 10 from | | | | -31,852 |
| | 1 | Gross revenue | | bingo/progressive bingo | | col. (a) through col. (a |
| <u>ç</u> | 2 | | | | | |
| 21 | | | | | | |
| | 3 | Noncash prizes | | | | |
| nireut Experis | 3 4 | | | | | |
| DIrect Expenses | 4 | Noncash prizes | | Voc % | | |
| | 4 5 | Noncash prizes | | ☐ Yes % No | └── Yes % └── No | |
| | 4 5 | Noncash prizes Rent/facility costs Other direct expenses | Yes% | | No | |
| | 4 5 6 | Noncash prizes Rent/facility costs Other direct expenses Volunteer labor | gh 5 in column (d) | No | No► | |
| | 4 5 7 8 Ent | Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throu Net gaming income summary. Subtract line ter the state(s) in which the organization cond | gh 5 in column (d) | No | No ► | |
| a | 4 5 7 8 Entilis t | Noncash prizes | gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities: _ activities in each of these | No No | No ► | |
| ab | 4 5 7 8 Is t If " | Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throu Net gaming income summary. Subtract line ter the state(s) in which the organization conduct gaming the organization licensed to conduct gaming | Yes% No No S in column (d) 7 from line 1, column (d) ducts gaming activities: activities in each of these s revoked, suspended, or te | states? | No | Yes N |
| ab | 4 5 7 8 Is t If " | Noncash prizes | Yes% No No S in column (d) 7 from line 1, column (d) ducts gaming activities: activities in each of these s revoked, suspended, or te | states? | No | Yes N |

| Schedule G (Form 990 or 990-EZ) 2020 HALCYON HOUSI | E | 81-4819533 Page 3 |
|--|---|-------------------------------------|
| 11 Does the organization conduct gaming activities with nonme | | |
| 12 Is the organization a grantor, beneficiary or trustee of a trust | | |
| to administer charitable gaming? | · · · · · · · · · · · · · · · · · · · | Yes 📃 No |
| 13 Indicate the percentage of gaming activity conducted in: | | |
| a The organization's facility | | 13a % |
| b An outside facility | | |
| 14 Enter the name and address of the person who prepares the | | |
| | | |
| Name 🕨 | | |
| | | |
| Address 🕨 | | |
| 15a Does the organization have a contract with a third party from | n whom the organization receives gaming revenue? \dots | Yes No |
| | | |
| b If "Yes," enter the amount of gaming revenue received by the | | າount |
| of gaming revenue retained by the third party \blacktriangleright \$ | | |
| c If "Yes," enter name and address of the third party: | | |
| | | |
| Name | | |
| Address 🕨 | | |
| 16 Gaming manager information: | | |
| | | |
| Name | | |
| Gaming manager compensation 🕨 💲 | | |
| Description of services provided 🕨 | | |
| | | |
| | | |
| | | |
| Director/officer Employee | Independent contractor | |
| | | |
| 17 Mandatory distributions: | | |
| a Is the organization required under state law to make charitab | | |
| retain the state gaming license? | | Yes No |
| b Enter the amount of distributions required under state law to | | |
| organization's own exempt activities during the tax year | | |
| | lanations required by Part I, line 2b, columns (iii) and (v | /); and Part III, lines 9, 9b, 10b, |
| 15b, 15c, 16, and 17b, as applicable. Also provide a | ny additional information. See instructions. | |
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| 32083 11-25-20 | Schedul 34 | le G (Form 990 or 990-EZ) 2020 |
| 0601 150872 201881 | 2020.03050 HALCYON HOUSE | |
| ,000T TO0012 20T00T | 2020.00000 HATCION HOUSE | 201001_ |

| 032084 04-01-20 Sci | hedule G (Form 990 or 990-EZ) |
|---------------------|-------------------------------|

16390601 150872 201881

| SCHEDULE I (Form 990) | | Go | irants and Oth vernments, an ete if the organization | d Individual | ls in the Ŭni [.] | ted States | | OMB No. 1545-0047 |
|--|---|------------------------|--|---------------------------------------|---|---|---------------------------------------|---|
| Department of the Treasury Internal Revenue Service | | | Open to Public Inspection | | | | | |
| Name of the organizatio | n HALCYON H | OUSE | | | | | | Employer identification number 81-4819533 |
| Part I General Inf | ormation on Grants a | nd Assistance | | | | | | |
| criteria used to av | tion maintain records t vard the grants or assis | tance? | | · · · · · · · · · · · · · · · · · · · | | • | | |
| | / the organization's pro | | | | | | | |
| | Other Assistance to | - | | | | anization answered "Y | ′es" on Form 990, Part | IV, line 21, for any |
| | at received more than S | | | | | (f) Method of | | () 5 |
| | Iress of organization ernment | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| GEORGETOWN BUSINES | S IMPROVEMENT | | | | | | | |
| DISTRICT, INC 1 | 000 POTOMAC | | | | | | | |
| STREET NW, SUITE 1 | 22 - WASHINGTON, | | | | | | | EMPLOYEE EMERGENCY RELIEF |
| DC 20007 | | 52-2023786 | 501(C)(6) | 75,162. | 0. | | | GRANT |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 2 Enter total numbe | r of section 501(c)(3) a | L nd government orc | L anizations listed in the | e line 1 table | 1 | | | |
| | r of other organizations | | | | | | | 1. |
| | Reduction Act Notice | | | | | | | Schedule I (Form 990) 2020 |

Schedule I (Form 990) 2020

HALCYON HOUSE

81-4819533 Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

| (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 |
|--|--------------------------|-----------------------------|---------------------------------------|---|---------------------------------------|
| | | | | | |
| ELLOWSHIP STIPENDS | 54 | 298,954. | 0. | | |
| | | | | | |
| | | | | | |
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| | | | | | |
| | | | | | |
| Part IV Supplemental Information. Provide the information requ | uired in Part I, lin | e 2; Part III, column | (b); and any other ac | lditional information. | |

HALCYON ENDEAVORS TO MONITOR ITS GRANTS TO ENSURE THAT SUCH GRANT FUNDS ARE

USED FOR PROPER PURPOSES AND NOT OTHERWISE DIVERTED FROM THEIR INTENDED

USE. GRANTEES ARE REQUIRED TO APPLY FOR THE GRANTS AND GO THROUGH A

SELECTION PROCESS WITH THE COMMITTEE. GRANT RECIPIENTS ARE REQUIRED TO

AFFIRM THAT FUNDS MUST BE USED SOLELY IN ACCORDANCE WITH THE GRANT REQUEST

AND BUDGET ON WHICH THE GRANT WAS BASED AND THAT ANY FUNDS NOT EXPENDED FOR

THE STATED PURPOSE ARE TO BE RETURNED TO THE ORGANIZATION. REPORTS ARE

REQUESTED FROM TIME TO TIME AS APPROPRIATE.

| SC | SCHEDULE J | | | 1 | OMB No. 1 | 545-004 | 17 |
|------|-----------------------|--|--|---|-------------|---------|----------|
| (Fo | rm 990) | - | rustees, Key Employees, and Highest | | 2020 | | <u> </u> |
| | | | ated Employees | | 2020 | |) |
| Dena | tment of the Treasury | | ered "Yes" on Form 990, Part IV, line 23. to Form 990. | | Open to | Publi | ic |
| | al Revenue Service | · · · · | instructions and the latest information. | | Inspection | | |
| Nam | e of the organization | | | Employer id | | | nber |
| | | HALCYON HOUSE | | 81-4 | 81953 | 3 | |
| Ра | rt I Question | s Regarding Compensation | | | | | |
| | | | | | | Yes | No |
| 1a | | ate box(es) if the organization provided any of the | | 990, | | | |
| | | line 1a. Complete Part III to provide any relevant | - | | | | |
| | First-class or c | | ☐ Housing allowance or residence for persor | | | | |
| | Travel for com | | ☐ Payments for business use of personal res | | | | |
| | | ation and gross-up payments | _ Health or social club dues or initiation fees | | | | |
| | | pending account | Personal services (such as maid, chauffeu | r, chet) | | | |
| | If any of the shores | | | | | | |
| a | | on line 1a are checked, did the organization follow | | | 41. | | |
| ~ | | rovision of all of the expenses described above? | | | 1b | | |
| 2 | • | n require substantiation prior to reimbursing or all | | | | | |
| | trustees, and office | rs, including the CEO/Executive Director, regarding | ng the items checked on line 1a? | | 2 | | |
| 2 | Indianta which if a | w of the following the examination used to estab | aligh the companyation of the organization's | | | | |
| 3 | | y, of the following the organization used to estab ctor. Check all that apply. Do not check any box | | n to | | | |
| | | | | | | | |
| | · | tion of the CEO/Executive Director, but explain in | 7 | | | | |
| | Compensation | | Written employment contract Compensation survey or study | | | | |
| | · | - | Approval by the board or compensation compared by the board or compensation compe | ommittaa | | | |
| | | her organizations | Approval by the board of compensation of | Jiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii | | | |
| 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 re | | ra, me ra, warrespeer to the ming | | | | |
| а | - | e payment or change-of-control payment? | | | 4a | | х |
| b | | eive payment from a supplemental nonqualified r | | | | | X |
| c | - | eive payment from an equity-based compensatio | | | | | X |
| • | - | es 4a-c, list the persons and provide the applicat | - | | | | |
| | | | | | | | |
| | Only section 501(c |)(3), 501(c)(4), and 501(c)(29) organizations mu | ist complete lines 5-9. | | | | |
| 5 | | n Form 990, Part VII, Section A, line 1a, did the c | - | n | | | |
| | contingent on the r | | | | | | |
| а | • | | | | . 5a | | Х |
| b | Any related organiz | ation? | | | | | Х |
| | | r 5b, describe in Part III. | | | | | |
| 6 | | n Form 990, Part VII, Section A, line 1a, did the c | organization pay or accrue any compensation | n | | | |
| | contingent on the r | et earnings of: | | | | | |
| а | The organization? | | | | . 6a | | X |
| | | ation? | | | | | X |
| | | r 6b, describe in Part III. | | | | | |
| 7 | For persons listed of | n Form 990, Part VII, Section A, line 1a, did the c | organization provide any nonfixed payments | | | | |
| | | es 5 and 6? If "Yes," describe in Part III | | | 7 | | X |
| 8 | Were any amounts | reported on Form 990, Part VII, paid or accrued p | oursuant to a contract that was subject to th | е | | | |
| | initial contract exce | ption described in Regulations section 53.4958-4 | 1(a)(3)? If "Yes," describe in Part III | | 8 | | X |
| 9 | If "Yes" on line 8, d | d the organization also follow the rebuttable pres | sumption procedure described in | | | | |
| | Regulations section | 53.4958-6(c)? | | | 9 | | |
| LHA | For Paperwork R | eduction Act Notice, see the Instructions for F | orm 990. | Sched | ule J (Forn | 1 990) | 2020 |

032111 12-07-20



81-4819533

Page 2

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.

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns | (F) Compensation in column (B) |
|---------------------------|-------------|--|---|---|-----------------------------------|-------------------------|----------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | benefits | (B)(i)-(D) | reported as deferred on prior Form 990 |
| (1) KATE GOODALL | (i) | 192,185. | 0. | 0. | 6,173. | 6,310. | 204,668. | 0. |
| CHIEF EXECUTIVE OFFICER | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) (i) | | | | | | | |
| | (i) (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (i) (ii) | | | | | | | |

Schedule J (Form 990) 2020

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 CONTRACTED WITH AN OUTSIDE MANAGEMENT COMPANY, CORDIA PARTNERS,

TO 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.

Schedule J (Form 990) 2020

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

| Department of the Treasury |
|----------------------------|
| Internal Revenue Service |

Dort

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

2020 Open to Public Inspection

81-4819533

| | organization |
|--|--------------|
| | |
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| | |

Tunnan

of D

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

| | • | |
|--|----------|-----------------------|
| | Employer | identification number |

HALCYON HOUSE

| Pa | | Types of Property | | | | | | | |
|-----------|----------|---|---------------------|----------------------------|---|----------------------------------|------------|-------|----------|
| | | | (a) | (b) | (c) | (d) | | | |
| | | | Check if applicable | Number of contributions or | Noncash contribution amounts reported on | Method of de noncash contribu | | • | c . |
| | | | applicable | | Form 990, Part VIII, line 1g | noncash contribu | tion a | nount | <u> </u> |
| 1 | Art - V | Vorks of art | | | | | | | |
| 2 | Art - ⊦ | listorical treasures | | | | | | | |
| 3 | Art - F | ractional interests | | | | | | | |
| 4 | Books | and publications | | | | | | | |
| 5 | Clothi | ng and household goods | | | | | | | |
| 6 | Cars a | and other vehicles | | | | | | | |
| 7 | | and planes | | | | | | | |
| 8 | Intelle | ctual property | | | | | | | |
| 9 | Secur | ities - Publicly traded | X | 5 | 110,003. | FMV | | | |
| 10 | Secur | ities - Closely held stock | | | | | | | |
| 11 | Secur | ities - Partnership, LLC, or | | | | | | | |
| | | nterests | | | | | | | |
| 12 | Secur | ities - Miscellaneous | | | | | | | |
| 13 | Qualif | ied conservation contribution - | | | | | | | |
| | | ic structures | | | | | | | |
| 14 | Qualif | ied conservation contribution - Other | | | | | | | |
| 15 | | estate - Residential | | | | | | | |
| 16 | | estate - Commercial | | | | | | | |
| 17 | | estate - Other | | | | | | | |
| 18 | | tibles | | | | | | | |
| 19 | | inventory | | | | | | | |
| 20 | | and medical supplies | | | | | | | |
| 21 | | ermy | | | | | | | |
| 22 | | ical artifacts | | | | | | | |
| 23 | | tific specimens | | | | | | | |
| 24 | | ological artifacts | | | | | | | |
| 25 | Other | · · · · · · · · · · · · · · · · · · · | X | 22 | 27,651. | F.WA | | | |
| 26 | Other | | | | | | | | |
| 27 | Other | · · · · · · · · · · · · · · · · · · · | | | | | | | |
| 28 | Other | | | | | | | | |
| 29 | | er of Forms 8283 received by the organiz | - | | | | | | |
| | for wr | nich the organization completed Form 828 | 33, Part V, L | onee Acknowledg | ement | | | Y. | |
| 00- | D | | | | and and the David I. Barrier of Alexandra | b 00 th at 1 | | Yes | No |
| 30a | | g the year, did the organization receive by | | | | | | | |
| | | hold for at least three years from the date | | - | · | | 20- | | x |
| ь | | ot purposes for the entire holding period? | | | | | <u>30a</u> | | |
| | | s," describe the arrangement in Part II. the organization have a gift acceptance p | olicy that re | ouires the review (| of any nonstandard contribut | ions? | 21 | х | |
| 31 32a | | the organization hire or use third parties of | | | | | 31 | - 11 | |
| 32a | | hu ti u u O | | • | | | 32a | | x |
| h | | s," describe in Part II. | | | | | 528 | | |
| 33 | | organization didn't report an amount in co | olumn (c) for | a type of property | for which column (a) is cho | ked | | | |
| 00 | | ibe in Part II | | a type of property | ion which column (a) is chec | nou, | | | |

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

Schedule M (Form 990) 2020

032141 11-23-20



Schedule M (Form 990) 2020 HALCYON HOUSE Part II

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

SCHEDULE M, PART I, COLUMN (B):

THE TOTAL REPRESENTED IN PART I, COLUMN (B) REPRESENTS THE NUMBER OF

CONTRIBUTIONS THAT WERE RECEIVED FOR THE YEAR ENDED DECEMBER 31, 2020.

SCHEDULE M, LINE 32B:

ALL OFFERED GIFTS ARE REVIEWED UNDER OUR GIFT ACCEPTANCE POLICY PRIOR

TO ACCEPTANCE.

COPY 1881_1

Schedule M (Form 990) 2020

032142 11-23-20

16390601 150872 201881

42 2020.03050 HALCYON HOUSE



SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. Employer identification number

81-4819533

OMB No. 1545-0047

HALCYON HOUSE

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

- 59% VENTURES WITH A WOMAN FOUNDER OR CO-FOUNDER

- 1,802 JOBS CREATED BY HALCYON INCUBATOR VENTURES

- 69% VENTURES WITH A FOUNDER OF COLOR

- 2.635M LIVES IMPACTED GLOBALLY THROUGH INCUBATOR VENTURES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

FESTIVAL

EXPENSES \$ 179,781. INCLUDING GRANTS OF \$ 5,388. REVENUE \$ 0.

OTHER PROGRAMS

EXPENSES \$ 72,817. INCLUDING GRANTS OF \$ 1,752. REVENUE \$ 75,673.

HALCYON DIALOGUE

EXPENSES \$ 12,640. INCLUDING GRANTS OF \$ 304. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 3:

HALCYON CONTRACTED WITH AN OUTSIDE MANAGEMENT COMPANY, CORDIA PARTNERS, TO

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

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) 2020

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43 2020.03050 HALCYON HOUSE



| Name of the organization | Employer identification numbe |
|---|-------------------------------|
| HALCYON HOUSE | 81-4819533 |
| | |
| THE BOARD MEETING. THE BOARD MEMBERS REVIEW IT INDIVIDUAL | LY AND SEND BACK |
| | |
| COMMENTS OR QUESTIONS. AFTER THE RESPONSES AND OR CHANGES | ARE MADE, THE |
| | |
| INAL VERSION IS PRESENTED TO THE BOARD MEMBERS FOR APPRO | AL 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 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 032212 11-20-20 A44

2020.03050 HALCYON HOUSE



| Schedule O (Form 990 or 990-EZ) 2020 | Page 2 |
|--|---|
| Name of the organization HALCYON HOUSE | Employer identification number $81 - 4819533$ |
| PLACE. 3) THE CHAIR OF THE BOARD OF DIRECTORS SHOULD, IF A | PPROPRIATE, |
| APPOINT A COMMITTEE OF THE BOARD OF DIRECTORS MADE UP OF D | ISINTERESTED |
| DIRECTORS TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRAN | SACTION 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. FINA | LLY, THE |
| ORGANIZATION MUST BE DILIGENT IN TAKING APPROPRIATE DISCIP | LINARY AND |
| CORRECTIVE ACTION IF A PERSON WHO IS COVERED BY THE CONFLI | CT-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.

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,VT,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

Schedule O (Form 990 or 990-EZ) 2020

032212 11-20-20

| chedule O (Form 990 or 990-EZ) 2020 ame of the organization | | | Page 2 Employer identification number |
|--|---------------------|-------------|--|
| HALCYON HOUSE | | | 81-4819533 |
| OCUMENTATION. THIS CAN BE REQUE | ESTED VIA EMAIL, | MAIL, OR PI | HONE. UPON |
| ECEIPT OF THE REQUEST, HALCYON | IS COMMITTED TO | SUBMIT THE | COPY WITHIN FIVE |
| USINESS DAYS. | | | |
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| / | | |

(Form 990)

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

OMB No. 1545-0047

2020 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

HALCYON HOUSE

Employer identification number 81 - 4819533

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

| (a) Name, address, and EIN (if applicable) | (b) Primary activity | (c) Legal domicile (state or | (d) Total income | (e) End-of-year assets | (f) Direct controlling |
|---|--------------------------------|---------------------------------|---------------------|---------------------------|---------------------------|
| of disregarded entity | | foreign country) | | | entity |
| HALCYON FUND GP, LLC - 35-2645407 | | | | | |
| 3400 PROPSECT ST, NW | | | | | |
| WASHINGTON, DC 20007 | VENTURE CAPITAL FUND | DELAWARE | 0. | 0. | HALCYON HOUSE |
| HALCYON INVESTMENT MANAGEMENT, LLC - | | | | | |
| 36-4915336, 3400 PROSPECT ST NW, WASHINGTON, | | | | | |
| DC 20007 | VENTURE CAPITAL FUND | DELAWARE | 75,673. | 29,703. | HALCYON HOUSE |
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Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section | (f) Direct controlling entity | contr | g) 512(b)(13) rolled ity? |
|--|--------------------------------|---|--------------------------------------|--|-------------------------------------|-------|---|
| | | | | 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) | | HALCYON HOUSE | Х | |
| | - | | | | | | |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2020

Schedule R (Form 990) 2020 HALCYON HOUSE

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

| (a) | (b) | (c) | (d) | (e) | (f) | (g) | (I | h) | (i) | (j) | |
|--|------------------|---|------------------------------|--|-----------------------|--------------------------------------|---------------------------------|----|---|---------------------------|----------------------------|
| 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 sections 512-514) | Share of total income | ll Share of end-of-year assets | Disproportionat allocations? | | Code V-UBI amount in box 20 of Schedule | Genera manag partne | or Percentage ownership |
| | | country) | | sections 512-514) | | | Yes | No | K-1 (Form 1065) | Yes | lo |
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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) 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 | Sec 512(I contr ent | (i) ction b)(13) rolled tity? |
|---|--------------------------------|---|--|--|--|---|---------------------------------------|------------------------------|---|
| | | country) | | 01 (1030) | | 233013 | | | No |
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Schedule R (Form 990) 2020 HALCYON HOUSE

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

| Not | e: 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 in Parts II-IV? | | | |
| а | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | 1a | | Х |
| | Gift, grant, or capital contribution to related organization(s) | 1b | | X |
| | Gift, grant, or capital contribution from related organization(s) | 1c | | X |
| | Loans or loan guarantees to or for related organization(s) | 1d | | X |
| | Loans or loan guarantees by related organization(s) | 1e | | X |
| | | | | |
| f | Dividends from related organization(s) | 1f | | X |
| g | Sale of assets to related organization(s) | 1g | | X |
| | Purchase of assets from related organization(s) | 1h | | X |
| | Exchange of assets with related organization(s) | 1i | | Х |
| j | Lease of facilities, equipment, or other assets to related organization(s) | 1j | | X |
| | | | | |
| k | Lease of facilities, equipment, or other assets from related organization(s) | 1k | | X |
| I. | Performance of services or membership or fundraising solicitations for related organization(s) | 11 | | X |
| m | Performance of services or membership or fundraising solicitations by related organization(s) | 1m | | X |
| n | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | | X |
| | Sharing of paid employees with related organization(s) | 10 | | X |
| | | | | |
| р | Reimbursement paid to related organization(s) for expenses | 1p | | X |
| q | Reimbursement paid by related organization(s) for expenses | 1q | | X |
| | | | | |
| r | Other transfer of cash or property to related organization(s) | 1r | | X |
| S | Other transfer of cash or property from related organization(s) | 1s | X | |

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|--|---|-------------------------------|--|
| (1) HALCYON ANGELS | S | 39,744. | FMV |
| (2) | | | |
| <u>(3)</u> | | | |
| <u>(4)</u> | | | |
| <u>(5)</u> | | | |
| <u>(6)</u> | | | 0. h. d. h. D. (5 |

Schedule R (Form 990) 2020 HALCYON HOUSE

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

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

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e) Are all partners s 501(c)(3 orgs.? Yes N | (g) Share of end-of-year assets | (f Dispr tior alloca Yes | n) opor- late tions? No | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General o managin partner? Yes No | (k) r Percentage ownership |
|--|--------------------------------|-----|---|---|---|---|--|---|---|----------------------------------|
| | | | | | | | | | | |
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Schedule R (Form 990) 2020

HALCYON HOUSE

Part VII Supplemental Information

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

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