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. ► Information about Form 990 and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

Open to Public Inspection

Α	For 1	the 2015 calen	lar year, or tax year beginning	, 201	5, and endin	q			
		if applicable:		USE FOUNDATION		<u> </u>	D Employ	er identific	ation number
		Address change	Doing business as				27-	122070	15
		lame change	Number and street (or P.O. box if mail is	not delivered to street address)	Room/s	suite	E Telepho		
		÷	,	,	110		-		
		nitial return	4010 BLUE BONNET BLV. City or town, state or province, country, a		110		(/1.	3) 665	5-8852
		inal return/terminated					•	4	
		Amended return	HOUSTON	T	X 77025				1,802,734.
	A	Application pending	<b>F</b> Name and address of principal officer:			H(a) Is this a	•		
			NATHAN FOWLER, MD HOUSTON		TX	H(b) Are all s If 'No,' a	ubordinates ittach a list. (s	included? see instructi	ions)
1	Tax	k-exempt status	X 501(c)(3) 501(c) (	) (insert no.) 4947(a)(1)	or 527				,
J	We	ebsite: ► N/	Ą			H(c) Group e	exemption nu	mber 🕨	
Κ	For	m of organization:	X Corporation Trust Associa	ation Other	L Year of formation	on: 2009	) Mis	tate of lega	l domicile: TX
Pa	irt I	Summar	y						
	1	Briefly describ	e the organization's mission or mo	st significant activities:	HALO HOU	SE'S MI	ISSION	IS TO	O HELP
e		SAVE THE I	IVES OF CANCER PATIENTS F	BATTLING LEUKEMIA, LYN	MPHOMA OR	MYELOMA	BY PROV	/IDING	THEM WITH FULLY
Governance		FURNISHE	D TEMPORARY HOUSING A	AT A VERY LOW COST	WHILE I	HEY AR	 Е		
Ĩ		UNDERGOI	NG ACTIVE TREATMENT H	FOR THEIR CANCER A	T THE TE	XAS ME	DICAL	CENTE	IR
ove	2	Check this bo	if the organization discon	tinued its operations or dispo	sed of more th	nan 25% of	f its net as	sets.	
G	3		ing members of the governing bod					3	12
s	4		ependent voting members of the g					4	12
itie	5		of individuals employed in calenda					5	1
Activities &	6		of volunteers (estimate if necessar					6	75
Ă			d business revenue from Part VIII,	( ))				7a	0.
		Net unrelated	business taxable income from Forr	m 990-1, line 34				7b	0.
							rior Year		Current Year
ar	8		and grants (Part VIII, line 1h)			-	818,2		1,264,795.
Revenue	9	0	ce revenue (Part VIII, line 2g)			-	62,0		59,030.
lev	10		come (Part VIII, column (A), lines 3			-		73.	2,000.
	11		(Part VIII, column (A), lines 5, 6d,	,			286,0		371,405.
	12		- add lines 8 through 11 (must eq				,167,2	50.	1,697,230.
	13		nilar amounts paid (Part IX, colum	( ).					
	14		o or for members (Part IX, column						
ŝ	15		compensation, employee benefits				51,7	75.	56,776.
nse	16 a	Professional f	undraising fees (Part IX, column (A	.), line 11e) ........			21,5	81.	18,000.
Expenses	k	<b>)</b> Total fundrais	ng expenses (Part IX, column (D),	line 25) 🕨	25,648.				
ш	17	Other expens	es (Part IX, column (A), lines 11a-1	1d, 11f-24e)			228,9	83.	172,123.
	18		s. Add lines 13-17 (must equal Par	,		-	302,3		246,899.
	19		expenses. Subtract line 18 from lir				864,9		1,450,331.
۲ 8	-						g of Currer		End of Year
ets e	20	Total assets (	Part X, line 16)				,118,8		3,908,597.
Bal	21	```	(Part X, line 26)				<u>, 110,0</u> 3,3		9,493.
Net Assets or Fund Balances									
			fund balances. Subtract line 21 from	III III e 20		2	,115,4	39.	3,899,104.
	rt II	Signatu							
Unde	er pena olete. D	alties of perjury, I dec Declaration of prepar	are that I have examined this return, including r (other than officer) is based on all informatio	accompanying schedules and stateme n of which preparer has any knowledge	ents, and to the bes e.	st of my knowle	edge and bel	ef, it is true	, correct, and
0:-		Signatu	e of officer			Dat	e		
Siç He	jn ro	, ů							
пе	re		IAN FOWLER, MD print name and title.			PRESI	DEN'I'		
		ţ.	·	er's signature	Date	r			TIN
				Ũ			Check		
Pa		MIKE I	, , ,	E PACK, P.C.	08/08/	16	self-employe	d P	00083737
	epar		MIKE PACK, P.C.						
US	e O	nly Firm's addre	™ <mark>4545 BISSONNET SU</mark>				Firm's EIN	76-0	)509225
			BELLAIRE	TX 774	101		Phone no.	(713)	
May	/ the	IRS discuss thi	return with the preparer shown ab	oove? (see instructions)					Yes X No

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

Part III       Statement of Program Service Accomplishments         Check 'Scheduk Contains a response on tools bary line in this Part III       Image: Contains a response on tools bary line in this Part III         1       Bindly describe the organization's mission:       Image: Contains a response on tools bary line in this Part III.         2       Did the organization undertake any significant (rongorn services during the year which were not listed on the prior prom 900, PB0-E27       Yes       X       No         1       Statement of Program Services on Schedule O.       Yes       Yes       No       Yes       No         1       Yes       Statement of Program Services on Schedule O.       Yes       Yes       No         2       Did the organization curdertake any significant changes in how II conducts, any program services, as measured by expenses. Section 50(10(3) and 501(4)(4) disparazions are required to report the amount of grams and silocations to others, the tobia expenses. Section 50(10(3) and 501(4)(4) disparazions are required to report the amount of grams and silocation to other, the tobia expenses. Section 50(10(3) and 501(4)(4) disparazions are required to report the amount of grams and silocation to other, the tobia expenses is and rowned.         4a (Code:					HOUSE														2	7-12	2207	05	F	Page <b>2</b>
1       Dirdly describe the organizations mission: IALO. BOUSER's MISSION IS 10 MISI.P. HELP. SAVE TES_LIVES OF CANCER ENTIDENTS BATILING LEVENIA_LIVERENA_OB_MIELOVA BY PROVIDING THEM KITH FULX See Form 980, Page 2, Part III, Lon 1 (continued).         2       Form 980, Page 2, Part III, Lon 1 (continued).         3       Did the organization undertake my significant program services during the year which were not listed on the prior method sources on Schedule 0.         3       Did the organization undertake my significant program services during the year which were not listed on the prior method sources on Schedule 0.         4       Did the organization undertake noise on Schedule 0.         5       Did the organization undertake and explored to report the amount of grants and allocators to others, the total expenses. Besides 501(0) and 501(c)(f)(f) and 501(c)(f)(f)(f) and 501(c)(f)(f)(f)(f)(f)(f)(f)(f)(f)(f)(f)(f)(f)	Par	t III	-		-																			
HAD. BOUSPYS, MISSION IS, TO. HELP         SAYS THE UNES OF CANCER PATIENTS DESTLING LEGIENTA, LYNEROMA OR MILLOMA BY FROVIDING THEM WITH FULLY         See Form 990, Page 2, Part III, Line 1 (continued).         2       Did the organization undertake any significant program services during the year which were not listed on the pror         Form 990, Page 2, Part III, Line 1 (continued).         2       Did the organization undertake any significant program services during the year which were not listed on the pror         Form 990, Page 2, Part III, Line 1 (continued).         3       Did the organization undertake any significant program services are make and be expressed.         4       Describe these organization as off-bedue 0.         4       Describe the organization area solved as on Schedue 0.         4       Code:       ) (Freemes \$ 197, 159, including grants of \$ 0, ) (Revenue \$ 59, 030, )         WITTH ONE EMPLOYEE AND DOZENS OF WOLLNYTERES HALO, HOUSE HAS PROVIDED OVER       \$ 90, 030, 200, 1         S,000 DAYS OF HOUSING TO PROPILE FROM 19 STATES AND 3 COUNTRIES.       \$ 90, 030, 200, 1         WITH ONE EMPLOYEE AND DOZENS OF WOLLNYTERES HALO, HOUSE HAS PROVIDED OVER       \$ 90, 030, 1         WITH ONE EMPLOYEE S _ INCluding grants of \$ 0, (Revenue \$ _ ), (Revenue \$ _ ), (Revenue \$ _ ), (Revenue \$ _ ), (Express \$ _ )								-	or note	to any	/ line	in thi	s Par	t III										🗌
SAYE THE LIVES OF CARCER PATTERNES BATTLING LEVERIA, LYRHEGRA OS MYELCHA BY PROVIDING THEM NITH FULLY         See Form 990, Page 2, Part III, Line 1 (continued).         2       Did the organization undertake any significant program services during the year which were not listed on the prior         Form 990, Page 2, Part III, Line 1 (continued).         2       Did the organization undertake any significant changes in how it conducts, any program services?         II Y Hes, describe these thanges on Schedule 0.         Besche the argenization approximate service accompletiments for each of its three largest program services, as measured by expenses.         Sedim 501 (0)(3) and 501 (0)(4) organizations accompletiments for each of its three largest program services, as measured by expenses.         Sedim 501 (0)(4) and 501 (0)(4) organizations accompletiments for each of its three largest program services, as measured by expenses.         Sedim 501 (0)(4) and 501 (0)(4) organizations accompletiments for each of its three largest program services, as measured by expenses.         Sedim 501 (0)(4) and 501 (0)(4) organizations accompletiments for each of its three largest program services, as measured by expenses.         Sedim 501 (0)(4) and 501 (0)(4) organizations accompletiments for each of its three largest program services, as measured by expenses.         Sedim 501 (0)(4) (4) organizations accompletiments for each of its three largest program services, as measured by expenses.         Sedim 501 (0)(4) (4) organizations accompletiments for each of its three program services.         40 (Code:	1	Briefly	y descrit	be the o	rganizatio	n's mis	ssion																	
See Form 990, Page 2, Part III, Line 1 (continued).         2       Not the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27       Yes       No         If Yes, describe these enses excludes on Schedule 0.       3       Did the organization cases conducting, or make significant changes in how it conducts, any program services?       Yes       No         If Yes, describe these organizations are of significant changes in how it conducts, any program services; and researce by organizations are organization are equived to report the amount of grants and allocations to others, the total texpenses.         Section 501(0) and 501(c)(0) (and 501(c)(0) (organizations are equived to report the amount of grants and allocations to others, the total texpenses.         ad (Code:																								
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Form 990 or 990-E27		See I	Form 99	0, Page	2, Part III	, <u>Line</u>	1 (co	ntinued	)															
Form 990 or 990-E27	•	Didde		!			10	4									6 P - 61							
<pre>If Yes; describe these new services on Schedule 0. 3 Did the organization coses could think or most inducting or make significant changes in how it conducts, any program services; as measured by expenses. and revenue, f any, for each program service accomplishments for each of its three largest program services; as measured by expenses. and revenue, f any, for each program service exported: 4 a (Code:) (Expenses \$ inducting grants of \$) (Revenue \$)</pre>	2		-				-		-			-	•					on th	e prior			Vac	37	No
<ul> <li>3 Did the organization cases conducting, or make significant changes in how it conducts, any program services? □ Yes No fit Yes', describe these changes on Schedule O.</li> <li>3. Describe the organization's program service accompliatments for each of its three largest program services, as measured by organises. The total expenses.</li> <li>4. a (Code:) (Expenses \$ 197, 158. including grants of \$) (Revenue \$</li></ul>											• • •	• •	• • •	• •		• • •		• • •			·П	res	Х	NO
If Yes: describe these changes on Schedule 0.	3		,							int cha	ndes	in ho	wito	ondu	inte a	ny pro	aram	ervic	ac?			Vas	v	No
<ul> <li>4 Describe the organization's program services accomplishments for each of its three largest program services are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.</li> <li>4a (Code:)(Expenses \$</li></ul>	Ű		-				-		igninee		nges	11110	w it c	ondu	013, a	ily pic	grams				. П	103	Λ	NO
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	BAA		Program		- 0700196	<u> </u>			19			02 10/	/12/15									Forr	n <b>990</b>	(2015)

# Form 990 (2015) HALO HOUSE FOUNDATION Part IV Checklist of Required Schedules

Pa	rt IV   Checklist of Required Schedules		<b>V</b>	N
			Yes	No
1		1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3		3		Х
4		4		Х
5		5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If 'Yes,' complete Schedule D, Part I</i>	6		Х
7		7		Х
8		8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х
10		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.			
i	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.	11 a	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.	11 b		X
	<b>c</b> 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? <i>If 'Yes,' complete Schedule D, Part VIII</i>	11 c		Х
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part IX</i>	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X 1	11 e	Х	
t	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 1	11 f		X
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII.	12a	Х	
l	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	12 b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
I	<ul> <li>b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV</li></ul>	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17		17	Х	
18	5 5 5	18		Х
19		19		Х

BAA

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Form 990 (2015) HALO HOUSE FOUNDATION

Par	rt IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If 'Yes', complete Schedule H	20a		Х
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II</i>	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete			
	Schedule J	23		X
24 a	a 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? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a</i>	24a		Х
k	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
c	d Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
t	<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L. Part L.	25b		х
		250		л
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If 'Yes', complete Schedule L, Part II</i>	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III</i>	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L. Part IV</i>	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an			
29	officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c 29		X X
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		21
30	contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II</i>	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
k	If Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Х	
BAA		Form	<b>990</b> (2	2015)

Form 990 (2015)

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Page 4

Forn	990 (2015) HALO HOUSE FOUNDATION 27-122070	5	Р	age 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			. 🗆
			Yes	No
	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1 a 0			
I	D Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-		
0	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1.0	v	
-	(gambling) winnings to prize winners?	1 c	Х	
	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State- ments, filed for the calendar year ending with or within the year covered by this return 2a 1			
I	o If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X	L
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
	<b>b</b> If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b		
	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		Х
1	o 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)	-		v
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X X
	<ul> <li>Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</li> <li>If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?</li> </ul>	5 b		~
		5 C		
6 a	a 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?	6 a		Х
ł	o If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
á	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7.0	Х	
	services provided to the payor?	7a 7b	X	
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	7.0		
	Form 8282?	7 c		Х
C	I If Yes,' indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
9	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
ł	n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			
	organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
I	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		<b> </b>
10				
	a Initiation fees and capital contributions included on Part VIII, line 12			
	g 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			
	O Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.).       11 b			
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	42 -		
ć	a Is the organization licensed to issue qualified health plans in more than one state?	13 a		
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
	Description       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			
	c Enter the amount of reserves on hand			37
	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
BAA	<b>b</b> If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b	990 (2	2015)

BAA	TEEA0106 10/12/15	Form	<b>990</b> (2	2015)
	KATHLEEN FOWLER HOUSTON TX			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements availabl the public during the tax year.	e to		
	Own website     Another's website     X     Upon request     Other (explain in Schedule O)			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a for public inspection. Indicate how you made these available. Check all that apply.			
17	List the states with which a copy of this Form 990 is required to be filed  Texas			
Sec	tion C. Disclosure			
k	If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16 b		
100	taxable entity during the year?	16 a		Х
16 -	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
L	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).	130		Λ
	Other officers or key employees of the organization	15a		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	15 a		X
14	Did the organization have a written document retention and destruction policy?	14		Χ
13	Did the organization have a written whistleblower policy?	13		Х
	Schedule O how this was done	12 c		Х
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in			
k	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b	Х	
	Did the organization have a written conflict of interest policy? <i>If 'No,' go to line 13</i>	12 a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	46		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	Х	
	operations are consistent with the organization's exempt purposes?	10 b		
	If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their			
10 a	I Did the organization have local chapters, branches, or affiliates?	10 a		Х
			Yes	No
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Reven	-	ode.)	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If 'Yes,' provide the names and addresses in Schedule O</i>	9		Х
	Each committee with authority to act on behalf of the governing body?	8 b	Χ	
		8 a	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	stockholders, or persons other than the governing body?	7 b		Х
k	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
-	members of the governing body?	7 a		Х
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more			
6	Did the organization become aware during the year of a significant diversion of the organization sassets	6		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	4 5		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	-	21	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Х	
	Enter the number of voting members included in line 1a, above, who are independent 1b 12			
	of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in

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

Schedule O. See instructions.

Section A. Governing Body and Management

**1 a** Enter the number of voting members of the governing body at the end of the tax year . . . . . If there are material differences in voting rights among members

27-1220705

12

1 a

Page 6

Х

Yes No

	990 (2015) HALO HOUSE FOUNDATION									27-12207	-
Par	t VII Compensation of Officers, Directo Independent Contractors	ors, Tru	stee	es, K	(ey	' Er	nplo	bye	es, Highest C	ompensated Er	nployees, and
	Check if Schedule O contains a response or i	note to an	y line	e in th	nis F	Part	VII .				[]
Sec	tion A. Officers, Directors, Trustees, Ke	ey Emp	loye	es,	an	d H	ligh	est	Compensate	d Employees	
	omplete this table for all persons required to be listed nization's tax year.	I. Report o	comp	ensat	tion	for	the c	aler	ndar year ending w	ith or within the	
•	List all of the organization's <b>current</b> officers, director ensation. Enter -0- in columns (D), (E), and (F) if no of						luals	or c	organizations), reg	ardless of amount of	
•	List all of the organization's current key employees,	if any. Se	e ins	structi	ions	s for	defin	itio	n of 'key employee		
who i	List the organization's five <b>current</b> highest compensate received reportable compensation (Box 5 of Form W- nization and any related organizations.										
	List all of the organization's <b>former</b> officers, key emportable compensation from the organization and any					mpe	ensat	ed	employees who re	ceived more than \$1	00,000
	List all of the organization's <b>former directors or tru</b> ization, more than \$10,000 of reportable compensati										
	ersons in the following order: individual trustees or di oyees; and former such persons.	irectors; ir	nstitu	tional	l tru	stee	es; off	ficer	rs; key employees;	highest compensate	ed
ХC	heck this box if neither the organization nor any relat	ed organi	zatio	n con	npe	nsa	ted a	ny c	urrent officer, dire	ctor, or trustee.	
					(C)						
	(A)	(B)	Pos than	sition (d n one be	lo no ox, u	t che nless	ck more perso	e n	(D)	(E)	(F)
	Name and Title	Average hours	is	s both a direo		ficer a ruste			Reportable compensation from	Reportable compensation from	Estimated amount of other
		per week (list any	or c	Inst	Officer	Key	emp	For	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the
		hours for related	ndividual trustee or director	nstitutional trustee	Cer	employee	Highest compensated employee	Former			organization and related organizations
		organiza- tions	ior th	inali		bloye	com				organizationo
		below dotted	atsr	brust		ð	pens				
		line)		8			ated				
(1)	SONIA NEZAMZADEH	_5.00									
	DIRECTOR		Х								
(2)	JOHN DAZEY	_2.00									
	DIRECTOR		Х								
_(3)	LANCE JOHNSON	_1.00									
	DIRECTOR		Х								
_(4)_	DEAN_ANTHONY_LEE, MD, PHD	_1.00									
	DIRECTOR		Х								
_(5)_	CALI_SOKOL	_2.00									
	DIRECTOR		Х								
_(6)_	MELINDA STURGESS, RN, CPHRM, CL	_ <u>2.00</u>	x								
(7)	DIRECTOR	1 0 0									
	NATHAN H_FOWLER, MD	<u>4.00</u>			Х						
(2)	PRESIDENT / FOUNDER	2 00			4×						<u> </u>
	BARBARA_BOWMAN,_JD,_RN VICE PRESIDENT	<u>_3.00</u>			Х						
	SHAZIA KHAN	3.00	-								
_(")_	SECRETARY				Х						
(10)	CAROL BUCK	3.00	1								
<u> </u>	TREASURER		1		Х						

Х

Х

40.00

1.00

\_ \_

(14)

DIRECTOR (13)

(11) KATHLEEN M. FOWLER

(12) ELIZABETH SHPALL, MD

EXECUTIVE DIRECTOR/CO-FOUNDER

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Par	t VII Section A. Officers, Directors, Tru	stees,	Key	Em	nplo	oye	es, a	ang	d Highest Con	pensated Em	ployee	S (contin	nued)
		(B)			(0	C)							
	(A) Name and title	Average hours per week (list any	box, offi	unles cer an	ss pe nd a c	more rson i directo	than or s both or/truste	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	amo	(F) Estimated punt of othe ppensation	
		for related organiza - tions below dotted line)	individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	ormer	(W-2/1099-MISC)	(W-2/1099-MISC)	or	from the ganization nd related ganizations	;
(15)													
(16)													
(17)													
(18)													
(19)													
(20)													
(21)													
(22)													
(23)													
(24)													
(25)													
	Sub-total.		•••	• •	• •	• •	• •				_		
	Total from continuation sheets to Part VII, Section Total (add lines 1b and 1c)												
	Total number of individuals (including but not limited from the organization							iveo	l d more than \$100,0	000 of reportable c	ompens	ation	
												Yes	No
3	Did the organization list any <b>former</b> officer, director, on line 1a? <i>If 'Yes,' complete Schedule J for such in</i>										3		X
4	For any individual listed on line 1a, is the sum of rep the organization and related organizations greater the	nan \$150,	000?	lf 'Y	'es' (	com	plete	Sch	hedule J for				V
5	such individual	ompensat	ion fro	om a	any i	unre	lated	org	anization or individ		4		X
Sec	tion B. Independent Contractors		Cheu		101	300	ii poi	3011					
	Complete this table for your five highest compensate compensation from the organization. Report compensation	ed indepe nsation fo	nden r the (	t cor calei	ntrac ndai	ctors r yea	that ar end	rece ding	eived more than \$1 with or within the	l00,000 of organization's tax y	/ear.		
	(A) Name and business addre	ess							(B) Description o		Comp	(C) ensation	1
2	Total number of independent contractors (including \$100,000 of compensation from the organization	but not lin ►	nited	to th	ose	liste	ed abo	ove	) who received mo	re than			

# Part VIII Statement of Revenue

		<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
1[[2	a Federated campaigns 1 a				
oni	b Membership dues 1 b				
AIII	c Fundraising events 1 c				
ar	d Related organizations 1 d				
Ē	e Government grants (contributions) 1 e				
n and a second	f All other contributions, gifts, grants, and similar amounts not included above       1 f       1,264,795.         g Noncash contributions included in lines 1a-1f: \$				
D	h Total. Add lines 1a-1f	1 0 6 4 7 0 5			
	Business Code	1,264,795.			
2	2				
-	ab				
	~				
	d				
		F0 020	F0.020	0	
	e     PROGRAM_RENTAL     532000       f     All other program service revenue	59,030.	59,030.	0.	
	g Total. Add lines 2a-2f	59,030.			
3	other similar amounts)	2,000.	0.	0.	2,00
4	Income from investment of tax-exempt bond proceeds				
5	Royalties				
	(i) Real (ii) Personal				
	a Gross rents				
	b Less: rental expenses				
	c Rental income or (loss) .				
	d Net rental income or (loss)				
7	a Gross amount from sales of assets other than inventory				
	b Less: cost or other basis and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss)				
8	a Gross income from fundraising events (not including				
	of contributions reported on line 1c).				
	See Part IV, line 18				
	<b>b</b> Less: direct expenses <b>b</b> <u>105,504.</u>				
	c Net income or (loss) from fundraising events ►	371,405.		0.	371,40
9	a Gross income from gaming activities. See Part IV, line 19 a				
	b Less: direct expenses bc Net income or (loss) from gaming activities ►				
	a Gross sales of inventory, less returns				
	and allowances a				
	b Less: cost of goods sold b				
	c Net income or (loss) from sales of inventory ►				
_	Miscellaneous Revenue Business Code				
11	a				
	b				
	c				
	d All other revenue				
	e Total. Add lines 11a-11d				

Sec	tion 501(c)(3) and 501(c)(4) organizations must cor				· · ·
	Check if Schedule O contains a res			1	
Do 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
3	individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and for- eign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages.........	52,758.	47,482.	5,276.	0.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10		4,018.	3,616.	402.	0.
11	Fees for services (non-employees):				
	<b>a</b> Management				
	c Accounting				
	d Lobbying				
	Professional fundraising services. See Part IV, line 17	18,000.			18,000.
	Investment management fees				,
	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) Advertising and promotion				
13	Office expenses	10,286.	5,143.	1,029.	4,114.
14	Information technology	10,200.	5,115.	±,047.	
15	Royalties				
16	Occupancy	8,835.	4,417.	884.	3,534.
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20					
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	324.	0.	324.	0.
23 24	Insurance	2,991.	1,730.	1,261.	0.
;	<sup>a</sup> <u>PROGRAM_EXPENSES</u>	95,412.	95,412.	0.	0.
	© CONTRACT_SERVICES	3,700.	, 0.	3,700.	0.
	CREDIT CARD PROCESSING	11,367.	10,230.	1,137.	0.
	g PROFESSIONAL FEES	10,080.	0.	10,080.	0.
	e All other expenses ...........	29,128.	29,128.	0.	0.
25		246,899.	197,158.	24,093.	25,648.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► if following SOP 98-2 (ASC 958-720)				

# Form 990 (2015) HALO HOUSE FOUNDATION Part X Balance Sheet

Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	Cash – non-interest-bearing	2,092,326.	1	3,882,417
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	0.	4	(
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		_	
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employees and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		5 6	
3 7	Notes and loans receivable, net		7	
8 7 8 8 9	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
b	Less: accumulated depreciation	809.	10 c	485
11	Investments – publicly traded securities	005.	11	105
12	Investments – other securities. See Part IV, line 11		12	
13	Investments – program-related. See Part IV, line 11		13	
14			14	
15	Other assets. See Part IV, line 11	25,695.	15	25,695
16	Total assets. Add lines 1 through 15 (must equal line 34)		16	
17	Accounts payable and accrued expenses	2,118,830.	17	3,908,597
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
8 21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
21 22 22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
23	Unsecured notes and loans payable to unrelated third parties		23	
24	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	3,391.	25	9,493
26	Total liabilities. Add lines 17 through 25	3,391.	26	9,493
	Organizations that follow SFAS 117 (ASC 958), check here ► and complete			
es	lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets		27	
28	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	
Net Assets of Fund balances           22         28         29         20 <td< td=""><td>Organizations that do not follow SFAS 117 (ASC 958), check here ► X and complete lines 30 through 34.</td><td></td><td></td><td></td></td<>	Organizations that do not follow SFAS 117 (ASC 958), check here ► X and complete lines 30 through 34.			
ວ ທ 30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
SSE 32	Retained earnings, endowment, accumulated income, or other funds	2,115,439.	32	3 800 104
<b>1a</b> 33	Total net assets or fund balances		33	3,899,104
ž 33 34	Total liabilities and net assets/fund balances	2,115,439.	34	3,899,104 3,908,597
34		2,118,830.		5,908,597 Form <b>990</b> (2015

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Form 990 (2015)

		12207	05	Page <b>12</b>
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,69	7,230.
2	Total expenses (must equal Part IX, column (A), line 25)	2	24	6,899.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,45	0,331.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,11	5,439.
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9	33	3,334.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2 0 0	0 104
Da	rt XII Financial Statements and Reporting	10	3,85	9,104.
га				
	Check if Schedule O contains a response or note to any line in this Part XII		Т	
1	If the organization changed its method of accounting from a prior year or checked 'Other,' explain		- 🗖	Yes No
2	in Schedule O. a Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a	X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis			
	b Were the organization's financial statements audited by an independent accountant?		· 2 b	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: Separate basis Consolidated basis Both consolidated and separate basis			
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the auc review, or compilation of its financial statements and selection of an independent accountant?	lit, •••••	. 2 c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		. 3a	X
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required a			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 3 b	
BAA	N Contraction of the second		Form	<b>990</b> (2015)

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(Form	990	or 9	90-EZ)

# **Public Charity Status and Public Support**

 $\begin{array}{l} \mbox{Complete if the organization is a section 501(c)(3) organization or a section} \\ \mbox{4947(a)(1) nonexempt charitable trust.} \end{array}$ 

► Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 154	5-0047
201	5

Open to Public Inspection

Department of the Treasury Internal Revenue Service	
Name of the organization	

s.gov/form990.		Ins
	Employer identifica	tion number
	27-122070	5

HALO HOUSE FOUNDATION					27-122070	5		
Part I Reason for Public Cha	rity Status (All or	ganizations must co	mplete	e this p	art.) See instructior	าร.		
The organization is not a private foundat	ion because it is: (For	lines 1 through 11, check	c only on	e box.)	•			
1 A church, convention of church	nes, or association of c	hurches described in <b>se</b>	ction 17	0(b)(1)(/	A)(i).			
2 A school described in section	170(b)(1)(A)(ii). (Attac	ch Schedule E (Form 990	) or 990-	EZ).)				
3 A hospital or a cooperative hos	spital service organizat	tion described in <b>section</b>	170(b)(	1)(A)(iii)				
4 A medical research organization	on operated in conjunc	tion with a hospital desci	ribed in s	ection	170(b)(1)(A)(iii). Enter tl	he hospital's		
name, city, and state:								
5 An organization operated for the <b>170(b)(1)(A)(iv).</b> (Complete P	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section							
6 A federal, state, or local gover	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).							
in section 170(b)(1)(A)(vi). (0	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)							
8 A community trust described in	n section 170(b)(1)(A)	(vi). (Complete Part II.)						
9 X An organization that normally I from activities related to its exe investment income and unrela June 30, 1975. See section 5	empt functions — subje ted business taxable ir	ect to certain exceptions, ncome (less section 511	and (2) I	no more	than 33-1/3% of its sup	port from gross		
10 An organization organized and	0 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).							
11 An organization organized and or more publicly supported org lines 11a through 11d that des	anizations described in	n section 509(a)(1) or se	ection 5	09(a)(2).	See section 509(a)(3).			
a Type I. A supporting organization(s) the power to re complete Part IV, Sections A	gularly appoint or elec	ed, or controlled by its su t a majority of the directo	upported ors or tru	organiz stees of	ation(s), typically by givi the supporting organiza	ng the supported tion. <b>You must</b>		
b Type II. A supporting organiza management of the supporting must complete Part IV, Section	organization vested ir	trolled in connection with n the same persons that	i its supp control o	orted or r manag	ganization(s), by having e the supported organiz	control or ation(s). <b>You</b>		
c Type III functionally integrat organization(s) (see instruction	<b>ed.</b> A supporting organ ns). <b>You must comple</b>	nization operated in conn ete Part IV, Sections A,	ection w <b>D, and E</b>	ith, and	functionally integrated w	/ith, its supported		
d <b>Type III non-functionally inte</b> functionally integrated. The org instructions). <b>You must comp</b>	grated. A supporting of ganization generally maile lete Part IV, Sections	organization operated in ust satisfy a distribution r A and D, and Part V.	connecti requirem	on with i ent and	ts supported organization an attentiveness require	on(s) that is not ement (see		
e Check this box if the organizat integrated, or Type III non-fund	ion received a written optionally integrated sup	determination from the IF porting organization.	RS that it	is a Typ				
f Enter the number of supported or	5							
g Provide the following information a	about the supported or	ganization(s).				<del>.</del>		
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is organizatio in your go docum	on listed	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
			Yes	No				
(A)								
<u>(n)</u>								
<u>(</u> B)								
<u>(</u> C)								
<u>(</u> D)								
<u>(E)</u>								
Total								

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

Schedule A (Form 990 or 990-EZ) 2015

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support	1	1	1				
Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	<b>(d)</b> 2014	<b>(e)</b> 2015		<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4							
Sec	tion B. Total Support	1		1				
	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	<b>(d)</b> 2014	<b>(e)</b> 2015		<b>(f)</b> Total
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
	Total support. Add lines 7 through 10							
12	Gross receipts from related activiti	es, etc. (see instru	ctions)			· · · · · [	12	
13	First five years. If the Form 990 is organization, check this box and s							
Sec	tion C. Computation of Pu							
14	Public support percentage for 201	· · · ·	, ,					%
15	Public support percentage from 20	)14 Schedule A, Pa	art II, line 14			· · · · · L	15	%
16 a	<b>33-1/3% support test</b> – <b>2015.</b> If and <b>stop here.</b> The organization of							
b	<b>b 33-1/3% support test</b> – <b>2014.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization							
17 a	<b>17 a 10%-facts-and-circumstances test</b> – <b>2015.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization							
	<b>10%-facts-and-circumstances te</b> or more, and if the organization me organization meets the 'facts-and-	eets the 'facts-and- circumstances' tes	-circumstances' tes t. The organization	st, check this box a i qualifies as a pub	nd stop here. Exp licly supported org	lain in Part VI anization	how	the ►
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions							

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support							
	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	;	<b>(f)</b> Total
1	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')	190,617.	582,590.	321,280.	1,071,039.	1,264,79	95.	3,430,321.
2	Gross receipts from admis- sions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's							
3	tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 .	20,380.	44,821.	56,635.	62,020.	59,03	30.	242,886.
4 5	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge							
	<b>Total.</b> Add lines 1 through 5 <b>a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons	210,997.	627,411.	377,915.	1,133,059.	1,323,82	25.	3,673,207.
I	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							
	<b>c</b> Add lines 7a and 7b .....							
8	Public support. (Subtract line           7c from line 6.)							3,673,207.
Sec	ction B. Total Support				-			
	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	(d) 2014	(e) 2015	,	<b>(f)</b> Total
9	Amounts from line 6	210,997.	627,411.	377,915.	1,133,059.	1,323,82	25.	3,673,207.
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
	c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
	Total support. (Add lines 9, 10c, 11, and 12.)	210,997.	627,411.		1,133,059.	1,323,82	25.	3,673,207.
	First five years. If the Form 990 is organization, check this box and s	top here	· · · · · · · · · ·					
	ction C. Computation of Pul							
15	Public support percentage for 201		•	( ) )			15	100.00 %
16	11 1 3						16	100.00 %
-	ction D. Computation of Inv							
17	Investment income percentage for	,	•	,	,,		17	0.00 %
18	Investment income percentage from						18	0.00 %
	a 33-1/3% support tests – 2015. If is not more than 33-1/3%, check th	nis box and <b>stop h</b> e	e <b>re.</b> The organizati	ion qualifies as a l	publicly supported	organization .		► X
	b 33-1/3% support tests – 2014. If line 18 is not more than 33-1/3%, c	check this box and	stop here. The or	ganization qualifie	s as a publicly sup	ported organiz	zation	
20	Private foundation. If the organize	ation did not check	a box on line 14, 7	19a, or 19b, check	this box and see	instructions.		►

 Part IV
 Supporting Organizations (Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

# Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe			
	the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> how the organization determined that the supported organization was	0		
	described in section 509(a)(1) or (2)	2		
3 a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.	3a		
k	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 <b>Part VI</b> when and how the organization			
	made the determination	3b		
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 <b>Part VI</b> what controls the organization put in place to ensure such use	3c		
4 =	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and			
- 0	if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
k	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled	4 h		
	or supervised by or in connection with its supported organizations	4b		
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 <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
		40		
5 a	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , 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 available added and a substituted organizations and (c) below (if applicable). Also, provide detail or each such action; (iii) the authority under the available added and the reasons for each such action; (iii) the authority under the available added and the added at the support of the support of the available added at the support of the support of the authority and the support of t			
	organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
k	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	5c		<u> </u>
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 <b>Part VI</b>	6		<u> </u>
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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)	7		
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)	8		
9 a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified 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 <b>Part VI</b>	9a		
k	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? <i>If 'Yes,' provide detail in <b>Part VI</b></i>	9b		
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? <i>If 'Yes,' provide detail in <b>Part VI</b></i>	9c		
10 a	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,'	100		
	answer 10b below	10a		
k	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.).	10b		

Part IV Supporting Organizations (continued)						
	Yes	No				
11 Has the organization accepted a gift or contribution from any of the following persons?						
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the						
governing body of a supported organization?						
<b>b</b> A family member of a person described in (a) above?	1					
c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI 110						
Section B. Type I Supporting Organizations						

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If 'No,' describe in</i> <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. <i>If the organization had more than one supported organization, describe how the powers to appoint and/or remove</i> <i>directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any,</i>			
	applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If 'Yes,' explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the</i>			
		2		

# Section C. Type II Supporting Organizations

			Yes	No
	during the tax year also a majority of the directors or trustees f No.' describe in <b>Part VI</b> how control or management of the			
0 11 0 ()	that controlled or managed the supported organization(s)	1		

# Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in <b>Part VI</b> 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 method that the organization used to satisfy the Integral Part Test during the year (see instructions):

а		The organization satisfied the Activities Test. Complete line 2 below.
	_	

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

c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2	Activities	Test.	Answer	(a)	and	(b	) 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	. 2a	
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the		
	. 2b	
3 Parent of Supported Organizations. Answer (a) and (b) 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? <i>Provide details in Part VI</i>	· 3a	
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its		
supported organizations? If 'Yes,' describe in <b>Part VI</b> the role played by the organization in this regard	. 3b	

Schedule A (Form 990 or 990-EZ) 2015

Yes No

Page 6

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on November 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Sec	tion 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		
Sec	tion 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	1 a		
b	Average monthly cash balances	1 b		
c	Fair market value of other non-exempt-use assets	1 c		
c	l <b>Total</b> (add lines 1a, 1b, and 1c)	1 d		
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

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

BAA

Part V

Schedule **A** (Form 990 or 990-EZ) 2015

Par	t V Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organiza	ations (continued)	
Sec	tion D – Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purpose	es		
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of support	rted organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organization <b>Part VI</b> ). See instructions.	· · · · · · · · · · · · · · · · · · ·		
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sec	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required – see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
С				
d	From 2013			
е	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2015 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7	Excess distributions carryover to 2016. Add lines 3j and 4c			
8	Breakdown of line 7:			
а				
b				
С	Excess from 2013			
d	Excess from 2014			
е	Excess from 2015			

BAA

Schedule **A** (Form 990 or 990-EZ) 2015

27-1220705 

 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.)

 Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

OMB No. 1545-0047

2015

•	Atta	ch to	Form	990,	Form	990-EZ	, or Form	990-PF.	

Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

Name of the organization		Employer identification number
HALO HOUSE FOUNDATION		27-1220705
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	X       501(c)(3) (enter number) organization         4947(a)(1) nonexempt charitable trust <b>not</b> treated as a prive         527 political organization	rate foundation
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**

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, 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. Do not 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  $\ldots \ldots$ 

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not 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 does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA 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) (2015)

Name of organization

HALO HOUSE FOUNDATION

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional space	e is needed.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ALBERT AND ETHEL HERZSTEIN CHARITABLE FOUNDATION 6131 WESTVIEW DR HOUSTON TX 77005	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	C/O PRIVATE FOUNDATION SERVICES BAXTER TRUST 4265 SAN FELIPE #1100 HOUSTON TX 77027	\$75.000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>3</u>	MARY JO & CRAIG BEYER HOUSTON	\$7. <u>500</u> .	Person     X       Payroll     Image: Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>4</u>	CHARLES BUTT	\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>5</u>	CELGENE CORPORATION 86 MORRIS AVE SUMMIT NJ 07901	\$15.000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>6</u>	APACHE_CORP	\$ <u>250,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

HALO HOUSE FOUNDATION

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 of Part I

 Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space	is needed.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>7</u>	ELIZABETH_CLINCH	\$5.000.	Person     X       Payroll     Image: Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>8</u>	<u>REBECCA &amp; PAT_CLINCH</u>	\$ <u>215,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>9</u>	TOM EDENS (SCHWAB CHARITABLE FUND)	\$5_000.	Person     X       Payroll     Image: Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>10</u> _	FONDREN FOUNDATION	\$ <u>133,332.</u>	Person X Payroll Noncash
	HOUSTONTX_77252		(Complete Part II for noncash contributions.)
(a) Number	HOUSTON TX _ 77252 (b) Name, address, and ZIP + 4	(c) Total contributions	
(a) Number	(b)	(c) Total contributions	noncash contributions.)
	(b) Name, address, and ZIP + 4 KATHLEEN_FOWLER	contributions	inoncash contributions.)         (d)         Type of contribution         Person       X         Payroll
<u>11</u> .	(b) Name, address, and ZIP + 4 KATHLEEN FOWLER HOUSTON TX	contributions \$54_00. (c) Total	initial contributions.)         (d)         Type of contribution         Person       X         Payroll

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

Name of organization

HALO HOUSE FOUNDATION

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 Employer identification number

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>13</u>	MYONG-HE_GAYHART 	\$ <u>17,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>14</u> .	GEORGE & MARY_JOESEPHINE_HAMMAN_FOUNDATION 3336_RICHMOND_AVE #310 HOUSTONTX_77098	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>15</u> _	GEORGE FOUNDATION 215 MORTON_ST RICHMONDTX_77469	\$35.000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>16</u> _	HILARY & RALPH GOODWIN	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>17</u> .	HALLIBURTON CHARITY GOLF TOURNAMENT 3000 N. SAM HOUSTON PKWY EAST HOUSTONTX 77032	\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>18</u> _	HOUSTON GOLF ASSOCIATION 5810 WILSON RD SUITE 112 HUMBLE TX 77396	\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

HALO HOUSE FOUNDATION

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Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional space	e is needed.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>19</u> _	JIMMY PAPPAS MEMORIAL SHOOT	\$38,500.	Person X Payroll Noncash
	HOUSTON TX	-	(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>20</u> _	MACQUARIE GROUP FOUNDATION	\$ <u>5,000</u> .	Person X Payroll Noncash (Complete Part II for
	SYDNEY_NSW, 1164	-	noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>21</u> _	MAYS FAMILY FOUNDATION 250 W. NOTTINGHAM DR STE 400 SAN ANTONIO TX 78209	\$ <u>100,000</u> .	Person     X       Payroll     Image: Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>22</u> _	MD_ANDERSON FOUNDATION         PO_BOX_2558         HOUSTON         TX_77252	\$25.000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>23</u> _	MICHAEL MORGAN 	\$10 <i>_</i> 100.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>24</u> _	NOVARTIS PHARMACEUTICALS CORP 6201 SOUTH FREEWAY WR-57 FORT WORTH TX 76134	\$ <u>5,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

Name of organization

HALO HOUSE FOUNDATION

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(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>25</u> _	NICHOLAS_O'KANE 	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>26</u> _	OKRA CHARITY SALOON 924 CONGRESS HOUSTONTX_77002	\$ <u>17,821.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>27</u> _	TESSIE, GEORGE, GREGORY PAPPAS	\$5_000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>28</u> _	MS_BARBARA_POTTS  TULSAOK	\$5.000.	Person     X       Payroll        Noncash        (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>29</u> _	ROBERT J. KLEBERG JR AND HELEN C KLEBERG FOUNDATION 700 NORTH ST ST MARY'S STREET SUITE 1200 SAN ANTONIO TX 78205	\$25.000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>30</u> _	DAVID_STEIN		Person X Payroll
	BELLAIRE TX	\$5,000.	Noncash (Complete Part II for noncash contributions.)

Schedule B	(Form	990,	990-EZ,	or 990	)-PF)	(2015)
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Name of organization

HALO HOUSE FOUNDATION

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space	e is needed.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>31</u> _	TAKEDA_PHARMACEUTICALS_(MILLENNIUM)         40_LANDSDOWNE_ST         CAMBRIDGEMA_02139	\$15.000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>32</u> _	TEVA PHARMACEUTICALS 1090 HORSHAM RD NORTH WALES PA 19454	\$ <u>10,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>33</u> _	THE ELKINS FOUNDATION(2918) 1001 FANNIN ST SUITE 1333 HOUSTON TX 77002	\$300,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>34</u> _	TOM TIERNAN	\$7.000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>35</u> _	ALBERT & MARGARET ALKEK FOUNDATION (CHARLES WILLIAMS) 1100 LOUISIANA SUITE 5250 HOUSTONTX 77002	\$ <u>250,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

#### OMB No 1545-0047 SCHEDULE D 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. (Form 990) 2015 **Open to Public** Department of the Treasury Internal Revenue Service Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Inspection Name of the organization Employer identification number HALO HOUSE FOUNDATION 27-1220705 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered 'Yes' on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . . . . . . . . 1 Aggregate value of contributions to (during year) . . . 2 3 Aggregate value of grants from (during year) . . . . 4 Aggregate value at end of year . . . . . . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds 5 are the organization's property, subject to the organization's exclusive legal control? . . . . . . . . . . . . No Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring 6 impermissible private benefit? Yes No Part II **Conservation Easements.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). 1 Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a gualified conservation contribution in the form of a conservation easement on the 2 last day of the tax year. Held at the End of the Tax Year 2 a **b** Total acreage restricted by conservation easements 2 b c Number of conservation easements on a certified historic structure included in (a) . . . . . . . . 2 c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2 d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year 🕨 Number of states where property subject to conservation easement is located > 4 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, No Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered 'Yes' on Form 990, Part IV, line 8. 1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: ▶ \$ ► \$ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following 2 amounts required to be reported under SFAS 116 (ASC 958) relating to these items: ► \$ ▶\$

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990. TEEA330	06/03/15	Sched

Part III       Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)         a Using the organization's equivalence, accession, and other records, check any of the following that are a significant use of its collection         b       Scholarly research       d         c       Device a description of the organization's collections and explain how they turber the organization's exempt purpose in         Pert XIII       Device a description of the organization solucitons and explain how they turber the organization's exempt purpose in         Pert XIII       Escrew and Custodial Arrangements. Complete if the organization answered Yes' on Form 990, Part IV, line 2 or reported an amount on Form 990. The XIII in 2 to the solution of the analysis in the base maintain and amount on Form 990. Part X, line 21.         1 s the organization include an amount on Form 990. Part X, line 21. for escrew on custodial account liability?       Yes       No         b If Yes, 'explain the arrangement in Part XIII and complete the following table:       Amount       1       Amount         c Beginning balance       (a)       1       (b) for years back       (b) for years back       (b) for years back         d Additions dump the year       (a)       1       (b) for years back       (b) for years back       (b) for years back         c Beginning of year balance       (b) Current year       (c) Current year       (c) Current year       (c) Current year       (c) Current y	, , , , , , , , , , , , , , , , , , , ,	HOUSE FOUND	-		27-122			Page 2
terms (check all that apply):	Part III Organizations Mainta	aining Collection	ons of Art, Histo	orical Treasures, or	r Other Similar Ass	sets (co	ontinu	ed)
b	3 Using the organization's acquisition items (check all that apply):	on, accession, and o	ther records, check	any of the following that a	are a significant use of its	s collectio	n	
c	a Public exhibition		d Loan o	or exchange programs				
Provide a description of the organization's collections and explain how they further the organization's exempt purposes in     Part IV     Endowment Funds. Complete if the organization scollection?     Amount     Am	<b>b</b> Scholarly research		e Other					
Part XIII.       Souring the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets	c Preservation for future genera	ations						
to be sold to raise funds rather than to be maintained as part of the organization's collection?       Yes       No         Part IV       Escrew and Custodial Arrangements. Complete if the organization answered Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Ives		ization's collections	and explain how the	ey further the organizatior	n's exempt purpose in			
Part IV       Escrow and Custodial Arrangements. Complete if the organization answered Yes' on Form 990, Part IV, line 21.         1 a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XIII and complete the following table:       Image: Ima	5 During the year, did the organizati	ion solicit or receive	donations of art, his	storical treasures, or other	r similar assets	Voc	Г	
Inte 9, or reported an amount on Form 990, Part X, line 21.**         1 a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X.         b If Yes, 'explain the arrangement in Part XIII and complete the following table:         c Beginning balance.       1         d Additions during the year       1         e Distributions during the year       1         a Distributions during the year       1         2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       No         b If Yes, 'explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       No         b If Yes, 'explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       No         b Contributions       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         a Beginning of year balance       (b) Prior year       (c) Two years back       (e) Four years back         a Chributions       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         a Chributions       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         a Chributions       (b) Prior year       (c) Two years back       (d) Three years back </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Part IV</td> <td></td>							Part IV	
an Form \$90, Part X?.						1000,1	artiv	,
an Form \$90, Part X?.	<b>1 a</b> is the organization an agent, trust	ee. custodian or oth	er intermediary for c	contributions or other asse	ets not included			
C Beginning balance	on Form 990, Part X?					Yes		No
c Beginning balance       1c         d Additions during the year       1d         c Distributions during the year       1d         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Image: Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.         c Net investment earnings, gains, and losses       (a) Current year       (b) Fuir year       (c) Two years back       (d) True years back       (e) Four years back         c Net investment earnings, gains, and losses       (b) Fuir year       (c) Two years back       (d) True years back       (e) Four years back         g Grants or scholarships       (c) Two years       (d) Three years back       (e) Four years back         g End of year balance       (c) Two years       (d) Three years back       (e) Four years back         g Grants or scholarships       (d) True years back       (e) Four years back       (e) Four years back         g End of year balance       (f) Grants or scholarships       (f) Grants or scholarships       (f) Grants or scholarships         g End of year balance       (f) Grants or scholarships       (f) Grants or scholarships       (f) Grants or scholarships         g End of year balance       (f) So the deynalization scholarships	<b>b</b> If Yes,' explain the arrangement in	n Part XIII and comp	plete the following ta	ble:	<b></b>			
d Additions during the year       1d         e Distributions during the year       1d         1       1         2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes         2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes         Part V       Endowment Funds. Complete if the organization answered Yes' on Form 990, Part IV, line 10.         (a) Current year       (b) Proryear       (c) Two years back       (d) Three years back         b Contributions       (a) Current year       (b) Proryear       (c) Two years back       (e) Four years back         c Net investment earnings, gains, and losses       (a) Current year       (c) Proryear       (c) Two years back       (e) Four years back         g End of year balance       (c) Two years back       (c) Two years back       (c) Four years back       (c) Four years back         g End of year balance       (c) Proryear       (c) Two years back       (c) Two years back       (c) Four years back         g End of year balance       (c) Two years back       (c) Two years back       (c) Two years back       (c) Two years back         g End of year balance       (c) Two years back       (c) Two years back       (c) Two years back       (c) Two years back         g End of year ba						Amount		
e Distributions during the year 1   f Ending balance 1   2 Did the cognization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes   2 Did the cognization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes   Part V Endowment Funds. Complete if the organization answered Yes' on Form 990, Part IV, line 10.   ************************************	5 5							
f Ending balance       If         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Image: Complete if the organization has been provided on Part XIII         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b Contributions       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         a Reginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         b Contributions       (b) Contributions       (c) Two years back       (d) Three years back       (e) Four years back         a Grants or scholarships       (c)       (c) Two years back       (e) Four years back       (e) Four years back         f Administrative expenses       (c)       (c) Two years back       (e) Two years back       (e) Four years back         g End of year balance       (c)       (c) Two years back       (e) Two years back       (e) Four years back         g End of year balance       (c)       (c) Two years back       (e) Four years       (e) Four years         g End of year balance       (c) accurrent year end bala	0 1							
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b If Yes, 'explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Yes       No         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b Contributions       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back       (e) Four years back         c Net investment earnings, gains, and losses       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         g End of year balance       (c)       (c) Two years back       (e) Four years back       (e) Four years back         g End of year balance       (c)       (c) Two years back       (e) Four years back       (e) Four years back         g End of year balance       (c)       (c) Two years back       (c) Two years back       (e) Four years back         g End of year balance       (c)       (c) Two years back       (c) Two years back       (c) Two years back </td <td><b>.</b> .</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	<b>.</b> .							
b If Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII	-					Yes		No
Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.         1a Beginning of year balance       (a) Current year       (c) Two years back       (d) Three years back       (e) Four years back         b Contributions	-							-
1 a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1 b Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         6 Cher tinvestment earnings, gains, and losses       (a) Carants or scholarships       (a) Carants or scholarships       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         6 Cher expenditures for facilities       (a) Carants or scholarships       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         6 Cher expenditures for facilities       (a) Carants or scholarships       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         9 Chor deyarbalance       (c) Two years back       (c) Two years back       (d) Three years back       (e) Four years back         9 Chor expenditures for facilities       (c) Two years back       (c) Two years back       (d) Three years back       (e) Four years         9 End of year balance       (c) Two years back       (c) Two years back       (d) Three years back       (e) Four years         9 End of year balance       (c) Two years back       (c) Two years back       (d) Four years       (f) Pace         9 End							L	
1a Beginning of year balance       Image: Section of the set of the se	Part V Endowment Funds.	Complete if the c	organization ans	wered 'Yes' on Form	n 990, Part IV, line 1	0.		
b Contributions		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Fo	ur years	back
c Net investment earnings, gains, and losses	0 0 ,							
and losses       and losses <td><b>b</b> Contributions</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	<b>b</b> Contributions							
e Other expenditures for facilities and programs								
and programs       i       i       i         f Administrative expenses       i       i       i       i         g End of year balance       i       i       i       i       i         2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a Board designated or quasi-endowment        i       i         2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a Board designated or quasi-endowment        i       i         2 Provide the estimated or quasi-endowment        i       i       i       i       i         b Permanent endowment        i       i       i       i       i       i       i         c Temporarily restricted endowment        iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	<b>d</b> Grants or scholarships						-	
f Administrative expenses g End of year balance								
2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:         a Board designated or quasi-endowment ▶						1		
a Board designated or quasi-endowment ▶      %         b Permanent endowment ▶      %         c Temporarily restricted endowment ▶      %         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:      %         (i) unrelated organizations	<b>g</b> End of year balance							
b Permanent endowment >	2 Provide the estimated percentage	of the current year	end balance (line 1g	g, column (a)) held as:				
c Temporarily restricted endowment ▶       %         The percentages on lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:       Yes       No         (i) unrelated organizations       3a(i)	<b>a</b> Board designated or quasi-endow	ment 🕨	00					
The percentages on lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) unrelated organizations</li> <li>(ii) related organizations</li> <li>(iii) related organizations</li> <li>(ii) related organizations</li> <li>(ii) related organizations</li> <li>(iii) related organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> </ul> Percent VI         Land, Buildings, and Equipment.               Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.               Description of property <li>(a) Cost or other basis (other)</li> <li>(b) Buildings</li> <li>(c) Leasehold improvements</li> <li< td=""><td><b>b</b> Permanent endowment</td><td>00</td><td></td><td></td><td></td><td></td><td></td><td></td></li<>	<b>b</b> Permanent endowment	00						
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:       Yes       No         (i) unrelated organizations       3a(i)       3a(i)       3a(ii)       3a(ii)       3a(ii)       3a(ii)       3a(ii)       3b       3c       3c       3b       3c			6					
organization by:       Yes       No         (i) unrelated organizations       3a(i)       3b       <	The percentages on lines 2a, 2b,	and 2c should equa	l 100%.					
(i)       unrelated organizations       3a(i)       3a(i)         (ii)       related organizations       3a(i)       3a(i)         b       If Yes' on line 3a(ii), are the related organizations listed as required on Schedule R?       3b       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.       3b       3b         Part VI       Land, Buildings, and Equipment.       Score of the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         b       Buildings		the possession of t	he organization that	are held and administere	ed for the	Г	Voc	No
(ii) related organizations       3a(ii)         b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R?       3a(ii)         4 Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (other)         (b) Cost or other basis (other)       (c) Accumulated depreciation         b Buildings       4         c Leasehold improvements       4         d Equipment       4         e Other       4,900.         4,900.       4,415.	- ·						162	NO
b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (b) Cost or other basis (other)       (c) Accumulated depreciation         1 a Land	.,					. ,		
4 Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (b) Cost or other basis (other)       (c) Accumulated depreciation         1 a Land	.,					. ,		
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1 a Land		-				<u> </u>		
Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1 a Land	Part VI Land, Buildings, and	Equipment.						
Image: Constraint of the second se	Complete if the organi	zation answered	d 'Yes' on Form	990, Part IV, line 11a	a. See Form 990, Pa	art X, lir	ne 10	
1 a Land	Description of property	<b>(a)</b> C				(d) B	ook va	lue
b Buildings	4 - Lond		(investment)	basis (other)	depreciation			
c Leasehold improvements								
d Equipment       4,900.       4,415.       485.         e Other       4,900.       4,415.       485.								
e Other								
				4 900	4 415			485
			rm 990, Part X, colui					

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Schedule **D** (Form 990) 2015

Page 3

Part VII Investments – Other Securities. Complete if the organization answered "	Yes' on Form 990,	Part IV, line 11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)		
		Part IV, line 11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ► Part IX Other Assets.		
Part IX Other Assets. Complete if the organization answered "	es' on Form 990.	Part IV, line 11d. See Form 990, Part X, line 15.
(a) Des	scription	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
<u>(6)</u> (7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) lin	ne 15.)	
Part X Other Liabilities. Complete if the organization answered 'Yes' on F		
(a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) CREDIT CARD PAYABLE	5,44	13.
(3) ACCRUED EXPENSES	4,05	50.
(4)		
(5)		
(6)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	▶ 9,49	93.

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

Schedule D (Form 990) 2015 HALO HOUSE FOUNDATION	27-1220705	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	er Return.	
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 2,0	42,512.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities 60,0	000.	
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)	282.	
e Add lines 2a through 2d	2e 3	45,282.
3 Subtract line 2e from line 1	3 1,6	597,230.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
<b>b</b> Other (Describe in Part XIII.)		
<b>c</b> Add lines <b>4a</b> and <b>4b</b>	4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5 1,6	597,230.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	· · · <b>1</b> 2	247,643.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII.)	744	
e Add lines 2a through 2d	· · · 2e	744.
3 Subtract line 2e from line 1	3 2	46,899.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		10/0551
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)		
<b>c</b> Add lines <b>4a</b> and <b>4b</b>		
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5 2	246,899.
Part 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.

Pt XII, Line 2d DEPRECIATION - BOOK TO TAX DIFFERENCE Pt XI, Line 2d ADJUSTMENT OF RECEIVABLES FOR ACCRUAL TO CASH BASIS

Schedule **D** (Form 990) 2015

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		Supplem	ental Informa	ation Re	garding	Fundraising or Gar	ming Activities	OMB No. 1545-0047	
	EDULE G 1 990 or 990-EZ)	Complete	organization	entered mo	ore than \$15	rm 990, Part IV, lines 17, 18, ,000 on Form 990-EZ, line 6a	or 19, or if the	2015	
	nent of the Treasury Revenue Service	<ul> <li>Information</li> </ul>				or Form 990-EZ. and its instructions is at <b>w</b> a	vw.irs.gov/form990.	Open to Public Inspection	
	of the organization						Employer identifica		
	O HOUSE FOU		lete if the organi	zation and	warad 'Va	s' on Form 990, Part IV, I	27-122070	5	
Par	Form 990-EZ	filers are not requ	uired to complete	e this part.					
a b							-		
c D									
d					9	[] -			
2 a	Did the organizatio	on have a written o n Form 990, Part \	or oral agreemen /II) or entity in co	t with any	individual with profes	(including officers, direct	ors, trustees or key es?	XYes No	
b	If 'Yes,' list the ten compensated at le	highest paid indiv ast \$5,000 by the	iduals or entities organization.	(fundraise	ers) pursua	ant to agreements under	which the fundraiser is to	be	
(i)	Name and address or entity (fund		(ii) Activity	have custo	undraiser dy or control ibutions?	(iv) Gross receipts from activity	(ν) Amount paid to (or retained by) fundraiser listed in column (i)	<b>(vi)</b> Amount paid to (or retained by) organization	
	DINI SPHERI	[S		Yes	No				
1	2727 ALLEN								
	HOUSTON, TY	<u> 77019</u>	CAPITAL CAMPAIGN		X	476,909.	18,000.	458,909.	
2									
3									
4									
5									
6									
7									
8									
9									
10									
T-4-1									
	List all states in whor licensing.					476,909. contributions or has beer		<u>458,909.</u> n registration	

2

Part	t II	<b>Fundraising Events.</b> Complete if th more than \$15,000 of fundraising ev List events with gross receipts great	ent contributions	nswered 'Yes' on Forr and gross income on	n 990, Part IV, line ı Form 990-EZ, line	18, or reported s 1 and 6b.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add column (a)
R			(event type)	(event type)	(total number)	through column (c))
REVENUE	1	Gross receipts				
Ŭ	2	Less: Contributions				
	_	F				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
D I	5	Noncash prizes				
R E C T	6	Rent/facility costs				
	7	Food and beverages				
EXPENSES	8	Entertainment				
N S E	9	Other direct expenses				
					•	
s	10	Direct expense summary. Add lines 4 throug	in 9 in column (d)			
	11	Net income summary. Subtract line 10 from	line 3, column (d) .			
	11	Net income summary. Subtract line 10 from	line 3, column (d) .			
Part	11	Net income summary. Subtract line 10 from <b>Gaming.</b> Complete if the organization	line 3, column (d) .			
Part R E V E N U	11	Net income summary. Subtract line 10 from <b>Gaming.</b> Complete if the organization	line 3, column (d) . on answered 'Yes	on Form 990, Part I' (b) Pull tabs/Instant bingo/progressive	V, line 19, or report	ed more than (d) Total gaming (add column (a)
Part	11	Net income summary. Subtract line 10 from <b>Gaming.</b> Complete if the organization	line 3, column (d) . on answered 'Yes	on Form 990, Part I' (b) Pull tabs/Instant bingo/progressive	V, line 19, or report	ed more than (d) Total gaming (add column (a)
Part R E V E U E	11 t III 1	Net income summary. Subtract line 10 from <b>Gaming.</b> Complete if the organizatio \$15,000 on Form 990-EZ, line 6a.	line 3, column (d) . on answered 'Yes	on Form 990, Part I' (b) Pull tabs/Instant bingo/progressive	V, line 19, or report	ed more than (d) Total gaming (add column (a)
Part R E V E U E	11 t III 1	Net income summary. Subtract line 10 from <b>Gaming.</b> Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue	line 3, column (d) . on answered 'Yes	on Form 990, Part I' (b) Pull tabs/Instant bingo/progressive	V, line 19, or report	ed more than (d) Total gaming (add column (a)
Part R E V E N U E	11 t III 1 2	Net income summary. Subtract line 10 from         Gaming. Complete if the organization         \$15,000 on Form 990-EZ, line 6a.         Gross revenue         Cash prizes	line 3, column (d) . on answered 'Yes	on Form 990, Part I' (b) Pull tabs/Instant bingo/progressive	V, line 19, or report	ed more than (d) Total gaming (add column (a)
Part R E V E U E	11 t III 1 2 3	Net income summary. Subtract line 10 from         Gaming. Complete if the organization         \$15,000 on Form 990-EZ, line 6a.         Gross revenue         Cash prizes         Noncash prizes	line 3, column (d) . on answered 'Yes (a) Bingo	' on Form 990, Part I' (b) Pull tabs/Instant bingo/progressive bingo	V, line 19, or report (c) Other gaming	ed more than (d) Total gaming (add column (a)
Part R E V E U E	11 t III 2 3 4	Net income summary. Subtract line 10 from         Gaming. Complete if the organization         \$15,000 on Form 990-EZ, line 6a.         Gross revenue         Cash prizes         Noncash prizes         Rent/facility costs	line 3, column (d) . on answered 'Yes	on Form 990, Part I' (b) Pull tabs/Instant bingo/progressive	V, line 19, or report	ed more than (d) Total gaming (add column (a)
Part R E V E U E	11 t III 1 2 3 4 5	Net income summary. Subtract line 10 from         Gaming. Complete if the organization         \$15,000 on Form 990-EZ, line 6a.         Gross revenue         Cash prizes         Noncash prizes         Rent/facility costs         Other direct expenses	line 3, column (d) . on answered 'Yes (a) Bingo	' on Form 990, Part I' (b) Pull tabs/Instant bingo/progressive bingo	V, line 19, or report (c) Other gaming U V V V V V V V V V V V V V V V V V V	ed more than (d) Total gaming (add column (a) through column (c))
Part R E V E U E	11 1 1 2 3 4 5 6	Net income summary. Subtract line 10 from         Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.         Gross revenue         Cash prizes         Noncash prizes         Rent/facility costs         Other direct expenses         Volunteer labor	line 3, column (d) . on answered 'Yes (a) Bingo (a) Bingo (a) Bingo (a) Bingo (a) Bingo (b) Bingo (b) Bingo (c)	' on Form 990, Part I' (b) Pull tabs/Instant bingo/progressive bingo		ed more than (d) Total gaming (add column (a) through column (c))

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Schedule **G** (Form 990 or 990-EZ) 2015

Sche	edule <b>G</b> (Form 990 or 990-EZ) 2015 HALO HOUSE FOUNDATION	27-1220705	Page <b>3</b>
11	Does the organization conduct gaming activities with nonmembers?	· · · · · · Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed administer charitable gaming?	to <b>_ Yes</b>	No
	Indicate the percentage of gaming activity conducted in: a The organization's facility	13.a	0/0
	b An outside facility.		00
	Enter the name and address of the person who prepares the organization's gaming/special events books and rec	· · · · · · · · · · · · · · · · · · ·	
	Name ►		
	Address ►		
I	<ul> <li>a Does the organization have a contract with a third party from whom the organization receives gaming revenue?</li> <li>b If 'Yes,' enter the amount of gaming revenue received by the organization \$ and of gaming revenue retained by the third party \$</li> <li>c If 'Yes,' enter name and address of the third party:</li> </ul>	Yes	_
	Name ►		
	Address ►		i
16	Gaming manager information:		
	Name ►		
	Gaming manager compensation 🕨 \$		
	Description of services provided		
	Director/officer		
17	Mandatory distributions		
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	Yes	s No
ł	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spen	it in the	
	organization's own exempt activities during the tax year \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, colu and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any a information (see instructions).	and (v); additional	

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	OMB No. 1545-0047		
Name of the organization		Employer identification	tion number
HALO HOUSE FOUND	ATION	27-122070	5
Pt VI, Line 2	NATHAN H. FOWLER, MD (PRESIDENT AND FOUNDER) IS FOWLER(EXECUTIVE DIRECTOR AND CO-FOUNDER). BOTH 2 ONE RECEIVES ANY COMPENSATION.		
Pt VI, Line 11b Pt XI	THE OFFICERS & DIRECTORS OF HALO HOUSE FOUNDATIC FORM 990 AT THE REGULARLY SCHEDULED MEETING. LINE 9 CHANGES IN NET ASSETS: ACCRUAL TO CASH A		

Form **4562** 

# Depreciation and Amortization (Including Information on Listed Property)

OMB No. 1545-0172 2015

Devent	man haf the Transmis		Attach to yo	our tax return.				•		
	ment of the Treasury I Revenue Service (99) ► Info	Attachment Sequence No	179							
Name(	s) shown on return		Identifying number							
HAL	O HOUSE FOUNDATIO		27-1220705							
Busine	ss or activity to which this form relates									
For	m 990 / Form 990E	Z								
Par			Property Under Se							
	Note: If you have any	/ listed property, c	omplete Part V before yo	ou complete Part I.		I				
1	Maximum amount (see instru	uctions)					1			
2	Total cost of section 179 pro		2							
3	Threshold cost of section 17	9 property before	3							
4	Reduction in limitation. Subt	ract line 3 from line		4						
5	Dollar limitation for tax year.									
	separately, see instructions.		5							
6	(a) [	Description of property		(b) Cost (business	use only)	(C) Elected cost				
7	Listed property. Enter the an	nount from line 29			. 7	· · · ·				
8	Total elected cost of section		8							
9	Tentative deduction. Enter the		9							
10	Carryover of disallowed ded		10							
11	Business income limitation.		11							
12	Section 179 expense deduct						12			
13	Carryover of disallowed ded				► 13					
	: Do not use Part II or Part III									
Par	t II   Special Depreci	ation Allowan	ce and Other Dep	reciation (Do no	ot include liste	d property. <b>)</b> (Se	ee instructions.)			
14	Special depreciation allowantax year (see instructions)						14			
15	Property subject to section 1						15			
16	Other depreciation (including						16			
Par			nclude listed property.) (				10			
F ai			Secti							
47	MACDO deductions for acce						47	204		
17	MACRS deductions for asse	ts placed in servic	e in tax years beginning	Defore 2015		· · · · · · · ·	17	324.		
18	If you are electing to group a asset accounts, check here.	ny assets placed	in service during the tax	year into one or m	ore general	► 🔲				
	Section B	<ul> <li>Assets Placed</li> </ul>	in Service During 2015	Tax Year Using t	he General D	epreciation Sy	ystem			
	(a) (b) Month and Classification of property year placed in service		(C) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	<b>(f)</b> Method	( <b>g)</b> Depr deduc	eciation tion		
19 a	3-year property			1						
	5-year property									
	7-year property									
	10-year property									
-										
	15-year property			+	<u> </u>					
	20-year property			0.5		G / T				
-	25-year property		25 yrs		S/L					
h	h Residential rental			27.5 yrs	MM	S/L				
	property				MM	S/L				
i						S/L				
	property	S/L								
	Section C -	Assets Placed in	Service During 2015	Tax Year Using th	e Alternative	Depreciation	System			
<u>20</u> a	Class life									
b						S/L				
С	40-year 40 yrs MM S/I					S/L				
	t IV Summary (See ins	structions.)		*						
·	Listed property. Enter amour					21	1			
	Total. Add amounts from line 12. li	ines 14 through 17. lin	es 19 and 20 in column (g), a	nd line 21. Enter here :	and on					
	the appropriate lines of your return	. Partnerships and S c	corporations — see instruction	IS		22	2	324.		

23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . . . . . . . . .

BAA For Paperwork Reduction Act Notice, see separate instructions.

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	m <b>4562</b> (2015)	HALO HOUS	E FOUNDAT	ION									27-12	22070	5	Page 2	
Pa		Property (Inc			in other	vehicles	, certain	aircr	aft, ce	ertain c	omputer	s, and p	property	used for			
		iment, recreatior or any vehicle for	,	,	o standa	rd milea	no rato c	or dea	ductir	na loose	ovnon		nlete <b>on</b> l	lv 24a 2	4h		
	columns	(a) through (c)	of Section A, all	of Section	on B, and	d Section	n C if app	plicat	ble.	ig icase	cxpcnc	ic, com		<b>y</b> 240, 2	<del>л</del> о,		
	Section	n A – Deprecia	tion and Other	Informa	tion (Ca	ution: S	See the i	nstru	ctions	s for lim	its for p	assenge	er autom	obiles.)			
24	<b>a</b> Do you have evider	nce to support the bi	usiness/investment	use claim	ed?		Yes		No	24b If '\	es,' is the	e evidenc	e written?		Yes	No	
	(a) (b) (c) Type of property (list vehicles first) Date placed in service investment		<b>(d)</b> Cost or other basis			(e)		(f)		(g)		(h)			(i)		
					Basis for depreciation (business/investment			Recovery period		Method/ Convention		Depreciation deduction		Elected section 179			
	Special depreciation allowance for qualified liste					use only)			<u> </u>		<u> </u>				cost		
25												25					
26		<u>50% in a qualifi</u> nore than 50% ir				<u>s)</u>		• •				25	1		1		
20																	
															-		
27	Property used 5	0% or less in a c	qualified busines	ss use:													
28	Add amounts in	column (h), line	s 25 through 27	. Enter h	ere and	on line 2	1, page	1.				28	28				
29	Add amounts in	column (i), line 2												. 29			
					B – Info												
Con	plete this section our employees, fir	for vehicles use	ed by a sole prop	prietor, p	artner, o	r other 'i	nore tha	in 5%	own	ier,' or r	elated p	erson. I	f you pro	ovided ve	shicles		
to y	our employees, m	stanswer the qu			see ii yo		пехсер	I	0.001		1 113 30			enicies.	<u> </u>		
30	Total business/i	investment miles	s driven	<b>(a)</b> Vehicle 1		<b>(b)</b> Vehicle 2		(c) Vehicle					(e Vehi	e) cle 5	<b>(f)</b> Vehicle 6		
	during the year ( <b>do not</b> include			Vernete 1		Vonioio 2		Verneie o					Veniele e				
31	commuting miles).																
32	Total commuting miles driven during the year Total other personal (noncommuting)																
52																	
33	Total miles drive	0 ,															
	lines 30 through	132						~					~				
~ ~	Was the vehicle	available for no		Yes	No	Yes	No	Ye	s	No	Yes	No	Yes	No	Yes	No	
34		e available for pe hours?															
35		e used primarily l															
	than 5% owner	or related perso	n?												ļ	<u> </u>	
36	Is another vehic	cle available for															
	personal use:		C – Questions	for Emr	lovers	Nho Pro	l wide Ve	hicle	as foi	r lleo h	v Thoir	Employ	1005		<u> </u>	<u> </u>	
Ans	wer these questio			-	-						-			not mo	re than		
	owners or related					pro						,					
37	Do you maintair	a written policy	atotomont that	probibito			ofvobio	loo i	nolud	ling oon	muting				Yes	No	
31		ees?										·					
38																	
	employees? Se	e the instructions	s for vehicles us	ed by co	orporate	officers,	directors	s, or ′	1% oı	r more o	owners.						
39	Do you treat all	use of vehicles b	by employees a	s person	al use?.												
40	Do you provide	more than five v tain the informat															
	,																
41	Do you meet the <b>Note:</b> <i>If your an</i>															<u> </u>	
Do	-	ization					0.0								<u> </u>		
Га					(b)		(c)			(0	4)		(e)		(f)		
	(a) Description of costs		Date an	nortization	Amortizable		le	e C		de		Amortization		Amortization			
				begins			amount		section				period or percentage			for this year	
42	Amortization of	costs that begin	s during your 20	)15 tax v	ear (see	instructi	ons):		1			- F 51	5-	1			
		3		,	,												
														L			
43	Amortization of	costs that bega	n before your 20	) 15 tax y	ear								43				
44	Total. Add amo	ounts in column	(f). See the inst	ructions f	for where	e to repo	rt			<u></u> .			44				
					FD	NZ0812 10	/27/15							F	orm <b>456</b>	<b>2</b> (2015)	