|                                   |                                      |                                 | ** PUBLIC DISCLOSURE COPY<br>Return of Organization Exempt Fro  |              | oome Tay                      | OMB No. 1545-0047             |  |  |  |  |  |
|-----------------------------------|--------------------------------------|---------------------------------|---|--------------|-------------------------------|-------------------------------|--|--|--|--|--|
| For                               | _ <b>Q</b>                           | 90                              |   |              |                               | 0000                          |  |  |  |  |  |
| FOR                               |                                      | 50                              | Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Co<br>Do not enter social security numbers on this form as it                                      |              |                               |                               |  |  |  |  |  |
| Depa                              | rtment                               | of the Treasury<br>enue Service | Go to www.irs.gov/Form990 for instructions and the  | -            |                               | Open to Public<br>Inspection  |  |  |  |  |  |
|                                   |                                      |                                 |   |              | UN 30, 2023                   |                               |  |  |  |  |  |
| B a                               | Check if<br>pplicab                  | <b>C</b> Name of                | organization  |              | D Employer identific          | ation number                  |  |  |  |  |  |
|                                   | Addre                                | ess<br>ge Eddy                  | House   |              |                               |                               |  |  |  |  |  |
| Name Doing business as 45-3023511 |                                      |                                 |   |              |                               |                               |  |  |  |  |  |
|                                   | Initial<br>returr<br>Final<br>returr | E Telephone number              |   |              |                               |                               |  |  |  |  |  |
|                                   | termi                                | n                               | Willow St   |              | G Gross receipts \$           | 2,935,124.                    |  |  |  |  |  |
|                                   | Amer<br>returr                       | nded Dono                       | , NV 89502  |              | H(a) Is this a group re       |                               |  |  |  |  |  |
|                                   | Appli<br>tion                        | F Name a                        | nd address of principal officer: Trevor Macaluso  |              | for subordinates              |                               |  |  |  |  |  |
|                                   | pend                                 | same                            | as C above  |              | H(b) Are all subordinates in  | cluded? Yes No                |  |  |  |  |  |
| 1 1                               | Fax-ex                               | empt status:                    | X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or [   | 527          | lf "No," attach a             | list. See instructions        |  |  |  |  |  |
|                                   | Nebs                                 |                                 | EddyHouse.org   |              | H(c) Group exemption          |                               |  |  |  |  |  |
|                                   |                                      | of organization:                | X Corporation Trust Association Other   | L Year of    | of formation: 2012 N          | I State of legal domicile: NV |  |  |  |  |  |
| Pa                                | art I                                | Summary                         |   |              |                               |                               |  |  |  |  |  |
| đ                                 | 1                                    |                                 | e the organization's mission or most significant activities: To pro   | vide         | at-risk you                   | th the                        |  |  |  |  |  |
| Governance                        |                                      | <u>opportu</u>                  | nity to reach their full potential  |              |                               |                               |  |  |  |  |  |
| srna                              | 2                                    | Check this bo                   | if the organization discontinued its operations or disposed   | of more      | than 25% of its net ass       |                               |  |  |  |  |  |
| ove                               | 3                                    | Number of vot                   | ing members of the governing body (Part VI, line 1a)  |              |                               | 7                             |  |  |  |  |  |
| ڻ<br>ح                            | 4                                    |                                 | ependent voting members of the governing body (Part VI, line 1b) $\dots$  |              |                               | 7                             |  |  |  |  |  |
| es ç                              | 5                                    |                                 | of individuals employed in calendar year 2022 (Part V, line 2a)   |              |                               | 77                            |  |  |  |  |  |
| <u>viti</u>                       | 6                                    |                                 | of volunteers (estimate if necessary)   |              |                               | 100                           |  |  |  |  |  |
| Activities &                      | 7 a                                  |                                 | business revenue from Part VIII, column (C), line 12  |              |                               | 0.                            |  |  |  |  |  |
| _                                 | b                                    | Net unrelated                   | business taxable income from Form 990-T, Part I, line 11  |              |                               | 0.                            |  |  |  |  |  |
|                                   |                                      |                                 |   |              | Prior Year                    | Current Year                  |  |  |  |  |  |
| e                                 | 8                                    |                                 | and grants (Part VIII, line 1h)   |              | 1,347,267.                    | 2,586,741.                    |  |  |  |  |  |
| enu                               | 9                                    |                                 | ce revenue (Part VIII, line 2g)   |              | 434,352.                      | 187,741.                      |  |  |  |  |  |
| Revenue                           | 10                                   |                                 | ome (Part VIII, column (A), lines 3, 4, and 7d)   |              | 364.                          | 7,983.                        |  |  |  |  |  |
|                                   | 11                                   |                                 | (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  |              | 73,738.                       | 30,585.                       |  |  |  |  |  |
|                                   | 12                                   |                                 | add lines 8 through 11 (must equal Part VIII, column (A), line 12)  |              | 1,855,721.                    | 2,813,050.                    |  |  |  |  |  |
|                                   |                                      |                                 | nilar amounts paid (Part IX, column (A), lines 1-3)   |              | 0.                            | 0.                            |  |  |  |  |  |
|                                   |                                      |                                 | o or for members (Part IX, column (A), line 4)  |              | 0.                            | 0.                            |  |  |  |  |  |
| es                                | 15                                   |                                 | compensation, employee benefits (Part IX, column (A), lines 5-10) $\hfill \ldots$   |              | 1,256,990.                    | 1,921,007.                    |  |  |  |  |  |
| sue                               | 16a                                  |                                 | Indraising fees (Part IX, column (A), line 11e)   |              | 0.                            | 0.                            |  |  |  |  |  |
| Expenses                          | b                                    |                                 | ng expenses (Part IX, column (D), line 25) 243, 527   |              | 400 741                       | C 4 2 2 1 0                   |  |  |  |  |  |
| ш                                 |                                      |                                 | es (Part IX, column (A), lines 11a-11d, 11f-24e)  |              | 492,741.                      | 643,312.                      |  |  |  |  |  |
|                                   | 18                                   |                                 | s. Add lines 13-17 (must equal Part IX, column (A), line 25)  |              | 1,749,731.                    | 2,564,319.                    |  |  |  |  |  |
|                                   | 19                                   | Revenue less                    | expenses. Subtract line 18 from line 12   |              | 105,990.                      | <u>248,731.</u>               |  |  |  |  |  |
| t Assets or<br>d Balances         |                                      |                                 |   |              | ginning of Current Year       | End of Year                   |  |  |  |  |  |
| Sset                              | 20                                   | Total assets (F                 |   |              | 4,375,186.                    | 4,655,718.                    |  |  |  |  |  |
| Net A                             | 21                                   |                                 | (Part X, line 26)   |              | <u>24,833</u> .<br>4,350,353. | 121,137.                      |  |  |  |  |  |
|                                   | <u>  22</u><br>art II                |                                 | und balances. Subtract line 21 from line 20   |              | 4,330,333.                    | 4,534,581.                    |  |  |  |  |  |
|                                   |                                      |                                 |   | d atotare -  | nto and to the best of more   | Inourlades and balled it is   |  |  |  |  |  |
|                                   |                                      |                                 | declare that I have examined this return, including accompanying schedules and<br>Declaration of preparer (other than officer) is based on all information of which |              |                               | knowledge and bellet, it is   |  |  |  |  |  |
| <u></u>                           | ,                                    |                                 | שליים אווערוואמנוטון טראווערו איז   | i pi chai fi | nas any Knowiedye.            |                               |  |  |  |  |  |

| Sign        | Signature of officer                               |                       | Date       |                    |                        |  |
|-------------|--|-----------------------|------------|--------------------|------------------------|--|
| Here        | Trevor Macaluso, CEO                               |                       |            |                    |                        |  |
|             | Type or print name and title                       |                       |            |                    |                        |  |
|             | Print/Type preparer's name                         | Preparer's signature  | Date       | Check              | PTIN                   |  |
| Paid        | Deb Nelson, CPA                                    | Deb Nelson,           | CPA 05/1   | 5/24 self-employed | P01264758              |  |
| Preparer    | Firm's name Eide Bailly LLP                        |                       |            | Firm's EIN 45-     | 0250958                |  |
| Use Only    | Firm's address 800 Nicollet Mall                   | , Ste. 1300           |            |                    |                        |  |
|             | Minneapolis, MN 5                                  | 5402-7033             |            | Phone no.612-      | 253-6500               |  |
| May the I   | RS discuss this return with the preparer shown abo | ve? See instructions  |            |                    | X Yes No               |  |
| 000001 10 1 | a so I HA For Department Peduation Act Natio       | a and the concrete in | structions |                    | Earm <b>990</b> (2022) |  |

| 232001 12-13-22 | LHA | For Paperwork | Reduction Act No | otice, see tł | ne separate | instructions. |
|-----------------|-----|---------------|------------------|---------------|-------------|---------------|
|-----------------|-----|---------------|------------------|---------------|-------------|---------------|

| Form      | 1990 (2022) Eddy House  | 45-3023511                    | Page <b>2</b> |
|-----------|---|-------------------------------|---------------|
| Pa        | rt III Statement of Program Service Accomplishments   |                               |               |
|           | Check if Schedule O contains a response or note to any line in this Part III                                      | . <u></u>                     |               |
| 1         | Briefly describe the organization's mission:  |                               |               |
|           | The mission of the Eddy House is to provide at-risk you   |                               |               |
|           | opportunity to reach their full potential as healthy in   |                               |               |
|           | through a continuum of programs and services in Norther   | II Nevaua.                    |               |
| 2         | Did the organization undertake any significant program services during the year which were not listed on the      |                               |               |
| -         | prior Form 990 or 990-EZ?   | Yes                           | XNo           |
|           | If "Yes," describe these new services on Schedule O.  |                               |               |
| 3         | Did the organization cease conducting, or make significant changes in how it conducts, any program services       | s? Yes [                      | XNo           |
|           | If "Yes," describe these changes on Schedule O.   |                               |               |
| 4         | Describe the organization's program service accomplishments for each of its three largest program services, a     | as measured by expenses.      |               |
|           | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to ot   | hers, the total expenses, and | ł             |
|           | revenue, if any, for each program service reported.   |                               |               |
| 4a        | (Code:) (Expenses \$1,831,543. including grants of \$) (Re  | evenue \$ 188,9               | <b>67.</b> )  |
|           | Eddy House is a daytime drop-in center and overnight sh   |                               | -             |
|           | homeless, runaway, foster, and other at-risk youth. We  |                               |               |
|           | intake and assessment facility in Northern Nevada. Yout   |                               |               |
|           | resources for basic needs such as food, clothing, hygie<br>safe and secure place to be during the day. Eddy House |                               | a             |
|           | counseling services, workforce development, life skills   |                               | h             |
|           | care services, and more. Our 24-hour facility provides  |                               |               |
|           | the homeless youth in our commuity, which includes an o   |                               |               |
|           | for up to 38 young adults, a two-bed emergency shelter,   |                               |               |
|           | result-oriented "community living program" for 29 youth   |                               |               |
|           |   |                               |               |
|           |   |                               |               |
| 4b        | (Code:) (Expenses \$ including grants of \$) (Re  | venue \$                      | )             |
|           |   |                               |               |
|           |   |                               |               |
|           |   |                               |               |
|           |   |                               |               |
|           |   |                               |               |
|           |   |                               |               |
|           |   |                               |               |
|           |   |                               |               |
|           |   |                               |               |
|           |   |                               |               |
|           |   |                               |               |
| 4c        | (Code: ) (Expenses \$ including grants of \$ ) (Re  | evenue \$                     | )             |
|           |   |                               | /             |
|           |   |                               |               |
|           |   |                               |               |
|           |   |                               |               |
|           |   |                               |               |
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|           |   |                               |               |
|           |   |                               |               |
|           |   |                               |               |
|           |   |                               |               |
|           |   |                               |               |
| <u> </u>  |   |                               |               |
| 4d        | Other program services (Describe on Schedule O.)  | `                             |               |
| 4-        | (Expenses \$ including grants of \$ ) (Revenue \$         Total program service expenses       1,831,543.         | )                             |               |
| <u>4e</u> | Total program service expenses   1,831,543.   | <b>0</b> 0                    | 0 (0000)      |

| Form | 990 (2022) Eddy House 45-3023   | 511 | P   | age <b>3</b> |
|------|---|-----|-----|--------------|
| Par  | t IV Checklist of Required Schedules  |     |     |              |
|      |   |     | Yes | No           |
| 1    | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?   |     |     |              |
| _    | If "Yes," complete Schedule A   | 1   | X   |              |
| 2    | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions   | 2   | Х   |              |
| 3    | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for   |     |     | х            |
| 4    | public office? If "Yes," complete Schedule C, Part I  | 3   |     |              |
| 4    | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect  | 4   |     | х            |
| 5    | during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i><br>Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or                   |     |     | - 23         |
| 5    | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III   | 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? If "Yes," complete Schedule D, Part I  | 6   |     | х            |
| 7    | Did the organization receive or hold a conservation easement, including easements to preserve open space,   |     |     |              |
|      | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  | 7   |     | х            |
| 8    | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete  |     |     |              |
|      | Schedule D, Part III  | 8   |     | Х            |
| 9    | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for   |     |     |              |
|      | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?   |     |     |              |
|      | If "Yes," complete Schedule D, Part IV  | 9   |     | X            |
| 10   | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments  |     |     |              |
|      | or in quasi endowments? If "Yes," complete Schedule D, Part V   | 10  |     | X            |
| 11   | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,   |     |     |              |
|      | as applicable.  |     |     |              |
| а    | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,   |     | 77  |              |
|      | Part VI   | 11a | X   |              |
| b    | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total  |     |     | х            |
|      | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII   | 11b |     |              |
| С    | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total   | 110 |     | х            |
| d    | assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VIII</i><br>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 | 11c |     | - 23         |
| u    | Part X, line 16? If "Yes," complete Schedule D, Part IX   | 11d |     | х            |
| ۵    | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X   | 11e |     | X            |
| f    | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses   |     |     |              |
| •    | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  | 11f | х   |              |
| 12a  | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete   |     |     |              |
|      | Schedule D. Parts XI and XII  | 12a | Х   |              |
| b    | Was the organization included in consolidated, independent audited financial statements for the tax year?   |     |     |              |
|      | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional   | 12b |     | X            |
| 13   | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   | 13  |     | Х            |
| 14a  | Did the organization maintain an office, employees, or agents outside of the United States?   | 14a |     | Х            |
| b    | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,   |     |     |              |
|      | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000  |     |     |              |
|      | or more? If "Yes," complete Schedule F, Parts I and IV  | 14b |     | X            |
| 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   |     |     | 37           |
|      | foreign organization? If "Yes," complete Schedule F, Parts II and IV  | 15  |     | X            |
| 16   | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to  |     |     | v            |
| 47   | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV   | 16  |     | <u>X</u>     |
| 17   | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,   | 17  |     | x            |
| 18   | column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions<br>Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | 17  |     | - 23         |
| 10   | 1c and 8a? If "Yes," complete Schedule G, Part II   | 18  | х   |              |
| 19   | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes."   |     |     |              |
| 13   | complete Schedule G, Part III   | 19  |     | х            |
| 20a  | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H   | 20a |     | X            |
| b    | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  | 20b |     |              |
| 21   | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or   |     |     |              |
| _    | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II   | 21  |     | х            |
|      |   |     | 000 |              |

| Pa  | rt IV Checklist of Required Schedules (continued)  |            |     |          |  |  |  |  |  |  |  |
|-----|--|------------|-----|----------|--|--|--|--|--|--|--|
|     |  |            | Yes | No       |  |  |  |  |  |  |  |
| 22  | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on  |            |     |          |  |  |  |  |  |  |  |
|     | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  | 22         |     | x        |  |  |  |  |  |  |  |
| 23  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current  |            |     |          |  |  |  |  |  |  |  |
|     | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete   |            |     |          |  |  |  |  |  |  |  |
|     | Schedule J   | 23         | х   |          |  |  |  |  |  |  |  |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the  |            |     |          |  |  |  |  |  |  |  |
|     | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete   |            |     |          |  |  |  |  |  |  |  |
|     | Schedule K. If "No." go to line 25a  | 24a        |     | x        |  |  |  |  |  |  |  |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  |            |     |          |  |  |  |  |  |  |  |
|     | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease   |            |     |          |  |  |  |  |  |  |  |
|     | any tax-exempt bonds?  |            |     |          |  |  |  |  |  |  |  |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  |            |     |          |  |  |  |  |  |  |  |
|     | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit   |            |     |          |  |  |  |  |  |  |  |
|     | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  | 25a        |     | x        |  |  |  |  |  |  |  |
| b   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and   |            |     |          |  |  |  |  |  |  |  |
|     | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete  |            |     |          |  |  |  |  |  |  |  |
|     | Schedule L, Part I   | 25b        |     | X        |  |  |  |  |  |  |  |
| 26  | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current  |            |     |          |  |  |  |  |  |  |  |
|     | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%  |            |     |          |  |  |  |  |  |  |  |
|     | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II   | 26         |     | X        |  |  |  |  |  |  |  |
| 27  | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,  |            |     |          |  |  |  |  |  |  |  |
|     | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled  |            |     |          |  |  |  |  |  |  |  |
|     | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III   |            |     |          |  |  |  |  |  |  |  |
| 28  |  |            |     |          |  |  |  |  |  |  |  |
|     | instructions for applicable filing thresholds, conditions, and exceptions):  |            |     |          |  |  |  |  |  |  |  |
| а   | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If   |            |     |          |  |  |  |  |  |  |  |
|     | "Yes," complete Schedule L, Part IV  |            |     |          |  |  |  |  |  |  |  |
| b   | b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV  |            |     |          |  |  |  |  |  |  |  |
| С   | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If   |            |     |          |  |  |  |  |  |  |  |
|     | "Yes," complete Schedule L, Part IV  | <b>28c</b> |     | X        |  |  |  |  |  |  |  |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M   | 29         |     | X        |  |  |  |  |  |  |  |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation  |            |     |          |  |  |  |  |  |  |  |
|     | contributions? If "Yes," complete Schedule M   | 30         |     | X        |  |  |  |  |  |  |  |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I   | 31         |     | x        |  |  |  |  |  |  |  |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete   |            |     |          |  |  |  |  |  |  |  |
|     | Schedule N, Part II  | 32         |     | X X      |  |  |  |  |  |  |  |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations   |            |     |          |  |  |  |  |  |  |  |
|     | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  | 33         |     | X X      |  |  |  |  |  |  |  |
| 34  | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and  |            |     | 37       |  |  |  |  |  |  |  |
|     | Part V, line 1   |            |     | X        |  |  |  |  |  |  |  |
|     | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | <u>35a</u> |     | X        |  |  |  |  |  |  |  |
| b   | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity  |            |     |          |  |  |  |  |  |  |  |
|     | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  |            |     | <u> </u> |  |  |  |  |  |  |  |
| 36  | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization  |            |     | v        |  |  |  |  |  |  |  |
| ~-  | If "Yes," complete Schedule R, Part V, line 2  | 36         |     | X        |  |  |  |  |  |  |  |
| 37  |  |            |     |          |  |  |  |  |  |  |  |
| ~~  | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI   | 37         |     | X        |  |  |  |  |  |  |  |
| 38  | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?   |            | x   |          |  |  |  |  |  |  |  |
| Pa  | Note: All Form 990 filers are required to complete Schedule O           rt V         Statements Regarding Other IRS Filings and Tax Compliance   | 38         | Δ   | Ĺ        |  |  |  |  |  |  |  |
|     | Check if Schedule O contains a reasonance or note to any line in this Bart V   |            |     |          |  |  |  |  |  |  |  |
|     |  | <u></u>    | Vac |          |  |  |  |  |  |  |  |
| 1.0 | Enter the number reported in box 3 of Form 1006. Fotor 0, if not applicable  | 28         | Yes | No       |  |  |  |  |  |  |  |
|     | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable       1a         Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable       1b | 0          |     |          |  |  |  |  |  |  |  |
| u   |  |            |     |          |  |  |  |  |  |  |  |

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

Eddy House

| Form 990 ( | 2022) |
|------------|-------|
| Part IV    | Che   |

| Form     | 1 990 (2022) Eddy House 45-3  | 023511          | P   | <sub>age</sub> 5 |  |  |  |  |  |  |  |
|----------|---|-----------------|-----|------------------|--|--|--|--|--|--|--|
| Par      | rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)  |                 |     |                  |  |  |  |  |  |  |  |
|          |   |                 | Yes | No               |  |  |  |  |  |  |  |
| 2a       | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,   |                 |     |                  |  |  |  |  |  |  |  |
|          | filed for the calendar year ending with or within the year covered by this return 2a  | 77              | x   |                  |  |  |  |  |  |  |  |
| b        |   |                 |     |                  |  |  |  |  |  |  |  |
| 3a       |   |                 |     |                  |  |  |  |  |  |  |  |
|          | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O   | <u>3b</u>       |     |                  |  |  |  |  |  |  |  |
| 4a       | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a   |                 |     | 37               |  |  |  |  |  |  |  |
| -        | financial account in a foreign country (such as a bank account, securities account, or other financial account)?  | <u>4a</u>       |     | X                |  |  |  |  |  |  |  |
| b        | If "Yes," enter the name of the foreign country   | _               |     |                  |  |  |  |  |  |  |  |
| 5-       | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).   | 5.              |     | x                |  |  |  |  |  |  |  |
|          | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?   |                 |     | X                |  |  |  |  |  |  |  |
| b        |   |                 |     |                  |  |  |  |  |  |  |  |
|          | · · · · · · · · · · · · · · · · · · ·   |                 |     |                  |  |  |  |  |  |  |  |
| Ua       |   |                 |     | x                |  |  |  |  |  |  |  |
| h        | any contributions that were not tax deductible as charitable contributions?<br>If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts     | <u>va</u>       |     |                  |  |  |  |  |  |  |  |
| 5        | were not tax deductible?  | 6b              |     |                  |  |  |  |  |  |  |  |
| 7        | Organizations that may receive deductible contributions under section 170(c).   |                 |     |                  |  |  |  |  |  |  |  |
| 'a       |   | avor? <b>7a</b> |     | x                |  |  |  |  |  |  |  |
|          |   |                 |     |                  |  |  |  |  |  |  |  |
|          |   |                 |     |                  |  |  |  |  |  |  |  |
| •        | to file Form 8282?  | 7c              |     | x                |  |  |  |  |  |  |  |
| d        | If "Yes," indicate the number of Forms 8282 filed during the year 7d  |                 |     |                  |  |  |  |  |  |  |  |
| e        |   | 7e              |     | х                |  |  |  |  |  |  |  |
| f        |   |                 |     |                  |  |  |  |  |  |  |  |
| g        |   |                 |     |                  |  |  |  |  |  |  |  |
| h        |   |                 |     |                  |  |  |  |  |  |  |  |
| 8        |   |                 |     |                  |  |  |  |  |  |  |  |
|          | sponsoring organization have excess business holdings at any time during the year?  | 8               |     |                  |  |  |  |  |  |  |  |
| 9        | Sponsoring organizations maintaining donor advised funds.   |                 |     |                  |  |  |  |  |  |  |  |
| а        | a Did the sponsoring organization make any taxable distributions under section 4966?  |                 |     |                  |  |  |  |  |  |  |  |
| b        | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?   | 9b              |     |                  |  |  |  |  |  |  |  |
| 10       | Section 501(c)(7) organizations. Enter:   |                 |     |                  |  |  |  |  |  |  |  |
| а        | Initiation fees and capital contributions included on Part VIII, line 12  |                 |     |                  |  |  |  |  |  |  |  |
| b        | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b   |                 |     |                  |  |  |  |  |  |  |  |
| 11       | Section 501(c)(12) organizations. Enter:  |                 |     |                  |  |  |  |  |  |  |  |
| а        |   |                 |     |                  |  |  |  |  |  |  |  |
| b        |   |                 |     |                  |  |  |  |  |  |  |  |
|          | amounts due or received from them.)   |                 |     |                  |  |  |  |  |  |  |  |
|          | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  | 12a             |     |                  |  |  |  |  |  |  |  |
|          |   |                 |     |                  |  |  |  |  |  |  |  |
| 13       | Section 501(c)(29) qualified nonprofit health insurance issuers.  |                 |     |                  |  |  |  |  |  |  |  |
| а        | Is the organization licensed to issue qualified health plans in more than one state?  | <u>13a</u>      |     |                  |  |  |  |  |  |  |  |
| L.       | <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.  |                 |     |                  |  |  |  |  |  |  |  |
| D        | 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 13c  |                 |     |                  |  |  |  |  |  |  |  |
|          |   | 14a             |     | х                |  |  |  |  |  |  |  |
| 14a<br>b | Did the organization receive any payments for indoor tanning services during the tax year?<br>If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O |                 |     |                  |  |  |  |  |  |  |  |
| ы<br>15  | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or   |                 |     |                  |  |  |  |  |  |  |  |
| .0       | excess parachute payment(s) during the year?  | 15              |     | x                |  |  |  |  |  |  |  |
|          | If "Yes," see the instructions and file Form 4720, Schedule N.  |                 |     |                  |  |  |  |  |  |  |  |
| 16       | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?   | 16              |     | х                |  |  |  |  |  |  |  |
|          | If "Yes," complete Form 4720, Schedule O.   |                 |     |                  |  |  |  |  |  |  |  |
| 17       | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities   |                 |     |                  |  |  |  |  |  |  |  |
|          | that would result in the imposition of an excise tax under section 4951, 4952 or 4953?  | 17              |     |                  |  |  |  |  |  |  |  |
|          | If "Yes." complete Form 6069.   |                 |     |                  |  |  |  |  |  |  |  |

| Form    |   |           | 023511           | P       | age <b>6</b> |
|---------|---|-----------|------------------|---------|--------------|
| Par     | t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b be   | elow, an  | d for a "No" r   | espon   | se           |
|         | to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instruct   | tions.    |                  |         |              |
|         | Check if Schedule O contains a response or note to any line in this Part VI   | <u></u>   |                  |         | X            |
| Sec     | tion A. Governing Body and Management   |           |                  |         |              |
|         |   |           |                  | Yes     | No           |
| 1a      | Enter the number of voting members of the governing body at the end of the tax year 1a  |           |                  |         |              |
|         | If there are material differences in voting rights among members of the governing body, or if the governing   |           |                  |         |              |
|         | body delegated broad authority to an executive committee or similar committee, explain on Schedule O.   |           |                  |         |              |
| b       | Enter the number of voting members included on line 1a, above, who are independent 1b   |           |                  |         |              |
| 2       | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any oth  | her       |                  |         |              |
|         | officer, director, trustee, or key employee?  |           | 2                |         | _X_          |
| 3       | Did the organization delegate control over management duties customarily performed by or under the direct supe  | rvision   |                  |         |              |
|         | of officers, directors, trustees, or key employees to a management company or other person?   |           | 3                |         | X            |
| 4       | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  | ?         |                  |         | X            |
| 5       |   |           |                  |         | X<br>X       |
| 6       | Did the organization have members or stockholders?  |           | 6                |         |              |
| /a      | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or  |           | _                |         | v            |
|         | more members of the governing body?   |           | <u>7a</u>        |         | <u> </u>     |
| D       | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders,   |           | 76               |         | х            |
| 0       | persons other than the governing body?<br>Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the follow   |           | 7b               |         | <u></u>      |
| 8       |   | -         | 80               | Х       |              |
|         | The governing body?<br>Each committee with authority to act on behalf of the governing body?  |           |                  | X       |              |
| 9       |   |           |                  | - 23    |              |
| 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 on Schedule O</i> |           | 9                |         | х            |
| Sec     | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code,   | <u></u>   |                  |         |              |
|         | This Section B requests information about policies not required by the internal neverue Code,   | /         |                  | Yes     | No           |
| 10a     | Did the organization have local chapters, branches, or affiliates?  |           | 10a              |         | X            |
|         | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affilia  |           |                  |         |              |
|         | and branches to ensure their operations are consistent with the organization's exempt purposes?   |           | 10b              |         |              |
| 11a     | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing   |           |                  | Х       |              |
|         | Describe on Schedule O the process, if any, used by the organization to review this Form 990.   | -         |                  |         |              |
| 12a     | Did the organization have a written conflict of interest policy? If "No," go to line 13   |           | 12a              | Х       |              |
|         | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?   |           |                  | Х       |              |
| с       | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe  | е         |                  |         |              |
|         | on Schedule O how this was done   |           | 12c              | Х       |              |
| 13      | Did the organization have a written whistleblower policy?   |           | 13               | Х       |              |
| 14      | Did the organization have a written document retention and destruction policy?  |           | 14               | X       |              |
| 15      | Did the process for determining compensation of the following persons include a review and approval by independent  | dent      |                  |         |              |
|         | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?   |           |                  |         |              |
| а       | The organization's CEO, Executive Director, or top management official  |           | <b>15</b> a      | X       |              |
| b       | Other officers or key employees of the organization   |           | 15b              |         | X            |
|         | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.  |           |                  |         |              |
| 16a     | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a   |           |                  |         |              |
|         | taxable entity during the year?   |           | <u>16a</u>       |         | X            |
| b       | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its particip   | ation     |                  |         |              |
|         | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's  |           |                  |         |              |
| <u></u> | exempt status with respect to such arrangements?  | <u></u>   | 16b              |         |              |
|         | tion C. Disclosure  |           |                  |         |              |
| 17      | List the states with which a copy of this Form 990 is required to be filed None   |           | 4()(0)  )        |         | <u> </u>     |
| 18      | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (sec   | Jaon 50'  | 1(C)(3)S ONIY) 8 | availat | JIE          |
|         | for public inspection. Indicate how you made these available. Check all that apply.   |           |                  |         |              |
| 10      | Own website Another's website X Upon request Other <i>(explain on Schedule</i>  |           | and fire         | ial     |              |
| 19      | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of inter  | est pollo | by, and financ   | idi     |              |
| 20      | statements available to the public during the tax year.<br>State the name, address, and telephone number of the person who possesses the organization's books and record  | rde       |                  |         |              |
| 20      | Trevor Macaluso - 775-686-6244  | 105       |                  |         |              |
|         | 888 Willow Street, Reno, NV 89521   |           |                  |         |              |
|         |   |           |                  |         |              |

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

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

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

| (A)                                       | (B)           | (C)                            |   |         |              |                                 | (D)    | (E)             | (F)             |               |
|---|---------------|--------------------------------|---|---------|--------------|---------------------------------|--------|-----------------|-----------------|---------------|
| Name and title                            | Average       | (-1-                           | Position  |         |              |                                 |        | Reportable      | Reportable      | Estimated     |
|   | hours per     | box                            | (do not check more than box, unless person is bot |         |              | s both                          | n an   | compensation    | compensation    | amount of     |
|   | week          | offic                          | officer and a director/trustee)                   |         |              |                                 |        | from            | from related    | other         |
|   | (list any     | ctor                           |   |         |              |                                 |        | the             | organizations   | compensation  |
|   | hours for     | r dire                         |   |         |              | fed                             |        | organization    | (W-2/1099-MISC/ | from the      |
|   | related       | tee o                          | ustee   |         |              | ensat                           |        | (W-2/1099-MISC/ | 1099-NEC)       | organization  |
|   | organizations | al trus                        | nal tr  |         | loyee        | e com                           |        | 1099-NEC)       |                 | and related   |
|   | below         | Individual trustee or director | Institutional trustee                             | Officer | Key employee | Highest compensated<br>employee | Former |                 |                 | organizations |
| (4) -                                     | line)         | lnd                            | lns   | 0ff     | Key          | en Hig                          | For    |                 |                 |               |
| (1) Trevor Macaluso<br>Executive Director | 40.00         |                                |   | x       |              |                                 |        | 126 657         | 0               | 12 407        |
| (2) JD Drakulich                          | 2.00          |                                |   | ~       |              |                                 |        | 136,657.        | 0.              | 13,407.       |
| (2) JD Drakulich<br>President             | 2.00          | х                              |   | x       |              |                                 |        | 0.              | 0.              | 0             |
| (3) Jacklyn Lynch                         | 2.00          | ^                              |   | ^       |              |                                 |        | 0.              | 0.              | 0.            |
| Vice President                            | 2.00          | x                              |   | x       |              |                                 |        | 0.              | 0.              | 0.            |
| (4) Benjamin Kennedy                      | 2.00          |                                |   | ~       |              |                                 |        |                 | 0.              | 0.            |
| Treasurer                                 | 2.00          | x                              |   | x       |              |                                 |        | 0.              | 0.              | 0.            |
| (5) Steven Anderson                       | 2.00          |                                |   |         |              |                                 |        |                 |                 |               |
| Secretary                                 |               | x                              |   | x       |              |                                 |        | 0.              | 0.              | 0.            |
| (6) Cory Hunt                             | 1.00          |                                |   |         |              |                                 |        |                 |                 |               |
| Director                                  |               | х                              |   |         |              |                                 |        | 0.              | Ο.              | 0.            |
| (7) Jeffrey Peterson                      | 1.00          |                                |   |         |              |                                 |        |                 |                 |               |
| Director                                  |               | Х                              |   |         |              |                                 |        | 0.              | 0.              | 0.            |
| (8) Dylan Shaver                          | 1.00          |                                |   |         |              |                                 |        |                 |                 |               |
| Director                                  |               | Х                              |   |         |              |                                 |        | 0.              | 0.              | 0.            |
|   |               |                                |   |         |              |                                 |        |                 |                 |               |
|   |               |                                |   |         |              |                                 |        |                 |                 |               |
|   |               |                                |   |         |              |                                 |        |                 |                 |               |
|   |               |                                |   |         |              |                                 |        |                 |                 |               |
|   |               |                                |   |         |              |                                 |        |                 |                 |               |
|   |               |                                |   |         |              |                                 |        |                 |                 |               |
|   |               |                                |   |         |              |                                 |        |                 |                 |               |
|   |               |                                |   |         |              |                                 |        |                 |                 |               |
|   |               | •                              |   |         |              |                                 |        |                 |                 |               |
|   |               |                                |   |         |              |                                 |        |                 |                 |               |
|   |               |                                |   |         |              |                                 |        |                 |                 |               |
|   |               |                                |   |         |              |                                 |        |                 |                 |               |
|   |               |                                |   |         |              |                                 |        |                 |                 |               |
|   |               |                                |   |         |              |                                 |        |                 |                 |               |

| Form 990 (2022)   | Eddy Hous  | se  |                       |         |              |                                 |        |   |   | 45-30             | )23!                                   | 511  | Р                 | age <b>8</b> |
|---|--|---|-----------------------|---------|--------------|---------------------------------|--------|---|---|-------------------|--|--|-------------------|--------------|
|   | rs, Directors, Trus  |   | oloy                  | ees,    |              |                                 | ghes   | t C   | ompensated Employee                               | s (continued)     |  |  |                   |              |
| <b>(A)</b><br>Name and tit  | <b>(B)</b><br>Average<br>hours per<br>week                           | (C)<br>Position<br>(do not check more than one<br>box, unless person is both ar<br>officer and a director/trustee |                       |         |              |                                 | an     | (D)<br>Reportable<br>compensation<br>from           | (E)<br>Reportable<br>compensation<br>from related |                   | (F)<br>Estimated<br>amount of<br>other |  |                   |              |
|   | (list any<br>hours for<br>related<br>organizations<br>below<br>line) | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated<br>employee | Former | the<br>organization<br>(W-2/1099-MISC/<br>1099-NEC) | organization:<br>(W-2/1099-MIS<br>1099-NEC)       | I                 | fr<br>org<br>and                       | pensa<br>om th<br>anizat<br>d relat<br>anizati | ie<br>tion<br>ted |              |
|   |  |   | -                     |         |              |                                 |        |   |   |                   |  |  |                   |              |
|   |  |   | -                     |         |              |                                 |        |   |   |                   |  |  |                   |              |
|   |  |   |                       |         |              |                                 |        |   |   |                   |  |  |                   |              |
|   |  |   | -                     |         |              |                                 |        |   |   |                   |  |  |                   |              |
|   |  |   | -                     |         |              |                                 |        |   |   |                   |  |  |                   |              |
|   |  |   | -                     |         |              |                                 |        |   |   |                   |  |  |                   |              |
| 1b Subtotal   |  |   |                       |         |              |                                 |        |   | 136,657.  |                   | 0.                                     | 1  | 3.4               | 07.          |
| c Total from continuation   | n sheets to Part VI  |   |                       |         |              |                                 |        |   | 0.  |                   | 0.                                     |  |                   | 0.           |
| d Total (add lines 1b and   |  |   |                       |         |              |                                 |        |   | 136,657.  |                   | 0.                                     | 1  | 3,4               | 07.          |
| 2 Total number of individu<br>compensation from the                           |  | ot limited to th  | ose                   | liste   | d ab         | ove                             | ) wn   | o re  | eceived more than \$100,                          | UUU of reportable | ,                                      |  |                   | 1            |
| <b>3</b> Did the organization list  | any <b>former</b> officer  | director trust  | oo k                  |         | mol          |                                 | a or   | hia   | hest compensated emp                              |                   | ſ                                      |  | Yes               | No           |
| line 1a? If "Yes," comple   |  | -   |                       | -       | •            | -                               |        | Ŭ   | • •   | 2                 |  | 3  |                   | X            |
| 4 For any individual listed   |  |   |                       |         |              |                                 |        |   |   |                   |  | 4  | Х                 |              |
| <ul><li>and related organization</li><li>5 Did any person listed on</li></ul> |  |   |                       |         |              |                                 |        |   |   |                   |  | 4  | <u> </u>          |              |
| rendered to the organiza  |  | plete Schedule  | e J fo                | or sı   | ich p        | oerso                           | on .   |   | -   |                   |  | 5  |                   | X            |
| Section B. Independent Cor<br>1 Complete this table for y                     |  | mpensated ind   | lepe                  | nder    | nt co        | ontra                           | actor  | s th  | nat received more than \$                         | 100.000 of comp   | ensat                                  | ion fro  | om                |              |
| the organization. Report  |  |   |                       |         |              |                                 |        |   |   |                   |  | (0   |                   |              |
| N   | (A)<br>Name and business   | address   | NC                    | ONE     | 2            |                                 |        |   | (B)<br>Description of s                           | ervices           | С                                      | ompe   | nsatio            | n            |
|   |  |   |                       |         |              |                                 |        |   |   |                   |  |  |                   |              |
|   |  |   |                       |         |              |                                 |        |   |   |                   |  |  |                   |              |
|   |  |   |                       |         |              |                                 |        |   |   |                   |  |  |                   |              |
|   |  |   |                       |         |              |                                 |        |   |   |                   |  |  |                   |              |
| 2 Total number of indeper   | ndent contractors (ir  | ncluding but no   | ot lin                | nited   | to t         | thos                            | e lis  | ted   | above) who received mo                            | ore than          |  |  |                   |              |
| \$100,000 of compensati   | ion from the organiz   | zation  |                       |         |              | 0                               | )      |   |   |                   |  |  |                   |              |

|   |      |          |  |                                      | louse         |         |                    |                             |  | 45-3023                              | 511 Page <b>9</b>  |
|---|------|----------|--|--------------------------------------|---------------|---------|--------------------|-----------------------------|--|--------------------------------------|--|
|   | rt V |          |  | venu                                 | le            |         |                    |                             |  |                                      |  |
|   |      |          | Check if Schedule O                          | contai                               | ns a resp     | onse    | or note to any lir | ne in this Part VIII        |  |                                      |  |
|   |      |          |  |                                      |               |         |                    | <b>(A)</b><br>Total revenue | (B)<br>Related or exempt<br>function revenue | (C)<br>Unrelated<br>business revenue | <b>(D)</b><br>Revenue excluded<br>from tax under<br>sections 512 - 514 |
| ស ស   | 1    | а        | Federated campaigns                          |                                      | 1a            |         | 10,000.            |                             |  |                                      |  |
| Contributions, Gifts, Grants<br>and Other Similar Amounts |      |          |  |                                      |               |         |                    |                             |  |                                      |  |
| Ū, Ū  |      | с        | Fundraising events                           |                                      |               |         | 122,074.           |                             |  |                                      |  |
| äifts<br>ar A   |      |          | Related organizations                        |                                      |               |         |                    |                             |  |                                      |  |
| s,<br>Diji  |      |          | Government grants (contr                     |                                      |               |         | 672,890.           |                             |  |                                      |  |
| ŝ   |      | f        | All other contributions, gifts,              | grants                               | , and         |         |                    |                             |  |                                      |  |
| but   |      |          | similar amounts not included                 | d above                              | 1f            | 1,      | 781,777.           |                             |  |                                      |  |
| d Oti   |      | g        | Noncash contributions included in            | lines 1a                             | -1f <b>1g</b> | \$      |                    |                             |  |                                      |  |
| <u>a</u> C  |      | h        | Total. Add lines 1a-1f                       |                                      |               |         |                    | 2,586,741.                  |  |                                      |  |
|   |      |          |  |                                      |               |         | Business Code      |                             |  |                                      |  |
| e   | 2    | а        | <u>Program Servi</u>                         | .ce                                  | Fees          |         | 624110             | 183,000.                    | 183,000.                                     |                                      |  |
| e Ki  |      | b        |  |                                      |               |         |                    |                             |  |                                      |  |
| Se  |      | С        |  |                                      |               |         |                    |                             |  |                                      |  |
| Program Service<br>Revenue                                |      | d        |  |                                      |               |         |                    |                             |  |                                      |  |
| Б<br>С  |      | е        |  |                                      |               |         |                    |                             |  |                                      |  |
| 4   |      | f        | All other program service                    | reven                                | ue            |         | 900099             | 4,741.                      | 4,741.                                       |                                      |  |
|   |      | g        | Total. Add lines 2a-2f                       |                                      |               |         |                    | 187,741.                    |  |                                      |  |
|   | 3    |          | Investment income (inclue                    |                                      |               |         |                    |                             |  |                                      |  |
|   |      |          |  |                                      |               |         |                    | 7,983.                      |  |                                      | 7,983.   |
|   | 4    |          |  | from investment of tax-exempt bond p |               |         |                    |                             |  |                                      |  |
|   | 5    |          | Royalties                                    |                                      | <u> </u>      | <u></u> |                    |                             |  |                                      |  |
|   |      |          |  | -                                    | (i) Rea       | al      | (ii) Personal      | -                           |  |                                      |  |
|   | 6    |          | Gross rents                                  | 6a                                   |               |         |                    | -                           |  |                                      |  |
|   |      |          | Less: rental expenses                        | 6b                                   |               |         |                    | -                           |  |                                      |  |
|   |      | с        | Rental income or (loss)                      | 6c                                   |               |         |                    |                             |  |                                      |  |
|   | -    |          | Net rental income or (loss                   | »                                    | (i) Secur     |         | (ii) Other         |                             |  |                                      |  |
|   | 1    | а        | Gross amount from sales of                   |                                      | (I) Secur     | liles   |                    | -                           |  |                                      |  |
|   |      | <b>L</b> | assets other than inventory                  | 7a                                   |               |         |                    | -                           |  |                                      |  |
| ø   |      | D        | Less: cost or other basis and sales expenses | 7b                                   |               |         |                    |                             |  |                                      |  |
| venue   |      | ~        | Gain or (loss)                               | 70<br>7c                             |               |         |                    | -                           |  |                                      |  |
|   |      |          | Net gain or (loss)                           | · · · ·                              |               |         |                    |                             |  |                                      |  |
| ъ   | 8    |          | Gross income from fundraisi                  |                                      |               | ····    |                    |                             |  |                                      |  |
| Other Re  | Ŭ    | u        | including \$ 122                             |                                      |               |         |                    |                             |  |                                      |  |
| Ũ   |      |          | contributions reported on                    |                                      |               |         |                    |                             |  |                                      |  |
|   |      |          | Part IV, line 18                             |                                      |               | 8a      | 151,433.           |                             |  |                                      |  |
|   |      | b        | Less: direct expenses                        |                                      |               |         | 122,074.           |                             |  |                                      |  |
|   |      |          | Net income or (loss) from                    |                                      |               |         |                    | 29,359.                     |  |                                      | 29,359.  |
|   | 9    |          | Gross income from gamin                      |                                      |               |         |                    |                             |  |                                      |  |
|   |      |          | Part IV, line 19                             |                                      |               | 9a      |                    |                             |  |                                      |  |
|   |      | b        | Less: direct expenses                        |                                      |               |         |                    |                             |  |                                      |  |
|   |      | С        | Net income or (loss) from                    | gamir                                | ng activiti   | es      |                    |                             |  |                                      |  |
|   | 10   | а        | Gross sales of inventory,                    | less re                              | eturns        |         |                    |                             |  |                                      |  |
|   |      |          | and allowances                               |                                      |               | 10a     |                    |                             |  |                                      |  |
|   |      | b        | Less: cost of goods sold                     |                                      |               | 10k     | 0.                 |                             |  |                                      |  |
|   |      | С        | Net income or (loss) from                    | sales                                | of invente    | ory     |                    | 1,226.                      | 1,226.                                       |                                      |  |
| s   |      |          |  |                                      |               |         | Business Code      |                             |  |                                      |  |
| ∋on   | 11   | а        |  |                                      |               |         |                    |                             |  |                                      |  |
| lan¢<br>enu   |      | b        |  |                                      |               |         |                    |                             |  |                                      |  |
| Miscellaneous<br>Revenue                                  |      | С        |  |                                      |               |         |                    |                             |  |                                      |  |
| Mis   |      |          | All other revenue                            |                                      |               |         |                    |                             |  |                                      |  |
|   |      |          | Total. Add lines 11a-11d                     |                                      |               |         |                    |                             | 100.067                                      |                                      | 27 240   |
|   | 12   |          | Total revenue. See instruction               | ons .                                | <u></u>       |         |                    | 2,813,050.                  | 188,967.                                     | 0.                                   | 37,342.  |

| Do not include arounds: reported on lives EQ.         Total expenses         Program device         Corr and other assistance to domestic organization<br>and domestic generations. Set Part N, line 21         Program device  | 0000 | on 501(c)(3) and 501(c)(4) organizations must comp<br>Check if Schedule O contains a respons |                 |            |           |                        |
|--|------|--|-----------------|------------|-----------|------------------------|
| 27, 80, 80, 80, 80, 80, 70, 70, 80, 80, 70, 70, 80, 80, 70, 70, 70, 70, 70, 70, 70, 70, 70, 7  | Do   |  |                 | (B)        | (C)       | (D)                    |
| and denests governments. See Part IV, Ine 21   |      |  | l otal expenses |            |           |                        |
| 2         Grants and other assistance to domestic<br>individuals. So Part V, Into 22         Image: Comparison or an end of the comparison or an end of the comparison of th | 1    | Grants and other assistance to domestic organizations  |                 |            | -         | ·                      |
| individuals. See Part IV, line 22         individuals. See Part IV, line 32           3 Grants and other assistance to foreign<br>organizations, foreign governments, and foreign<br>individuals. See Part IV, line 15 and 16         individuals. See Part IV, line 17 and 164, 394.         49, 318.         49, 318.         65, 758.           6 Compensation of current officers, directors,<br>trutates, and key employees         164, 394.         49, 318.         49, 318.         65, 758.           7 Other salaries and wages         1, 392, 539.         1, 114, 403.         182, 006.         96, 130.           7 Other salaries and wages         1, 392, 539.         1, 114, 403.         182, 006.         96, 130.           7 Other salaries and wages         1, 392, 539.         1, 114, 403.         182, 006.         96, 130.           8 Management         173, 067.         15, 872.         3, 794.           9 Convertiles in undraising services. See Part IV, Ine 17         100.         100.         100.           9 Convertile 10 anout acceds 10% of line 25,<br>column (A), anount, Ist Ine 179, 067.         17, 193.         17, 193.         17, 193.           10 Convertile 3, and promotions of 0.0         17, 193.         17, 193.         17, 193.         17, 193.           11 More thorhology         15         114, 421.         6, 344.         3, 979.         1, 088.           12 Advent   |      | and domestic governments. See Part IV, line 21   |                 |            |           |                        |
| 3         Grants and other assistance to foreign<br>redividuals. See Part IV, lines 15 and 16<br>Compensation of current offers, directors,<br>trustees, and key amployees         164,394.         49,318.         49,318.         49,318.         65,758.           Compensation of current offers, directors,<br>trustees, and key amployees         1,392,539.         1,114,403.         182,006.         96,130.           7         Other salaries and wages         1,392,539.         1,114,403.         182,006.         96,130.           8         Pension plana contributions (field<br>ascitum 40) and 430() employer contributions)         173,067.         115,079.         48,517.         3,794.           10         Pension plana contrabutions (field<br>ascitum 40) and 430() employer contributions)         56,473.         36,807.         15,872.         3,794.           11         Tese for services (nonemployees).         134,534.         103,540.         17,557.         13,437.           10         Payotit taxe         100.         100.         9,010.         9,010.           11         Fees for services (nonemployees).         17,193.         17,193.         17,193.           12         Advertising and pronotion         57,238.         43,791.         13,447.           12         Advertising and pronotion         57,238.         43,791.         13,447.      <   | 2    | Grants and other assistance to domestic  |                 |            |           |                        |
| organizations, foreign governments, and foreign<br>individuals. See Part IV, lines 15 and 16   |      | individuals. See Part IV, line 22  |                 |            |           |                        |
| individuals. See Part IV, lines 15 and 16       index section 40 (index section    | 3    | Grants and other assistance to foreign   |                 |            |           |                        |
| 4         Benefits paid to or to members         Image: Compensation of current officers, directors, trustees, and key employees         164,394.         49,318.         49,318.         65,758.           6         Compensation not included above to disqualified persons (ascilled in dire section 4950(1)) and persons discribed in section 4950(1) and persons discribed in section 4950(1) and 490(2) (2)(1)         1,392,539.         1,114,403.         182,006.         96,130.           7         Other sequences and vages         1,392,539.         1,114,403.         182,006.         96,130.           8         Pension plan acruals and contributions (include section 4010) and 400(2) employee benefits         173,067.         115,079.         48,517.         9,471.           10         Payrol Taxes         134,534.         103,540.         17,557.         13,437.           8         Management         5,050.         5,050.         -         -           9         Polysional fundating services. See Part IV, in 17         100.         100.         -         -           9         Other employees         17,193.         17,193.         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         <  |      | organizations, foreign governments, and foreign  |                 |            |           |                        |
| 6         Compensation of current officers, directors, trustess, and key employees         164,394.         49,318.         49,318.         65,758.           6         Compensation not included above to disqualified persons (as defined under section 4568(1/10) and persons described in section 4568(1/10) and more section 4568(1/10) and more section 4568(1/10) and persons described in section 4568(1/10) and persons described in section 4568(1/10) and persons described in section 4568(1/10) and 4563.         1,392,539.         1,1114,403.         182,006.         96,130.           7         Other anarous and contributions (include section 4058(1/10) and persons described in section 4568(1/10) and 450.         17,392,539.         1,1114,403.         182,006.         96,130.           9         Other employee benefits         134,534.         103,540.         17,557.         13,437.           10         Payotitaxes         5,050.         5,050.         -  |      | individuals. See Part IV, lines 15 and 16  |                 |            |           |                        |
| tustees, and key employees         164,394.         49,318.         49,318.         65,758.           6 Compensation not included above to disqualified persons (as defined under section 4958(r)(3)(8)         1,392,539.         1,114,403.         182,006.         96,130.           7 Other satisfies and wages         1,392,539.         1,114,403.         182,006.         96,130.           8 Person plan accrusts and contributions (include section 401(k) and 403(p) employer contributions)         56,473.         36,807.         15,872.         3,794.           9 Other employees benefits         173,067.         115,079.         48,517.         9,471.           17 Revolt services (nonemployees):         134,534.         103,540.         17,557.         13,437.           11 Fees for services (nonemployees):         5,050.         5,050.         5,050.         5,050.           a Management         100.         100.         100.         100.         100.           9 Other. (If the 113 amount caces 10% of the 25, 053.         17,193.         17,193.         17,193.         23,745.           11 formation technology         123,411.         97,154.         25,035.         1,222.           17 Travel         18,624.         5,009.         6,505.         7,110.           11 formation technology         116,956.   | 4    | Benefits paid to or for members  |                 |            |           |                        |
| 6       Compensation not included above to disqualified persons (as defined under section 4968(f)(1)) and persons described in section 4968(f)(1)) and the section 4018(f) and 4020) employer contributions (include section 4018(f) and 4020) employer employ   | 5    | Compensation of current officers, directors,   |                 |            |           |                        |
| persons (as defined under section 4958(c)(3)(8)         1,392,539.         1,114,403.         182,006.         96,130.           7 Other salaries and wages         1,392,539.         1,114,403.         182,006.         96,130.           8 Person plan accruals and contributions (include section 40(0) and 403(0) employee contributions.         56,473.         36,807.         15,872.         3,794.           9 Other employee benefits         173,067.         115,079.         48,517.         9,471.           10 Payroll taxes         134,534.         103,540.         17,557.         13,437.           11 Fees for services (nonemployees):  |      | trustees, and key employees  | 164,394.        | 49,318.    | 49,318.   | 65,758.                |
| persons described in section 4958(c)(3)(B)         1, 392, 539.         1, 114, 403.         182, 006.         96, 130.           7 Other salaries and wages         1, 392, 539.         1, 114, 403.         182, 006.         96, 130.           9 Person polyee benefts         11, 392, 539.         1, 114, 403.         182, 006.         96, 130.           9 Other employee benefts         11, 392, 539.         1, 114, 403.         182, 006.         96, 130.           10 Payrolit axes         11, 392, 539.         1, 114, 403.         182, 006.         96, 130.           11 Pesson accurate and contributions (include section 40(k) and 40(k) might persons description accurate and contributions (include section 40(k) and 40(k) might persons description accurate and contributions (include section 40(k) and 40(k) might persons description accurate and contributions (include section 40(k) might person accurate accurate and contributions (include section 40(k) might person accurate accurat  | 6    | Compensation not included above to disqualified  |                 |            |           |                        |
| 7       Other statics and wages       1, 392, 539.       1, 114, 403.       182,006.       96,130.         8       Pension plan accuus and contributions)       56,473.       36,807.       15,872.       3,794.         9       Other employee benefits       173,067.       115,079.       48,517.       9,471.         10       Payrol taxes       134,534.       103,540.       17,557.       13,437.         11       Fees for services (nonemployees):       Amagement       134,534.       103,540.       17,557.       13,437.         12       Legal       5,050.       5,050.       5,050.       100.       100.       100.         9       Other, films 11g amout sceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.       17,193.       17,193.       17,193.         12       Advertising and promotion       123,411.       97,154.       25,035.       1,222.         13       Rayments of travel or entertainment expenses for any tederal, state, or local public officials       116,956.       87,717.       23,391.       5,848.         11       Payments to affiliates       2       116,956.       87,717.       23,391.       5,848.         11       Bayrotic strowes on Schold on 0.       176,574.       1       10,524. <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td></t<>   |      |  |                 |            |           |                        |
| 8       Persion plan accruits and contributions (include section 40 (K) and 430(b) employer contributions)       56,473.       36,807.       15,872.       3,794.         9       Other employee benefits       173,067.       115,079.       48,517.       9,471.         10       Payrolit taxes       134,534.       103,540.       17,557.       13,437.         11       Fees for services (nonemployees):       a  |      |  | 1 200 520       | 1 114 400  | 100.000   |                        |
| section 401(k) and 403(b) employer contributions)         56,473.         36,807.         15,872.         3,794.           9         Other employee benefits         173,067.         115,079.         48,517.         9,471.           10         Payofit taxes         134,534.         103,540.         17,557.         13,437.           11         Fees for services (nonemployees):         a         Management         5,050.         5,050.           a         Accounting         5,050.         5,050.         5,050.         5,050.           c         Accounting         5,050.         5,050.         5,050.         5,050.           e         Professional fundraising services. See Part IV, line 17         100.         100.         100.         100.           g         Other employee benefits         100.         100.         100.         100.         100.         100.         100.         100.         100.         100.         100.         100.         100.         100.         100.         100.         100.         10.         10.         10.         10.         10.         10.         10.         10.         10.         10.         10.         10.         10.         10.         10.         10.         10.  |      |  | I,392,539.      | 1,114,403. | 182,006.  | 96,130.                |
| 11       Fees for services (nonemployees):   | 8    |  |                 |            | 1 - 0 - 0 | 2 504                  |
| 11       Fees for services (nonemployees):   | _    |  | 50,473.         | 36,807.    | 15,8/2.   | 3,794.                 |
| 11       Fees for services (nonemployees):   | -    |  | 124 524         | 102 540    | 48,517.   | <u>9,471.</u>          |
| a Management   |      |  | 134,534.        | 103,540.   | 1/,55/.   | 13,43/.                |
| b Legal  |      |  |                 |            |           |                        |
| c Accounting       5,050.       5,050.         d Lobbying       5,050.       6,050.         e Professional fundrating services. See Part IV, line 17       100.       100.         g Other. (If line 11g anount exceeds 10% of line 25, column (A), anount, its line 11g expenses on Sch 0.)       17,193.       17,193.         12 Advertising and promotion       57,238.       43,791.       13,447.         13 Office expenses       84,143.       23,217.       37,181.       23,745.         14 Information technology       123,411.       97,154.       25,035.       1,222.         17 Travel       123,411.       97,154.       25,035.       1,222.         17 Travel       11,421.       6,344.       3,979.       1,098.         18 Payments of travel or entertainment expenses for any federal, state, or local public officials       18,624.       5,009.       6,505.       7,110.         10 Conferences, conventions, and meetings       0.0023.       16,381.       11,780.       1,862.         20 Depreciation, depletion, and amortization       116,956.       87,717.       23,391.       5,848.         21 Insurance       30,023.       16,381.       11,780.       1,862.         24 Other expenses       176,574.       176,574.       2,579.       1,974. <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td></t<>   |      |  |                 |            |           |                        |
| d Lobbying       Professional functional segments of segments       100.       100.         e Professional functional expenses       100.       100.       100.         g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)       17, 193.       17, 193.         12 Advertising and promotion       57, 238.       43, 791.       13, 447.         13 Office expenses       84,143.       23,217.       37,181.       23,745.         14 Information technology       57,238.       43,791.       13,447.         15 Royalties       123,411.       97,154.       25,035.       1,222.         16 Occupancy       123,411.       97,154.       25,035.       1,222.         17 ravel       11,421.       6,344.       3,979.       1,098.         18 Payments of travel or entertainment expenses for any federal, state, or local public officials       18,624.       5,009.       6,505.       7,110.         10 Conferences, conventions, and meetings       116,956.       87,717.       23,391.       5,848.         21 Payments to affiliates       2       30,023.       16,381.       11,780.       1,862.         22 Deprecision, depletion, and amortization dine 25, column (A), amount, list line 24e appress on Schelue 0.)       176,574.       176,574.       176  |      |  | E 0E0           |            | E 0E0     |                        |
| e       Protessional fundraising services. See Part IV, line 17         f       Investment management fees         g       Other. (If line 11g anount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)       17, 193.         12       Advertising and promotion       57, 238.       43, 791.         13       Office expenses       84, 143.       23, 217.       37, 181.       23, 745.         14       Information technology       1       1       1, 22, 23.       1, 23, 411.       97, 154.       25, 035.       1, 222.         17       Travel       11, 421.       6, 344.       3, 979.       1, 098.         18       Payments of travel or entertainment expenses for any federal, state, or local public officials       18, 624.       5, 009.       6, 505.       7, 110.         20       Interest       116, 956.       87, 717.       23, 391.       5, 848.         30, 023.       16, 381.       11, 780.       1, 862.         20       Other expenses. Imic 24., If insurance       30, 023.       16, 381.       11, 780.       1, 862.         21       Payments to affiliates       2, 579.       1, 974.       605.       1, 974.       605.         26       Other expenses       2, 579.       1, 974.  |      |  | 5,050.          |            | 5,050.    |                        |
| f       Investment management fees       100.       100.         g       Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)       17, 193.       17, 193.         12       Advertising and promotion       57, 238.       43, 791.       13, 447.         13       Office expenses       84, 143.       23, 217.       37, 181.       23, 745.         14       Information technology       1       11, 421.       6, 344.       3, 979.       1, 222.         17       Travel       11, 421.       6, 344.       3, 979.       1, 098.         18       Payments of travel or entertainment expenses for any federal, state, or local public officials       18, 624.       5, 009.       6, 505.       7, 110.         19       Conferences, conventions, and meetings       116, 956.       87, 717.       23, 391.       5, 848.         20       Interest       116, 956.       87, 717.       23, 391.       5, 848.         21       Payments to affiliates       2       11, 6, 574.       176, 574.       1, 862.         24       Other expenses not covered above, (List miscel/aeous expenses on line 24. If line 24e amount exceeds 10% of line 25, column (A), amount [kill ne 24e expresses on line 24. If line 24e amount exceeds 10% of line 25, column (A), amount [kill ne 24e expresses on line 24. If li   |      |  |                 |            |           |                        |
| g Other. (If line 11g amount exceeds 10% of line 25, outumn (A), amount, list line 11g expenses on Sch O.)       17, 193.       17, 193.         12 Advertising and promotion       57, 238.       43, 791.       13, 447.         13 Office expenses       84, 143.       23, 217.       37, 181.       23, 745.         14 Information technology       84, 143.       23, 217.       37, 181.       23, 745.         14 Information technology       123, 411.       97, 154.       25, 035.       1, 222.         15 Royalties       11, 421.       6, 344.       3, 979.       1, 098.         16 Occupancy       123, 411.       97, 154.       25, 035.       1, 222.         17 ravel       11, 421.       6, 344.       3, 979.       1, 098.         18 Payments of travel or entertainment expenses for any federal, state, or local public officials       18, 624.       5, 009.       6, 505.       7, 110.         10 Conferences, conventions, and meetings       116, 956.       87, 717.       23, 391.       5, 848.         21 Payments to affiliates       2       2       0116, 956.       87, 717.       23, 391.       5, 848.         23 hourse, care and Super Course dato O.       30, 023.       16, 381.       11, 780.       1, 862.         40 Other expenses.       Coltern tye exprese  |      |  | 100             |            | 100       |                        |
| column (A), amount, list line 11g expenses on Sch 0.)       17, 193.       17, 193.         12       Advertising and promotion       57, 238.       43, 791.       13, 447.         13       Office expenses       84, 143.       23, 217.       37, 181.       23, 745.         14       Information technology       123, 411.       97, 154.       25, 035.       1, 222.         15       Royatties       11, 421.       6, 344.       3, 979.       1, 098.         16       Occupancy       11, 421.       6, 344.       3, 979.       1, 098.         18       Payments of travel or entertainment expenses for any federal, state, or local public officials       18, 624.       5, 009.       6, 505.       7, 110.         19       Conferences, conventions, and meetings       116, 956.       87, 717.       23, 391.       5, 848.         20       Interest       116, 956.       87, 717.       23, 391.       5, 848.         21       Payments to affiliates       116, 956.       87, 717.       23, 391.       5, 848.         23       Insurance       126, 501.       1, 862.       1       1, 862.         24       Other expenses. Intimize expenses on Schedule 0.)       2, 579.       1, 974.       605.         2   |      |  | 100.            |            | 100.      |                        |
| 13       Office expenses       84,143.       23,217.       37,181.       23,745.         14       Information technology       1       1       1       2       2,745.         14       Information technology       1       1       2       37,181.       23,745.         15       Royaties       1       1       2       3,7154.       23,745.         16       Occupancy       123,411.       97,154.       25,035.       1,222.         17       Travel       11,421.       6,344.       3,979.       1,098.         18       Payments of travel or entertainment expenses for any federal, state, or local public officials       18,624.       5,009.       6,505.       7,110.         19       Conferences, conventions, and meetings       116,956.       87,717.       23,391.       5,848.         20       Interest       116,956.       87,717.       23,391.       5,848.         21       Payments to affiliates       116,956.       87,717.       23,391.       5,848.         23       Interset       116,956.       87,717.       23,391.       5,848.         24       Other expenses on time 24e. If imize 24 amount exceeds 10% of time 25, column (A), amount, listime 24e expenses on Stedulee 0.       176,57  | g    |  | 17 193          |            | 17 193    |                        |
| 13       Office expenses       84,143.       23,217.       37,181.       23,745.         14       Information technology       1       1       1       2       2,745.         14       Information technology       1       1       2       37,181.       23,745.         15       Royaties       1       1       2       3,7154.       23,745.         16       Occupancy       123,411.       97,154.       25,035.       1,222.         17       Travel       11,421.       6,344.       3,979.       1,098.         18       Payments of travel or entertainment expenses for any federal, state, or local public officials       18,624.       5,009.       6,505.       7,110.         19       Conferences, conventions, and meetings       116,956.       87,717.       23,391.       5,848.         20       Interest       116,956.       87,717.       23,391.       5,848.         21       Payments to affiliates       116,956.       87,717.       23,391.       5,848.         23       Interset       116,956.       87,717.       23,391.       5,848.         24       Other expenses on time 24e. If imize 24 amount exceeds 10% of time 25, column (A), amount, listime 24e expenses on Stedulee 0.       176,57  | 40   |  | 57 238          |            | 43 791    | 13 447                 |
| 14       Information technology         15       Royatties         16       Occupancy         17       Travel         18       Payments of travel or entertainment expenses<br>for any federal, state, or local public officials       11,421.         19       Conferences, conventions, and meetings       18,624.         20       Interest       116,956.         21       Payments to affiliates       2         20       Interest       116,956.         21       Payments to affiliates       2         22       Depreciation, depletion, and amortization above expenses on covered above. (List miscellaneous expenses on line 24e. If ine 24e amount exceeds 10% of line 25, column (A), amount, Ist line 24e expenses on Schedule 0.       176,574.         3       Other expenses.       1.076,574.       176,574.         4       Other expenses       2,579.       1,974.         6  |      |  | 84 143          | 23 217.    | 37 181    | 23 745.                |
| 15       Royalties       123,411.       97,154.       25,035.       1,222.         17       Travel       11,421.       6,344.       3,979.       1,098.         18       Payments of travel or entertainment expenses<br>for any federal, state, or local public officials       18,624.       5,009.       6,505.       7,110.         19       Conferences, conventions, and meetings       116,956.       87,717.       23,391.       5,848.         20       Interest       116,956.       87,717.       23,391.       5,848.         21       Payments to affiliates       30,023.       16,381.       11,780.       1,862.         24       Other expenses Itemize expenses on tocovered above. (List miscellaneous expenses on Schedule 0.) a Client Services and Sup b Dues and Subscriptions       2,579.       1,974.       605.         c   |      |  | 01,110.         | 23,21,.    | 57,1010   | 25,715.                |
| 16       Occupancy       123,411.       97,154.       25,035.       1,222.         17       Travel       11,421.       6,344.       3,979.       1,098.         18       Payments of travel or entertainment expenses       18,624.       5,009.       6,505.       7,110.         19       Conferences, conventions, and meetings       18,624.       5,009.       6,505.       7,110.         20       Interest       116,956.       87,717.       23,391.       5,848.         21       Payments to affiliates       116,956.       87,717.       23,391.       5,848.         21       Other expenses. Itemize expenses on toovered above. (List miscellaneous expenses on line 24e. If line 24e expenses on Schedule 0.), amount, list line 24e expenses on Schedule 0.), amount, list line 24e expenses on Schedule 0.), amount, list line 24e expenses on Schedule 0.)       176,574.       176,574.       1,974.       605.         2       Total functional expenses. Add lines 1 through 24e       2,564,319.       1,831,543.       489,249.       243,527.         2       Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check hter [] if following SOP 88-2 (ASC 98-720)       1,831,543.       489,249.       243,527.  |      |  |                 |            |           |                        |
| 17       Travel       11,421.       6,344.       3,979.       1,098.         18       Payments of travel or entertainment expenses<br>for any federal, state, or local public officials       18,624.       5,009.       6,505.       7,110.         19       Conferences, conventions, and meetings       18,624.       5,009.       6,505.       7,110.         20       Interest       1       116,956.       87,717.       23,391.       5,848.         21       Payments to affiliates       116,956.       87,717.       23,391.       5,848.         23       Insurance       30,023.       16,381.       11,780.       1,862.         24       Other expenses on to covered<br>above. (List miscellaneous expenses on Schedule 0.)<br>a Client Services and Sup<br>b       176,574.       176,574.       1       605.         2       5 total functional expenses       2,564,319.       1,831,543.       489,249.       243,527.         2       5 total functional expenses.       Additional complete this line only if the organization<br>reported in column (B) joint costs from a combined<br>educational campaign and fundraising solicitation.<br>Check here in refutiving SOP 98-2 (ASC 985-720)       1,831,543.       489,249.       243,527.  |      |  | 123.411.        | 97.154.    | 25.035.   | 1,222,                 |
| 18       Payments of travel or entertainment expenses for any federal, state, or local public officials for any federal state, or local public official conduct of any federal sthrough 24e                      |      |  |                 | 6,344,     | 3,979.    | 1,098.                 |
| for any federal, state, or local public officials       18,624.       5,009.       6,505.       7,110.         19       Conferences, conventions, and meetings       1<  |      | F  | ,               |            |           | _,                     |
| 19       Conferences, conventions, and meetings  | 10   | ,  | 18,624.         | 5,009.     | 6,505.    | 7,110.                 |
| 20       Interest  | 19   | -  |                 |            | . ,       | <b>/</b>               |
| 21       Payments to affiliates  |      |  |                 |            |           |                        |
| 22       Depreciation, depletion, and amortization       116,956.       87,717.       23,391.       5,848.         23       Insurance       30,023.       16,381.       11,780.       1,862.         24       Other expenses. Itemize expenses on line 24e. If<br>line 24e amount sixcellaneous expenses on line 24e. If<br>line 24e amount, list line 24e expenses on Schedule 0.)       176,574.       176,574.       176,574.         a       Client Services and Sup<br>b       176,574.       176,574.       1,974.       605.         c  |      |  |                 |            |           |                        |
| 23       Insurance       30,023.       16,381.       11,780.       1,862.         24       Other expenses. Itemize expenses on line 24e. If<br>line 24e amount exceeds 10% of line 25, column (A),<br>amount, list line 24e expenses on Schedule 0.)       176,574.       176,574.       176,574.         a       Client Services and Sup<br>b       1,974.       605.         c       2,579.       1,974.       605.         c       2,579.       2,564,319.       1,831,543.       489,249.       243,527.         26       Joint costs. Complete this line only if the organization<br>reported in column (B) joint costs from a combined<br>educational campaign and fundraising solicitation.<br>Check here [] if following SOP 98-2 (ASC 958-720)       1,831,543.       489,249.       243,527.   |      |  | 116,956.        | 87,717.    | 23,391.   | 5,848.                 |
| 24       Other expenses. Itemize expenses on to covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)       a       Client Services and Sup       176,574.       176,574.         a       Client Services and Sup       2,579.       1,974.       605.         b       Dues and Subscriptions       2,579.       1,974.       605.         c  |      | . · · · · · · · · · · · · · · · · · · ·  | 30,023.         | 16,381.    | 11,780.   | 1,862.                 |
| line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)       176,574.       176,574.         a Client Services and Sup       176,574.       176,574.         b Dues and Subscriptions       2,579.       1,974.         c  | 24   | Other expenses. Itemize expenses not covered   |                 |            |           |                        |
| amount, list line 24e expenses on Schedule 0.)<br>a Client Services and Sup<br>b Dues and Subscriptions<br>c   |      |  |                 |            |           |                        |
| a Client Services and Sup<br>Dues and Subscriptions       176,574.       176,574.         b Dues and Subscriptions       2,579.       1,974.       605.         c  |      | amount, list line 24e expenses on Schedule 0.)   |                 |            |           |                        |
| b       Dues and Subscriptions       2,579.       1,974.       605.         c  | а    | Client Services and Sup  | 176,574.        | 176,574.   |           |                        |
| d  | b    | Dues and Subscriptions   | 2,579.          |            | 1,974.    | 605.                   |
| e       All other expenses   | с    |  |                 |            |           |                        |
| 25       Total functional expenses. Add lines 1 through 24e       2,564,319.       1,831,543.       489,249.       243,527.         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   | d    |  |                 |            |           |                        |
| 26 Joint costs. Complete this line only if the organization<br>reported in column (B) joint costs from a combined<br>educational campaign and fundraising solicitation.<br>Check hereif following SOP 98-2 (ASC 958-720)   | е    | · · · · · · · · · · · · · · · · · · ·  |                 |            |           |                        |
| reported in column (B) joint costs from a combined<br>educational campaign and fundraising solicitation.<br>Check hereif following SOP 98-2 (ASC 958-720)  | 25   | Total functional expenses. Add lines 1 through 24e   | 2,564,319.      | 1,831,543. | 489,249.  | 243,527.               |
| educational campaign and fundraising solicitation.<br>Check hereif following SOP 98-2 (ASC 958-720)  | 26   |  |                 |            |           |                        |
| Check here if following SOP 98-2 (ASC 958-720)   |      |  |                 |            |           |                        |
|  |      |  |                 |            |           |                        |
|  |      | Check here if following SOP 98-2 (ASC 958-720)   |                 |            |           | Earm <b>990</b> (2022) |

# Form 990 (2022) Eddy House Part IX Statement of Functional Expenses Eddy House

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

| See         2         Savings and temporary cash investments         2,821.         2         10,480           3         Piedges and grants receivable, net         93,537.         3         211,854           4         Accounts receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons         5         6           6         Loans and other receivables from other disqualified persons (as defined under section 4958(r)(1)), and persons described in section 4958(c)(3)(B)         6         7           7         Notes and loans receivable, net         7,713.         8         8,703           9         Prepaid expenses and deferred charges         20,624.         9         28,346           10a         3,816,472.         2         20,624.         9         28,346           10a         3,816,472.         10b         360,267.         2,704,288.         10c         3,455,205           11         Investments - publicly traded securities         10a         3,816,472.         10a         10a </th <th></th> <th></th> <th>Check if Schedule O contains a response or no</th> <th>te to an</th> <th>v line in this Part X</th> <th></th> <th></th> <th></th> |     |   | Check if Schedule O contains a response or no | te to an | v line in this Part X |            |     |            |
|---|-----|---|---|----------|-----------------------|------------|-----|------------|
| 2         Savings and temporary cash investments         2,821. 2         10,480           3         Piedges and grants receivable, net         93,537. 3         211,854           4         Accounts receivable, net         93,537. 3         211,854           5         Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons         5           6         Loans and other receivables from other disqualified persons (as defined under section 4958(c)(3)(B)         6           7         Notes and loans receivable, net         7,713. 8         8,703           9         Prepaid expenses and deferred charges         20,624. 9         28,346           10a         3,816,472.         0         3,456,205           11         Investments - publicly traded securities         16,863. 11         374,288           12         Investments - publicly traded securities         21,0643. 11         374,288           13         Investments - publicly traded securities         10         327,036. 15           14         13         14         13           15         Other assets. See Part IV, line 11         13         14           16         Totat assets. Add lines 1 through 15 (must equal line 33)<   |     |   |   |          |                       | (A)        |     | (B)        |
| 2         Savings and temporary cash investments         2,821.         2         10,480           3         Pledges and grants receivable, net         93,537.         3         211,854           4         Accounts receivable, net         93,537.         3         211,854           5         Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons         5           6         Loans and other receivables from other disqualified persons (as defined under section 4958(b(1)), and persons described in section 4958(c)(3)(B)         6           7         Notes and loans receivable, net         7,713.         8         8,7003           9         Prepaid expenses and deferred charges         20,624.         9         28,346           10a         Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D         10a         3,816,472.         10         2,704,288.         10         3,456,205           11         Investments - publicly traded securities         16,863.         11         374,288         11         374,288           12         Investments - publicly traded securities         21,036.         16         4,655,718           13         Investments - publicly traded securities.  |     | 1 | Cash - non-interest-bearing                   |          |                       | 1,502,304. | 1   | 565,842.   |
| 3       Pledges and grants receivable, net       93,537. 3       211,854         4       Accounts receivable, net       4         5       Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons       5         6       Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)       6         7       Notes and loans receivable, net       7         8       Investments - post all or use       7,713. 8         9       Prepaid expenses and deferred charges       20,624. 9         10a       3,816,472.       b         b       Less: accumulated depreciation       10a         11       Investments - publicly traded securities       16,863. 11         12       Investments - publicly traded securities       16,863. 11         13       Investments - program-related. See Part IV, line 11       13         14       Intargible assets       24,375,186. 16       4,655,718         15       Other assets. Add lines 1 through 15 (must equal line 33)       4,375,186. 16       4,655,718         17       Accounts payable and accrued expenses       24,833. 17       121,137         18  |     | 2 |   |          |                       | 2,821.     | 2   | 10,480.    |
| 4       Accounts receivable, net       4         5       Loans and other receivables from any current or former officer, director, truste, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons (as defined under section 4958(n)), and persons described in section 4958(c)(3)(B)       5         6       Loans and other receivables from other disqualified persons (as defined under section 4958(n)), and persons described in section 4958(c)(3)(B)       6         7       Notes and loans receivable, net       7       7         8       Inventories for sale or use       7,713.       8       8,703         9       Prepaid expenses and deferred charges       20,624.       9       28,346         10a       14,816,472.       b       b       25,024.       9       28,346         11       Investments - publicly traded securities       16,863.       11       374,288.       10c       3,456,205         11       Investments - publicly traded securities       16,863.       11       374,288       14         12       Investments - publicly traded securities       27,036.       15       16         14       13       14       13       14       121,137         13       Investments - program-related. See Part IV, line 11       12       12       24,  |     | 3 |   |          |                       | 93,537.    |     | 211,854.   |
| 5       Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons       5         6       Loans and other receivables from other disqualified persons (as defined under section 4958)((1)), and persons described in section 4958(c)(3)(5)       6         7       Notes and loans receivable, net       7       7         8       Inventories for sale or use       7, 713.       8       8, 703         9       Prepaid expenses and deferred charges       20, 624.       9       28, 346         10a       3, 816, 472.       0       3, 456, 205       1         11       Investments - publicly traded securities       16, 863.       11       374, 288         12       Investments - program-related. See Part IV, line 11       13       14       14         13       Investments - program-related. See Part IV, line 11       13       14       14         14       Other assets. See Part IV, line 11       14       12       12       12       12         14       Intransjuble asset       24, 833.       17       121, 137       121, 137         15       Total assets. Add lines 1 through 15 (must egual line 33)       4, 375, 186.       6       4, 655, 71.8  |     | 4 |   |          |                       |            |     |            |
| substantial contributor, or 35% controlled entity or family member of any of these persons         6         6         controlled entity or family member of any of these persons         5         6         Controlled entity or family member of any of these persons         5         6         Controlled entity or family member of any of these persons         5         Controlled entity or family member of any of these persons         5         Controlled entity or family member of any of these persons         7         A state of the securities         Total accommodation         10a       3,816,472.         be ses: accumulated depreciation         10a       3,816,472.         10a       3,816,472.         10a       3,816,472.         10a       3,816,472.         10a       3,816,472.         10a       3,816,472.         10a       1,83,816,472.         <   |     | 5 |   |          |                       |            |     |            |
| Solution         sector       5         6         6         6         6         6   |     |   | -   |          |                       |            |     |            |
| 6       Loans and other receivables from other disqualified persons (as defined under section 4958(r)(3)(B)       6         7       Notes and loans receivable, net       7         8       Inventories for sale or use       7,713.8       8,703         9       Prepaid expenses and deferred charges       20,624.9       28,346         10a       Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D       10a       3,816,472.         b       Less: accumulated depreciation       10a       3,60,267.2,704,288.10c       3,456,205         11       Investments - publicly traded securities       16,863.11       374,288         12       Investments - program-related. See Part IV, line 11       13       14         13       Investments - program-related. See Part IV, line 11       13       14         14       Intagible assets       24,833.17       121,137         15       Other assets. See Part IV, line 11       22       20       21         16       Total assets 1 through 15 (must equal line 33)       4,375,186.16       4,655,71.8         17       Accounts payable and accrued expenses       24,833.17       121,137         18       19       20       21       22         21       Escrow or custodial account liability. Complet   |     |   |   |          |                       |            | 5   |            |
| ggg         under section 4958(h(1)), and persons described in section 4958(c)(3)(B)         6           7         Notes and loans receivable, net         7           8         Inventories for sale or use         7,713.           9         Prepaid expenses and deferred charges         20,624.         9         28,346           10a         Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D         10a         3,816,472.         0         0         3,456,205           11         Investments - publicly traded securities         16,863.         11         374,288         10c         3,456,205           11         Investments - publicly traded securities         16,863.         11         374,288         10c         3,456,205           11         Investments - publicly traded securities         16,863.         11         374,288         12           12         Investments - program-related. See Part IV, line 11         13         14         14         14         15           16         Total assets. Add lines 1 through 15 (must equal line 33)         4,375,186.         16         4,655,71.8         18         18         18         18         18         18         12         12         12         12         12         12         12  |     | 6 |   |          |                       |            |     |            |
| ggg         7         Notes and loans receivable, net         7           8         Inventories for sale or use         7,713.         8         8,703           9         Prepaid expenses and deferred charges         20,624.         9         28,346           10a         Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D         10a         3,816,472.         b           b         Less: accumulated depreciation         10b         360,267.         2,704,288.         10c         3,456,205           11         Investments - publicly traded securities.         16,863.         11         374,288           12         Investments - program-related. See Part IV, line 11         13         14         13           14         Intragible assets         14         13         14           15         Other assets. See Part IV, line 11         27,036.         15           16         Total assets. Add lines 1 through 15 (must equal line 33)         4,375,186.         6         4,655,718           19         Deferred revenue         19         20         21         21         21           2         Leans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controled entity or family member of a  |     | _ | -   | -        |                       |            | 6   |            |
| 8       Inventories for sale or use       7,713.       8       8,703         9       Prepaid expenses and deferred charges       20,624.       9       28,346         10a       Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D       10a       3,816,472.       5         b       Less: accumulated depreciation       10b       360,267.       2,704,288.       10c       3,456,205         11       Investments - publicly traded securities       16,863.       11       374,288       12         12       Investments - program-related. See Part IV, line 11       13       14       13       14         13       Investments - program-related. See Part IV, line 11       13       14       13       14         16       Total assets. Add lines 1 through 15 (must equal line 33)       4,375,186.       16       4,655,718         17       Accounts payable and accrued expenses       24,833.       17       121,137         18       Grants payable       18       20       21         20       Escrow or custodial account liability. Complete Part IV of Schedule D       21       22         21       Loans and other payables to any current of forcer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of   | ú   | 7 |   |          |                       |            |     |            |
| 10a       Land, buildings, and equipment: cost or other basis. Complete Part V of Schedule D       10a       3,816,472.         b       Less: accumulated depreciation       10b       360,267.       2,704,288.       10c       3,456,205         11       Investments - publicly traded securities       16,863.       11       374,288         12       Investments - other securities. See Part IV, line 11       12       13         13       Investments - program-related. See Part IV, line 11       13       14         14       Intragible assets       14       14         15       Other assets. See Part IV, line 11       27,036.       15         16       Total assets. Add lines 1 through 15 (must equal line 33)       4,375,186.       16       4,655,718         17       Accounts payable and accrued expenses       24,833.       17       121,137         19       Deferred revenue       19       21         21       Loars and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons       22         22       Secured mortgages and notes payables to unrelated third parties       23         24       Unsecured notes and loans payable to unrelated third parties       24   | set |   |   |          |                       | 7,713.     | 8   | 8,703.     |
| 10a       Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D       10a       3,816,472.         b       Less: accumulated depreciation       10b       360,267.       2,704,288.       10c       3,456,205         11       Investments - publicity traded securities       16,863.       11       374,288         12       Investments - other securities. See Part IV, line 11       12       12         13       Investments - program-related. See Part IV, line 11       13       14         14       15       Other assets. Acd lines 1 through 15 (must equal line 33)       4,375,186.       16       4,655,718         16       Total assets. Add lines 1 through 15 (must equal line 33)       4,375,186.       16       4,655,718         17       Accounts payable and accrued expenses       24,833.       17       121,137         18       19       Deferred revenue       19       20         20       Tax-exempt bond liabilities       20       21       21         21       Leans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons       22       22         23       Secured mortgages and notes payable to unrelated third parties       24       24  | As  |   | <b>–</b>                                      |          |                       |            |     | 28,346.    |
| basis. Complete Part VI of Schedule D         10a         3,816,472.           b Less: accumulated depreciation         10b         360,267.         2,704,288.         10c         3,456,205           11         Investments - publicly traded securities         16,863.         11         374,288           12         Investments - other securities. See Part IV, line 11         12         11         13           13         Investments - program-related. See Part IV, line 11         13         14         13           14         Intangible assets         14         14         14           15         Other assets. See Part IV, line 11         13         14         14           16         Total assets. Add lines 1 through 15 (must equal line 33)         4,375,186.         16         4,655,718           17         Accounts payable and accrued expenses         24,833.         17         121,137           18         19         Deferred revenue         19         20           21         Escrow or custodial account liability. Complete Part IV of Schedule D         21         21           22         Loans and other payables to any ourner of forcer, director, trustee, key employee, creator or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these p  |     |   |   |          |                       | - / -      |     |            |
| 11       Investments - publicly traded securities       16,863.11       374,288         12       Investments - other securities. See Part IV, line 11       13       14         13       Investments - program-related. See Part IV, line 11       13       14         14       Intangible assets       14       14         15       Other assets. See Part IV, line 11       14       14         16       Total assets. Add lines 1 through 15 (must equal line 33)       4,375,186.16       4,655,718         17       Accounts payable and accrued expenses       24,833.17       121,137         18       Grants payable       18       19         19       Deferred revenue       20       21         21       Escrow or custodial account liability. Complete Part IV of Schedule D       21       21         22       Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons       22         23       Secured mortgages and notes payable to unrelated third parties       23         24       Unsecured notes and loans payable to unrelated third parties       24         25       Other liabilities. Add lines 17 through 25       24,833.26       121,137         26 <td< td=""><td></td><td></td><td></td><td>10a</td><td>3,816,472.</td><td></td><td></td><td></td></td<>  |     |   |   | 10a      | 3,816,472.            |            |     |            |
| 11       Investments - publicly traded securities       16,863.11       374,288         12       Investments - other securities. See Part IV, line 11       13       14         13       Investments - program-related. See Part IV, line 11       13       14         14       Intangible assets       14       14         15       Other assets. See Part IV, line 11       14       14         16       Total assets. Add lines 1 through 15 (must equal line 33)       4,375,186.16       4,655,718         17       Accounts payable and accrued expenses       24,833.17       121,137         18       Grants payable       18       19         19       Deferred revenue       20       21         21       Escrow or custodial account liability. Complete Part IV of Schedule D       21       21         22       Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons       22         23       Secured mortgages and notes payable to unrelated third parties       23         24       Unsecured notes and loans payable to unrelated third parties       24         25       Other liabilities. Add lines 17 through 25       24,833.26       121,137         26 <td< td=""><td></td><td>ь</td><td>Less: accumulated depreciation</td><td>10b</td><td>360,267.</td><td>2,704,288.</td><td>10c</td><td>3,456,205.</td></td<>                                      |     | ь | Less: accumulated depreciation                | 10b      | 360,267.              | 2,704,288. | 10c | 3,456,205. |
| 12       Investments - other securities. See Part IV, line 11       12         13       Investments - program-related. See Part IV, line 11       13         14       Intangible assets       14         15       Other assets. See Part IV, line 11       13         16       Total assets. Add lines 1 through 15 (must equal line 33)       4,375,186.       16       4,655,718         17       Accounts payable and accrued expenses       24,833.       17       121,137         18       Image: Set Part IV, line 11       20       20       21         19       Deferred revenue       19       20       21         21       Escrow or custodial account liabilities       20       21         22       Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons       22         23       Secured mortgages and notes payable to unrelated third parties       23         24       Unsecured notes and loans payable to unrelated third parties       24         25       Other liabilities not included on lines 17:24). Complete Part X of Schedule D       25         26       Total liabilities, Add lines 17 through 25       24,833.       26       121,137         0 Schedule D <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>374,288.</td>   |     |   |   |          |                       |            |     | 374,288.   |
| 13       Investments - program-related. See Part IV, line 11       13         14       Intangible assets       14         15       Other assets. See Part IV, line 11       27,036.         16       Total assets. Add lines 1 through 15 (must equal line 33)       4,375,186.       16       4,655,718         17       Accounts payable and accrued expenses       24,833.       17       121,137         18       19       Deferred revenue       19       20         21       Escrow or custodial account liabilities       20       21         22       Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons       22         23       Secured mortgages and notes payable to unrelated third parties       24         24       Unsecured notes and loans payable to unrelated third parties       24         25       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       25         26       Total liabilities. Add lines 17 through 25       24,833.       26       121,137         0       Organizations that follow FASB ASC 958, check here       X       25       24,833.       26       121,137 <td></td> <td></td> <td></td> <td></td> <td></td> <td> ,</td> <td></td> <td></td>   |     |   |   |          |                       | ,          |     |            |
| 14       Intangible assets       14         15       Other assets. See Part IV, line 11       27,036.15         16       Total assets. Add lines 1 through 15 (must equal line 33)       4,375,186.16       4,655,718         17       Accounts payable and accrued expenses       24,833.17       121,137         18       Grants payable       18       19         19       Deferred revenue       19       20         21       Escrow or custodial account liability. Complete Part IV of Schedule D       21       21         22       Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons       22         23       Secured mortgages and notes payable to unrelated third parties       24         25       Other liabilities not included on lines 17:24). Complete Part X of Schedule D       25         26       Total liabilities. Add lines 17 through 25       24,833.26       121,137         0rganizations that follow FASB ASC 958, check here       X       124,833.26       121,137   |     |   |   |          |                       |            |     |            |
| 15 Other assets. See Part IV, line 11         16 Total assets. Add lines 1 through 15 (must equal line 33)         16 Total assets. Add lines 1 through 15 (must equal line 33)         17 Accounts payable and accrued expenses         17 Accounts payable and accrued expenses         18 Grants payable         19         19         20         21         20         21         20         21         20         21         20         21         20         21         20         21         20         21         20         21         20         21         20         21         20         23         24         24         25         24   |     |   |   |          |                       |            |     |            |

# Form 990 (2022) Part X Balance Sheet

Eddy House

| Form | 1 990 (2022) Eddy House  | 45-3023  | 511                 | Pag  | <sub>ge</sub> 12 |
|------|--|----------|---------------------|------|------------------|
| Pa   | rt XI Reconciliation of Net Assets   |          |                     |      |                  |
|      | Check if Schedule O contains a response or note to any line in this Part XI  | <u></u>  |                     |      |                  |
|      |  |          |                     |      |                  |
| 1    | Total revenue (must equal Part VIII, column (A), line 12)  | 1 2      | ,813                | 3,05 | 50.              |
| 2    | Total expenses (must equal Part IX, column (A), line 25)   | 2 2      | ,564                |      |                  |
| 3    | Revenue less expenses. Subtract line 2 from line 1   | 3        | 248                 |      |                  |
| 4    | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                            | 4 4      | ,350                |      |                  |
| 5    | Net unrealized gains (losses) on investments   | 5        |                     |      | 35.              |
| 6    | Donated services and use of facilities   | 6        |                     |      |                  |
| 7    | Investment expenses  | 7        |                     |      |                  |
| 8    | Prior period adjustments   | 8        | -64                 | .,53 | 38.              |
| 9    | Other changes in net assets or fund balances (explain on Schedule O)   | 9        |                     |      | 0.               |
| 10   | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,                   |          |                     |      |                  |
|      | column (B))  | 10 4     | ,534                | .,58 | <u>31.</u>       |
| Pa   | rt XII Financial Statements and Reporting  |          |                     |      |                  |
|      | Check if Schedule O contains a response or note to any line in this Part XII   |          |                     |      |                  |
|      |  |          | $ \longrightarrow $ | Yes  | No               |
| 1    | Accounting method used to prepare the Form 990: Cash X Accrual Other   |          |                     |      |                  |
|      | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule       | 0.       |                     |      |                  |
| 2a   | Were the organization's financial statements compiled or reviewed by an independent accountant?                      |          | 2a                  |      | X                |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed      | on a     |                     |      |                  |
|      | separate basis, consolidated basis, or both:   |          |                     |      |                  |
|      | Separate basis Consolidated basis Both consolidated and separate basis   |          |                     |      |                  |
| b    | Were the organization's financial statements audited by an independent accountant?                                   |          | 2b                  | X    |                  |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate     | basis,   |                     |      |                  |
|      | consolidated basis, or both:   |          |                     |      |                  |
|      | X Separate basis Consolidated basis Both consolidated and separate basis   |          |                     |      |                  |
| С    | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the   | audit,   |                     |      |                  |
|      | review, or compilation of its financial statements and selection of an independent accountant?                       |          | 2c                  | X    |                  |
|      | If the organization changed either its oversight process or selection process during the tax year, explain on Sche   | dule O.  |                     |      |                  |
| 3a   | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the      |          |                     |      |                  |
|      | Uniform Guidance, 2 C.F.R. Part 200, Subpart F?  |          | 3a                  |      | <u> </u>         |
| b    | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require | ed audit |                     |      |                  |
|      | or audits, explain why on Schedule O and describe any steps taken to undergo such audits                             |          | 3b                  |      |                  |

(Form 990)

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

| 0 | MB No. 1545-0047 |
|---|------------------|
|   | 2022             |

| Department of the Treasury<br>Internal Revenue Service |        |                                  | Attach to Form 990 or Form 990-EZ. |                        |  |                    |                                   |                  | Open to Public |                            |
|--|--------|----------------------------------|------------------------------------|------------------------|--|--------------------|-----------------------------------|------------------|----------------|----------------------------|
|  |        |                                  |                                    | Go to www.irs.gov/     | Form990 for instruction                                | ns and the         | e latest inf                      | ormation.        |                | Inspection                 |
| Nam  | e of t | he organizati                    |                                    |                        |  |                    |                                   |                  |                | identification number      |
| De   |        | Decem                            |                                    | House                  |  |                    |                                   |                  |                | 5-3023511                  |
| Pa   | πı     | Reason                           | for Public (                       | Charity Status.        | (All organizations must o                              | complete th        | his part.) S                      | ee instructio    | าร.            |                            |
| The  | organ  |                                  | •                                  |                        | For lines 1 through 12, c                              |                    | ,                                 |                  |                |                            |
| 1  |        | A church, co                     | nvention of ch                     | urches, or associatio  | on of churches described                               | l in <b>sectio</b> | on 170(b)(1                       | l)(A)(i).        |                |                            |
| 2  |        | A school des                     | cribed in <b>sect</b>              | ion 170(b)(1)(A)(ii).( | Attach Schedule E (Forn                                | n 990).)           |                                   |                  |                |                            |
| 3  |        | A hospital or                    | a cooperative                      | hospital service orga  | anization described in <b>s</b> e                      | ection 170         | )(b)(1)(A)(ii                     | i).              |                |                            |
| 4  |        | A medical res                    | earch organiz                      | ation operated in co   | njunction with a hospital                              | described          | l in sectio                       | n 170(b)(1)(A    | (iii). Enter   | the hospital's name,       |
|  |        | city, and stat                   |                                    |                        |  |                    |                                   |                  |                |                            |
| 5  |        | -                                | -                                  |                        | llege or university owned                              | l or operat        | ed by a go                        | vernmental u     | init describe  | ed in                      |
|  |        |                                  |                                    | Complete Part II.)     |  |                    |                                   |                  |                |                            |
| 6  |        | A federal, sta                   | te, or local go                    | vernment or governn    | nental unit described in                               | section 17         | 70(b)(1)(A)                       | (v).             |                |                            |
| 7  |        | -                                |                                    | -                      | ntial part of its support fi                           | rom a gove         | ernmental                         | unit or from t   | he general     | oublic described in        |
|  |        | -                                |                                    | omplete Part II.)      |  |                    |                                   |                  |                |                            |
| 8  |        |                                  |                                    | .,                     | (1)(A)(vi). (Complete Par                              |                    |                                   |                  |                |                            |
| 9  |        | -                                | -                                  | -                      | in section 170(b)(1)(A)(                               |                    | -                                 |                  | -              | -                          |
|  |        | -                                | or a non-land-g                    | grant college of agric | ulture (see instructions).                             | Enter the          | name, city                        | , and state of   | the college    | e or                       |
|  | v      | university:                      |                                    |                        |  |                    |                                   |                  |                |                            |
| 10   | X      |                                  |                                    |                        | than 33 1/3% of its supp                               |                    |                                   |                  |                |                            |
|  |        |                                  |                                    |                        | t to certain exceptions;                               |                    |                                   |                  |                | -                          |
|  |        |                                  |                                    |                        | (less section 511 tax) fro                             | om busines         | sses acqui                        | red by the or    | ganization a   | after June 30, 1975.       |
|  |        |                                  |                                    | mplete Part III.)      |  | (                  |                                   | 0(-)(4)          |                |                            |
| 11   |        | -                                | -                                  | -                      | ively to test for public sa                            | •                  |                                   |                  |                |                            |
| 12   |        | -                                | -                                  | -                      | ively for the benefit of, to                           | -                  |                                   |                  | -              |                            |
|  |        |                                  |                                    | -                      | d in section 509(a)(1) of                              |                    |                                   |                  |                | Direck the box on          |
| _  |        | 7                                | -                                  |                        | f supporting organization                              |                    | -                                 |                  | -              | aivina                     |
| а  |        |                                  |                                    |                        | upervised, or controlled                               | • • • •            | -                                 |                  |                |                            |
|  |        |                                  | -                                  | complete Part IV, Se   | gularly appoint or elect a                             | i majonty c        |                                   |                  |                | ipporting                  |
| b  |        | 7 -                              |                                    | -                      | l or controlled in connect                             | tion with it       | e cupporte                        | d organizatio    | n(c) by bo     | ling                       |
|  |        |                                  |                                    | -                      | anization vested in the sa                             |                    |                                   | •                |                | -                          |
|  |        |                                  | -                                  | at complete Part IV,   |  | anic perso         |                                   |                  | ige the supp   | Jonea                      |
| с  |        | ٦ Ŭ                              | . ,                                | •                      | g organization operated                                | in connect         | tion with a                       | and functions    | IIV integrate  | ed with                    |
| Ŭ  | L      |                                  | -                                  |                        | ). You must complete I                                 |                    |                                   |                  | iny integrate  | , with,                    |
| d  |        |                                  | •                                  |                        | porting organization oper                              |                    |                                   |                  | rted organiz   | zation(s)                  |
|  | L      |                                  | -                                  |                        | zation generally must sat                              |                    |                                   |                  | -              |                            |
|  |        |                                  |                                    |                        | nplete Part IV, Sections                               |                    |                                   |                  | a an actorn    |                            |
| е  |        | - ·                              | ·                                  | ,                      | written determination fro                              |                    |                                   |                  | II. Type III   |                            |
| -  |        | _                                | 0                                  |                        | nally integrated supporti                              |                    |                                   | . ) po ., . ) po | , . , pe       |                            |
| f  | Ente   | er the number                    |                                    |                        | ,                | 5 5                |                                   |                  |                |                            |
| g  | Pro    | vide the follow                  | ing information                    | n about the supporte   | ed organization(s).                                    |                    |                                   |                  |                |                            |
|  | (      | <ol> <li>Name of supp</li> </ol> |                                    | (ii) EIN               | (iii) Type of organization<br>(described on lines 1-10 |                    | anization listed<br>ing document? | (v) Amount o     | -              | (vi) Amount of other       |
|  |        | organizatior                     | 1                                  |                        | above (see instructions))                              | Yes                | No                                | support (see i   | nstructions)   | support (see instructions) |
|  |        |                                  |                                    |                        |  |                    |                                   |                  |                |                            |
|  |        |                                  |                                    |                        |  |                    |                                   |                  |                |                            |
|  |        |                                  |                                    |                        |  |                    |                                   |                  |                |                            |
|  |        |                                  |                                    |                        |  |                    |                                   |                  |                |                            |
|  |        |                                  |                                    |                        |  |                    |                                   |                  |                |                            |
|  |        |                                  |                                    |                        |  |                    |                                   |                  |                |                            |
|  |        |                                  |                                    |                        |  |                    |                                   |                  |                |                            |
|  |        |                                  |                                    |                        |  |                    |                                   |                  |                |                            |
|  |        |                                  |                                    |                        |  |                    |                                   |                  |                |                            |
|  |        |                                  |                                    | 1                      | 1  |                    | 1                                 |                  |                | 1                          |

|             | (Complete only if you checke<br>fails to qualify under the tests   |                       |                     |                     | n failed to qualify  | under Part III. If the | organization |
|-------------|--|-----------------------|---------------------|---------------------|----------------------|------------------------|--------------|
| See         | ction A. Public Support  |                       |                     |                     |                      |                        |              |
| Cale        | ndar year (or fiscal year beginning in)  | (a) 2018              | <b>(b)</b> 2019     | (c) 2020            | (d) 2021             | (e) 2022               | (f) Total    |
| 1           | Gifts, grants, contributions, and<br>membership fees received. (Do not<br>include any "unusual grants.") |                       |                     |                     |                      |                        |              |
| 2           | Tax revenues levied for the organ-<br>ization's benefit and either paid to<br>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)   |                       |                     |                     |                      |                        |              |
|             | Public support. Subtract line 5 from line 4.   |                       |                     |                     |                      |                        |              |
|             | ction B. Total Support   |                       |                     | T                   | T                    | 1                      | 1            |
|             | ndar year (or fiscal year beginning in)  | (a) 2018              | (b) 2019            | (c) 2020            | (d) 2021             | (e) 2022               | (f) Total    |
| -           | 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  |                       |                     |                     |                      |                        |              |
| 10          | or loss from the sale of capital   |                       |                     |                     |                      |                        |              |
|             | assets (Explain in Part VI.)   |                       |                     |                     |                      |                        |              |
| 11          | Total support. Add lines 7 through 10  |                       |                     |                     |                      |                        |              |
|             | Gross receipts from related activities,  | etc. (see instruction | ons)                | ·                   |                      | 12                     |              |
|             | First 5 years. If the Form 990 is for the  | ·                     | ,                   |                     |                      | · · · · ·              |              |
|             | organization, check this box and stop  |                       |                     |                     |                      |                        |              |
| See         | ction C. Computation of Publi  |                       |                     |                     |                      |                        |              |
| 14          | Public support percentage for 2022 (I  | ine 6, column (f), c  | livided by line 11, | column (f))         |                      | 14                     | %            |
|             | Public support percentage from 2021  |                       |                     |                     |                      | 15                     | %            |
| <b>16</b> a | 33 1/3% support test - 2022. If the o  | organization did no   | ot check the box o  | n line 13, and line | 14 is 33 1/3% or r   | nore, check this bo    | x and        |
|             | stop here. The organization qualifies  |                       | -                   |                     |                      |                        |              |
| b           | 33 1/3% support test - 2021. If the o  | organization did no   | ot check a box on   | line 13 or 16a, and | l line 15 is 33 1/3% | % or more, check th    | is box       |
|             | and stop here. The organization qual   |                       |                     |                     |                      |                        |              |
| 17a         | 10% -facts-and-circumstances test  |                       |                     |                     |                      |                        |              |
|             | and if the organization meets the fact   |                       |                     | -                   | -                    | t VI how the organiz   | zation       |
|             | meets the facts-and-circumstances te   | -                     |                     |                     |                      |                        |              |
| b           | 10% -facts-and-circumstances test  |                       |                     |                     |                      |                        | 10% or       |
|             | more, and if the organization meets th   |                       |                     |                     |                      |                        |              |
|             | organization meets the facts-and-circu   |                       | •                   |                     |                      |                        |              |
| 18          | Private foundation. If the organization  | on did not check a    | box on line 13, 16  | ia, 16b, 17a, or 17 | b, check this box a  | and see instructions   | S            |

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 Eddy House
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 Part II
 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 Page 2

Schedule A (Form 990) 2022

## Schedule A (Form 990) 2022

Eddy House

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

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

#### Section A. Public Support <u>(b)</u>2019 Calendar year (or fiscal year beginning in) (a) 2018 (c) 2020 (d) 2021 (e) 2022 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 1314857 3151316. 1410379. 1347267. 2586741. 9810560. include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 188,967. 207,041. 75,583. 555,158. 1046289. organization's tax-exempt purpose 19,540. 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 3358357. 1485962. 1902425. 2775708.10856849. 1334397. 6 Total. Add lines 1 through 5 ..... 7a Amounts included on lines 1, 2, and 0. 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year n c Add lines 7a and 7b 0 10856849. Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (d) 2021 (a) 2018 (b) 2019 (c) 2020 (e) 2022 (f) Total 9 Amounts from line 6 1334397. 3358357. 1902425 2775708.10856849. 1485962. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 364. 1,884. 3,949. 346. 7,983. 14,526. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 364. 1,884 3,949. 346. 7,983. 14,526. c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b. whether or not the business is 29,359. 29,359. regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 1334761. 3360241. 1489911. 1902771. 2813050.10900734. **13** Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 99.60 % Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15 15 99.92 Public support percentage from 2021 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage .13 17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17 % .08 18 Investment income percentage from 2021 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not .....X more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization gualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

1

Yes

No

# Part IV Supporting Organizations

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

# Section A. All Supporting Organizations

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

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

Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

| Section D. All Type III Supporting Organizations |  |
|--|--|
|  |  |

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

# 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).
- a The organization satisfied the Activities Test. *Complete* line 2 *below*.
- **b** The organization is the parent of each of its supported organizations. *Complete* line 3 below.

| с |  | The organization supported a governmental entity. | Describe in <b>Part VI</b> how you supported a governmental entity (see instruction <u>s).</u> |  |
|---|--|---|--|--|
|---|--|---|--|--|

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*

2a

2b

3a

Yes No

Yes No

1

| Pa   | rt V Type III Non-Functionally Integrated 509(a)(3) Supporti  | ng Organi       | zations                    |                                |
|------|---|-----------------|----------------------------|--------------------------------|
| 1    | Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions |                 |                            | Part VI). See instructions.    |
|      | All other Type III non-functionally integrated supporting organizations mu  |                 |                            |                                |
| Sect | ion A - Adjusted Net Income   |                 | (A) Prior Year             | (B) Current Year<br>(optional) |
| 1    | Net short-term capital gain   | 1               |                            |                                |
| 2    | Recoveries of prior-year distributions  | 2               |                            |                                |
| 3    | Other gross income (see instructions)   | 3               |                            |                                |
| 4    | Add lines 1 through 3.  | 4               |                            |                                |
| 5    | Depreciation and depletion  | 5               |                            |                                |
| 6    | Portion of operating expenses paid or incurred for production or  |                 |                            |                                |
|      | collection of gross income or for management, conservation, or  |                 |                            |                                |
|      | maintenance of property held for production of income (see instructions)  | 6               |                            |                                |
| 7    | Other expenses (see instructions)   | 7               |                            |                                |
| 8    | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)  | 8               |                            |                                |
| Sect | ion B - Minimum Asset Amount  |                 | (A) Prior Year             | (B) Current Year<br>(optional) |
| 1    | Aggregate fair market value of all non-exempt-use assets (see   |                 |                            |                                |
|      | instructions for short tax year or assets held for part of year):   |                 |                            |                                |
| a    | Average monthly value of securities   | 1a              |                            |                                |
| b    | Average monthly cash balances   | 1b              |                            |                                |
| C    | Fair market value of other non-exempt-use assets  | 1c              |                            |                                |
| d    | Total (add lines 1a, 1b, and 1c)  | 1d              |                            |                                |
| е    | Discount claimed for blockage or other factors  |                 |                            |                                |
|      | (explain in detail in Part VI):   |                 |                            |                                |
| 2    | Acquisition indebtedness applicable to non-exempt-use assets  | 2               |                            |                                |
| 3    | Subtract line 2 from line 1d.   | 3               |                            |                                |
| 4    | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,   |                 |                            |                                |
|      | see instructions).  | 4               |                            |                                |
| 5    | Net value of non-exempt-use assets (subtract line 4 from line 3)  | 5               |                            |                                |
| 6    | Multiply line 5 by 0.035.   | 6               |                            |                                |
| 7    | Recoveries of prior-year distributions  | 7               |                            |                                |
| 8    | Minimum Asset Amount (add line 7 to line 6)   | 8               |                            |                                |
| Sect | ion C - Distributable Amount  |                 |                            | Current Year                   |
| 1    | Adjusted net income for prior year (from Section A, line 8, column A)   | 1               |                            |                                |
| 2    | Enter 0.85 of line 1.   | 2               |                            |                                |
| 3    | Minimum asset amount for prior year (from Section B, line 8, column A)  | 3               |                            |                                |
| 4    | Enter greater of line 2 or line 3.  | 4               |                            |                                |
| 5    | Income tax imposed in prior year  | 5               |                            |                                |
| 6    | Distributable Amount. Subtract line 5 from line 4, unless subject to  |                 |                            |                                |
|      | emergency temporary reduction (see instructions).   | 6               |                            |                                |
| 7    | Check here if the current year is the organization's first as a non-function  | ally integrated | d Type III supporting orga | inization (see                 |

Eddy House

instructions).

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e Excess from 2022

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|-----------|--|-------------------------------|--|---|
| Pa        | ,  | (a)(3) Supporting Orga        | nizations (continued)                  | <b>•</b> • • •                            |
|           | on D - Distributions   |                               |  | Current Year                              |
| 1         | Amounts paid to supported organizations to accomplish exe  |                               | 1                                      |   |
| 2         | Amounts paid to perform activity that directly furthers exemp  | ot purposes of supported      |  |   |
|           | organizations, in excess of income from activity   | a of our ported executations  | 2<br>3 3                               |   |
| 3         | Administrative expenses paid to accomplish exempt purpose  | es of supported organizations | <u> </u>                               |   |
| 4         | Amounts paid to acquire exempt-use assets  |                               | 5                                      |   |
| 5         | Qualified set-aside amounts (prior IRS approval required - prior IRS approval required - prior Other distributions | ovide details in Part VI)     |  |   |
| 6         | Other distributions ( <i>describe in</i> <b>Part VI</b> ). See instructions.                                       |                               | <u> </u>                               |   |
| 7         | Total annual distributions. Add lines 1 through 6.   | a organization is reasonably  | · · · · · · · · · · · · · · · · · · ·  |   |
| 8         | Distributions to attentive supported organizations to which the  | le organization is responsive |  |   |
|           | (provide details in <b>Part VI</b> ). See instructions.  |                               | 8                                      |   |
| 9         | Distributable amount for 2022 from Section C, line 6   |                               | <u>9</u> 10                            |   |
| <u>10</u> | Line 8 amount divided by line 9 amount   | (3)                           | I                                      | (:::)                                     |
| Sect      | on E - Distribution Allocations (see instructions)   | (i)<br>Excess Distributions   | (ii)<br>Underdistributions<br>Pre-2022 | (iii)<br>Distributable<br>Amount for 2022 |
| 1         | Distributable amount for 2022 from Section C, line 6   |                               |  |   |
| 2         | Underdistributions, if any, for years prior to 2022 (reason-   |                               |  |   |
|           | able cause required - explain in Part VI). See instructions.   |                               |  |   |
| 3         | Excess distributions carryover, if any, to 2022  |                               |  |   |
| a         | From 2017  |                               |  |   |
| b         | From 2018  |                               |  |   |
| C         | From 2019  |                               |  |   |
| d         | From 2020  |                               |  |   |
| e         | From 2021  |                               |  |   |
| f         | Total of lines 3a through 3e   |                               |  |   |
| g         | Applied to underdistributions of prior years   |                               |  |   |
| h         | Applied to 2022 distributable amount   |                               |  |   |
| i         | Carryover from 2017 not applied (see instructions)   |                               |  |   |
| j_        | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.   |                               |  |   |
| 4         | Distributions for 2022 from Section D,   |                               |  |   |
|           | line 7: \$   |                               |  |   |
| a         | Applied to underdistributions of prior years   |                               |  |   |
| b         | Applied to 2022 distributable amount   |                               |  |   |
| C         | Remainder. Subtract lines 4a and 4b from line 4.   |                               |  |   |
| 5         | Remaining underdistributions for years prior to 2022, if   |                               |  |   |
|           | any. Subtract lines 3g and 4a from line 2. For result greater  |                               |  |   |
|           | than zero, explain in Part VI. See instructions.   |                               |  |   |
| 6         | Remaining underdistributions for 2022. Subtract lines 3h   |                               |  |   |
|           | and 4b from line 1. For result greater than zero, explain in   |                               |  |   |
|           | Part VI. See instructions.   |                               |  |   |
| 7         | Excess distributions carryover to 2023. Add lines 3j   |                               |  |   |
|           | and 4c.  |                               |  |   |
| 8         | Breakdown of line 7:   |                               |  |   |
| a         | Excess from 2018   |                               |  |   |
| b         | Excess from 2019   |                               |  |   |
| C         | Excess from 2020   |                               |  |   |
| d         | Excess from 2021   |                               |  |   |

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|------------|---|--|---|
| Part VI    | Supplemental Information<br>Part IV, Section A, lines 1, 2, 3b, 3<br>line 1; Part IV, Section D, lines 2 ar | <ul> <li>Provide the explanations required by Part II, line 10; Part II, line 17</li> <li>c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lin</li> <li>ad 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; P</li> <li>art V, Section E, lines 2, 5, and 6. Also complete this part for any additional section E.</li> </ul> | a or 17b; Part III, line 12;<br>es 1 and 2; Part IV, Section C,<br>art V, Section B, line 1e; Part V, |
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# Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

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

shadula B

Department of the Treasury Internal Revenue Service

Name of the organization

| E                        | ddy House  | 45-3023511 |
|--------------------------|--|------------|
| 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 private foundation |            |
|                          | 527 political organization   |            |
| Form 990-PF              | 501(c)(3) exempt private foundation  |            |
|                          | 4947(a)(1) nonexempt charitable trust treated as a private foundation            |            |
|                          | 501(c)(3) taxable private foundation   |            |

Check if your organization is covered by the General Rule or a Special Rule.

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

### **General Rule**

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

#### **Special 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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

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

Schedule B (Form 990) (2022)

|            | B (Form 990) (2022)   |                           | Page 2   |
|------------|---|---------------------------|--|
| Name of o  | rganization   |                           | Employer identification number   |
| Eddy 1     | House   |                           | 45-3023511   |
| Part I     | Contributors (see instructions). Use duplicate copies of Part I if addition | al space is needed.       |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contribution | (d)<br>ons Type of contribution  |
| 1          |   | \$40,0                    | Person       X         Payroll       Image: Complete Part II for noncash contributions.)   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributio  | (d)<br>ons Type of contribution  |
| 2          |   |                           | Person     X       Payroll     Image: Complete Part II for noncash contributions.)         |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contribution | (d)<br>ons Type of contribution  |
| 3          |   | \$5,0                     | ) 0 0 . Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contribution | (d)<br>ons Type of contribution  |
| 4          |   | \$312,9                   | Person X<br>Payroll  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributio  | (d)<br>ons Type of contribution  |
| 5          |   | \$5,0                     | Person       X         Payroll   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contribution | (d)<br>ons Type of contribution  |
| 6          |   | \$5,0                     | ) 0 0 . Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |

|            | B (Form 990) (2022)  |                           |            |  |
|------------|--|---------------------------|------------|--|
| Name of o  | rganization  |                           | Emplo      | yer identification number  |
| Eddy I     | House  |                           | 45         | -3023511   |
| Part I     | Contributors (see instructions). Use duplicate copies of Part I if additiona | l space is needed.        |            |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contribution | ns         | (d)<br>Type of contribution  |
| 7          |  | \$5,0                     | <u>00.</u> | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contribution | ns         | (d)<br>Type of contribution  |
| 8_         |  | \$19,6                    | <u>15.</u> | Person     X       Payroll   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contribution | ns         | (d)<br>Type of contribution  |
| 9          |  | \$30,0                    | <u>00.</u> | Person     X       Payroll   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contribution | ns         | (d)<br>Type of contribution  |
| 10         |  | \$10,0                    | 00.        | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contribution | ns         | (d)<br>Type of contribution  |
|            |  | \$6,6                     | <u>46.</u> | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contribution | ns         | (d)<br>Type of contribution  |
|            |  | \$6,5                     | 00.        | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |

|            | B (Form 990) (2022)   |                           | Page <b>2</b>  |
|------------|---|---------------------------|--|
| Name of o  | rganization   |                           | Employer identification number   |
| Eddy 1     | House   |                           | 45-3023511   |
| Part I     | Contributors (see instructions). Use duplicate copies of Part I if addition | al space is needed.       |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contribution | (d)<br>ns Type of contribution   |
|            |   | \$5,0                     | Person       X         Payroll       Image: Complete Part II for noncash contributions.)               |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contribution | (d)<br>ns Type of contribution   |
| 14         |   | \$12,0                    | Person X<br>Payroll  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contribution | (d)<br>ns Type of contribution   |
| 15         |   | \$ <u>10,0</u>            | Person       X         Payroll       Image: Complete Part II for noncash contributions.)               |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contribution | (d)<br>ns Type of contribution   |
| 16         |   | \$ <u>20,0</u>            | Person X<br>Payroll  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contribution | (d)<br>ns Type of contribution   |
|            |   | \$7,5                     | Person X<br>Payroll  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contribution | (d)<br>ns Type of contribution   |
| 18         |   | \$10,0                    | Person     X       Payroll     Payroll       Noncash     (Complete Part II for noncash contributions.) |

| Schedule I | B (Form 990) (2022)  |                            | Page <b>2</b>  |
|------------|--|----------------------------|--|
| Name of o  | rganization  | Emp                        | loyer identification number  |
| Eddy 1     | House  | 4                          | 5-3023511  |
| Part I     | Contributors (see instructions). Use duplicate copies of Part I if additional additionadditional additionadditionadditionadditionad additionadd | tional space is needed.    |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 19         |  | \$10,000.                  | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 20         |  | \$5,000.                   | Person X<br>Payroll Noncash (Complete Part II for<br>noncash contributions.)       |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution  |
|            |  | \$15,000.                  | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 22         |  | \$10,000.                  | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 23         |  | \$14,700.                  | Person X<br>Payroll Noncash (Complete Part II for<br>noncash contributions.)       |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 24_        |  | \$5,000.                   | Person X<br>Payroll Noncash (Complete Part II for<br>noncash contributions.)       |

|            | B (Form 990) (2022)   |                           | Page <b>2</b>   |
|------------|---|---------------------------|---|
| Name of o  | rganization   |                           | Employer identification number                          |
| Eddy 1     | House   |                           | 45-3023511  |
| Part I     | Contributors (see instructions). Use duplicate copies of Part I if addition | nal space is needed.      |   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contribution | (d)<br>ns Type of contribution                          |
| 25         |   | -<br>_ \$\$21,3           | Person       X         Payroll                          |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contribution | (d)<br>ns Type of contribution                          |
| 26         |   | -<br>_ \$10,0             | Person       X         Payroll                          |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contribution | (d)<br>ns Type of contribution                          |
| 27         |   | -<br>_ \$ <u>5,0</u>      | 00.<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contribution | (d)<br>ns Type of contribution                          |
| 28         |   | -<br>_ \$7,0              | Person     X       Payroll                              |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contribution | (d)<br>ns Type of contribution                          |
| 29_        |   | -<br>_ \$7,6              | 03.<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contribution | (d)<br>ns Type of contribution                          |
| 30         |   | - \$5,0                   | 00.<br>(Complete Part II for<br>noncash contributions.) |

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|------------|---|---------------------------|---|
| Name of o  | rganization   |                           | Employer identification number  |
| Eddy I     | House   |                           | 45-3023511  |
| Part I     | Contributors (see instructions). Use duplicate copies of Part I if addition | al space is needed.       |   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contribution | (d)<br>ns Type of contribution  |
| 31         |   | \$6,3                     | Person       X         Payroll       Image: Complete Part II for noncash contributions.)  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contribution | (d)<br>ns Type of contribution  |
| 32         |   | \$7,5                     | 00.<br>(Complete Part II for<br>noncash contributions.)                                   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contribution | (d)<br>ns Type of contribution  |
| 33         |   | \$38,0                    | 03.<br>Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contribution | (d)<br>ns Type of contribution  |
| 34_        |   | \$10,0                    | Person       X         Payroll       Image: Complete Part II for noncash contributions.)  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contribution | (d)<br>ns Type of contribution  |
| 35         |   | \$5,0                     | 00.<br>(Complete Part II for<br>noncash contributions.)                                   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contribution | (d)<br>ns Type of contribution  |
| 36         |   | \$20,0                    | 00.<br>(Complete Part II for<br>noncash contributions.)                                   |

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|------------|---|---------------------------|--|
| Name of o  | rganization   |                           | Employer identification number   |
| Eddy I     | House   |                           | 45-3023511   |
| Part I     | Contributors (see instructions). Use duplicate copies of Part I if addition | onal space is needed.     |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributior | (d)<br>Is Type of contribution   |
| 37         |   | \$25,0                    | Person       X         Payroll       Image: Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributior | (d)<br>ns Type of contribution   |
| 38         |   | \$30,0                    | Person X<br>Payroll  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contribution | (d)<br>ns Type of contribution   |
| 39         |   | \$5,9                     | 00.<br>(Complete Part II for<br>noncash contributions.)                                  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributior | (d)<br>Type of contribution  |
| 40         |   | \$5,83                    | Person       X         Payroll   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributior | (d)<br>s Type of contribution  |
|            |   | \$25,0                    | 00.<br>(Complete Part II for<br>noncash contributions.)                                  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributior | (d)<br>Is Type of contribution   |
| 42         |   | \$5,0                     | 00.<br>(Complete Part II for<br>noncash contributions.)                                  |

|            | B (Form 990) (2022)   |                           | Page <b>2</b>  |
|------------|---|---------------------------|--|
| Name of o  | rganization   |                           | Employer identification number   |
| Eddy House |   |                           | 45-3023511   |
| Part I     | Contributors (see instructions). Use duplicate copies of Part I if addition | nal space is needed.      |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contribution | (d)<br>ns Type of contribution   |
| 43         |   | \$10,0                    | Person       X         Payroll       Image: Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributio  | (d)<br>ns Type of contribution   |
| 44         |   | \$10,0                    | Person X<br>Payroll  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contribution | (d)<br>ns Type of contribution   |
| 45         |   | _ \$ <u>53,5</u>          | Person       X         Payroll       Image: Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributio  | (d)<br>ns Type of contribution   |
| 46         |   | _ \$7,5                   | Person X<br>Payroll  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributio  | (d)<br>ns Type of contribution   |
| 47         |   | _ \$ <u>5,0</u>           | Person X<br>Payroll  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contribution | (d)<br>ns Type of contribution   |
| 48         |   | \$10,0                    | 00.<br>(Complete Part II for<br>noncash contributions.)                                  |

|            | B (Form 990) (2022)   |                           | Page <b>2</b>  |
|------------|---|---------------------------|--|
| Name of o  | rganization   |                           | Employer identification number   |
| Eddy House |   |                           | 45-3023511   |
| Part I     | Contributors (see instructions). Use duplicate copies of Part I if addition | al space is needed.       |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contribution | (d)<br>ns Type of contribution   |
| 49         |   | \$5,0                     | Person       X         Payroll       Image: Complete Part II for noncash contributions.)               |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributio  | (d)<br>ns Type of contribution   |
| 50         |   | \$5,0                     | Person X<br>Payroll  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contribution | (d)<br>ns Type of contribution   |
| 51         |   | \$5,0                     | Person       X         Payroll       Image: Complete Part II for noncash contributions.)               |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributior | (d)<br>ns Type of contribution   |
| 52         |   | \$5,0                     | Person       X         Payroll       Image: Complete Part II for noncash contributions.)               |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributior | (d)<br>ns Type of contribution   |
| 53         |   | \$20,0                    | Person X<br>Payroll  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contribution | (d)<br>ns Type of contribution   |
| 54         |   | \$15,0                    | 00.     Person     X       Payroll     Noncash     Image: Complete Part II for noncash contributions.) |

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|------------|--|---------------------------|------------|--|
| Name of o  | rganization  |                           | Emplo      | yer identification number  |
| Eddy House |  |                           |            | -3023511   |
| Part I     | Contributors (see instructions). Use duplicate copies of Part I if additiona | l space is needed.        |            |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributio  | ns         | (d)<br>Type of contribution  |
| 55         |  | \$20,8                    | <u>32.</u> | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contribution | ns         | (d)<br>Type of contribution  |
| 56         |  | \$65,0                    | 00.        | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contribution | ns         | (d)<br>Type of contribution  |
| 57         |  | \$7,0                     | 00.        | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributio  | ns         | (d)<br>Type of contribution  |
| 58_        |  | \$11,0                    | 00.        | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contribution | ns         | (d)<br>Type of contribution  |
| 59         |  | \$12,5                    | 00.        | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contribution | ns         | (d)<br>Type of contribution  |
| 60         |  | \$24,0                    | 00.        | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |

|            | B (Form 990) (2022)   |                           | Page <b>2</b>  |
|------------|---|---------------------------|--|
| Name of o  | rganization   |                           | Employer identification number   |
| Eddy House |   |                           | 45-3023511   |
| Part I     | Contributors (see instructions). Use duplicate copies of Part I if addition | al space is needed.       |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contribution | (d)<br>ns Type of contribution   |
| 61         |   | \$5,0                     | Person       X         Payroll       Image: Complete Part II for noncash contributions.)                 |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contribution | (d)<br>ns Type of contribution   |
| 62         |   | \$20,0                    | Person X<br>Payroll  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contribution | (d)<br>ns Type of contribution   |
| 63         |   | \$27,5                    | 00.<br>(Complete Part II for<br>noncash contributions.)  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contribution | (d)<br>ns Type of contribution   |
| 64         |   | \$10,0                    | Person X<br>Payroll  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contribution | (d)<br>ns Type of contribution   |
| 65         |   | \$7,5                     | 00.<br>(Complete Part II for<br>noncash contributions.)  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contribution | (d)<br>ns Type of contribution   |
| 66         |   | \$7,0                     | 66.     Person     X       Payroll     Noncash     I       (Complete Part II for noncash contributions.) |

|            | B (Form 990) (2022)   |                           | Page <b>2</b>  |
|------------|---|---------------------------|--|
| Name of o  | rganization   |                           | Employer identification number   |
| Eddy House |   |                           | 45-3023511   |
| Part I     | Contributors (see instructions). Use duplicate copies of Part I if addition | al space is needed.       |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contribution | (d)<br>Ins Type of contribution  |
| 67         |   | \$5,1                     | .00. Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)    |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contribution | (d)<br>ons Type of contribution  |
| 68         |   |                           | Person     X       Payroll     Image: Complete Part II for noncash contributions.)         |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contribution | (d)<br>ons Type of contribution  |
| 69         |   | \$10,0                    | Person     X       Payroll   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contribution | (d)<br>Type of contribution  |
| 70         |   | \$5,0                     | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)         |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contribution | (d)<br>Type of contribution  |
|            |   | \$53,0                    | Person X<br>Payroll  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contribution | (d)<br>Ins Type of contribution  |
| 72         |   | \$5,0                     | ) 0 0 . Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |

|            | B (Form 990) (2022)   |                                 | Page <b>2</b>  |
|------------|---|---------------------------------|--|
| Name of o  | rganization   |                                 | Employer identification number   |
| Eddy House |   |                                 | 45-3023511   |
| Part I     | Contributors (see instructions). Use duplicate copies of Part I if addition | nal space is needed.            |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contribution       | (d)<br>ns Type of contribution   |
|            |   | -<br>_ \$5,1<br>-               | Person       X         Payroll       Image: Complete Part II for noncash contributions.)               |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contribution       | (d)<br>ns Type of contribution   |
| 74_        |   | -<br>_ \$\$25,0                 | Person X<br>Payroll  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contribution       | (d)<br>ns Type of contribution   |
| 75         |   | -<br>_ \$ <u>      6,4</u><br>- | Person       X         Payroll       Image: Complete Part II for noncash contributions.)               |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contribution       | (d)<br>ns Type of contribution   |
| 76         |   | -<br>_ \$6,0                    | Person X<br>Payroll  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contribution       | (d)<br>ns Type of contribution   |
| 77         |   | -<br>_ \$10,0                   | Person X<br>Payroll  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contribution       | (d)<br>ns Type of contribution   |
| 78_        |   | -<br>_ \$10,0                   | 00.     Person     X       Payroll     Noncash     Image: Complete Part II for noncash contributions.) |

|            | B (Form 990) (2022)   |                           | Page <b>2</b>   |
|------------|---|---------------------------|---|
| Name of o  | rganization   |                           | Employer identification number  |
| Eddy House |   |                           | 45-3023511  |
| Part I     | Contributors (see instructions). Use duplicate copies of Part I if addition | al space is needed.       |   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contribution | (d)<br>ns Type of contribution  |
| 79         |   | \$\$10,0                  | (Complete Part II for<br>noncash contributions.)  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contribution | (d)<br>ns Type of contribution  |
| 80         |   | \$30,0                    | Person X<br>Payroll   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contribution | (d)<br>ns Type of contribution  |
| 81         |   | \$ <u>10,0</u>            | 00.<br>Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributio  | (d)<br>ns Type of contribution  |
| 82         |   | \$\$12,5                  | Person X<br>Payroll   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributio  | (d)<br>ns Type of contribution  |
| 83         |   | \$10,0                    | Person X<br>Payroll   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contribution | (d)<br>ns Type of contribution  |
| 84         |   | \$\$140,5                 | 62.     Person     X       Payroll  |

|            | B (Form 990) (2022)<br>rganization   |                          | Employ     | Page 2<br>ver identification number                                   |
|------------|--|--------------------------|------------|---|
| Name of 0  | ganzation  |                          |            |   |
| Eddy 1     | House  |                          | 45         | -3023511  |
| Part I     | Contributors (see instructions). Use duplicate copies of Part I if additiona | al space is needed.      |            |   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributio | ns         | (d)<br>Type of contribution   |
| 85_        |  | \$25,9                   | <u>57.</u> | PersonXPayrollNoncash(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributio | ns         | (d)<br>Type of contribution   |
| 86         |  | \$441,5                  | <u>16.</u> | PersonXPayrollNoncash(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributio | ns         | (d)<br>Type of contribution   |
| 87_        |  | \$37,5                   | <u>24.</u> | PersonXPayrollNoncash(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributio | ns         | (d)<br>Type of contribution   |
| 88         |  | \$5,0                    | <u>00.</u> | PersonXPayrollNoncash(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributio | ns         | (d)<br>Type of contribution   |
| 89_        |  | \$22,3                   | <u>31.</u> | PersonXPayrollNoncash(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributio | ns         | (d)<br>Type of contribution   |
|            |  | \$                       |            | Person Payroll Complete Part II for noncash contributions.)           |

Schedule B (Form 990) (2022)

|                              | 3 (Form 990) (2022)<br>rganization                                    | E   | Page<br>mployer identification number |
|------------------------------|---|---|---------------------------------------|
| Eddy H                       | louse   |   | 45-3023511                            |
| Part II                      | Noncash Property (see instructions). Use duplicate copies of Property |   |                                       |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                          | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received                  |
|                              |   | \$  | _                                     |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                          | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received                  |
|                              |   | \$  |                                       |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                          | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received                  |
|                              |   | \$  |                                       |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                          | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received                  |
|                              |   | \$  |                                       |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                          | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received                  |
|                              |   | \$  | _                                     |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                          | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received                  |
|                              |   |   |                                       |
|                              |   | \$  |                                       |

| Name of o                 | organization  |   |                       | Employer identification number           |
|---------------------------|---|---|-----------------------|--|
| Eddy 1                    | House   |   |                       | 45-3023511                               |
| Part III                  | Exclusively religious, charitable, etc., contribution<br>from any one contributor. Complete columns (a) th<br>completing Part III, enter the total of exclusively religious, cha<br>Use duplicate copies of Part III if additional sp | nrough <b>(e) and</b> the following line en<br>aritable, etc., contributions of <b>\$1,000 or</b> | try For organizations | hat total more than \$1,000 for the year |
| (a) No.<br>from<br>Part I | (b) Purpose of gift   | (c) Use of gift   | (d) Desc              | cription of how gift is held             |
|                           |   |   |                       |  |
|                           |   | (e) Transfer of gi  | ft                    |  |
|                           | Transferee's name, address, and   | 1 ZIP + 4   | Relationship of tra   | nsferor to transferee                    |
| (a) No.<br>from<br>Part I | (b) Purpose of gift   | (c) Use of gift   | (d) Desc              | cription of how gift is held             |
|                           |   |   |                       |  |
|                           |   | (e) Transfer of gi  | <br>ft                |  |
|                           | Transferee's name, address, and   | 1 ZIP + 4   | Relationship of tra   | nsferor to transferee                    |
| (a) No.<br>from<br>Part I | (b) Purpose of gift   | (c) Use of gift   | (d) Desc              | cription of how gift is held             |
|                           |   | (e) Transfer of gi  | <br>                  |  |
| ·                         | Transferee's name, address, and   |   |                       | nsferor to transferee                    |
| (a) No.<br>from           |   |   |                       |  |
| from<br>Part I            | (b) Purpose of gift   | (c) Use of gift   | (d) Desc              | cription of how gift is held             |
| ·                         |   | (e) Transfer of gi  | <br>ft                |  |
|                           | Transferee's name, address, and   | i ZIP + 4   | Relationship of tra   | nsferor to transferee                    |
|                           |   |   |                       |  |

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



Department of the Treasury Internal Revenue Service

| Nam | e of the organization<br>Eddy House  |  | Em              | ployer identification number $45 - 3023511$ |
|-----|--|--|-----------------|---|
| Pa  |  | Funds or Other Similar Funds                 | or Accour       |   |
|     | organization answered "Yes" on Form 990, Part IV, line   |  |                 | een.piere ii tire                           |
|     |  | (a) Donor advised funds                      | <b>(b)</b> Fur  | nds and other accounts                      |
| 4   | Total number at and of year  | (1)  | (               |   |
| 1   | Total number at end of year  |  |                 |   |
| 2   | Aggregate value of contributions to (during year)  |  |                 |   |
| 3   | Aggregate value of grants from (during year)   |  |                 |   |
| 4   | Aggregate value at end of year   |  |                 |   |
| 5   | Did the organization inform all donors and donor advisors in w                                       | 0  |                 |   |
|     | are the organization's property, subject to the organization's e                                     |  |                 | Yes No                                      |
| 6   | Did the organization inform all grantees, donors, and donor ad                                       |  | -               |   |
|     | for charitable purposes and not for the benefit of the donor or                                      |  | •               |   |
| De  | impermissible private benefit?   |  |                 | Yes No                                      |
| Pa  | t II Conservation Easements. Complete if the org   | anization answered "Yes" on Form 990, F      | Part IV, line 7 |   |
| 1   | Purpose(s) of conservation easements held by the organization  | n (check all that apply).                    |                 |   |
|     | Preservation of land for public use (for example, recreat  | ion or education)                            | a historically  | important land area                         |
|     | Protection of natural habitat  | Preservation of                              | a certified hi  | storic structure                            |
|     | Preservation of open space   |  |                 |   |
| 2   | Complete lines 2a through 2d if the organization held a qualifi                                      | ed conservation contribution in the form of  | of a conserva   | tion easement on the last                   |
|     | day of the tax year.   |  |                 | Held at the End of the Tax Year             |
| а   | Total number of conservation easements   |  | 2a              |   |
| b   |  |  |                 |   |
| с   | Number of conservation easements on a certified historic stru  | cture included in (a)                        | 2c              |   |
| d   | Number of conservation easements included in (c) acquired a  |  |                 |   |
|     |  | • • •  | 2d              |   |
| 3   | Number of conservation easements modified, transferred, rele   |  |                 | during the tax                              |
|     | year   | , 3, ,                                       | 5               | 3   |
| 4   | Number of states where property subject to conservation ease   | ement is located                             |                 |   |
| 5   | Does the organization have a written policy regarding the peri                                       |  |                 |   |
| -   | violations, and enforcement of the conservation easements it   |  |                 | Yes No                                      |
| 6   | Staff and volunteer hours devoted to monitoring, inspecting, h                                       |  |                 |   |
| •   |  | ······································       |                 |   |
| 7   | Amount of expenses incurred in monitoring, inspecting, handl   | ing of violations, and enforcing conservat   | ion easemen     | ts during the year                          |
| •   | Amount of expenses meaned in monitoring, inspecting, nama  |  |                 | to during the year                          |
| 8   | Does each conservation easement reported on line 2(d) above  | satisfy the requirements of section 170(     | n)(4)(B)(i)     |   |
| 0   |  |  |                 | Yes No                                      |
| 0   | and section 170(h)(4)(B)(ii)?<br>In Part XIII, describe how the organization reports conservatio     | n accomenta in ita revenue and evenes        | ototomont on    |   |
| 9   |  |  |                 |   |
|     | balance sheet, and include, if applicable, the text of the footne                                    | Ste to the organization's infancial stateme  | ents that desc  | chipes the                                  |
| Pa  | organization's accounting for conservation easements. T III Organizations Maintaining Collections of | Art Historical Treasures or Ot               | her Simila      | r Assets                                    |
|     | Complete if the organization answered "Yes" on Form  |  |                 |   |
| -   |  |  |                 | h a ataulua                                 |
| 1a  | If the organization elected, as permitted under FASB ASC 958   |  |                 |   |
|     | of art, historical treasures, or other similar assets held for pub                                   |  |                 | public                                      |
|     | service, provide in Part XIII the text of the footnote to its finan                                  |  |                 |   |
| b   | If the organization elected, as permitted under FASB ASC 958   |  |                 |   |
|     | art, historical treasures, or other similar assets held for public                                   | exhibition, education, or research in furth  | erance of pu    | blic service,                               |
|     | provide the following amounts relating to these items:   |  |                 |   |
|     | (i) Revenue included on Form 990, Part VIII, line 1  |  |                 | \$  |
|     |  |  |                 | \$  |
| 2   | If the organization received or held works of art, historical trea                                   | sures, or other similar assets for financial | gain, provide   | e   |
|     | the following amounts required to be reported under FASB AS  | SC 958 relating to these items:              |                 |   |
| а   | Revenue included on Form 990, Part VIII, line 1  |  |                 | \$  |
| h   | Assets included in Form 990, Part X  |  |                 | \$  |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 09-01-22

Schedule D (Form 990) 2022

| Sche  | dule D (Form 990) 2022 Eddy Hoเ  |                           |                       |                  |             |                      |                     | 23511             |           |
|---|--|---------------------------|-----------------------|------------------|-------------|----------------------|---------------------|-------------------|-----------|
| Par   | t III Organizations Maintaining C  | ollections of Ar          | rt, Historical Tr     | easures, o       | r Other     | Similar              | <sup>-</sup> Assets | continu           | ed)       |
| 3   | Using the organization's acquisition, accession  | on, and other record      | ls, check any of the  | e following that | t make sig  | nificant u           | ise of its          |                   |           |
|   | collection items (check all that apply):   |                           |                       |                  |             |                      |                     |                   |           |
| а   | Public exhibition  | c                         | d 📃 Loan or e>        | change progra    | am          |                      |                     |                   |           |
| b   | Scholarly research   | e                         | e 🗌 Other             |                  |             |                      |                     |                   |           |
| С   | Preservation for future generations  |                           |                       |                  |             |                      |                     |                   |           |
| 4   | Provide a description of the organization's co   | llections and explai      | n how they further    | the organization | on's exem   | pt purpos            | se in Part          | XIII.             |           |
| 5   | During the year, did the organization solicit or   |                           |                       |                  |             |                      |                     | _                 |           |
|   | to be sold to raise funds rather than to be ma   |                           |                       |                  |             |                      |                     | Yes               | No No     |
| Par   | t IV Escrow and Custodial Arrang   |                           | lete if the organizat | ion answered     | "Yes" on I  | orm 990 <sup>-</sup> | , Part IV, I        | ine 9, or         |           |
|   | reported an amount on Form 990, Par  |                           |                       |                  |             |                      |                     |                   |           |
| 1a  | Is the organization an agent, trustee, custodia  |                           |                       |                  |             |                      | _                   | ٦                 | <u> </u>  |
|   | on Form 990, Part X?   |                           |                       |                  |             |                      | ∟                   | Yes               | └── No    |
| <b>b</b> If "Yes," explain the arrangement in Part XIII and complete the following table: |  |                           |                       |                  |             | Amount               |                     |                   |           |
|   | De situatione la deserva   |                           |                       |                  |             |                      |                     | Amount            |           |
|   | Beginning balance  |                           |                       |                  |             | 1c                   |                     |                   |           |
|   | Additions during the year  |                           |                       |                  |             | 1d<br>1e             |                     |                   |           |
| e<br>f  | Distributions during the year<br>Ending balance  |                           |                       |                  |             | 1f                   |                     |                   |           |
| י<br>2a   | Did the organization include an amount on Fo   |                           |                       |                  |             | <u> </u>             |                     | Yes               | No        |
|   | If "Yes," explain the arrangement in Part XIII.  |                           |                       |                  |             | y:                   |                     |                   |           |
| Par   |  |                           |                       |                  |             | ).                   |                     |                   |           |
|   |  | (a) Current year          | (b) Prior year        | (c) Two yea      |             |                      | ears back           | (e) Four y        | ears back |
| 1a  | Beginning of year balance  |                           |                       |                  |             |                      |                     |                   |           |
| b   | Contributions  |                           |                       |                  |             |                      |                     |                   |           |
| с   | Net investment earnings, gains, and losses   |                           |                       |                  |             |                      |                     |                   |           |
| d   | Grants or scholarships   |                           |                       |                  |             |                      |                     |                   |           |
| е   | Other expenditures for facilities  |                           |                       |                  |             |                      |                     |                   |           |
|   | and programs   |                           |                       |                  |             |                      |                     |                   |           |
| f   | Administrative expenses  |                           |                       |                  |             |                      |                     |                   |           |
| g   | End of year balance  |                           |                       |                  |             |                      |                     |                   |           |
| 2   | Provide the estimated percentage of the current  | ent year end balanc       | e (line 1g, column (  | (a)) held as:    |             |                      |                     |                   |           |
| а   | Board designated or quasi-endowment  |                           | %                     |                  |             |                      |                     |                   |           |
| b   | Permanent endowment  | %                         |                       |                  |             |                      |                     |                   |           |
| С   | Term endowment   | %                         |                       |                  |             |                      |                     |                   |           |
|   | The percentages on lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should |                           |                       |                  |             |                      |                     |                   |           |
| 3a  | Are there endowment funds not in the posses  | ssion of the organization | ation that are held   | and administer   | red for the | •                    |                     | 5                 |           |
|   | organization by:   |                           |                       |                  |             |                      |                     |                   | es No     |
|   | (i) Unrelated organizations  |                           |                       |                  |             |                      |                     | 3a(i)             | <u> </u>  |
|   | (ii) Related organizations   |                           |                       |                  |             |                      |                     | 3a(ii)            | <u> </u>  |
| b   | If "Yes" on line 3a(ii), are the related organizat   |                           |                       | <i>'</i>         |             |                      |                     | 3b                |           |
| Par   | Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipme  |                           | owment tunas.         |                  |             |                      |                     |                   |           |
|   | Complete if the organization answered  |                           | 0 Part IV line 11a    | See Form 990     | Part X li   | ne 10                |                     |                   |           |
|   | Description of property  | (a) Cost or c             |                       | st or other      |             | cumulate             | hd                  | (d) Book          | value     |
|   | Description of property  | basis (investi            | . ,                   | s (other)        | . ,         | reciation            |                     |                   | Value     |
| 1a  | Land   |                           | ·                     | 70,000.          |             |                      |                     | 270               | ,000.     |
|   | Buildings  |                           |                       | 29,884.          | 3           | 17,54                | 48.                 | $\frac{2}{2},312$ |           |
|   | Leasehold improvements   |                           |                       |                  |             | ,.                   |                     | ,                 | , • •     |
|   | Equipment  |                           |                       | 92,054.          |             | 42,73                | 19.                 | 49                | ,335.     |
|   | Other  |                           |                       | 24,534.          |             | •                    |                     |                   | ,534.     |
|   | Add lines 1a through 1e. (Column (d) must ed   |                           | •                     | -                |             |                      |                     | 3,456             |           |
|   |  |                           |                       |                  |             |                      |                     |                   |           |

Schedule D (Form 990) 2022

## 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. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value 1 (1) Federal income taxes (2)(3) (4) (5) (6) (7) (8) (9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

X

| Sche | edule D (Form 990) 2022 Eddy House  |              |               | 45-3   | 3023511 | Page <b>4</b> |
|------|---|--------------|---------------|--------|---------|---------------|
| Pa   | rt XI Reconciliation of Revenue per Audited Financial Stateme                     | ents With Re | venue per Re  |        |         | <u> </u>      |
|      | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a        | l.           |               |        |         |               |
| 1    | Total revenue, gains, and other support per audited financial statements          |              |               | 1      | 2,812,  | 985.          |
| 2    | Amounts included on line 1 but not on Form 990, Part VIII, line 12:               |              |               |        |         |               |
| а    | Net unrealized gains (losses) on investments                                      | 2a           | 35.           |        |         |               |
| b    | Donated services and use of facilities  | 2b           |               |        |         |               |
| с    | Recoveries of prior year grants   |              |               |        |         |               |
| d    | Other (Describe in Part XIII.)  | 2d           |               |        |         |               |
| е    | Add lines 2a through 2d   |              |               | 2e     |         | 35.           |
| 3    | Subtract line 2e from line 1  |              |               | 3      | 2,812,  | <u>,950.</u>  |
| 4    | Amounts included on Form 990, Part VIII, line 12, but not on line 1:              |              |               |        |         |               |
| а    | Investment expenses not included on Form 990, Part VIII, line 7b                  | 4a           | 100.          |        |         |               |
| b    | Other (Describe in Part XIII.)  | . 4b         |               |        |         |               |
| С    | Add lines 4a and 4b   |              |               | 4c     |         | 100.          |
| 5    | 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) |              |               |        |         | 050.          |
| Pa   | rt XII Reconciliation of Expenses per Audited Financial Statem                    | ents With E  | xpenses per F | Returr | 1.      |               |
|      | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a        | l.           |               |        |         |               |
| 1    | Total expenses and losses per audited financial statements                        |              |               | 1      | 2,564,  | <u>,219.</u>  |
| 2    | Amounts included on line 1 but not on Form 990, Part IX, line 25:                 |              |               |        |         |               |
| а    | Donated services and use of facilities  | . <b>2</b> a |               |        |         |               |
| b    | Prior year adjustments  | . <b>2</b> b |               |        |         |               |
| С    | Other losses  |              |               |        |         |               |
| d    | Other (Describe in Part XIII.)  | 2d           |               |        |         | -             |
| е    |   |              |               | 2e     |         | 0.            |
| 3    | Subtract line 2e from line 1  |              |               | 3      | 2,564,  | ,219.         |
| 4    | Amounts included on Form 990, Part IX, line 25, but not on line 1:                |              |               |        |         |               |
| а    | Investment expenses not included on Form 990, Part VIII, line 7b                  |              | 100.          |        |         |               |
| b    | /   | 4b           |               |        |         |               |
| С    |   |              |               | 4c     |         | 100.          |
| 5    | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  |              |               | 5      | 2,564,  | 319.          |
| Pa   | rt XIII Supplemental Information.   |              |               |        |         |               |

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

## Part X, Line 2:

| Management believes that the Organization has appropriate support for any  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
| tax positions taken affecting its annual filing requirements, and as such, |  |  |  |  |  |  |
| does not have any uncertain tax positions that are material to the         |  |  |  |  |  |  |
| financial statements. The Organization would recognize future accrued      |  |  |  |  |  |  |
| interest and penalties related to unrecognized tax benefits and            |  |  |  |  |  |  |
| liabilities in income tax expense if such interest and penalties are       |  |  |  |  |  |  |
| incurred.  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

| SCHEDULE G   | Suppleme  | ntal Information Regarding   | Func    | Iraisi | ng or Gaming A          | ctiv                      | ties               | OMB No. 1545-0047           |  |  |
|--|---|--|---------|--------|-------------------------|---------------------------|--------------------|-----------------------------|--|--|
| (Form 990)   |   | e organization answered "Yes" on<br>organization entered more than \$1 |         |        |                         | r 19,                     | or if the          | 2022                        |  |  |
| Department of the Treasury   |   | Attach to Form 990   | or Forr | n 990- | -EZ.                    |                           |                    | Open to Public              |  |  |
| Internal Revenue Service   |   | o www.irs.gov/Form990 for instru                                       | ctions  | and th | ne latest information   | n.                        |                    | Inspection                  |  |  |
| Name of the organization   | Eddy Ho   | use  |         |        |                         |                           | Employer<br>45-302 | identification number 23511 |  |  |
|  | complete this part  | Complete if the organization answe                                     | ered "Y | es" or | n Form 990, Part IV, li | ine 17                    | '. Form 990        | -EZ filers are not          |  |  |
| <ul> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solicitat</li> <li>d In-person so</li> <li>2 a Did the organization</li> <li>key employees list</li> <li>b If "Yes," list the 1000000000000000000000000000000000000</li></ul> | <ul> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>g Special fundraising events</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?</li> <li>b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be</li> </ul>  |  |         |        |                         |                           |                    |                             |  |  |
| (i) Name and addres  | compensated at least \$5,000 by the organization.<br>(i) Name and address of individual<br>or entity (fundraiser) (ii) Activity (iii) Activity (iv) Gross receipts<br>have custody<br>or control of<br>from activity (iv) Gross receipts<br>from activity (iv) Gross receipts (iv) Gross rec |  |         |        |                         | r retained b<br>undraiser |                    |                             |  |  |
|  |   |  | Yes     | No     |                         |                           |                    |                             |  |  |
|  |   |  |         |        |                         |                           |                    |                             |  |  |
|  |   |  |         |        |                         |                           |                    |                             |  |  |
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|  |   |  |         |        |                         |                           |                    |                             |  |  |
|  |   |  |         |        |                         |                           |                    |                             |  |  |
| Total  |   |  |         |        | au haa haar aa 199 - 1  |                           |                    |                             |  |  |
| 3 List all states in white or licensing.   | ich the organizatio   | n is registered or licensed to solicit                                 | contrib | utions | or has been notified    | IT IS E                   | exempt from        | 1 registration              |  |  |
|  |   |  |         |        |                         |                           |                    |                             |  |  |
|  |   |  |         |        |                         |                           |                    |                             |  |  |

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

Eddy House

45-3023511 Page 2

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

|   |    | of fundraising event contributions and gro   | ss income on Form 990 | -EZ, lines I and 6D. List e                             | vents with gross receip | ots greater than \$5,000.                        |  |  |
|---|----|--|-----------------------|---|-------------------------|--|--|--|
|   |    |  | (a) Event #1          | (b) Event #2  | (c) Other events        | (d) Total events                                 |  |  |
|   |    |  | But First,            |   | None                    | (add col. (a) through                            |  |  |
|   |    |  | Desserts              |   |                         | col. (c)   |  |  |
|   |    |  | (event type)          | (event type)  | (total number)          |  |  |  |
| Revenue   | 1  | Gross receipts   | 264,865.              |   |                         | 264,865.   |  |  |
| ш   | 2  | Less: Contributions  | 117,672.              |   |                         | 117,672.   |  |  |
|   | 3  | Gross income (line 1 minus line 2)   | 147,193.              |   |                         | 147,193.   |  |  |
|   | 4  | Cash prizes  |                       |   |                         |  |  |  |
| ő   | 5  | Noncash prizes   |                       |   |                         |  |  |  |
| Direct Expenses   | 6  | Rent/facility costs  | 44,346.               |   |                         | 44,346.  |  |  |
| rect Ex   | 7  | Food and beverages   | 54,718.               |   |                         | 54,718.  |  |  |
| Ō   | 8  | Entertainment  | 1,400.                |   |                         | <u>1,400.</u><br>20,755.                         |  |  |
|   | 9  | Other direct expenses  | 20,755.               |   |                         |  |  |  |
|   | 10 | Direct expense summary. Add lines 4 through<br>Net income summary. Subtract line 10 from lin | ( )                   |   |                         | 121,219.   |  |  |
| _   | 11 | 25,974.  |                       |   |                         |  |  |  |
| Part III       Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than         \$15,000 on Form 990-EZ, line 6a. |    |  |                       |   |                         |  |  |  |
| nue   |    |  | <b>(a)</b> Bingo      | <b>(b)</b> Pull tabs/instant<br>bingo/progressive bingo | (c) Other gaming        | (d) Total gaming (add col. (a) through col. (c)) |  |  |
| Revenue   | 1  | Gross revenue  |                       |   |                         |  |  |  |

%

Yes

No

%

Yes

No

| 9 Enter the state(s) in which the organization conducts gaming activities:       |       |
|--|-------|
| a Is the organization licensed to conduct gaming activities in each of these sta | ates? |

8 Net gaming income summary. Subtract line 7 from line 1, column (d)

2 Cash prizes

Noncash prizes

Rent/facility costs

6 Volunteer labor

Other direct expenses

**b** If "No," explain:

Yes

No

7 Direct expense summary. Add lines 2 through 5 in column (d)

232082 10-27-22

Direct Expenses

3

4

5

Yes

No

No

%

| Scł | nedule G (Form 990) 2022  | Eddy House   | 45-302            | 3511     | . Page 3 |
|-----|---|--|-------------------|----------|----------|
| 11  | Does the organization conduct ga  | ning activities with nonmembers?   |                   | Yes      | No       |
|     | Is the organization a grantor, bene                                     | ficiary or trustee of a trust, or a member of a partnership or other entity formed   | _                 | Yes      | No       |
| 40  |   |  | ····· L           |          |          |
|     | Indicate the percentage of gaming                                       |  | يه ا              | - 1      | 0/       |
|     |   |  |                   |          | <u>%</u> |
|     |   |  |                   | ומ       | %        |
| 14  | Enter the name and address of the                                       | person who prepares the organization's gaming/special events books and reco  | ords:             |          |          |
|     | Name  |  |                   |          |          |
|     | Address   |  |                   |          |          |
| 15  | a Does the organization have a cont                                     | ract with a third party from whom the organization receives gaming revenue?  |                   | Yes      | No No    |
| I   | If "Yes," enter the amount of gami<br>of gaming revenue retained by the | ng revenue received by the organization \$ and the a third party \$  | amount            |          |          |
| (   | If "Yes," enter name and address  |  |                   |          |          |
|     | Name  |  |                   |          |          |
|     | Address   |  |                   |          |          |
| 16  | Gaming manager information:   |  |                   |          |          |
|     | Name  |  |                   |          |          |
|     | Gaming manager compensation   | \$   |                   |          |          |
|     | Description of services provided  |  |                   |          |          |
|     |   |  |                   |          |          |
|     | Director/officer  | Employee Independent contractor  |                   |          |          |
| 17  | Mandatory distributions:  |  |                   |          |          |
|     | retain the state gaming license?  | state law to make charitable distributions from the gaming proceeds to<br>equired under state law to be distributed to other exempt organizations or sper          |                   | Yes      | 🗌 No     |
|     | organization's own exempt activiti                                      | es during the tax year \$  |                   |          |          |
| Pa  |   | <b>nation.</b> Provide the explanations required by Part I, line 2b, columns (iii) and (<br>applicable. Also provide any additional information. See instructions. | v); and Part III, | lines 9, | 9b, 10b, |
|     |   | ··· · ·  |                   |          |          |
|     |   |  |                   |          |          |
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|  | (continued) |      |      |  |
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| SCHEDULE J  | Compensation Information  |          | OMB No. 154             | 15-0047  |  |  |  |
|---|---|----------|-------------------------|----------|--|--|--|
| Form 990)   | For certain Officers, Directors, Trustees, Key Employees, and Highest                               | 2022     |                         |          |  |  |  |
|   | Compensated Employees<br>Complete if the organization answered "Yes" on Form 990, Part IV, line 23. |          | 202                     |          |  |  |  |
| epartment of the Treasury   | Attach to Form 990.   |          | Open to I               |          |  |  |  |
| nternal Revenue Service<br>Jame of the organizatio  | Go to www.irs.gov/Form990 for instructions and the latest information.                              | Employer | Inspec<br>dentificatior |          |  |  |  |
| vame of the organization  |   |          | 023511                  | number   |  |  |  |
| Part I Question   | Eddy House<br>as Regarding Compensation   | 45-5     | 023311                  |          |  |  |  |
|   |   |          |                         | res No   |  |  |  |
| <b>1a</b> Check the approp  | riate box(es) if the organization provided any of the following to or for a person listed on Form   | 990      |                         |          |  |  |  |
|   | , line 1a. Complete Part III to provide any relevant information regarding these items.             | 550,     |                         |          |  |  |  |
|   | charter travel Housing allowance or residence for perso   | naluse   |                         |          |  |  |  |
| Travel for co   |   |          |                         |          |  |  |  |
|   | cation and gross-up payments Health or social club dues or initiation fee                           |          |                         |          |  |  |  |
|   | spending account Personal services (such as maid, chauffer  |          |                         |          |  |  |  |
| ,   |   | , ,      |                         |          |  |  |  |
| <b>b</b> If any of the boxes  | on line 1a are checked, did the organization follow a written policy regarding payment or           |          |                         |          |  |  |  |
|   | provision of all of the expenses described above? If "No," complete Part III to explain             |          | 1b                      |          |  |  |  |
|   | on require substantiation prior to reimbursing or allowing expenses incurred by all directors,      |          |                         |          |  |  |  |
|   | ers, including the CEO/Executive Director, regarding the items checked on line 1a?                  |          | 2                       |          |  |  |  |
|   |   |          |                         |          |  |  |  |
| Indicate which, if a  | ny, of the following the organization used to establish the compensation of the organization's      | 5        |                         |          |  |  |  |
| CEO/Executive Di  | ector. Check all that apply. Do not check any boxes for methods used by a related organizati        | on to    |                         |          |  |  |  |
| establish compensi  | ation of the CEO/Executive Director, but explain in Part III.                                       |          |                         |          |  |  |  |
| X Compensatio   | n committee Written employment contract   |          |                         |          |  |  |  |
| Independent   | compensation consultant Compensation survey or study  |          |                         |          |  |  |  |
| X Form 990 of   | other organizations X Approval by the board or compensation of                                      | ommittee |                         |          |  |  |  |
|   |   |          |                         |          |  |  |  |
| During the year, d  | d any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing           |          |                         |          |  |  |  |
| organization or a r   | elated organization:  |          |                         |          |  |  |  |
| a Receive a severan   | ce payment or change-of-control payment?  |          | 4a                      | <u> </u> |  |  |  |
| <b>b</b> Participate in or re   | ceive payment from a supplemental nonqualified retirement plan?                                     |          | 4b                      | <u> </u> |  |  |  |
| c Participate in or re  | ceive payment from an equity-based compensation arrangement?  |          | 4c                      | <u> </u> |  |  |  |
| If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. |   |          |                         |          |  |  |  |
|   |   |          |                         |          |  |  |  |
| -   | c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.                             |          |                         |          |  |  |  |
| For persons listed  | on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation      | n        |                         |          |  |  |  |
| contingent on the   |   |          |                         |          |  |  |  |
|   |   |          |                         | <u>X</u> |  |  |  |
|   | zation?   |          | <b>5</b> b              | <u> </u> |  |  |  |
|   | or 5b, describe in Part III.  |          |                         |          |  |  |  |
|   | on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation      | on       |                         |          |  |  |  |
| contingent on the   |   |          |                         | v        |  |  |  |
|   |   |          |                         | <u> </u> |  |  |  |
|   | zation?   |          | 6b                      | X        |  |  |  |
|   | or 6b, describe in Part III.  |          |                         |          |  |  |  |
|   | on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments       |          |                         | v        |  |  |  |
|   | nes 5 and 6? If "Yes," describe in Part III   |          | 7                       | X        |  |  |  |
|   | s reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the    |          |                         | v        |  |  |  |
|   |   |          | 8                       | X        |  |  |  |
|   | did the organization also follow the rebuttable presumption procedure described in                  |          |                         |          |  |  |  |
| Regulations section   | n 53.4958-6(c)?   |          | 9                       |          |  |  |  |

## 45-3023511

Page 2

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

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

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

| (A) Name and Title  |             | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation |   |   | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns<br>(B)(i)-(D) | in column (B)                             |
|---------------------|-------------|--|---|---|-----------------------------------|-------------------------|------------------------------------|---|
|                     |             | (i) Base<br>compensation   | (ii) Bonus &<br>incentive<br>compensation | (iii) Other<br>reportable<br>compensation | compensation                      |                         |                                    | reported as deferred<br>on prior Form 990 |
| (1) Trevor Macaluso | (i)         | 136,657.   | 0.  | 0.  | 1,763.                            | 11,644.                 | 150,064.                           | 0.  |
| Executive Director  | (ii)        | 0.   | 0.  | 0.  | 0.                                | 0.                      | 0.                                 | 0.  |
|                     | (i)         |  |   |   |                                   |                         |                                    |   |
|                     | (ii)        |  |   |   |                                   |                         |                                    |   |
|                     | (i)         |  |   |   |                                   |                         |                                    |   |
|                     | (ii)        |  |   |   |                                   |                         |                                    |   |
|                     | (i)         |  |   |   |                                   |                         |                                    |   |
|                     | (ii)        |  |   |   |                                   |                         |                                    |   |
|                     | (i)         |  |   |   |                                   |                         |                                    |   |
|                     | (ii)        |  |   |   |                                   |                         |                                    |   |
|                     | (i)         |  |   |   |                                   |                         |                                    |   |
|                     | (ii)        |  |   |   |                                   |                         |                                    |   |
|                     | (i)         |  |   |   |                                   |                         |                                    |   |
|                     | <u>(ii)</u> |  |   |   |                                   |                         |                                    |   |
|                     | (i)         |  |   |   |                                   |                         |                                    |   |
|                     | (ii)        |  |   |   |                                   |                         |                                    |   |
|                     | (i)         |  |   |   |                                   |                         |                                    |   |
|                     | <u>(ii)</u> |  |   |   |                                   |                         |                                    |   |
|                     | (i)         |  |   |   |                                   |                         |                                    |   |
|                     | (ii)        |  |   |   |                                   |                         |                                    |   |
|                     | (i)         |  |   |   |                                   |                         |                                    |   |
|                     | <u>(ii)</u> |  |   |   |                                   |                         |                                    |   |
|                     | (i)         |  |   |   |                                   |                         |                                    |   |
|                     | (ii)        |  |   |   |                                   |                         |                                    |   |
|                     | (i)<br>(ii) |  |   |   |                                   |                         |                                    |   |
|                     | (i)         |  |   |   |                                   |                         |                                    |   |
|                     | (i)<br>(ii) |  |   |   |                                   |                         |                                    |   |
|                     | (i)         |  |   |   |                                   |                         |                                    |   |
|                     | (i)<br>(ii) |  |   |   |                                   |                         |                                    |   |
|                     | (i)         |  |   |   |                                   |                         |                                    |   |
|                     | (ii)        |  |   |   |                                   |                         |                                    |   |

Part III Supplemental Information

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

Schedule J (Form 990) 2022

| SCHEDULE O<br>(Form 990)                            | Supplemental Information to Form 990 or 990-<br>Complete to provide information for responses to specific questions on | EZ      | OMB No. 1545-0047                   |
|---|--|---------|-------------------------------------|
| Department of the Treasury                          | Form 990 or 990-EZ or to provide any additional information.<br>Attach to Form 990 or Form 990-EZ.                     |         | Open to Public                      |
| Internal Revenue Service<br>Name of the organizatio | Go to www.irs.gov/Form990 for the latest information.  |         | Inspection<br>identification number |
|   | Eddy House   | 45-3    | 023511                              |
| Form 990, Pa  | rt VI, Section A, line 1a:   |         |                                     |
| The Executiv  | e Committee is comprised of the board officers   | and c   | hairs of                            |
| the standing  | committees. The chairs of the standing commit  | tees a  | re                                  |
| <u>non-voting m</u>                                 | embers of the Executive Committee. Except for  | the p   | ower to                             |
| amend the Ar  | ticles of Incorporation and Bylaws, the Execut:  | ive Co  | mmittee has                         |
| the authorit  | y to act on behalf of the entire board between   | Board   | of                                  |
| Director mee  | tings.   |         |                                     |
|   |  |         |                                     |
| Form 990, Pa  | rt VI, Section B, line 11b:  |         |                                     |
| The Form 990  | is provided to management and the board prior  | to fi   | ling with                           |
| the IRS.  | ¥¥¥  |         | <u> </u>                            |
|   |  |         |                                     |
| Form 990, Pa  | rt VI, Section B, Line 12c:  |         |                                     |
| <u>In connectio</u>                                 | n with any actual, or possible, conflict of int  | terest  | , an                                |
| interested p  | erson must disclose the existence and disclose   | all m   | aterial                             |
| facts. The i  | ndividual then shall leave the meeting while the   | he det  | ermination                          |
| <u>of a conflic</u>                                 | t is discussed and voted upon. The remaining be  | oard m  | embers                              |
| shall decide  | if a conflict of interest exists.  |         |                                     |
|   |  |         |                                     |
| Form 990, Pa  | rt VI, Section B, Line 15a:  |         |                                     |
| The Executiv  | e Director's salary is reviewed and approved by  | y the 1 | Board of                            |
| Directors ba  | sed on comparable salaries in the area adjusted  | d for   | skills and                          |
| experience.   |  |         |                                     |
|   |  |         |                                     |
| Form 990, Pa  | rt VI, Section C, Line 19:   |         |                                     |
|   |  |         |                                     |

The organization makes its governing documents, conflict of interest

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|---------------------------|--|---|
| Name of the organization  | Eddy House                                   | Employer identification number 45-3023511 |
|                           |  |   |
| policies, and             | financial statements available to the public | upon request.                             |
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