Form **990**

(Rev January 2020)

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047

2019

Open to Public Inspection

	<u>A</u>	For the	2019 ca		ending									
	В	Check if a	pplicable	C Name of organization HALO NETWORK, INC		D Employer id	lentification n	umber						
	П	Address o	hange	Doing business as										
	一			Number and street (or P O box if mail is not delivered to street address) Room/suite		27-0408181								
	Ш	Name cha	inge	300 MERRICK ROAD										
		Initial retu	m	Crty or town State ZIP code		(624) 780 72	70							
	ᆷ			AMITYVILLE NY 11701		(631) 789-73	<u>/ 3</u>							
	Ш	Final return	terminated	Foreign country name Foreign province/state/county Foreign post	al code	1								
	П	Amended	return			G Gross receip	ts \$	18,19	6,533					
	一			F Name and address of principal officer	1				7					
	Ш	Applicatio	n pending	- //		this a group return for		= =	¥ No					
				OLANIYI FALAYE 221 BROADWAY, AMITYVILLE, NY 11701	☐ H(b) Ar	e all subordinates	included?	Yes	No					
	1	Tax-exen	npt status	X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or/ 527	If	"No," attach a list	(see instruction	ns)						
	$\overline{}$	Wehsite	► WM	W HALONETWORK COM	H(c) G(oup exemption nui	mher 🕨							
	<u></u>													
			rganization		ear of form	ation 2006	M State of le	gal domicile	<u>NY</u>					
		art I		nmary										
	_	1		1		INDIVIDUAL			<u>H</u>					
	ဦ		DIVERSE DISABILITIES AND NEEDS ACHIEVE GREATER SUCCESS'BY PROVIDING THEM WITH THE NECESSARY											
	Jai		SERVICES WHICH WILL EMPOWER THEM TO LIFLONG SUCCESS											
	Governance	2		nis box ▶ if the organization discontinued its operations or dispose	d of mor	e than 25% of	its net asse	ate						
	ő	3		of voting members of the governing body (Part VI, line 1a)	u 0, ,,,o,	1	3		6					
						า ⊢	4							
7	es	4		of independent voting members of the governing bedy that we have	ED.,	1 –								
202	ŧ	5		mber of individuals employed in calendar year 2019 (Fatty lune 2a) 🗸 🕻	==\;;	. –	5		512					
2 5 2	Activities &	6	Total nui	mber of volunteers (estimate if necessary)	. 6)I –	6							
	⋖	7a	Total uni	related business revenue from Part VIII, column @ ine APR 1.7.202	U	() L	7a		0					
		b	Net unre	lated business taxable income from Form 990-T, fige 39	مّا	<u> </u>	7b		0					
œ				LOOPENT	7 =	Prior Year		Current Year						
₹	a	8	Contribu	tions and grants (Part VIII, line 1h) . OGDEN, I	1	 13,175,7	<u>'87</u>	18,19	2,793					
_	2	9	Program	service revenue (Part VIII, line 2g)			0		0					
	Revenue	1	-	ent income (Part VIII, column (A), lines 3, 4, and 7d)			0		0					
뽀				venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		67,0	194		3,740					
Ź		12		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		13,242,8			6,533					
SCANNED MAR	_	_		and similar amounts paid (Part IX, column (A), lines 1–3).	1	10,242,0	0	10,10	0,000					
Ç	?						0							
Q.	•			paid to or for members (Part IX, column (A), line 4).		0.450		10.05	00					
	es			other compensation, employee benefits (Part IX, column (A), lines 5–10)		8,150,7		10,95	5,598					
	Expenses			onal fundraising fees (Part IX, column (A), line 11e)	_		0							
	χ			draising expenses (Part IX, column (D), line 25)	<u> </u>									
	ш			penses (Part IX, column (A), lines 11a-11d, 11f-24e)		5,024,8			<u>3,938 </u>					
				penses Add lines 13–17 (must equal Part IX, column (A), line 25) .		13,175,5	70	17,17	9 <u>,536</u>					
			Revenue	e less expenses Subtract line 18 from line 12		67,3		1,01	6,997					
	2 6				Beginn	ning of Current Ye	ar I	End of Year						
	Assets Balanc	20	Total ass	sets (Part X, line 16)		2,390,1	10	3,48	1,741					
	Asa	21	Total liab	pilities (Part X, line 26)		1,215,2	18	1,30	1,873					
	Net /	22		ets or fund balances Subtract line 21 from line 20		1,174,8	92	2,17	9,868					
- 1		art II		nature Block			•	•						
'				, I declare that I have examined this return, including accompanying schedules and statement	s, and to th	ne best of my know	/ledge							
	and	belief, it is	true correc	ct, and complete Declaration of preparer (other than officer) is based on all information of whi	ch prepare	r has any knowled	ge							
	٥.			TIPE.		03	118/2	020						
	Sig			Signature of officer		Date	-1							
	He	re		FACATE OLANIY RICHARD		C-E-0								
			│	Type or print name and title										
				Type or print flame and title (Type preparer's name Preparer's signature)	Dat	e T		PTIN						
	Pa	id	' ' '''	Tropular a digital and	ا ا	Che								
			DON	VALD GUSTAVE	3/	17/2020 self-	employed F	00753507						
		eparer		s name ► LUCAS TUCKER & COMPANY		Firm's EIN ▶ 1	<u> </u>							
	US	e Only			40550			100						
] Firm'	s address ► 105 STEVENS AVENUE SUITE 505, MOUNT VERNON, NY	10550	Phone no (S	914) 699- <u>60</u>							
	Ма	the IR	S discuss	s this return with the preparer shown above? (see instructions)			Ly	K Yes	No					

Form 9	990 (2019) HALO NETWORK, INC	27-0408181	Page 2
Pa	art III Statement of Program Service Accomplishments		
_	Check if Schedule O contains a response or note to any line in this Part II	l `	X
1	Briefly describe the organization's mission		
	ASSISTING INDIVIDUALS AND FAMILIES WITH DIVERSE DISABILITIES AND NEEDS ACH	IEVE GREATER	
	SUCCESS BY PROVIDING THEM WITH THE NECESSARY SERVICES WHICH WILL EMPO		
	SUCCESS		
2	Did the organization undertake any significant program services during the year which were no	t listed on	
	the prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any pro-	ogram	
	services?	Yes	X No
	If "Yes," describe these changes on Schedule O	_	
4	Describe the organization's program service accomplishments for each of its three largest prog	ram services, as measured by	
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of g		
	the total expenses, and revenue, if any, for each program service reported		
4a	(Code) (Expenses \$ 1,900,978 including grants of \$) (Revenue \$)
	OFFICE OF PEOPLE WITH DEVELOPMENTAL DISABLITIES PROGRAM TO ASSIST INDIV	IDUALS ACHIEVE SUCCESS	
			.
			.
4b			
	NHTDW-NURSING HOME TRANSITION AND DIVERSION WAVER		
			• • • • • • • • • • • • • • • • • • • •
			·
4	(Code) (Expenses \$ 2,137,325 including grants of \$	\/Payanue \$	
4c	(Code) (Expenses \$ 2,137,325 including grants of \$ DSS SHELTER	- / (Nevende #	'
	DOS STILLTEN		
			••••
			
			·
		·	
			·
			·
A e4	Other program equippe (Departhe on Schodule O.)		
4d	Other program services (Describe on Schedule O.) (Expenses \$ 12,306,784 including grants of \$ 0) (Revenue \$	0)	
4e	Total program service expenses Total program service expenses 16,527,264		
70	Total program delitice expenses = 10,021,204		

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I.	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	. 4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? 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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		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, Part VI	11a	Х	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
	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		1	
12a	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		X
	Schedule D, Parts XI and XII	12a	X	
Þ	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"	426		v
4.5	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	\dashv	X
14a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		
b	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140	\dashv	
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	_	Χ_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		I	
	If "Yes," complete Schedule G, Part III	19	ļ	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
	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

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Par	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		×
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	. 22		 ^-
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	. 23	x	
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
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	. 24b		X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?.	24c 24d		X
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		┝
204	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		×
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			1
	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%			١.,
	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	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	If"Yes," complete Schedule L, Part IV	28a	ļ	_X_
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	. 28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	00.		
20	If"Yes," complete Schedule L, Part IV	28c 29		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	25		 ^
30	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			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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I.	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
25.	III, or IV, and Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
35a h	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled	33a		 ^
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	. 35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	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 in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par			1	
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	•	ᆜ
		a e l'====	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	35		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . Did the errors stop comply with backup with	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
	annual (annual) unuma to butto unumoto.		990	(2019)

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
20	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		Yes	No 3
2a	Statements, filed for the calendar year ending with or within the year covered by this return 2a 512	·	[[II -
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
•	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)		1 ,	1
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	_	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.	3b		 ``
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	<u> </u>		t
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country		1	;
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		<u> </u>	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	۱		l
_	gifts were not tax deductible?	6b		├
7	Organizations that may receive deductible contributions under section 170(c).	-		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7a		X
b	and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		 ^
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	10		-
·	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	<u> </u>		<u> </u>
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			<u> </u>
	sponsoring organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			-
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12	-		
	Section 501(c)(12) organizations. Enter	ł		
a	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			l
	against amounts due or received from them)			İ
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O			
	Enter the amount of reserves the organization is required to maintain by the states in which			i
	the organization is licensed to issue qualified health plans			l
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			l
	excess parachute payment(s) during the year	15		X
	If "Yes," see instructions and file Form 4720, Schedule N	<u> </u>		
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?.	16		X
	If "Yes," complete Form 4720, Schedule O	l	.	

<u>6</u>

Form 990 (2019)	HALO NETWORK, INC	27-0408	8181	Pá	age (
Part VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 to response to line 8a, 8b, or 10b below, describe the circumstances, processes, or control Check if Schedule O contains a response or note to any line in this Part VI	hanges on Schedule O Se	ee inst	ructi	_
Section A.	Governing Body and Management				
				Yes	No

Seci	ion A. Governing Body and Management				T				
				Yes	No				
1a		1a 6		1	li .				
	If there are material differences in voting rights among members of the governing body, or				ţ				
	if the governing body delegated broad authority to an executive committee or similar				L				
	committee, explain on Schedule O				ļ ·				
b		1b 4			'				
2									
	any other officer, director, trustee, or key employee?								
3	Did the organization delegate control over management duties customarily performed by or under the direct								
	supervision of officers, directors, trustees, or key employees to a management company or other person?								
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was	filed?	4		Х				
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?	5		Х				
6	Did the organization have members or stockholders?		6		Х				
7a									
	one or more members of the governing body?		7a		х				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	·							
-	stockholders, or persons other than the governing body?		7b		x				
8	Did the organization contemporaneously document the meetings held or written actions undertaken	during · ·							
Ü	the year by the following	during							
_	• • •		 8a						
a	The governing body? Each committee with authority to act on behalf of the governing body?	•	8b	X					
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-	. · ·	- 00	^					
9		ached	9		x				
0 4	at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	· · ·		١					
Sect	ion B. Policies (This Section B requests information about policies not required by the li	iterriai Revenue C	oae) V	N-				
4.0	Dutil a constant as her a local characters from the constant of the constant o	ſ	40-	Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?		10a		Х				
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch		ا						
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purp		10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	e filing the form?	11a	Х					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a		X				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		12b						
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es,"							
	describe in Schedule O how this was done	ļ	12c						
13	Did the organization have a written whistleblower policy?		13		Х				
14	Did the organization have a written document retention and destruction policy?		14	Х					
15	Did the process for determining compensation of the following persons include a review and approve								
	independent persons, comparability data, and contemporaneous substantiation of the deliberation a	nd decision?							
а	The organization's CEO, Executive Director, or top management official		15a	Х					
b	Other officers or key employees of the organization .	. [15b		Х				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	[
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment			_				
	with a taxable entity during the year?		16a		X				
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua	te its							
	participation in joint venture arrangements under applicable federal tax law, and take steps to safegu								
	the organization's exempt status with respect to such arrangements?	The state of the s	16b						
Secti	on C. Disclosure				•				
<u> 17</u>	List the states with which a copy of this Form 990 is required to be filed NY	•							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990,	and 990-T (Section 5	01(c)						
10	(3)s only) available for public inspection. Indicate how you made these available. Check all that applicable,		J . (U)						
		y laın on Schedule O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c	·	CV						
13	and financial statements available to the public during the tax year	onliner or interest poli	~y ,						
20	State the name, address, and telephone number of the person who possesses the organization's bo	oke and records							
20									
	OLANIYI FALAYE	(631) 789-7373							
	221 BROADWAY, AMITYVILLE, NY 11701								

Form 990 (2019)	HALO NETWORK, INC				27-04081	181 Page 7
Part VII	Compensation of Officers, Dire	ctors, Truste	es, Key Employees, H	lighest Comp	ensated	
	Employees, and Independent C Check if Schedule O contains a r		te to any line in this Pa	nrt VII		🔲
Section A.	Officers, Directors, Trustees, K	ey Employee	s, and Highest Comp	ensated Emp	loyees	
1a Complete to organization's	his table for all persons required to be tax year	listed Report co	mpensation for the calend	lar year ending v	with or within the	!
	of the organization's current officers, donnormal Enter -0- in columns (D), (E), and (rganizations), re	gardless of amo	unt
 List the who received 	of the organization's current key emplo organization's five current highest con reportable compensation (Box 5 of For nd any related organizations	npensated empl	oyees (other than an office	er, director, trust	ee, or key emplo	yee)
	of the organization's former officers, ke eportable compensation from the organ		· ·	mployees who r	eceived more th	an
	of the organization's <mark>former directors (</mark> more than \$10,000 of reportable compe		· · ·			the
See instruction	ns for the order in which to list the pers	ons above				
Check thi	s box if neither the organization nor any	y related organiz	ation compensated any co	urrent officer, dir	ector, or trustee	
(A) Name and title		(B) Average hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)	(E) Reportable compensation	(F) Estimated amount of other	
		per week (list any hours for related	Former Highest co employee Key empl Officer Institution Individual or directo	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations

(A) Name and title	(B) Average hours	box,	unle: er an	neck ss pe	rson	than o	an ee)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) OLANIYI FALAYE	35 00									
EXECUTIVE DIRECTOR	0 00	Х	<u> </u>	X.	X	Х		361,439		12,000
(2) BUMI OJO FALAYE	35 00									
CHIEF OPERATING OFFICER	0 00	X		Х	X	X		361,439		12,000
(3) SHAMIN AHMED ESQ	2 00				l					
BOARD MEMBER	0 00	X			$oxed{oxed}$	L		0		
(4) ROSELINE BOUZI	2 00	i								
BOARD MEMBER	0 00	X		_				0		
(5) CHRISTOPHER OBIDI	2 00									
VICE CHAIR	0 00	X	<u> </u>		$ldsymbol{ldsymbol{eta}}$			0		
(6) LYNETTE JOAN GRANT	2 00									
CHAIR PERSON	0 00	X	<u> </u>			L		0		
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

	(A) Name and title	(B) Average hours	(do i	not ci unle:	Pos neck ss pe	c) ition more rson irecto	than o	one an ee)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
		per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(15)											
(16)											
(17)						-					
(18)											
(19)											
(20)											
(21)			 	-							
(22)				<u> </u>							
(23)											
(24)											
(25)											
1b	Subtotal	•		•				•	722,878	0	24,000
c d	Total from continuation sheets to Part VII, So Total (add lines 1b and 1c)	ection A	•				•	•	722,878	0	24,000
2	Total number of individuals (including but not lir	mited to those lis	ted a	bov	e) v	/ho	recer	ved		<u> </u>	24,000
	reportable compensation from the organization	>									2
3	Did the organization list any former officer, dire employee on line 1a? If "Yes," complete Sched			-	ee,	or h	ighes	st cc	ompensated		Yes No
4	For any individual listed on line 1a, is the sum of the organization and related organizations great individual.	•								1	4 X
5	Did any person listed on line 1a receive or accr									ıdual	
Sec	for services rendered to the organization? If "Ye tion B. Independent Contractors	es, complete So	neau	ie J	tor	Suci	n per	son	<u> </u>	•	5 X
1	Complete this table for your five highest compe										
	compensation from the organization Report co	mpensation for t	he ca	len	dar	year	r end	ing	with or within the (B)	organization's	tax year (C)
	Name and business addr	ess							Description of sen	rices (Compensation
							\dashv				0
	*****										0
											0
	Total number of independent contractors (include	ting but not limit	od to	the	cc 1.	ctor	1 aba	\(C)	who received		0
2	more than \$100,000 of compensation from the	_		เกเบ	ᇰᄰᅢ	SIEC	a 000	ve)	wild received		

	w	11	

Statement of Revenue

		Check if Schedule O co	ntains	a response	e or	note to any line i	n this Part VIII			. []
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
·^	1a	Federated campaigns			1a	T 0				Sections 312-314
Contributions, Gifts, Grants and Other Similar Amounts	, b	Membership dues		ħ	1b	0				
يق ق	C	Fundraising events .			1c	0	1			
ts, An	ď	Related organizations			1d	0	1			-
ig ig	e	Government grants (contrib	outions	—	1e	18,192,793	1			
ns, El	f	All other contributions, gifts				,,	1			
er S	-	similar amounts not include	-		1f	1 0				
ib K	g	Noncash contributions inclu		⊢			1			
ă ă	9	lines 1a-1f.			1g	s o				
g g	h	Total. Add lines 1a-1f				•	18,192,793			
		1000111001110011				Business Code	10,102,700			
e	2a						0			
ه ج	b				••		0			
gram Sen Revenue	c				••		0			
E S	d				••		0	-		
gra Re	e				••		0			
Program Service Revenue	f	All other program service re			• •		0			
Δ.	g	Total. Add lines 2a-2f	, venue	•			0			
	3	Investment income (includir	na divi	dends inte	res		-			
		other similar amounts)	.g u	40 11 40 , 11110		., u.ru	0			
	4	Income from investment of	empt bond	pro	reeds >	0				
	5	Royalties	tun un	ciript boild	p. 0	•	0			
		(i) Real			(II) Personal				1	
	6a	Gross rents	6a	***						
	b	Less rental expenses	6b							1
	c	Rental income or (loss)	6c		0	0				
	d	Net rental income or (loss)				<u> </u>	0			
	7a	Gross amount from		(ı) Securitie	25	(II) Other				i
		sales of assets	lt							••
		other than inventory	7a		0	l o				
<u>a</u>	b	Less cost or other basis	<u> </u>		Ť					
<u>ي</u> ا	-	and sales expenses	7b		0	l 0				
6	С	Gain or (loss)	7c		0	0				
<u>ج</u> ا	ď	Net gain or (loss)	1		<u> </u>	•	0	· · · · · · · · · · · · · · · · · · ·		
Other Revenue	8a	Gross income from fundrais	sina	Г						1
ō		events (not including \$		0						
		of contributions reported on	line 1	c)						į
		See Part IV, line 18		· .	8a	o				
1	b	Less direct expenses .			8b	0				
	С	Net income or (loss) from fu	ındrais	ing events		•	0			
	9a	Gross income from gaming								
		See Part IV, line 19 .			9a	0				
	b	Less direct expenses		Γ.	9b	0				
	С	Net income or (loss) from g	amıng	activities			0			
	10a	Gross sales of inventory, les								
- 1		returns and allowances		. 1	l0a	l o		,	2".00,".0	., ., ., .,
ľ	b	Less cost of goods sold		_	0b	0	,		To control and the first	the second section .
	C	Net income or (loss) from sa	ales of	inventory	-	•	0			
<u>, </u>						Business Code				
اہ ۃ	11a	OTHER REVENUE				624100	3,740	3,740	- All Market Mar	
Miscellaneous Revenue	b			 -	-		0,7.19	5,. 10		
is a	c			•		0				
ဗ္ဗ 🏖	d			-		0		-		
Ē	e	Total. Add lines 11a-11d	•			. •	3,740			, ,
	12	Total revenue. See instruct	ions	<u> </u>			18,196,533	3,740	0	0
	. =						.5,100,000	<u> </u>		<u> </u>

Part IX Statement of Functional Expenses

Sect	on 501(c)(3) and 501(c)(4) organizations must complete all	columns All other or	rganizations must c	omplete column (A)	
	Check if Schedule O contains a response or note	to any line in this Pa	art IX .		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			-	
	domestic governments See Part IV, line 21 .	0		,	
2	Grants and other assistance to domestic				•
	ındıvıduals See Part IV, line 22	0			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
_	trustees, and key employees	722,878	650,590	72,288	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	0 040 444	0.500.600	420.772	
7	Other salaries and wages	8,648,441	8,509,668	138,773	
8	Pension plan accruals and contributions (include	اه			
^	section 401(k) and 403(b) employer contributions)	769,539	721,272	48,267	
9 10	Other employee benefits . Payroll taxes .	814,740	803,349	11,391	
11	Fees for services (nonemployees)	014,740	603,349	11,391	
	· · · · · · · · · · · · · · · · · · ·	اه			
a	Management	0			
b	Accounting	81,711	25,943	55,768	
d	Lobbying	01,711	25,545	33,733	
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees .	ő			
g	Other (If line 11g amount exceeds 10% of line 25, column	Ť			
9	(A) amount, list line 11g expenses on Schedule O)	62,662		62,662	
12	Advertising and promotion	0		02,002	
13	Office expenses	17,755		17,755	
14	Information technology .	45,659	25,534	20,125	
15	Royalties	ol			
16	Occupancy .	855,081	747,021	108,060	
17	Travel .	243,591	243,591		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	l ol			
19	Conferences, conventions, and meetings	0			
20	Interest	10,135	7,418	2,717	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization .	49,616	47,282	2,334	0
23	Insurance .	136,176	131,975	4,201	
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а	PROGRAM SUPPLIES AND EXPENSES	232,528	214,050	18,478	
b	REPAIRS AND MAINTENANCE	112,905	102,457	10,448	
C	BROKERS	811,690	811,690		
d	CLIENT OTPS AND IDGS	3,307,450	3,307,450		
e	All other expenses	256,979	177,974	79,005	
25	Total functional expenses. Add lines 1 through 24e	17,179,536	16,527,264	652,272	0
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				
	following SOP 98-2 (ASC 958-720)	L			

27-0408181

Part X

Balance Sheet

Pleage sand grants receivable, net 3 Pleages and grants receivable, net 4 Accounts receivable, net 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 6 Loans and other receivables from other disqualifilities persons (as defined under section 4958(f(1)), and persons described in section 4958(c)(3)(8) 7 Notes and loans receivable, net 8 Inventiones for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 376,255 b Less accumulated depercation 11b 10 178,286 11 Investments—publicity traded securities 12 Investments—publicity traded securities 12 Investments—publicity traded securities 13 Investments—publicity traded securities 14 Intangible assets 15 Other assets See Part IV, line 11 16 Other assets. See Part IV, line 11 17 Accounts payable and accrued expenses 18 Grants payable 29 Tax-exempt bond liabilities 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 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 10 22 Controlled entity or family member of any of these persons 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities in controlled on lines 17-24) Complete 26 Total liabilities. Add lines 17 through 25 27 Capital stock or trust principal, or current funds 30 Pad-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or oth			Check if Schedule O contains a response or	note to	any line in this Part X			
Pleage sand grants receivable, net 3 Pleages and grants receivable, net 4 Accounts receivable, net 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 6 Loans and other receivables from other disqualifilities persons (as defined under section 4958(f(1)), and persons described in section 4958(c)(3)(8) 7 Notes and loans receivable, net 8 Inventiones for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 376,255 b Less accumulated depercation 11b 10 178,286 11 Investments—publicity traded securities 12 Investments—publicity traded securities 12 Investments—publicity traded securities 13 Investments—publicity traded securities 14 Intangible assets 15 Other assets See Part IV, line 11 16 Other assets. See Part IV, line 11 17 Accounts payable and accrued expenses 18 Grants payable 29 Tax-exempt bond liabilities 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 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 10 22 Controlled entity or family member of any of these persons 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities in controlled on lines 17-24) Complete 26 Total liabilities. Add lines 17 through 25 27 Capital stock or trust principal, or current funds 30 Pad-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or oth								
3 Pledges and grants receivable, net 2,008,643 4 2,367,956		1	Cash—non-interest-bearing			216,795	1	882,433
4 Accounts receivable, net 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 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(8) 7 Notes and loans receivable, net 8 Inventiores for sale or use 9 Prepard expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part IV of Schedule D Less accumulated depreciation 11 Investments—positive traded securities 12 Investments—other securities See Part IV, line 11 13 Investments—other securities See Part IV, line 11 14 Intangible assets 15 Other assets See Part IV, line 11 16 Other assets See Part IV, line 11 17 Accounts payable and accrued expenses 19 Officer (are securities) 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payable to unrelated third parties 22 Secured mortgages and notes payable to unrelated third parties 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities. Add lines 17 through 25 26 Organizations that follow FASB ASC 958, check here Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 27 Notes asset with donor restrictions 28 Net assets with donor restrictions 29 Organizations that follow FASB ASC 958, check here Part X of Schedule D 30 Paginations that follow FASB ASC 958, check here Part X of Schedule D 31 Retained earnings, endowment, accumulated income, or other funds 31 Retained earnings, endowment, accumulated income, or other funds 31 Total intellibilities and included income, or other funds 31 Total intellibilities and included income, or other funds 31 Total intellibilities and inclainations and payables to related third 31 Total and camples in or appli		2	Savings and temporary cash investments .		. [0	2	
S Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or farmly member of any of these persons 0 5		3	Pledges and grants receivable, net .		. [0	3	0
trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 6		4	Accounts receivable, net .		[2,008,643	4	2,367,967
Controlled entity or family member of any of these persons 0 5		5	Loans and other receivables from any current or	r forme	r officer, director,		1	
6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(11), and persons described in section 4958(c)(3)(B) 0 6 7 0 7 0 0 7 0 0 7 0 0 7 0 0 0 8 1 0 0 0 7 0 0 0 8 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			trustee, key employee, creator or founder, subst	tantial	contributor, or 35%			
The first of th			controlled entity or family member of any of thes	e pers	ons	0	5	
7 Notes and loans receivable, net 8 0 7 0 0 8 8 Inventories for sale or use 9 7 7 0 8 9 Prepaid expenses and deferred charges 15,734 9 10a 176,286 10a 176,286 10a 176,286 11b 10a 376,255 11b 177,959 1118,516 10c 178,286 11c 10a 376,255 11b 177,959 1118,516 10c 178,286 11c 10a 376,255 11b 11c 11		6	Loans and other receivables from other disqualification	ed pers	sons (as defined			
19			under section 4958(f)(1)), and persons described	l ın sec	tion 4958(c)(3)(B)	. 0	6	
19	ets	7	Notes and loans receivable, net .			0	7	0
19	155	8	Inventories for sale or use				8	
b Less accumulated depreciation 10a 376,255 118,516 10c 178,286 118 10c 178,286 118,516 10c 178,516 10c 178,286 118,516 10c 178,286 118,5	•	9	Prepaid expenses and deferred charges		<u> </u>	15,734	9	
b Less accumulated depreciation		10a	Land, buildings, and equipment cost or					
11 Investments—publicly traded securities 0 11 0 12 10 12 10 12 10 13 10 13 10 13 10 14 10 13 10 14 10 14 10 15 14 10 15 15 15 15 15 15 15			other basis Complete Part VI of Schedule D	10a				
12 Investments—other securities See Part IV, line 11 0 12 0.0		b	Less accumulated depreciation	10b	197,969	118,516	10c	178,286
13 Investments—program-related See Parl IV, line 11 0 13 0 14 14 16 14 16 14 16 15 15 15 15 15 16 16		11	Investments—publicly traded securities .		L			0
14 Intangible assets 0 14 0 0 15 15 15 15 15 15		12	Investments—other securities See Part IV, line	11	ļ	0	12	0
15 Other assets See Part IV, line 11 30,422 15 53,055 16 Total assets. Add lines 1 through 15 (must equal line 33) 2,390,110 16 3,481,741 17 Accounts payable and accrued expenses 907,818 17 1,093,818 18 Grants payable 0 18 0 19 20 Tax-exempt bond liabilities 0 19 21 Escrow or custodial account liability Complete Part IV of Schedule D 0 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 0 22 23 Secured mortgages and notes payable to unrelated third parties 0 23 0 24 Unsecured notes and loans payable to unrelated third parties 307,400 24 162,201 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 0 25 45,854 26 Total liabilities. Add lines 17 through 25 1,215,218 26 1,301,873 27 Total liabilities of mortions 0 28 28 Organizations that follow FASB ASC 958, check here □ and complete lines 27, 28, 32, and 33 29 Captal stock or trust principal, or current funds 0 29 29 Total liabilities and one to follow FASB ASC 958, check here □ and complete lines 29 through 33 29 Captal stock or trust principal, or current funds 0 30 30 Paid-in or capital surplus, or land, building, or equipment fund 0 30 31 Retained earnings, endowment, accumulated income, or other funds 0 31 32 Total liabilities and net assets/fund balances 2,390,110 33 3,481,741 31 Total liabilities and net assets/fund balances 2,390,110 33 3,481,741 32 Total liabilities and net assets/fund balances 2,390,110 33 3,481,741 33 Total liabilities 2,390,110 33 3,481,741 34 Total liabilities 2,390,110 33 3,481,741 35 Total liabilities 2,390,110 33 3,481,741 36 Total liabilities		13	Investments—program-related See Part IV, line	L			0	
16 Total assets. Add lines 1 through 15 (must equal line 33) 2,390,110 16 3,481,741 17 Accounts payable and accrued expenses 907,818 17 1,093,818 18 Grants payable 0 18 19 Deferred revenue 0 19 20 Tax-exempt bond liabilities 0 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 0 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 0 22 23 Secured mortgages and notes payable to unrelated third parties 307,400 24 162,201 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24) Complete 26 Total liabilities. Add lines 17 through 25 1,215,218 26 1,301,873 27 Net assets with donor restrictions 0 28 28 28 28 28 28 2		14						0
17		15		<u> </u>			53,055	
18 Grants payable 0		16_	Total assets. Add lines 1 through 15 (must equa	al line (33)			3,481,741
19 Deferred revenue 0 19 19 20 20 21 21 22 21 22 22		17	· ·		_			1,093,818
Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 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 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 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 26 Total liabilities. Add lines 17 through 25 Corganizations that follow FASB ASC 958, check here ▶ X and complete lines 27, 28, 32, and 33. 27 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 Total liabilities and net assets/fund balances 33 Total liabilities and net assets/fund balances 30 20 21 22 23 2 2 24 25 26 27 28 28 29 29 20 20 21 20 21 22 23 24 25 26 27 28 28 29 29 20 20 21 20 20 21 22 23 24 25 26 27 28 28 29 29 20 20 21 20 20 21 22 23 24 25 26 27 27 27 27 27 27 28 28 29 29 20 20 20 20 21 20 20 20 21 22 23 24 25 26 27 27 27 27 27 27 28 28 29 20 20 20 21 20 20 20 21 20 20			* *	<u> </u>				
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Check if Schedule O contains a response or note to any line in this Part XI Total revenue (must equal Part VIII, column (A), line 12) 1 Total revenue (must equal Part X, column (A), line 25) 2 Total expenses (must equal Part X, column (A), line 25) 3 Revenue less expenses Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 7 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at net of year Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. 1 Accounting method used to prepare the Form 990	Form	990 (2019) HALO NETWORK, INC	2	7-0408181	Pag	ge 12
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c 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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b						
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Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b			•	-		\vdash
As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b				ľ		
the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b	33					l
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b	Ja			32		x
required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b	ь	-		va		广
	U			3h		1
		Togained duals of duality, explain mily on confedure o dire describe dify steps taken to undergo such addition		1 1	990	(2019)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No 1545-0047

Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization HALO NETWORK, INC 27-0408181 Reason for Public Charity Status (All organizations must complete this part.) See instructions

		iteason for i abile onai	ity otatas (/ iii or	garnzadono mast og	mpicto ti	no part.	OGO MIDRIGIONIO		
he	orga	anization is not a private foundat	ion because it is (F	or lines 1 through 12,	check only	one box)		
1	Ĭ	A church, convention of church		-				$6\sqrt{1}$	
2	П	A school described in section	170(b)(1)(A)(ii). (Att	tach Schedule E (Form	990 or 99	90-EZ))	,	(()	
3	\sqcap	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
4	\sqcap	A medical research organization	n operated in conju	inction with a hospital o	described	ın section	170(b)(1)(A)(iii). Er	nter the	
		hospital's name, city, and state							
5		An organization operated for th section 170(b)(1)(A)(iv). (Com		ge or university owned	or operate	ed by a go	vernmental unit desc	cribed in	
6		A federal, state, or local govern	nment or governmer	ntal unit described in se	ection 170)(b)(1)(A)((v).		
7	Х	An organization that normally r described in section 170(b)(1)			m a gove	rnmental (unit or from the gene	ral public	
8		A community trust described in	section 170(b)(1)(/	A)(vi). (Complete Part	II.)				
9		An agricultural research organi or university or a non-land-grar university	zation described in nt college of agricult	section 170(b)(1)(A)(ixure (see instructions)	t) operated Enter the	d in conjur name, city	nction with a land-gra	ant college Illege or	
10		An organization that normally receipts from activities related support from gross investment acquired by the organization af	to its exempt function income and unrelated	ons—subject to certain led business taxable in	exception come (les	is, and (2) s section :	no more than 33 1/3 511 tax) from busine	3% of its	
11		An organization organized and	operated exclusively	ly to test for public safe	ety See se	ection 509	9(a)(4).		
12		An organization organized and							
		of one or more publicly support Check the box in lines 12a thro	led organizations de lugh 12d that descri	escribed in section 50 9 bes the type of suppor	(a)(1) or sting organ	section 50 ization an	09(a)(2). See section d complete lines 126	n 509(a)(3). e, 12f, and 12g	
а		Type I. A supporting organization(sorganization You must cor	s) the power to regu	ilarly appoint or elect a	oy its supp majority o	orted organic of the direct	anization(s), typically ctors or trustees of th	y by giving ne supporting	
b	· [Type II. A supporting organic control or management of the organization(s) You must of	ie supporting organi	ization vested in the sa	on with its ime perso	s supporte ns that co	d organization(s), by ntrol or manage the	having supported	
С	[Type III functionally integrits supported organization(s	ated. A supporting of	organization operated i	n connect	ion with, a	and functionally integ	rated with,	
d		Type III non-functionally in that is not functionally integr	itegrated. A supportated The organizat	ting organization operation generally must sati	ated in cor isfy a distr	nection w abution red	vith its supported org quirement and an att		
	ſ	requirement (see instruction Check this box if the organize	•					e III	
е	l	functionally integrated, or Ty					r type i, type ii, typ		
f		Enter the number of supported	-		•				0
g		Provide the following information			I a		[4 13 4	
	(1)	Name of supported organization	(ii) EIN	(lil) Type of organization (described on lines 1–10 above (see instructions))		organization or governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	;
					Yes	No			
4)									
								· ·	
B) 							_		
C)									
D)	-								
Ε)									
	_								_

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	2,971,093	3,914,818	8,895,637	13,175,787	18,192,793	47,150,128
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	2,371,033	5,517,610	0,000,007	10,173,101	10,102,133	0
3	The value of services or facilities furnished by a governmental unit to the organization without charge .						0
4 5	Total. Add lines 1 through 3 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	2,971,093	3,914,818	8,895,637	13,175,787	18,192,793	47,150,128
	shown on line 11, column (f)			_			
6	Public support. Subtract line 5 from line 4			-			47,150,128
_	tion B. Total Support			•		•	· · ·
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	2,971,093	3,914,818	8,895,637	13,175,787	18,192,793	47,150,128
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from						
	similar sources .	26,433	27,138	55,977	67,094	3,740	180,382
9	Net income from unrelated business activities, whether or not the business is regularly carried on .						0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						0
11	Total support. Add lines 7 through 10			₹			47,330,510
12	Gross receipts from related activities, etc. (se	ee instructions)				12	
	First five years. If the Form 990 is for the o organization, check this box and stop here tion C. Computation of Public Su			n, or fifth tax year a	s a section 501(c)((3)	▶ 🗌
	Public support percentage for 2019 (line 6, c	-		<u> </u>	· · · · · · · · · · · · · · · · · · ·	14	99 62%
			-	"	· •	15	99 21%
	Public support percentage from 2018 Schedule A, Part II, line 14 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization X						
b	33 1/3% support test—2018. If the organiz box and stop here. The organization qualified				s 33 1/3% or more, 	, check this	. ▶□
17a	10%-facts-and-circumstances test—2019 10% or more, and if the organization meets to Part VI how the organization meets the "facts organization".	he "facts-and-circu	mstances" test, ch	eck this box and st	op here. Explain i	n	. ▶□
b	10%-facts-and-circumstances test—2018 15 is 10% or more, and if the organization m Explain in Part VI how the organization meet supported organization	eets the "facts-and-	-circumstances" te	st, check this box a	ind stop here.		-
18	Private foundation. If the organization did rinstructions	not check a box on	line 13, 16a, 16b, 1	17a, or 17b, check	this box and see		

Part II

	WORK, INC		_		27-040818	1 Page 3
Part III Support Schedule for Orga	nizations Des	scribed in Sec	tion 509(a)(2)			
(Complete only if you checke	ed the box on I	ine 10 of Part I	or if the organi	zation failed to	qualify under Pa	ırt II.
If the organization fails to qua	alify under the	tests listed beli	ow, please con	nplete Part II.)	•	
Section A. Public Support				· · · · -		
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	√(f) Total
1 Gifts, grants, contributions, and membership fees				.		
received (Do not include any "unusual grants ")						Ó
2 Gross receipts from admissions merchandise			Ī -			
sold or services performed, or facilities						
furnished in any activity that is related to the organization's tax-exempt purpose				t:		0
3 Gross receipts from activities that are not an						
unrelated trade or business under section 513						0
4 Tax revenues levied for the						
organization's benefit and either paid to				/	1	
or expended on its behalf						0
5 The value of services or facilities		-			 	<u>_</u>
furnished by a governmental unit to the						
organization without charge						0
6 Total. Add lines 1 through 5	0	0	0	0	0	0
7a Amounts included on lines 1, 2, and 3		•	· ·	/	 	
received from disqualified persons			/	1		0
b Amounts included on lines 2 and 3				 	 	
		:		1		
received from other than disqualified						
persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
· • • • • • • • • • • • • • • • • • • •	0	0	0	0	0	0
c Add lines 7a and 7b	,	,	/ ·	T -		
8 Public support (Subtract line 7c from		. /	:] ,	1_	0
line 6)	<u> </u>	1	<u> </u>	' • •	12 1	0
Section B. Total Support	(-) 004 <i>E</i>	(1) 00/0	(-) 0047	44) 0040		
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6 .	0	0	0	0	0	0
10a Gross income from interest, dividends,						
payments received on securities loans, rents,						_
royalties, and income from similar sources		/			 	0
b Unrelated business taxable income (less						
section 511 taxes) from businesses					1	
acquired after June 30, 1975					 	0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business	/					
activities not included in line 10b, whether	/					
or not the business is regularly carried on					1	0

Net acti 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)

Total support. (Add lines 9, 10c, 11

	aliu iz)	<i>"</i> [<u> </u>	O Į	<u> </u>	O J	<u> </u>	
14	First five years. If the Form 990 is	s for the or	rganization's first, seco	and, third, fourth, or fifth	tax year as a sect	ion 501(c)(3)		
	organization, check this box and s	top here		•			•	

Se	ction C. Computation of Public Support Percentage		
15	Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	0 00%
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	0 00%
Se	ction D. Computation of Investment Income Percentage		
17	Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	0 00%
18	Investment/income percentage from 2018 Schedule A, Part III, line 17	. 18	0 00%
19a	33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more that	an 33 1/3%, and line 17 is	

not 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—2018. 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 qualifies as a publicly supported organization
	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV

Supporting Organizations

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

Contina	A .	A II	C		0-	ganizations
Je ction	м.	\sim 11	Jup	porung	U IS	jailizations

	tion A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by		: :	1
	class or purpose, describe the designation. If historic and continuing relationship, explain	1	_	—
2	Did the organization have any supported organization that does not have an IRS determination of status			ł
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			<u> </u>
	organization was described in section 509(a)(1) or (2)	2		ļ
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	3a		
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	3b		
С	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	3c_		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
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	· I		
	despite being controlled or supervised by or in connection with its supported organizations	4b		
С	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	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"		-	
ou	answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN		Ī	
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,		' <i>,</i>	
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action		l	
	was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	-	 	
D	designated in the organization's organizing document?	5b		
		5c		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	1 30		-
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	6		<u> </u>
_	benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	-		-
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	ŀ		
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity	<u> </u>	 	
_	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7	<u> </u>	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	-		
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		_
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			İ
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			ļ
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		<u> </u>
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
C	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			ļ
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section		١.	l

4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

supporting organizations)? If "Yes," answer 10b below

determine whether the organization had excess business holdings)

10a

Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

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

trustees of each of the supported organizations? Provide details in Part VI.

3a

3b

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting C	rgar	nizations	
1 Check here if the organization satisfied the Integral Part Test as a qualifyin	g trus	st on Nov 20, 1970 (explain	ı ın Part VI) See
instructions. All other Type III non-functionally integrated supporting organ	nizati	ons must complete Sections	s A through E
Section A - Adjusted Net Income	(B) Current Year (optional)		
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4	0	0
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or	Ì		
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	0	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			-
instructions for short tax year or assets held for part of year)].		<u>, </u>
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	0	0
e 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	0	0
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by 035	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		0
2 Enter 85% of line 1	2	/	0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		0
4 Enter greater of line 2 or line 3	4		0
5 Income tax imposed in prior year	5	ينه به سد ،	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to		• -	
emergency temporary reduction (see instructions)	6	-	0
7 Check here if the current year is the organization's first as a non-functional	ly inte	grated Type III supporting	organization (see
instructions)			

Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)	
Section	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exempt	1		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organiza	ations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			····
	Total annual distributions. Add lines 1 through 6			0
8	Distributions to attentive supported organizations to which to	he organization is respor	nsive	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2019 from Section C, line 6			0
10	Line 8 amount divided by line 9 amount	 	4::\	0 000
	Section E - Distribution Allocations (see Instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			0
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required—explain in Part VI) See			
	Instructions			
3	Excess distributions carryover, if any, to 2019			
	From 2014 0			
	From 2015 0			
	From 2016 0			
d	From 2017 0			
	From 2018 0			
	Total of lines 3a through e	0.	0	
<u>g</u> _	Applied to underdistributions of prior years		<u> </u>	0
	Applied to 2019 distributable amount Carryover from 2014 not applied (see instructions)			
<u>i</u> :	Remainder Subtract lines 3g, 3h, and 3i from 3f	0		
4	Distributions for 2019 from	0		
•	Section D, line 7 \$ 0			
a	Applied to underdistributions of prior years		0	
	Applied to 2019 distributable amount			0
	Remainder Subtract lines 4a and 4b from 4	0.		
5	Remaining underdistributions for years prior to 2019, if			
•	any Subtract lines 3g and 4a from line 2 For result			
	greater than zero, explain in Part VI See instructions		0	
6	Remaining underdistributions for 2019 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			0
7	Excess distributions carryover to 2020. Add lines 3j		•	
	and 4c	0		Fall South
8	Breakdown of line 7		· - ·	1,12 L 47 m 1 mm
а	Excess from 2015 0		, , , , , , , , , , , , , , , , , , ,	一、一、一、「「「「「「」」」「「「「「「「」」」「「「「」」「「「」」「「「
b	Excess from 2016 . 0			なるとは本をといって
C	Excess from 2017 0	'	e the end , brea	日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日
d	Excess from 2018 0	, , , (The special control of the safe	
е	Excess from 2019 0		, , , ,	こかない ち こびょうきこ

Schedule A (Fo	m 990 or 990-EZ) 2019 HAL(O NETWORK, INC	27-0408181	Page 8
Part VI	Supplemental Information III, line 12, Part IV, Section A B, lines 1 and 2, Part IV, Se 3a, and 3b, Part V, line 1, P	. Provide the explanations required by Part II, line 10, Part II, line 17a of A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV ction C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines art V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V lete this part for any additional information (See instructions)	17b, Part , Section s 1c, 2a, 2b,	
	<u> </u>			
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SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

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

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Open to Public Inspection

Name of the organization Employer identification number HALO NETWORK, INC 27-0408181 Part | Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year. 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a 2b **b** Total acreage restricted by conservation easements . C Number of conservation easements on a certified historic structure included in (a). 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d historic structure listed in the National Register . . . Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 . . . (ii) Assets included in Form 990, Part X . . . If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items a Revenue included on Form 990, Part VIII, line 1 **b** Assets included in Form 990, Part X

Sched	lule D (Form 990) 2019 HALO NETWORK, I	NC					27-040	08181		Page 2
Par	III Organizations Maintaining C	ollections of A	rt, Histo	rical Tre	asures, or	Other	Similar Asse	ts (conti	nued))
3	Using the organization's acquisition, accollection items (check all that apply)									
а	Public exhibition		d [Loan or	exchange pr	ooram				
_	=		_ =	ก์		•				
þ	Scholarly research		e	Other						
С	Preservation for future generations							_		
4	Provide a description of the organization XIII	n's collections and	l explain h	ow they fu	urther the org	anızatı	on's exempt purp	oose in Pa	art	
5	During the year, did the organization sol assets to be sold to raise funds rather the	an to be maintair						Y	es 🗌	No
Par	Complete if the organization ar 990, Part X, line 21		on Form	990, Part	t IV, line 9, o	or repo	orted an amou	nt on Fo	rm	
1a	Is the organization an agent, trustee, cuincluded on Form 990, Part X?	stodian or other ir	ntermediai	y for cont	ributions or o	ther as	sets not	Y	es 🗀] No
b	If "Yes," explain the arrangement in Part	XIII and complet	e the follo	wing table)					
								Amount		
C	Beginning balance					1	С			0
d	Additions during the year					1	d			
е	Distributions during the year .	•			•	_	e			
f	Ending balance	•		•		1	f			0
2a	Did the organization include an amount	on Form 990, Par	t X, line 2	1, for escr	ow or custod	ial acco	ount liability?	Y	es X	No
b	If "Yes," explain the arrangement in Part	XIII Check here	if the expl	anation ha	as been prov	ided or	Part XIII	•		
Part	V Endowment Funds.									
	Complete if the organization an	swered "Yes" o	n Form 9	990, Part	IV, line 10.					
_		(a) Current year	(b) Pri	or year	(c) Two years	back	(d) Three years bac	k (e) Fo	ur years	back
1a	Beginning of year balance	0		0		0		0		0
b	Contributions .									
C	Net investment earnings, gains,					Ì				
	and losses .		ļ							
d	Grants or scholarships	·								
е	Other expenditures for facilities		1							
	and programs .						<u></u> .			
f	Administrative expenses			_					<u> </u>	
g	End of year balance	0	L	0		0]		0		0
2	Provide the estimated percentage of the			line 1g, co	olumn (a)) hel	d as				
a	Board designated or quasi-endowment		<u>%</u>							
b	Permanent endowment Term endowment	, <u>%</u>								
С	Term endowment The percentages on lines 2a, 2b, and 2c	-	10 /2							
3a	Are there endowment funds not in the po	•		n that are	held and ad	minista	red for the			
Ja	organization by	ossession of the c	ngamzanc	iii tiiat aic	neid and adi	111111310	rea for the		Yes	No
	(i) Unrelated organizations							3a(i)	163	
	(ii) Related organizations .						•	3a(ii)		
b	If "Yes" on line 3a(ii), are the related org	anizations listed a	 As required	Lon Sche	dule R?	•	•	3b		
4	Describe in Part XIII the intended uses of		•				•			
Part				iioiii iaiiai						
T GIV	Complete if the organization an		n Form 9	990 Part	IV line 11a	See	Form 990. Pa	rt X. line	10	
	Description of property	(a) Cost or of			or other basis) Accumulated		ook valu	<u></u>
	Sassiption of property	(investm			other)		depreciation	(4) 0	Talu	-
1a	Land		0		0			_		0
b	Buildings		0		0		0			0
c	Leasehold improvements .		0		23,166		23,166			0
d	Equipment		0		29,744		29,744		_	0
е	Other		0		323,345		145,059		17	8,286
Total	. Add lines 1a through 1e (Column (d) mu	ıst equal Form 99	00, Part X,	column (E	B), line 10c)		•		17	8,286

(Inciding name of security)	Complete if the organization answere (a) Description of security or category	(b) Book value	(c) Method of v	
		(b) Book value		
(3) Other (A) (A) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B	(1) Financial derivatives	0		
(6)	(2) Closely held equity interests	0		·
(6)	(3) Other			
(S)	(A)			
(E) .	(B)			
(F)	(C)			
(F)	(D)			
Section Sect	(E)			<u> </u>
Control Column (b) must equal Form 990, Part X, col (B) line 12 D D D D D D D D D			<u> </u>	
Total_(Column (b) must equal Form 990, Part X, col (B) line 13) Discomption of investments—Program Related. Complete if the organization answered "Yes" on Form 990. Part IV, line 11c. See Form 990, Part X, line 13. (c) Method of valuation (Cost or end-of-year market value)				
Part VIII		-		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.		<u> </u>		
(a) Description of investment (b) Book value (c) Method of valuation Cost or end-of-year market value (d) (d) (d) (d) (d) (d) (d) (d) (d) (d)		ad "Voo" on Form 000	Port IV line 11e See Form	000 Bort V line 12
Cost or end-of-year market value				
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶ 0 Part X Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (9) (1) (9) (1) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (1) (2) (3) (4) (5) (6) (7) (8) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (6) (9) (9) (1) (1) (1) (2) (1) (3) (4) (5) (6) (7) (6) (9) (9) (1) (1) (1) (1) (2) (3) (4) (5) (6) (6) (7) (6) (9) (9) (1) (1) (1) (1) (2) (3) (4) (5) (6) (6) (7) (6) (9) (9) (1) (1) (1) (1) (2) (1) (3) (4) (5) (5) (6) (7) (6) (9) (9) (1) (1) (1) (1) (1) (2) (1) (3) (4) (5) (5) (6) (7) (6) (9) (9) (1) (1) (1) (1) (2) (1) (2) (3) (4) (5) (5) (6) (7) (6) (9) (9) (1) (1) (1) (2) (1) (3) (4) (5) (5) (6) (7) (6) (9) (9) (1) (1) (1) (2) (1) (3) (4) (5) (5) (6) (7) (6) (9) (9) (1) (1) (1) (2) (1) (2) (3) (4) (5) (5) (6) (7) (6) (9) (9) (1) (1) (1) (2) (1) (2) (3) (4) (5) (5) (6) (7) (6) (9) (9) (1) (1) (2) (1) (2) (3) (4) (5) (5) (6) (7) (6) (7) (7) (8) (9) (9) (1) (1) (2) (1) (2) (2) (3) (4) (5) (5) (6) (7) (6) (7) (7) (8) (9) (9) (1) (1) (2) (1) (2) (2) (3) (4) (5) (5) (6) (7) (6) (7) (7) (8) (9) (9) (1) (1) (1) (2) (1) (2) (2) (3) (4) (5) (4) (5) (5) (6) (7) (6) (6) (7) (7) (8) (9) (9) (1) (1) (2) (1) (2) (2) (3) (4) (5) (4) (5) (5) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (1) (2) (1) (2) (1) (2) (3) (4) (5) (5) (6) (7) (7) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8	(a) Description of investment	(b) Book value		
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			rannization's financial statements the	

Par			•	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part	IV, line	e 12a.	1 . 1	40 400 500
1	Total revenue, gains, and other support per audited financial statements	•		1	18,196,533
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 .	1		
a	Net unrealized gains (losses) on investments	2a		-	
b	Donated services and use of facilities	2b 2c		- 1888	
C	Recoveries of prior year grants	2d		-	
d	Other (Describe in Part XIII)	_ Zu		2e	C
е 3	Subtract line 2e from line 1			3	18,196,533
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	i i	 		10,130,330
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
	Add lines 4a and 4b			4c	C
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	18,196,533
Part				Return.	
	Complete if the organization answered "Yes" on Form 990, Part		•		
1	Total expenses and losses per audited financial statements			1	17,179,536
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b	•		
С	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1	, · ,		3	17,179,536
4	Amounts included on Form 990, Part IX, line 25, but not on line 1				
а		4a			
b	Other (Describe in Part XIII)	4b			_
	Add lines 4a and 4b	•	• •	4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) XIII Supplemental Information.	•	·	5	17,179,536
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P It XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to pro				4, Fart A, line
			·		

Schedule D (Form 990) 2019 HALO NETWORK, INC	27-0408181 Page	5
Part XIII Supplemental Information (continued)		_
	·	
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		_
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SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

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

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

OMB No 1545-0047

2019

Open to Public Inspection

Employer identification number

HAL	O NETWORK, INC	27-04	08181		
Pai	Questions Regarding Compensation				
				Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding				ľ
	First-class or charter travel Housing allowance or residence for				
	Travel for companions Payments for business use of personal Payments for business personal	=			
	Tax indemnification and gross-up payments Health or social club dues or initiati				İ
	☐ Discretionary spending account ☐ Personal services (such as maid, c				
L	If any of the house on line to are checked did the organization follows written nelicy regarding	novmont			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding or reimbursement or provision of all of the expenses described above? If "No," complete Part III				· ·····
	explain		1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by				
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items chec	ked on line	2		
	1a?				
3	Indicate which, if any, of the following the organization used to establish the compensation of th	е	İ		
	organization's CEO/Executive Director Check all that apply Do not check any boxes for method				
	related organization to establish compensation of the CEO/Executive Director, but explain in Pa	urt III			
	Compensation committee Written employment contract			Ì	a
	☐ Independent compensation consultant ` ☐ Compensation survey or study		i i		
	Form 990 of other organizations Approval by the board or compensations	ation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to organization or a related organization	the filing			
а	Receive a severance payment or change-of-control payment?		4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?		4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item i	n Part III			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.				
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue	any			
	compensation contingent on the revenues of		<u> </u>		
a	The organization?	•	5a		X
b	Any related organization?	•	5b		X
	Tes of the sa of so, describe in tartin				
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue	any		1	
_	compensation contingent on the net earnings of		 6a		X
a b	The organization?		6b		x
	If "Yes" on line 6a or 6b, describe in Part III	•	1		
			<u> </u>		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any no		7		_
8	payments not described on lines 5 and 6? If "Yes," describe in Part III		'		X
•	to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," desc				
	ın Part III		8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure describe	ed in			

Regulations section 53 4958-6(c)?

27-0408181

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 ea		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(I) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(n)-(D)	in column (B) reported as deferred on prior Form 990
OLANIYI FALAYE	(1)	361,439			12,000		373,439	0
1 EXECUTIVE DIRECTOR	(0)						0	0
BUMI OJO FALAYE	(1)	361,439			12,000	•••••	373,439	0
2 CHIEF OPERATING OFFICER	(n)						0	0
3	(1)							
	(11)		-				<u> </u>	
4	(11)					•••••		
	(1)							
5	(11)							
6	(i) (ii)							
	(1)		<u> </u>			 		
7	(u)							
8	(i) (ii)					*******		
	(1)							
9	(11)							
10	E &							
11	(i) (ii)							
12	(1)							
	(1)							
13	(1)							
14	(11)							
15	(i) (ii)							
	(1)							
16	(11)						<u> </u>	duto 1 (Form 980) 2019

Schedule J (Form 990) 2019

Schedule J (Form 990) 2019 HALO NETWORK INC	27-0408181	Page 3
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 Pai for any additional information	rt II Also complete	this part
or any additional information		
	••	

Schedule J (Form 990) 2019

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 Open to Public

Inspection

Internal Revenue Service Employer Identification number Name of the organization HALO NETWORK, INC 27-0408181 Form 990, Part III, Line 4d Program Service Expenses 146,261, Grants and allocations 0, Revenue 0 TBIW PROGRAM Form 990, Part III, Line 4d Program Service Expenses 12,098,844, Grants and allocations 0, Revenue 0 FINANCIAL INTERMEDIARY Form 990, Part III, Line 4d Program Service Expenses 51,886, Grants and allocations 0, Revenue 0 DDP PROGRAM Form 990, Part III, Line 4d Program Service Expenses 9,793, Grants and allocations 0, Revenue 0 NYSED Form 990, Part VI, Section A, Line 2 EXECUTIVE DIRECTORAND CHIEF OPERATING OFFICER MAINTAIN A FAMILY RELATIONSHIP Form 990, Part VI, Section B, Line 11B A DRAFT COPY OF THE RETURN IS FORWARDED TO THE ORGANIZATION FOR REVIEW PRIOR TO FINAL TRANSMISSION TO THE INTERNAL REVENUE SERVICE Form 990, Part VI, Section C, Line 19 UPON REQUEST Form 990, Part VI, Section B, Line 15a EXECUTIVE COMPENSATION IS SET BY THE BOARD OF DIRECTORS CRITERIA INCLUDES ADOPTING AMOUNTS IN LINE WITH SIMILAR COMPENSATION PAID BY SIMILAR ORGANIZATIONS WITHIN THE GEORGRAPHIC AREA

Schedule O (Form 990 or 990-EZ) (2019)	Page	2
Name of the organization	Employer identification number	
HALO NETWORK, INC	27-0408181	