85521	14752	10	From:	3148650750		6-08-21	10:53am p. 3 of 3
						` .	100 Y
	'n	ດຕໍ່	Return of Organiz	ation Exempt	From Ir	ncome Tax 🤇	OMB No. 1546-0047
	m J	3 U	Under section 501(c), 527, or 4947(a)	(1) of the Internal Revenu	e Code (exc	ept private foundation	2019
		UARY 2020) of the Treasury onus Service	Do not enter social secu				Open to Public
				rm990 for instructions an			Inspection
		_	ar year, or tax year beginning	<u>1, 2019</u> and	Մ gnibret		
	mbogemp cyack p	PP	ा जिल्ला । ज			D Employer Identific	ation number
	_Addre	HORI	ZON HOUSING DEVELOPM	MENT COMPANY			
	Chang	ge Boing b	usin ess as			16-167178	38
	Initial return	ו אטוווטפו	and street (or P.O. box if mail is not deliver	red to street address)	Room/sulte	E Telephone number	
L	Final Collum Learnin	7- I	ARSENAL STREET		L	314-865-0	
_	ated	Uny or t	own, state or province, country, and ZIF	or foreign postal code		G Gross receipte 9	885,998.
늗	Arrier Tetur Tetur		OUIS, MO 63118			H(a) is this a group re	
7	dtlan pand		nd address of principal officer: as C above			for subordinates	·····
/1	Tax-ex	xempt status:		(insert no.) 4947(a)(1)) or 527/	H(b) Are all subordinates in	otuded? Yes Mo list. (see Instructions)
			HHDC-STL.ORG	_ (mostring) 1	101	H(o) Group exemption	
				clation Other	L Year t		State of legal domicile; MO
	<u>árt l</u>	Summary	, ·				
g	1	Briefly describ	the organization's mission or most sl	gnificant activities: HELI	P PROVI	DE HOUSING	SERVICES TO
Activities & Governance			IS CITY RESIDENTS W				
Ē			ox if the organization disconti		erom to beso		sets.
Q	3		ting members of the governing body (P			3	$\frac{7}{7}$
්	5	Total number	dependent voting members of the gove of individuals employed in calendar yes	ming body (Part VI, line 16)	······	\\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.	12
Đ.	1 8		of volunteers (estimate if necessary)	11 2019 (Part V, IIII 6 2a)	# 157	5 6	7
춯	72		d business revenue from Part VIII, colu	mn (C). line 12		6 7e	0.
⋖			business taxable income from Form 99		@ 0'e	7b	0.
`		-		0 6		Prior Year	Current Year
9	8	Contributions	and grants (Part VIII, line 1h)	<i>IDI</i> *,	[614,130.	652,429.
Revenue	9	•				172,949.	231,364.
ş			come (Part VIII, column (A), lines 3, 4, a			0.	0.
	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9			1,240.	2,205.
_	12		- add lines 8 through 11 (must equal P			788,319.	885,998.
	13		imilar amounts paid (Part IX, column (A) to or for members (Part IX, column (A),			0.	0.
er	1		er compensation, employee benefits (Pa		n	379,940.	478,351,
Expenses	16	a Professional	fundraising fees (Part IX, column (A), line	e 11e)	″·······	0.	0.
9			sing expenses (Part IX. column (D), line		762.	· · · · · · · · · · · · · · · · · · ·	W. S. L. W. T. T. C.
ũ	17		ses (Part IX, column (A), lines 11e-11d, 1			452,036.	475,215.
	18	Total expens	es. Add lines 13-17 (must equal Part IX,	column (A), line 25)		<u>831,976.</u>	953,566.
	19	Revenue less	expenses. Subtract line 18 from line 12	2 ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<u>-43,657.</u>	-67,568.
्रिड्डिड विद्यु	3				Be	ginning of Current Year	End of Year
8	目 20			*** ,,.		1,641,467.	1,775,574.
<u> </u>	21		s (Part X, line 26) r fund balances. Subtract line 21 from li			184,188. 1,457,279.	385,863. 1,389,711.
	22 ant 1	Signatui		ID EU I III-MIDDUNINIO	·······	<u> </u>	1,009,1444
			, I declare that I have examined this return, in	eluding-accompanyion schedu	ules and statem	ents, and to the best of m	ly knowledge and belief, it is
			e. Declaration of preparer (other than officer)				
		1	1/200		£-X	10.	27.20
		Signatu	re of officer Y Teorito to en	,	7-7-7	Date	111 210 -
SI	gn					1	
	gn ¥e	1	lavena Prove	int Pres	dolat	}	
		Type or	print raine and thus	Preparer's signature		Date Check	PTIN

Firm's name Fick, Eggemeyer & Williamson, Firm's EIN _ 37-1231621 Preparer Firm's address 6240 S. Lindbergh, Ste 101 Ušé Only Phone no. 314 - 845 - 7999 XX Yes St. Louis, MO 63123 No. May the IRS discuss this return with the preparer shown above? (see instructions) Form **990** (2019) 932001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

_	~ 4		- n	7.
From:	< 1 /	1 X h	50	/ 'n

TO 'ASSIST IN PROVIDING HOUSING SERVICES TO ST. LOUIS CITY RESIDENTS WITH DEVELOPMENTAL DISABILITIES.	Form 9	90 (2019) HORIZON HOUSING DEVELOPMENT COMPANY 16-1671788 Page 2
18 Briefly describe the organization's misploon. TO ASSIST IN PROVIDING HOUSING SERVICES TO ST. LOUIS CITY RESIDENTS WITH DEVELOPMENTAL DISABILITIES. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form (90° or 950-52°) If Yes, "describe these new services on Schedule O. 3 Did the organization case conducting, or make significant changes in how it conducts, any program services. "Yes \(\text{No.} \) No if Yes, "describe these changes on Schedule O. 16 Ves, "describe these changes on Schedule O. 17 Ves, "describe these changes on Schedule O. 18 Ves, "describe these changes on Schedule O. 19 Describe the organization is program service scording and revenue, dample prefate that program service scording are required to export the amount of grants and ellocations to others, the total exponses and revenue, dample of services, dample are service reported. 40 Close	Part	
TO ASSIST IN PROVIDING HOUSING SERVICES TO ST. LOUIS CITY RESIDENTS WITH DEVELOPMENTAL DISABILITIES.		
### DEVELOPMENTAL DISABILITIES. Did the organization undertake any algnificant program services during the year which were not listed on the prior Form 990 or 930-E2? If Yes, *Cascribs these new services on Schedule 0. Yes \(\times \) No the tro-organization cease conductors, or make significant changes in how it conducts, any program services? Yes \(\times \) No if *Yes, *Cascribs these changes on Schedule 0. Yes, *Cascribs the schedule of the services of	1	Briefly describe the organization's mission:
2 Did the organization undertake any algrifficant program services during the year which were not listed on the prior Form 990 or 990-527 If Yes, 'Geodetic these change as whices on Schedule O. 3 Did the organization case conducting, or make significant changes in how it conducts, any program services?		
prior Form 980 or 980-627 If Yes Sacrobia these new services on Schedule 0. 3 Did the organization cases conducting, or make significant changes in how it conducts, any program services?		WITH DEVELOPMENTAL DISABILITIES.
prior Form 980 or 980-627 If Yes Sacrobia these new services on Schedule 0. 3 Did the organization cases conducting, or make significant changes in how it conducts, any program services?		
prior Form 980 or 980-627 If Yes Sacrobia these new services on Schedule 0. 3 Did the organization cases conducting, or make significant changes in how it conducts, any program services?		
If "Yes," describe these new services on Schedule O. Did the organization cases conducting, or make significant changes in how it conducts, any program services? Yes \(\times \) No If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplathments for each of its three largest program services, as measured by expenses Section 50 (160); and 501(6)(6); and 501(6); and 501(6)(6); and 501(6); and		
3 Did the organization cases conducting, or make significant changes in how it conducts, any program services?		Provided the second sec
If "res," describe these changes on Schedule O. Dearche the organizations surpogram service (Dearche on Schedule O.) (Code) (copenses \$		If "Yes," describe these new services on Schedule O.
4b (code) (expenses \$		
Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expanses, and revenue, if any, for each program service reported 48 (Cook) (Expanses 771, 252 indusing grants of \$ (Rannous \$ 233,569) PROVIDED HOUSING FOR DEVELOPMENTALLY DISABLED PERSONS IN ST. LOUIS 4b (Code) (Expanses (Rannous \$) (Rannous \$		
Revenue, if any, for each program service reported (Scote) (Separates 71,252. Relating grates of \$) (Revenue \$ 233,569.)		
40 (Code) (Expenses \$ 771,252. reducing grants of \$		
PROVIDED HOUSING FOR DEVELOPMENTALLY DISABLED PERSONS IN ST. LOUIS 4b (Code) (Expenses \$		
4b (Code) (Expenses \$	4a	(Code (Expanses 171, 252. including grants of \$) (Revenue \$ 255, 509.)
4b (Code) (Expenses 3		PROVIDED HOUSING FOR DEVELOPMENTALLY DISABLED PERSONS IN ST. LOUIS
4b (Code) (Expenses 3		
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4d Other program services (Describe on Schedule O.) (Expenses \$ Including grants of \$ } (Ravanue \$) 4a Total program sendes expenses \$ 771, 252.	40	(Code: \(Fxnenses \$ Including graphs of \$) (Revenue \$)
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(Expenses \$ Including grants of \$) (Revenue \$)		And the second s
4e. Total program service expenses 771, 252.	4d	\(\lambda_{} \)
4e Total program service expenses ► //1, 2, 2, 2.		(EXDBINSES 3
	<u>4e</u>	Total program service expenses 7 / 1 , 202 • Form 990 (2019)

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MODERA

Form 990 (2019) HORIZON HOUSING DEVELOPMENT COMPANY

Part IV | Checklist of Required Schedules

16-1671788 Page 3

			Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		١,,	
	If "Yes," complete Schedule A	1_	X	
	Is the organization required to complete Schedule B, Schedule of Contributors	2	X	
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_	1	v
	public office? If "Yes," complete Schedule C, Part I	3_	_	<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			X
	during the tax year? If "Yes," complete Schedule C, Part II	4		
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_		X
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	ļ	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
•	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	1	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, VIII, IX, or X			
• •	as applicable.	ì		!
8	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		Ì	1
•	Part VI	11a	X	<u></u>
ь	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			1
	assets reported in Part X, line 167 if "Yes," complete Schedule D, Part VIII	110		X
đ	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		İ	\
	Part X, line 16? If "Yes," complete Schedule D, Part IX	110		X
•	Did the organization report an amount for other liabilities in Part X, line 25° if "Yes," complete Schedule D, Part X	11e	<u> </u>	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	↓
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	١	\ _v	
	Schedule D, Parts XI and XII	12a	X	+
þ	Was the organization included in consolidated, independent audited financial statements for the tax year?	125		x
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	13	1	X
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	142	+	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	142	\	+
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	1	1	
		14t		l x
45	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	1	1	
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV	16		X
45	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			\top
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundralsing services on Part IX,			1
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	·	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
IĐ	1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	15	1	X
20:	a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20	4	X
0	of "Yes" to line 20a, dld the organization attach a copy of its audited financial statements to this return?	20	b	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	1.	. 1	٠,
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	_ 2		X 0 (2018
		ΕÓ	rm ss	いにしけ

Form	990 (2019) HORIZON HOUSING DEVELOPMENT COMPANY 16-1671	788	Pa	ge 4
Par	t IV Checklist of Required Schedules (continued)			
]	Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		- 1	▼
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
23	Did the organization answer "Yas" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		l	
	and former officers, directors, trustees, key employees, and highest compensated employees? If *Yes, * complete	22	1	X
04-	Schedule J	23		20
248	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete		.	
	Detection of the bare is not a line of a	248		х
.	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			—
Ŭ	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_X_
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			1
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	l		
	Schedule L, Part I	25b	<u></u>	<u> </u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current] ;	
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	\		V -
	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	-		1
	Instructions, for applicable filing thresholds, conditions, and exceptions).		1	
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	288		x
	"Yes," complete Schedule L, Part IV	28b		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		
С	*Yes, *complete Schedule L, Part IV	28c	1	х
00	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	x	
29	Did the organization receive contributions of ert, historical treasures, or other similar assets, or qualified conservation	-		\vdash
30	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization ilquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Pert I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		Ī	
	Schedule N, Part II	32	!	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		1	Π
	sections 301.7701-2 and 301.7701-37 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, III, or IV, and			
	Part V, line 1	34	—	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	 	X
ŧ	o If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			1
	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?	20		X
	If "Yes," complete Schedule R, Part V, line 2	36	+-	 **
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		X
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	†	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	x	1
ſĭð:	Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance			
<u> </u>	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>	
_	Officer/ is continuous a continuous as any man as a second		Yes	No
	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<u>」</u>		
	b Enter the number of Forms W-2G included in line 1a Enter O If not applicable	이	İ	
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	. 10		
832	004 01-20-20	Fo	m 990	(2019

To: 18552147520

	9D (2019) HORIZON HOUSING DEVELOPMENT COMPANY 16-1671	88	Pa	ige :
Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
	. 1 1 г	_	Yes	No
	Inter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	led to the deletion year ordering was or main and year observed by any room.	- 1	77	
ь	f at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	_
ı	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	1		
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3а		2
Ьί	f "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3 b		
4a /	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	inancial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		1
ьl	f "Yes," enter the name of the foreign country			
	See Instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a]
	Old any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	f *Yes" to line 5a or 5b, did the organization file Form 8886-T?	5¢		Г
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization sollcit			
	any contributions that were not tax deductible as charitable contributions?	6a		:
	f "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			T
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	6b	1	l
	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	<u></u>		T
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
		7b	┝┈	┢
		10	\vdash	t
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	70	1	l
	to file Form 8282?	7c	1	╁
	If "Yes," indicate the number of Forms 8282 filed during the year	7-		ļ
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	├	╁
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	┢	╁
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	79	\vdash	╁
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		╀
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	١.	1	ŀ
	sponsoring organization have excess business holdings at any time during the year?	8	 	╀
	Sponsoring organizations maintaining donor advised funds.		1	١
	Did the sponsoring organization make any taxable distributions under section 4966?	9a	₩	╁
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	<u> </u>	1
10	Section 501(c)(7) organizations. Enter:	•		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a	ļ	1	ı
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	ļ	1	1
11	Section 501(c)(12) organizations. Enter			ı
а	Gross income from members or shareholders]	1	١
	Gross income from other sources (Do not net amounts due or paid to other sources against	1	1	İ
_	amounts due or received from them.))		1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	128		1
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			Τ
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		1
	Is the organization licensed to issue qualified health plans in more than one state?	138		I
•	Note: See the instructions for additional information the organization must report on Schedule O.			T
L	Enter the amount of reserves the organization is required to maintain by the states in which the	1	1	-
Ų	organization is licensed to issue qualified health plans			1
_	Enter the amount of reserves on hand	1	1	
C	Did the organization receive any payments for indoor tanning services during the tax year?	146	1	7
14a	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	141		7
	If "Yes," has it filed a Form 720 to report these payments? If Not, provide an explanation of screenie of the section 4980 tax on payment(s) of more than \$1,000,000 in remuneration or	<u> </u>	╁	7
15		15		1
	excess parachute payment(s) during the year?		T	7
	if "Yes," see Instructions and file Form 4720, Schedule N.	16		-
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		\top	┪
	If "Yes," complete Form 4720, Schedule O.		rm 9 9	ᅮ

Form 9	990 (2019) HORIZON HOUSING DEVELOPMENT COMPANY 16-1671			ge 6
Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 76 below, and for a	No" re	spons	e
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	ion A. Governing Body and Management			
			Yes	No
4	Enter the number of voting members of the governing body at the end of the tax year1a1	\neg	134	110
	If there are material differences in voting rights among members of the governing body, or if the governing		- 1	
		j		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		1	
	Enter the number of voting members included on line 1a, above, who are independent			
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	_		v
	officer, director, trustee, or key employee?	2		<u>X</u>
	Did the organization delegate control over management duties customarily performed by or under the direct supervision		1	***
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	_5		X
	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
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		<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	X	
	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
•	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sac	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	•		
360	BOT B. 1 Onclos (Mis deciral b regresse infollments) about pointed for required by the internal reserve		Yes	No
40.	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
D	and branches to ensure their operations are consistent with the organization's exempt purposes?	10ъ		
4.4.	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	X	
		 	 	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	х	ì
12a	Did the organization have a written conflict of interest policy? If *No, * go to line 13	12b	X	
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	120	-	<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		×	Ì
	ın Schedule O how this was done	120	X	├─
13	Did the organization have a written whistleblower policy?	13	X	<u> </u>
14	Did the organization have a written document retention and destruction policy?	14	^	
15	Did the process for determining compensation of the following persons include a review and approval by independent	1		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		1 77	
8	The organization's CEO, Executive Director, or top management official	15a	1	—
þ	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	1	İ	1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	i		l
	taxable entity duning the year?	162	↓	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation		1	
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	ļ		
	exempt status with respect to such arrangements?	16b	<u> </u>	<u> 1</u>
Sec	ction C. Disclosure	_,.		
17	List the states with which a copy of this Form 990 is required to be filed ► None			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c))	3)s on	ly) a va	eldali
.0	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd fin	ancia!	
13	statements available to the public during the tax year.			
gn	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	The Organization - 314-865-0383			
	3001 ARSENAL STREET, ST LOUIS, MO 63118			
_	TOTAL TANGENT WAS A CONTRACT OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF	Fo	m 990	(2019)

Form 990 (2019)			DEVELOPMENT		16-1671788	B Page 7
Part VII Compens	sation of Officers,	Directors,	Trustees, Key Emp	loyees, Highe:	st Compensated	
Employe	es, and Independe	ent Contrac	tors			
Check if Sch	hedule O contains a res	ponse or note t	to any line in this Part VII			<u></u>
		Furnianaaa	d 1 liek-et Ø	to d Montage		

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

 Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099 MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

Check this box if neither the organization (A)	(B)	(C)					1	(D)	(E)	(F)
Name and title	Average	Position (do not check more than one						Reportable	Reportable	Estimated
Haine and and	hours per	box	unie	BO DEI	reor i	B pol	1 SIN	compensation	compensation	amount of
	week	_	er an	ded	reoto	r/trus	= e)	from	from related	other
	(list any	클						the	organizations	compensation
	hours for	ē	7 2			8		organization	(W-2/1099-MISC)	from the organization
	related organizations		Ē		8	otens		(W-2/1099-MISC)		and related
	below	Ē	룖		훁	in in	_			organizations
	line)	In Rivided trucks or director	Institutional Yestee	Oğta	Key employee	Highest compensated templayer	forner	l		J
(1) MARSHA SLEDGE-BRYANT	1.00	-	┢═╴	Ť						
PRESIDENT		Х	ļ	X				0.	0.	0.
(2) LARRY BOONE	1.00				Г					
VICE PRESIDENT		X		Х		L.		0.	0.	0.
(3) EMILY SMITH	1.00								,	
TREASURER]X	L	X			_	0.	0.	0.
(4) FRANCINE FREY-KORTE	1.00					1			_	
SECRETARY		X	L	X	<u> </u>	┞-		0.	0.	0.
(5) PAMBLA BOONE	1.00	1	Ì			1	•			١ ,
BOARDMEMBER		X	上	_	<u> </u>	<u> </u>	↓_	0.	0.	0.
(6) RHONDA SOEST	1.00	ļ	l	1						,
BOARDMEMBER		X	┖	↓_	-	igspace	$ldsymbol{oxed}$	0,	0.	0.
(7) MONALISA HARDEN	1.00	┨	l	1	1			_	_	0.
BOARDMEMBER		X	┡	↓	╄	1_	┡	0.	0.	· · · · · ·
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om 990 (2019)	HORIZON									10-10	<u>/ 1 /</u>	00	Pag	ge 8
Part VII Section A. Off	icers, Directors, Trus		olay	ees			ghes	st C	ompensated Employe	es (continued)				
(A)		(B)			(((D)	(E)			F)	
Name and	d title	Average		not of		more	than o		Reportable	Reportable			mated	
		hours per week		, unle: ceren					compensation	compensation from related			unt a ther	ıt
		(list any	Η.	,					from the	organizations	- 1	compe		ion
		hours for	E E				_		organization	(W-2/1099-MISC		•	n the	
		related	8	ar Sh		i	als:		(W-2/1099-MISC)	,	١.	orgar	nizatio	nc
		organizations	Ę	198		耋	֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓				1		relate	
		below line)	Individual busies or director	Insibutional irushe	Ollter		Hohist compensaled employes	Farmer				organ	ızatıo	IUB
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			┨	1		1	ŀ	1	a a		1			
1b Subtotal				1	 -		٠.	┢	0.	,	0.			0
c Total from continu	ation sheets to Part \								0.		0.			0
d Total (add lines 1b								-	0.		0.			0
2 Total number of Ind	Ividuals (including but	not limited to t	hos	e list	ed a	bov	/e) w	ho r	received more than \$10	0,000 of reportable	à			
compensation from	the organization								···				Yes	No
									,	-1	Г		yes	140
=				key	emţ	oloy			ghest compensated em			3		x
	mplete Schedule J for			· come	3000	atio			ther compensation from		• •	~		
and related organiza	ations greater than \$1:	som on reported so noon if "Yes	: " c	oma	lete	Sch	nedu	le J	for such individual	· bio organización	1	4		x
5 Did any person liste	ed on line 1a receive or	accrue compe	ense	tion.	fror	n an	ry un	rela	ted organization or Indi	vidual for services	" /			
rendered to the org	anization? If "Yes," co.	mplete Schedu	ile J	for :	such	pei	rson					5		X
Section B. Independent	t Contractors `													
									that received more that		pens	ation fr	rom	
the organization. Re		rthe <u>calendar</u>	yea	enc	ding	with	or v	with	n the organization's tax	(year				
	(A) Name and busines	e address	TN:	ION	Tr.				(B) Description of	, services	С	(C omper		п
	TIBILIO BITO DOGITO			.01						- 1				
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2 Total number of inc	dependent contractor	(including but	not	limo	ted 1	to th	nose	liste	ed above) who received	more than				
	ensation from the orga						0							
ψ 100, <u>000 01 comp</u>	ALLOWARD CONTRACTOR		_	_								Form	990	1201

orm 9			19) HORIZON HOUSIN	G DEVELO	PMENT COM	PANY	16-1671	788 Page 9
Pärt	VΙ	n J	Statement of Revenue					
			Check if Schedule O contains a response or	note to any line	e in 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
and Other Similar Amounts	. 1	b M c F d F e C	Federated campaigns Membership dues Fundraising events Related organizations All other contributions, gifts, grants, and similar amounts not included above Noncash contributions nationed in lines 1a-11	552,429. 34,199.	652,429.			
			-	Business Code	024 264	731, 324		
2	2		RENT	531110	231,364.	231,364.	 	<u> </u>
Program Service Revenue		b .						
ا قِ عَ		c.						
<u> </u>		u .						
<u> </u>		f /	All other program service revenue					
			Total. Add ilnes 2a-2f		231,364.		T	
	3 4 5	1	Investment income (including dividends, Interestother similar amounts)			_		
			<u>. </u>	(II) Cersona:				ļ
	6		Gross rents 6a Less: rental expenses 6b				1	1
L			Rental income or (loss) 6c				İ	1
			Net rental income or (loss) ,	· >			_	
	7		Gross amount from sales of (i) Securities	(ii) Other		,		
			assets other than inventory 7s					
		b	Less: cost or other basis					
활			and sales expenses					
<u>ş</u>			Gain or (loss) 7c			 	·	-
Ě			Net gain or (loss)	<u>, ,,,,,,, ,, , , , , , , , , , , , , ,</u>				 ·
Other Revenue	8		Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 Ba					
			Less, direct expenses 8b		ļ	<u> </u>		<u> </u>
		c	Net income or (loss) from fundraising events	<u> ೬</u>			 	
ļ	9	B	Gross income from gaming activities. See				1	1
ļ			Part IV, line 19 9a		-	Ì		
ļ		_	Less: direct expenses 9b	L	 		 	
			Net income or (loss) from garning activities			_		
	10	, a	Gross sales of inventory, less returns and allowances	·				}
		h	Less: cost of goods sold 10b		1			<u> </u>
	l		Net income or (loss) from sales of inventory	<u></u>				
<u></u>	Τ			Business Code		- X X X X		
Miscellaneous Revenue	1.	1 a	OTHER INCOME	900099	2,205	2,205	-	+
E E		b			 	+		+
Rey	1	C			-	+	-	
Ĭ			All other revenue	_	2,205			
	بــــــــــــــــــــــــــــــــــــــ		Total, Add lines 11a-11d Total revenue. See instructions	<u>.,, ,,</u>	885,998		0.	. 0
	12	<u>2</u> 01-20						Form 990 (201

6-08-21 10:53am p. 12 of 34

Part	IX Statement of Functional Expense	S	.,,		
ectio	n 501(c)(3) and 501(c)(4) organizations must comp			mpiete column (A).	_
	Check if Schedule O contains a respons		his Part IX	(C)	(D)
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expanses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1 1	Grants and other assistance to domestic organizations				
á	and domestic governments. See Part IV, line 21 🔝 📙				
2 (Grants and other assistance to domestic				
i	individuals See Part IV, line 22				
3	Grants and other assistance to foreign			Ţ	
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
	Compensation of current officers, directors,				
	trustees, and key employees			_	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages	362,762.	269,542.	87,885	5,33
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits,	87,878.	52,797.	34,063.	1,01
	Payroli taxes	27,711.	20,579.	6,723	40
	Fees for services (nonemployees):				
	Management				
ь	Legal				
	Accounting	- · · · · · · · · · · · · · · · · · · ·			
	Lobbying	_,			
	Professional fundraising services. See Part IV, line 17			.,	
f	Investment management fees				
я	or an analysis of Page Of				
_	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				_
18	Payments of travel or entertainment expenses				
=	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	7,480.	6,480.	1,000.	
20	Interest	1,168.	1,168.		
21	Payments to affiliates				<u>.</u>
22	Depreciation, depletion, and amortization	116,342.	113,117.	3,225.	, ,
23	Insurance	33,818.	25,673.	8,145.	
24	Other expenses, Itemize expenses not covered above (List miscellaneous expenses on line 24a. If line 24a amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	120,447.	116,147.	4,300.	
8		91,011.	89,559		
þ	REPAIRS AND MAINTENANCE	27,490.			·
C	GEENT TOO	23,868			
đ		53,591	33,728		 -
	All other expenses	953,566			6,70
25	Total functional expenses. Add lines 1 through 24e		111,232		
26	Joint costs. Complete this line only if the organization	\			
	reported in column (B) joint costs from a combined			1	
	educational campaign and fundraising sollcitation.	1		1	
	Check here If following SOP 88-2 (ASC 958-720)	<u> </u>			Form 990 (

<u>orm 990</u>		HORIZON HOUSING DEVELOPMENT COM	MPANY	16-1	671788 Page 11
Päit X		Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X		i i	· · · · · · · · · · · · · · · · · · ·
			(A) Beginning of year	}	(B) End of year
_			127,571.	1	182,709
1		Cash - non-interest-bearing	121,311.		102,703.
2		Savings and temporary cash investments	26,199.	2	13,311.
3		Pledges and grants receivable, net	1,995.		12,678.
4		Accounts receivable, net	1,773.	4	12,070.
5		Loans and other receivables from any current or former officer, director,] [
		trustee, key employee, creator or founder, substantial contributor, or 35%		l _ l	
\		controlled entity or family member of any of these persons		5	
6		Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
<u>9</u> 7		Notes and loans receivable, net		7	
Assets		Inventories for sale or use	20 063	8	20 503
< 9	•	Prepaid expenses and deferred charges	30,063	9	32,582.
10)a	Land, buildings, and equipment: cost or other		1	
		basis. Complete Part VI of Schedule D 10a 2,668,155. Less: accumulated depreciation 10b 1,133,861.	4 455 630	1 1	1 524 204
1			1,455,639	_	1,534,294
11	1	Investments - publicly traded securities	ļ	11	
12	2	Investments - other securities. See Part IV, line 11		12	
13	3	Investments - program-related. See Part IV, line 11		13	
14	4	Intangible assets		14	
15	5	Other assets. See Part IV, line 11	1 649 469	15	<u> 1 ንማዩ ጀታ</u> ለ
16	6	Total assets, Add lines 1 through 15 (must equal line 33)	1,641,467		1,775,574
17	7	Accounts payable and accrued expenses	19,352		49,994
18	8	Grants payable		18	
19	9	Deferred revenue		19	·· ·
20		Tax-exempt bond liabilities		20	
2.		Escrow or custodial account flability. Complete Part IV of Schedule D		21	
S 2	2	Loans and other payables to any current or former officer, director,	, ·	1 1	
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%		امما	
별		controlled entity or family member of any of these persons		22	
_ Z	3	Secured mortgages and notes payable to unrelated third parties	150,300	23	316,714
2		Unsecured notes and loans payable to unrelated third parties	130,300	• 24	270,114
2	5	Other liabilities (including federal income tex, payables to related third		h l	
- 1		parties, and other liabilities not included on lines 17-24). Complete Part X	14,536	ا م	19,157
		of Schedule D	184,188		385,863
2	26	Total liabilities. Add lines 17 through 25	104,100	1 20	305,005
اي		Organizations that follow FASB ASC 958, check here			,
ğ		and complete lines 27, 28, 32, and 33.	1,457,279	. 27	1,389,711
를 2	27	Net assets without donor restrictions	1/20/12/2	28	_,,,,,,
6 2	28	Net assets with donor restrictions		+===	
٦		Organizations that do not follow FASB ASC 958, check here	Ì	i	
o l		and complete lines 29 through 33.		29	
뗥 2	29	Capital stock or trust principal, or current funds		30	
ğ 3	30	Paid-in or capital surplus, or land, building, or equipment fund	1	31	
=	31	Retained earnings, endowment, accumulated income, or other funds	1 457 270		1,389,711
	32	Total net assets or fund balances	1,641,467		1,775,574
1_3	<u>33</u>	Total liabilities and net assets/fund balances	1 -131 -47	- 1	Form 990 (201

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Form	990 (2019) HORIZON HOUSING DEVELOPMENT COMPANY	16-1671	788	Pag	e 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		_		<u>_</u>
	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25)	1 2	953	, 9 <u>9</u>	6.
3	Revenue less expenses. Subtract line 2 from line 1	3		7,50	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4 1	, 457	7,27	9.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Pnor penod adjustments	. 8			
9	Other changes in net assets or fund balances (explain on Schedule 0)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10 1	, 389	9,7:	11.
Par	t XII Financial Statements and Reporting		•		
	Check if Schedule O contains a response or note to any line in this Part XII				X
1	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	2eY	No_
	If "Yes," check a box below to indicate whether the financial statements for the year were complled or reviewe separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis	d on a	2ь	x	
U	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa		A.D		
c	consolidated basis, or both: Separate basis Consolidated basis Both consolidated end separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	ne audīt,	2c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S			}	
	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 req	uired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3ь		
			P	000	2040

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section
4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer Identification number

Marie I			DEVELOPMENT			2-16/1/88					
Part I	Reason for Public C										
	ization is not a private founda					1					
1	A church, convention of chu	•			i)(A)(I).	\wedge \uparrow					
2	A school described in section				· ·						
3	A hospital or a cooperative h					h - l lb - l'					
لــا 4	A medical research organiza	tion operated in conj	unction with a nospital o	described in sectio	n 170(b)(1)(A)(III). Enter t	ne nospπars name,					
	city, and state:										
5 📖	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)										
		•		4' 470/bV4V6	4.4						
6 L 7 X	A federal, state, or local government An organization that normali	•				oublic described in					
لکا 7	section 170(b)(1)(A)(vi). (Co		dar part of its support in	om a governmenta	Milit of Iron) the develop	pablic acsorrace in					
8 <u></u>	A community trust described		NANM (Complete Part	11 \		,					
。 	An agricultural research orga				inction with a land-grant (college					
э	or university or a non-land-gi										
	university.	Ent college of agrico	itale (see illemander)	,,,,	y and state of the orange						
10 🗔	An organization that normal	ly receives: (1) more:	than 33 1/3% of its supp	port from contribut	ons, membership fees, a	nd gross receipts from					
	activities related to its exem										
	income and unrelated busin										
	See section 509(a)(2). (Con		,,	•							
11 🗀	An organization organized a		vely to test for public saf	lety. See section 5	09(a)(4).						
12 🗀	An organization organized a					purposes of one or					
	more publicly supported org										
	lines 12a through 12d that o	iescribes the type of	supporting organization	n and complete line	s 12e, 12f, and 12g						
a 🗆	Type I. A supporting orga										
	the supported organization	n(s) the power to req	jularly appoint or elect a	majority of the dire	ectors or trustees of the s	upporting					
	organization, You must c										
ь∟	Type II. A supporting orga										
	control or management of			ame persons that o	control or manage the sup	ported					
_	organization(s). You must										
с∟	Type III functionally inte					ea with,					
_	ts supported organization	n(s) (see Instructions). You must complete F	art IV, Sections A	, D, and E.	ention(n)					
d L	Type III non-functionally	Integrated. A supp	orting organization open	ated in connection	Mili us anbborten ordanı	zauon(s)					
	that is not functionally int					14611632					
	requirement (see instruct) Check this box if the orga	ions), You must con	ipiete Part IV, Secuolis	M and D, and Far M that IDC that it is	a Type I Type II Type III						
e L	functionally integrated, or				a type it type iit type iii						
ø En	ter the number of supported		nally litte Stated and bott	ing organizations							
	ovide the following information		d organization(s).								
9 11	(i) Name of supported	(ii) EIN	(III) Type of organization	(iv) is the organization listed in your governing document	(v) Amount of monetary	(vi) Amount of other					
	orgenizetion	′	(described on lines 1-10 above (see instructions))	Yes No	support (see instructions)	support (500 instructions)					
		ļ									
				 	ļ						
		,		1	}						
		 		 	 -						
			 	 	-	 					
Total		1		N 000-E7 000001	no as to Schedule A (Fr	orm 990 or 990-EZ) 2019					
LHA Fo	r Paperwork Reduction Act	Notice, see the inst	LACCOUR for Lorus 880 (NI 334-FF' R35051	Po-co-is						

Schedule A (Form 990 or 990 EZ) 2019 HORIZON HOUSING DEVELOPMENT COMPANY 16-1671788 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization falled to qualify under Part III. If the organization falls to qualify under the tests listed below, please complete Part III.) 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 670,110. 694,028. 740,620. 614,130. 652,429 include any "unusual grants") 3,371,317. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 694,028. 740,620. 670,110. 614,130. 652,429. 3,371,317. 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 3,371,317. 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (e) 2019 (f) Total (b) 2016 (c) 2017 (d) 2018 (a) 2015 670,110 694.028. 740,620. 614.130. 652.429 3,371,317. 7 Amounts from line 4 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties, and income from similar sources ... 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other Income. Do not include gain or loss from the sale of capital 1,320 393 1,240 2,205 8,425. 3,267 assets (Explain in Part VI.) 3,379,742. 11 Total support. Add lines 7 through 10 231,364. 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 99.75 14 15 Public support percentage from 2018 Schedule A, Part II, line 14 16a 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 $\triangleright X$ b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and fine 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-oircumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

932022 09-25-18

Schedule A (Form 890 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 HORIZON HOUSING DEVELOPMENT COMPANY 16-1671788 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

	qualify under the tests listed be	low, please compl	lete Part II.)				
	n A. Public Support			••	_	r ·	/
Calenda	r year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gif	ts, grants, contributions, and					1	
	mbership fees received. (Do not						
Inc	lude any "unusual grants.")						
	ose receipts from admissions,	Ĭ					
	erchandise sold or services per- med, or facilities furnished in						
	y activity that is related to the						
org	ganization's tax-exempt purpose				<u> </u>		
3 Gr	oss receipts from activities that	ļ ,			1		
are	not an unrelated trade or bus-						
iné	sse under section 513						
4 Ta	x revenues levied for the organ-	-			/	1	
122	tion's benefit and either paid to					ļ	
or	expended on its behalf					<u> 1</u>	
5 T h	e value of services or facilities						
fui	mished by a governmental unit to				/ \	}	
	e organization without charge						
	otal. Add lines 1 through 5		_		/		
	nounts included on lines 1, 2, and		\				
	received from disqualified persons		١				
	nounts included on tines 2 and 3 received						
	rn other than disqualified persons that						
	send the greater of \$5,000 or 1% of the sount on line 13 for the year				`		
	idunt on the 13 for the year			1 7			
	ublic support. (Subtract line 7c from line 8.)			/			
Secti	on B. Total Support	L		/	_,1	!	
	ar year (or fiscal year beginning in)	(a) 2015	(b) 2016/	(c) 2017	(d) 2018	(e) 2019	(f) Total
	mounts from line 6	(6) 2010	(8) 28 (8)	(0) 2017	(4, 2010	1	(4) 1 2 4 2 1
	ross Income from interest.	-	/				
di	vidends, payments received on	1	/				
	ecurries loans, rents, royalties, nd income from similar sources		/				
	related business taxable income		 	-			
	ess section 511 taxes) from businesses		/		Ì		
	equired after June 30, 1975	/	1		1		
				 		-	
	dd lines 10a and 10b	/-	+	<u> </u>			
	ctivities not included in line 10b.	/	1				
w	hether or not the business is						/
	egularly carned on	-/		 	 	_	
	ther income. Do not include gain right from the sale of capital	/					
а	ssets (Explain in Part VI)	/		 		_	
13 T	otal support. (Add lines 8, 10o, 11, and 12)	<u>/</u>	<u> </u>	<u> </u>	1	1	<u> </u>
	irst five years. If the Form 990 is fo					uon ao ((c)(a) organ	iization,
<u> </u>	heck this box and stop here					· · · · · · · · · · · · · · · · · · ·	
Sect	ion C. Computation of Pub	iic Support Pe	ercentage) - al man (6)		15	
	ublic support percentage for 2019					16	
	Public support percentage from 201					. 1 10 1	70
	ion D. Computation of Inve				A \ \	14-	%
17 li	nvestment income percentage for 2	:019 (line 10c, colu	imn (f), divided by	line 13, column (f)) '	40	
18 l	nvestment income percentage from	2018 Schedule A	, Part III, line 17			. 18	
19a 3	3 1/3% support texts - 2019. If th	e organization did	not check the bo	x on line 14, and l	ime 15 is more tha	il 33 i/375, and line	= 11 IS 1101
r	nore than 33 1/3%, check this box	andstop here. The	e organization qua	alifies as a publicl	y supported organ	ization	.,
þ3	33 1/3% support tests - 2018. If th	e organization did	not check a box	on line 14 or line	iya, and line 16 is	more than 33 1/3%	o, and
ŀ	ine 18 is not more than 33 1/3%, ch	neck this box ands	stop here. The org	ganization qualifie	s as a publicly sur	iponeo organizatio	"' · ······· [- -
20 1	rivate foundation. If the organizat	ion did not check :	a box on line 14,	19a, or 19b, chec	K this box and \$60	instructions	
832023	09-25-19				S	cueanie y (Loum a	990 or 990 -EZ) 2019

Schedule A (Form 990 or 990 EZ) 2019 HORIZON HOUSING DEVELOPMENT COMPANY

16-1671788 Page 4

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 F. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)			
Sect	ion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			l
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		<u> </u>
2	Did the organization have any supported organization that does not have an IRS determination of status			
_	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2		
20	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			Γ'
Vu	(b) and (c) below.	3a		
h	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	1	
_	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	<u> </u>		1
C	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	ļ	1
	Was any supported organization not organized in the United States ("foreign supported organization")? If			
42		4a		
_	"Yes," and if you checked 12e or 12b in Part I, answer (b) and (c) below.		1	1
Ь	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	ľ	l	1
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion	46		
	despite being controlled or supervised by or in connection with its supported organizations.	40	+	
Ċ	Did the organization support any foreign supported organization that does not have an IRS determination	-	l	
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used		1	
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	١.	1	
	purposes.	40	├	+
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"		1	
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN		ì	l
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;		1	
	(III) the authority under the organization's organizing document authorizing such action, and (iv) how the action	1 _		
	was accomplished (such as by amendment to the organizing document).	, <u>5a</u>	—	+
þ	Type I or Type II only. Was any added or substituted supported organization part of a class already		1	
	designated in the organization's organizing document?	5b	ـــ	+
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	—	_
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (1) its supported organizations, (ii) individuals that are part of the charitable class		1	
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also		1	
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in		1	
	Part VI.	6	.	↓
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor		-	
_	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon		1	
·	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
Q:	Was the organization controlled directly or Indirectly at any time during the tax year by one or more		1	1
0.	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
1	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
ļ	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9 b	L	
	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
'	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
40	Was the organization subject to the excess business holdings rules of section 4943 because of section			
10	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally Integrated	\		
	supporting organizations)? If "Yes," answer 10b below.	10a		
	b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
	b Did the organization have any excess business holdings in the Lax year (1999 1997)	101	, I	

determine whether the organization had excess business holdings)

Sche	dule A (Form 990 or 980-EZ) 2019 HORIZON HOUSING DEVELOPMENT COMPANY 1	6-167178	8 Ps	age 5
Pä	rt IV Supporting Organizations (continued)	· · ·		.,,,,,
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
<u>c</u>	A 35% controlled entity of a person described in (a) or (b) above?/f "Yes" to e, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		1	
	controlled the organization's activities. If the organization had more than one supported organization,	1		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	+		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2				_
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s),	4	Ì	
Sec	tion D. All Type III Supporting Organizations			Ь
		·	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		1	
	year, (II) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the appointed			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization mainteined a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	<u> </u>		
	significant volce in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	з		ļ
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the integral Part Test during the yeatsee Instru	ctions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
þ	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	(see Instruction:	e)	
2	Activities Test. Answer (a) and (b) below.	(0 //	Yes	No
à	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	_		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,		}	
	how the organization was responsive to those supported organizations, and how the organization determined	1		
	that these activities constituted substantially all of its activities	2a		
ь	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		\vdash	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	[
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b	1	1
3	Parent of Supported Organizations. Answer (a) and (b) below.		 	\vdash
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
a	trustees of each of the supported organizations? Provide details in Part VI.	3a	1	1
_	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	38	 	\vdash
D	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		
		/Earm 990 at 9	<u> </u>	\ 0040

Schedule A (Form 990 or 990-EZ) 2019 HORIZON HOUSING DEVELOPM	ENT	COMPANY	16-16/1 <mark>/88 Page 6</mark>
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting	orga	nizations	- Dava / M. Cantanatana A
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trust on	1 Nov. 20, 1970 (explain if	n Hart VI). See Instructions. A
other Type III non-functionally integrated supporting organizations must con Section A - Adjusted Net Income	npiete S	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	T_{T}		
1 Net short-term capital gain 2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
	4		
	5		
	 	•	
	1		
collection of gross income or for management, conservation, or	6		
maintenance of property held for production of income (see instructions)	7		
7 Other expenses (see instructions)	8		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	1 8-4		(B) Current Year
Section B - Minimum Asset Amount		(A) Prior Year	(optional)
1 Aggregate fair market value of all non-exempt-use assets (see			ļ
instructions for short tax year or assets held for part of year)	J.,		
a Average monthly value of securities	1a		
b Average monthly cash balances	15		
c Fair market value of other non-exempt-use assets	10	<u> </u>	
d Total (add lines 1a, 1b, and 1c)	16		
e Discount claimed for blockage or other	1		
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	1		
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	6		
6 Multiply line 5 by 035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount		(Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	7 1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 6, Column A)	3	[
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional	lly Integ	rated Type III supporting	organization (see
instructional		,, -	

Schedule A (Form 990 or 990-EZ) 2019

1

Scher Par	tV Type III Non-Functionally Integrated 509			6-1671788 Page 7
Ь	on D - Distributions	relial aribbarriting and	(continued)	Current Year
<u> </u>	Amounts paid to supported organizations to accomplish exe	mnt nurnnear		Current Year
	Amounts paid to supported organizations to accomplish exe Amounts paid to perform activity that directly furthers exemp			
~	organizations, in excess of income from activity	or barbases or supported		
	Administrative expenses paid to accomplish exempt purpose	as of numerical accoming to a		
<u>3</u> 4	Amounts paid to acquire exempt use assets	es or supported organization	<u>s</u>	
5	Qualified set-aside amounts (prior IRS approval required)			
<u> </u>	Other distributions (describe in Part VI). See instructions.			
7_	Total annual distributions. Add Ines 1 through 6.	<u> </u>	· - ·	
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
_	(provide details in Part VI) See Instructions.	-		<u> </u>
9_	Distributable amount for 2019 from Section C, line 8			
10	Line 8 amount divided by line 9 amount	405		
Sect	on 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			
2	Underdistributions, if any, for years prior to 2019 (reason-		 	
	able cause required-explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
ь	From 2016			
	From 2016	(
d	From 2017			
	From 2018			
f	Total of lines 3a through e			
9	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
ī	Carryover from 2014 not applied (see instructions)			
$\overline{}$	Remainder, Subtract lines 3g, 3h, and 3i from 3f			•
4	Distributions for 2019 from Section D.			
	line 7: \$	-		
a	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
_	Remainder. Subtract lines 4a and 4b from 4.			
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.		•	
8	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in	,		
	Part VI See Instructions.			
7				
-	and 4c.			
8	Breakdown of line 7:			
_	Excess from 2015			
	Excess from 2016			
	Excess from 2017	 		
	Excess from 2018	 	<u>-</u>	
	Excess from 2019		· · · · · · · · · · · · · · · · · · ·	

Schedule A (Form 990 or 990-EZ) 2019

Schedule A	(Form 990 or 990-EZ) 201	9 HORIZON	HOUSING DE	VELOPMENT C	OMPANY	16-1671788	
Part VI	(Form 990 or 990 EZ) 201 Supplemental Info Part IV, Section A, Innes line 1; Part IV, Section D, Section D, Innes 5, 6, and (See Instructions.)	rmation. Provide 1, 2, 3b, 3c, 4b, 4c, , lines 2 and 3; Part J 8; and Part V, Sec	the explanations res 5a, 8, 9a, 9b, 9c, 11 IV, Section E, lines tion E, lines 2, 5, and	quired by Part II, line a, 11b, and 11c; Part Ic, 2a, 2b, 3a, and 3t d 6. Also complete th	10; Part II, line 17a i IV, Section B, line o; Part V, line 1; Pai is part for any addi	or 17b; Part III, line 12; s 1 and 2; Part IV, Section t V, Section B, line 1e; Part tional Information.	C, tV,
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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.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization Employer identification number 16-1671788 HORIZON HOUSING DEVELOPMENT COMPANY

Pā	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	ds or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s
	· · · · · · · · · · · · · · · · · · ·	(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 (dunng year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor ad	vised funde
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can l	ne used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other number	se conferina
	and the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second o	- a man man and a man and a man and a	
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990	D. Part IV. line 7.
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply).	1
	Preservation of land for public use (for example, recrea		of a historically important land area
	Protection of natural habitet	·	of a certified historic structure
	Preservation of open space		or a continua materia atroptore
2	Complete lines 2s through 2d if the organization held a qualit	fied conservation contribution in the for	m of a conservation agreement on the last
	day of the tax year,		Held at the End of the Tax Year
8	Total autobas of agrees at the same of	,	28
ь	Total acreage restricted by conservation easements		
c	Number of conservation easements on a certifled historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic stru	cture
	listed in the National Register		l i
3	Number of conservation easements modified, transferred, re-		
	year▶	, , , , , , , , , , , , , , , , , , ,	or or garmage of the data tax
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the per		– of
	violations, and enforcement of the conservation easements in	h li . 1 d . A	No Pea No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	>		, , , , , , , , , , , , , , , , , , , ,
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violetions, and enforcing conser	vation easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 1	70(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati		se statement and
	balance sheet, and include, if applicable, the text of the foots	note to the organization's financial state	ements that describes the
	organization's accounting for conservation easements		
Pa	t III Organizations Maintaining Collections o		Other Similar Assets.
	Complete if the organization answered "Yes" on Form	1990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statemer	t and balance sheet works
	of art, historical treasures, or other similar assets held for put	blic exhibition, education, or research in	furtherance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these it	ems,
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement ar	nd balance sheet works of
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in fu	urtherance of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1	***** * ** *** **** **** *** *** *** *** *** *** *** ***	\$
	(1) A		
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under FASB A		•
à	Revenue included on Form 990, Part VIII, line 1		> \$
	Assets included in Form 990, Part X		
	Tay Danson to Darke ties Ant Nation and the Instruction		Cabadula D (Carry 000) 0010

	dule D (Form 990) 2019 HORIZON	HOUSING D	EV EL	OPMENT	COMPA	NY	16-	1671788	Page 2			
Pai	t III Organizations Maintaining (Collections of A	rt, His	torical Tr	easures, d	or Other	Similar A	ssets/continue	∌ď)			
3	Using the organization's acquisition, access	ion, and other record	ds, chec	k any of the	following tha	t make sig	inficant use o	of its				
	collection items (check all that apply).					•						
ā	Public exhibition	d	. 🗀	Loan or exc	hange progra	am						
ь	Scholarly research	E	. 🗀	Other								
C	Preservation for future generations											
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII											
5	5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets											
-	to be sold to raise funds rather than to be maintained as part of the groundation's collection?											
Pai	TIV Escrow and Custodial Arran	i gements. Compli	ete if the	organizatio	n answered '	"Yes" on F	orm 990, Par	t IV, line 9, or				
	reported an amount on Form 990, Pa	irt X, line 21.										
1a	la the organization an agent, trustee, custod	lian or other intermed	diary for	contribution	s or other as	sets not li	rcluded	··-				
	on Form 990, Part X?		**** ****					Yes	□ No			
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	griwall	table:			-111117 21 1111	•				
								Amount				
C	Beginning balance						1c					
d	Additions during the year					,,,,	1d					
	Distributions during the year						1e					
f	Ending balance		••• ••••	•			17					
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for	escrow or cu	ustodial acco	unt liabilit	y?	Yes	No			
LDo:	If "Yes," explain the arrangement in Part XIII	. Check here if the ex	xplanatio	on has been	provided on	Part XIII						
Pai	t V Endowment Funds. Complete											
		(a) Current year	(b) <u>F</u>	rlor year	(c) Two year	rs back (c	i) Three years t	oack (e) Four ye	ars back			
1a	Beginning of year balance											
Ь	Contributions											
C	Net investment earnings, gains, and losses											
	Grants or scholarships							_				
е	Other expenditures for facilities											
_	and programs						-					
t	Administrative expenses											
_	End of year balance											
2	Provide the estimated percentage of the cur	re∩t year end baland		ġ, ¢olumn (a	i)) held as;							
	Board designated or quasi-endowment		%		•							
	Permanent endowment	%										
С		%										
	The percentages on lines 2a, 2b, and 2c sho											
32	Are there endowment funds not in the posse	sssion of the organiz	ation tha	g bled eta fa	nd administe	red for the	organization	·				
	by:								ea No			
	(i) Unrelated organizations							3a(i)	 -			
L	(ii) Related organizations				** ********			3a(ii)	\rightarrow			
4	If "Yes" on line 3a(ii), are the related organize				,			, 3b				
Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm	organization's engl	wment	tungs.				·-				
	Complete if the organization answere		n n-+1	LC 11) F 000	. D4 V 1						
								r <u>-</u>	 			
	Description of property	(a) Cost or of basis (investr		(b) Cost basis	or other		cumulated	(d) Book v	euls			
4	Land		noin)		3,586.	<u>aepr</u>	eciation	147	<u> </u>			
	Land	• "			2,067.	_ 1_0	22 102	1,358	,586.			
	Buildings	···		2,33	2,007.	τ,υ	33,183.	1,338	,004.			
	Equipment	-	-	1.2	2,502.	~~	00,678.	21	,824.			
	Other	·		1 2		<u>_</u>	00,070.) · · · · · · · · · · · · · · · · · · ·	,024.			
_	. Add lines 1a through 1e. (Column (d) must e	agual Form 990 Pert	X colu	nn (A) line 1	(Oc.)			1,534	294			
, _ , _ ,	io io ono per io looranini lo) mont e	7-71 7:11 0001 1:01	- 4 30101	(-), u/10 1	 //			1 -1-0-2	, 			

Schedule D (Form 990) 2019

Part VII Investments - Other Securities. Complete if the organization answered "Yes" of	on Form 990. Part IV. line '	11b. See Form 990 Part X IIIaa	12
(a) Description of security or category (including name of security)	(b) Book value		ost or end-of-year market value
1) Financial derivatives		· · · · · · · · · · · · · · · · · · ·	
2) Closely held equity interests [
3) Other			
(A)			
(B)			
(C)		-	
(D)			<u> </u>
(E)			
(F)		· · · · · · · · · · · · · · · · · · ·	
(G)			
(H)	, ,		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete If the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line	13
(a) Description of investment	(b) Book value	(c) Method of valuation: Co	ost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5) ,			•
(6)			
(7)			
(8)			· · · · · · · · · · · · · · · · · · ·
(9)			- -
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d See Form 990, Part X, line	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)	·		
(8)			
(9)		·····	
Total. (Column (b) must equal Form 990, Pert X, col. (B) line	: 15)		▶
Pärt X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part	
1. (a) Description of liability			(b) Book value
(1) Federal Income taxes			1015
(2) REFUNDABLE DEPOSITS			19,157
(3)			
(4)	· ·		
(5)			
(6)			
(7)			<u> </u>
(8)			
(9)	75)	.	- 10 1EH
Total, (Column (b) must aqual Form 990, Part X, col. (B) fine 2. Liability for uncertain tax positions. In Part XIII, provide		<u> </u>	▶ 19,157

Schedule D (Form 990) 2019

	dule D (Form 890) 2019 HORIZON HOUSING DEVELOPMENT	COMPANY	16-16	671788 Page 4
Pái	t XI Reconciliation of Revenue per Audited Financial Statemen	nts With Revenue per F	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	•		
1	Total revenue, gains, and other support per audited financial statements		11	885,998.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.		·	
а	Net unrealized gains (losses) on investments	2a		
ь	Donated services and use of facilities		┤	
C	Recoveries of prior year grants		1	
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	20	ا ہے ا	٥
3	Subtract line 2e from line 1		20	885,998.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1;		3	000,990.
а	Investment expenses not included on Form 990, Part VIII, line 7b	1 - 1	1 1	
b		48	- l	
		4b	┥. ┃	0
5	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		4c	0.
	t XII Reconciliation of Expenses per Audited Financial Stateme	nto With Evenness	5	885,998.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	arra wiru Exbeuses bei	Retur	l.
- 1	Total expenses and losses per audited financial statements	· · · · · · · · · · · · · · · · · · ·	T . T	052 565
2	Amounts included on fine 1 but not on Form 990, Part IX, line 25:		1	953,566.
~ 8	Donated confined and the efficiency of Failting	1 - 1		
	Donated services and use of facilities	28	-	
ь	Prior year adjustments	26	-	
ر س	Other losses	2c	-	
d	Other (Describe in Part XIII.)	2d	4 1	_
e	Add lines 2s through 2d		2e	
3	Subtract line 2e from line 1		3	953,566.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.		1 1	
8	Investment expenses not included on Form 990, Part VIII, line 7b	4a] [
D	Other (Describe in Part XIII.)	4b	4 1	
C	Add lines 4a and 4b		4c	0.
5	<u>Total expenses. Add lines 3 and 4c. (/his must equal Form 990, Part I, line 18.)</u>		5	953,566.
	t XIII Supplemental Information.	<u> </u>		
Provi	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part I	V, lines 1b and 2b; Part V, line	4; Part X,	line 2; Part XI,
lines	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any addit	ional information.		
5	-6 W 7 Lu = 0			
Pai	t X, Line 2:			
mb.				
.T.XTE	Organization is exempt from income taxes	pursuant to sec	tion	501(c)(3)
<u>or</u>	the Internal Revenue Service Code and then	efore has made	no pi	rovision
£	- E-87 ! ! ! ! !			
101	federal income taxes in the accompanying	financial state	ments	5.
1				
J'he	Organization adopted the provisions of Ac	counting for Ur	<u>icerta</u>	ainty in
_				
Inc	come Taxes on July 1, 2010. The adoption of	this guidance	resu.	lted in no
				
<u>ch</u>	ange to the financial statements for prior	periods. As of	June	30, 2020,
no	amounts have been recognized for uncertain	tax positions.	Any	returns
_				
tha	at the Organization would have prepared for	tax years 2016	and	prior are
_				
nov	v closed			
			_	

Schedule D (Form 990) 2019 Part XIII Supplemental Info	HORIZON HO	DUSING	DEVELOPMENT	COMPANY	16-1671788 Pa	age 5
Part XIII Supplemental Info	ormation (continued))	,			
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SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Noncash Contributions

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

Attach to Form 990.

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

OMB No 1648-0047

2019

Open to Public Inspection

	HORIZON HOUS	ING DE	VELOPMENT	COMPANY		Employer ident			nber
Par	t I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported comm 990, Part VIII, lin	n	(d) Method of de noncash contribu	termin		3
1	Art - Works of art								
	Art - Historical treasures								
3	Art - Fractional interests , , ,					•			
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes					· · ·			
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Publicly traded Securities - Closely held stock					-			
11	Securities · Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution ·					- ·		_	
	Historic structures								
14	Qualified conservation contribution • Other		-						
15	Real estate - Residential	X	1	17.4	99.ES	TIMATED F	MV		
16	Real estate - Commercial		<u> </u>						
17	Real estate • Other			· · · · · · · · · · · · · · · · · · ·	-				
18	Collectibles		 			 -			
19	Food inventory								
20	Drugs and medical supplies		-						
21	Tavidormu	-							
22	Taxidermy		 			<u> </u>		_	
23				<u> </u>					
24	Scientific specimens	-	 	\\					
	Other (LOAN FORGIVEN)	x	1	16 7	00.FM	37			
25			┿	10, 1	00.610	.v			
26	Other ()		 						
27	Other ()		 	-		-			
28	Other ()	<u> </u>		<u> </u>					
29	Number of Forms 8283 received by the organ		-						
	for which the organization completed Form 82	283, Part IV,	Donee Acknowled	gement 29	٠	 .			
								Yes	No
30a	During the year, did the organization receive t	-	• • • •	•	_]		
	must hold for at least three years from the da		al contribution, and	d which isn't required to	be used	for	l		.,
	exempt purposes for the entire holding period	j7					30a		X
þ	If "Yes," describe the arrangement in Part II.								ان ا
31	Does the organization have a gift acceptance	-	•			ıg [•]	31		X
32a	Does the organization hire or use third parties			icit, process, or sell nor	тсазћ				
	contributions?				, ,		32a	<u> </u>	X
b	If "Yes," describe in Part II.					•			1
33	If the organization didn't report an amount in	column (c) fo	or a type of proper	ty for which column (a)	ıs checke	d,	1]	1
	describe in Part II			<u> </u>			1	l	<u> </u>
LHA	For Paperwork Reduction Act Notice, see	e the Instru	ctions for Form 99	90.		Schedule N	VI (For	m 990	2019

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Part II	(Form 990) 2019	HURIZON	HOUSING	DEVELOPMENT	COMPANY	16-1671788	Page 2
	supplemental is reporting in Part this part for any ac	I Information II, column (b), the distributional Informational Informa	 Provide the in ne number of co tion. 	formation required by I ntributions, the numbe	Part I, Ilnes 30b, 32b, r of items received, o	and 33, and whether the organizar a combination of both, Also com	ition plete
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932142 09-27-19		,	 			Schedule M (Form 9	990) 2019

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Name of the organization HODIZON HOIICING DEVELODMENT COMPANY Employer Identification number

HORIZON HOUSING DEVELOPMENT COMPANY 10-1071780
Form 990, Part VI, Section B, line 11b:
MANAGEMENT REVIEWS THE FORM 990 WITH THE BOARD PRIOR TO ITS SUBMISSION
Form 990, Part VI, Section B, Line 12c:
IN THE FIRST HALF OF THE FISCAL YEAR, ALL OFFICERS AND DIRECTORS DISCLOSE
CONFLICTS, OR POTENTIAL CONFLICTS OF INTEREST IN WRITING TO THE BOARD
Form 990, Part VI, Section B, Line 15:
BOARD APPROVAL REQUIRED FOR ANNUAL INCREASES IN WAGES OR BONUSES
Form 990, Part VI, Section C. Line 19:
ALL FINANCIAL STATEMENTS ARE INCLUDED IN BOARD PACKETS AND ALL BOARD
MEETINGS ARE OPEN TO THE PUBLIC. WHILE THE GOVERNING DOCUMENTS AND CONFLICT
OF INTÉREST POLICY ARE NOT SPECIFICALLY INCLUDED IN ANY DOCUMENT (S), ALL
SUCH INFORMATION IS AVAILABLE TO THE PUBLIC UPON REQUEST.
Form 990, Part XII, Line 2c:
THE PROCESS HAS NOT CHANGED