Form 9 (Rev January 2020)

**Return of Organization Exempt From Income Tax** 

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

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Form 990 (2019)

Depa	rtment	of the Treasury	➤ Go to www.irs.gov/	/Form990 fo	or instructions and	d the latest	t information.	7000	Inspection	
								2020		
	Check if upplicab		f organization	-			D Employer	identification	on number	
_	Addre	BS HORT	ZON NORTH HOUSING,	INC.						
	Name		usiness as	1110.			20-1	L75398		
F	Initial   return		r and street (or P.O. box if mail is not del	livered to stree	et address)	Room/suite	E Telephone			
F	Final	5046	PAGE BLVD		, ( ddd ( 000)	7100111700110	1	361-26	22	
_	return termır ated		own, state or province, country, and	ZIP or foreig	ın postal code		G Gross receipts		349,744.	
	Amen		OUIS, MO 63113	H(a) Is this a						
$\vdash$	Appli	dinates?	Yes X No							
Application F Name and address of principal officer. SHANNA NIEWEG for subordinates? Yes same as C above										
1.1	ax-ex	empt status		◀ (insert no	o.) 4947(a)(1)	or 527	7		(see instructions)	
			HORIZONNORTHHOUSIN	G.ORG	1	97	H(c) Group ex			
				sociation	Other >	L Year			ate of legal domicile: MO	
	art I	Summary			, i					
	1	Briefly describ	be the organization's mission or most	significant a	activities HORI	ZON NO	RTH HOUS	SING,	INC. (THE	
ğ		ORGANIZ	ATION) IS A NON-PR	OFIT C	ORPORATIO	N, INC	CORPORATI	ED IN	THE STATE	
rna	2	Check this bo	ox   If the organization discor	ntinued its o	perations or dispo	sed of more	than 25% of it	s net assets	S	
ove	3	Number of vo	ting members of the governing body	(Part VI, line	1a) .			3	7	
Ö	4	Number of inc	dependent voting members of the go	verning body	y (Part VI, line 1b)			4	7	
Activities & Governance	5	Total number	of individuals employed in calendar y	year 2019 (P.	art V, line 2a)	••		5	16	
	6	Total number	of volunteers (estimate if necessary)					6	7	
Cti	7 a	Total unrelate	d business revenue from Part VIII, co	olumn (C), lin	e 12			7a	0.	
٩.	b	Net unrelated	business taxable income from Form	990-T, line 3	9			7b	0.	
e e							Prior Year		Current Year	
	8	Contributions	and grants (Part VIII, line 1h)				232,	154.	<u>232,154.</u>	
ű	9	Program servi	ice revenue (Part VIII, line 2g)			. L	103,	414.	115,896.	
Revenue	10	Investment in	come (Part VIII, column (A), lines 3, 4,	, and 7d)				81.	71.	
Œ	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c	, 9c, 10c, an	nd 11e)		1,	329.	1,623.	
	12	Total revenue	- add lines 8 through 11 (must equal	Part VIII, co	lumn (A), line 12)		337,4	478.	<u>349,744.</u>	
	13	Grants and si	milar amounts paid (Part IX, column (	A), lines 1-3)		. L		0.	0.	
	14	Benefits paid	to or for members (Part IX, column (A	A), line 4)		. L		0.	0.	
S	15	Salaries, othe	r compensation, employee benefits (l	Part IX, colui	mn (A), lines 5·10)		248,	012.	<u>· 253,278.</u>	
SU:	16a	Professional f	undraising fees (Part IX, column (A), I	line 11e)				0.	0.	
Expenses			ing expenses (Part IX, column (D)			0.	16to			
Ú.	17	Other expens	es (Part IX, column (A), lines 11a 11d	, 11f-24e)			171,	261.	170,20 <u>4</u> .	
	18	Total expense	es. Add lines 13-17 (must equal Part I	X, column (A	A), line 25)	<u></u>	419,		423,482.	
	19	Revenue less	expenses. Subtract line 18 from line	12			-81,	795.	-73,738.	
Net Assets or Fund Balances						Be	ginning of Curre		End of Year	
Set	20	Total assets (	Part X, line 16)			_	1,867,		1,845,097.	
age age	21	Total liabilities	(Part X, line 26)			<u> </u>	1,305,		1,356,966.	
			fund balances Subtract line 21 from	line 20			561,	869.	488,131.	
		Signatur		~						
			I declare that I have examined this return,						owledge and belief, it is	
true	corre	ct, and complete	. Declaration of preparer (other than office	er) is based or	all information of wi	hich preparei	r has any knowled	lge.	7 7 7 7 7 7	
				-				16-7	6-1010	
Sig	n	Signatur	e of officer				Date			
Her	е		NA NIEWEG, EXECUTI	<u>VE DIR</u>	ECTOR					
		Type or p	print name and title	F			Data		1 DTIN	
		Print/Type pre		Preparer's si	ignature	•	Date	Check	PTIN	
Paid	i	SHAWN W	ILLIAMSON	Har	in Willia	mson			P01202759	
	parer	Firm's name	▶ Fick, Eggemeyer			PA's	Firm's	EIN <b>►</b> 37	-1231621	
Use	Only	Firm's address			101					
_		l	St. Louis, MO 63	123			Phone	no.314-	845-7999	
May	the I	RS discuss thi	is return with the preparer shown abo	ove? (see ins	tructions)				X Yes No	

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

	1990 (2019) HORIZON NORTH HOUSING, INC. 20-11/5398	Page 2
Par	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>
1	Briefly describe the organization's mission:	
	HORIZON, NORTH HOUSING, INC. (THE ORGANIZATION) IS A NON-PROFIT	
	CORPORATION, INCORPORATED IN THE STATE OF MISSOURI ON FEBRUARY 11,	
	2004. THE ORGANIZATION IS DEDICATED TO PROVIDING HOUSING FOR THE	
	BENEFIT OF THE DEVELOPMENTALLY DISABLED AND/OR HANDICAPPED PERSONS	IN
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	LX No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, a	
	revenue, if any, for each program service reported	
4a		590.)
	TO PROVIDE HOUSING TO PARENTS WHO ARE DEVELOPMENTALLY DISABLED AND	,
	THEIR CHILDREN THROUGH A TEN UNIT BUILDING. HORIZON HOUSING SERVED	10
	ADULTS AND 29 CHILDREN DURING THE FISCAL YEAR.	
	ADDULT IN DE CHILDREN PONTINO IND I LOCKE I LINE	
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)	)
4c	(Code) (Expenses \$	
40	(Code) (expenses \$ including grants of \$ ) (Revenue \$	
		<del></del>
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ Including grants of \$ ) (Revenue \$ )	
40	Total program service expenses > 375,837.	

Form **990** (2019)

ADDO

Form 990 (2019) HORIZON NORTH HOUSING, INC.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		37	
	If "Yes," complete Schedule A	1	<u>X</u>	ļ
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2_	<u>X</u>	<del> </del>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_	:	
_	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		x
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III  Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5_		<u>-</u> ^
6	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,	<del>-</del> °-		A
7		7		х
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<b>-</b>		
8	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	<u> </u>		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	ļ		ł
	If "Yes," complete Schedule D, Part IV	9	x	}
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		- 22
• •	as applicable			۱.
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			`
	Part VI	11a	X	}
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			<u> </u>
	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	<del>  ```</del>		├ <del></del> -
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	ĺ
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	· ·	Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		:	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		_X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		1	
	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 fundraising services on Part IX,			
	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	1		
	1c and 8a? If "Yes," complete Schedule G, Part II	18	L	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	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<u> </u>	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		ı	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x

Form 990 (2019) HORIZON NORTH HOUSING, INC.

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_X_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		<u> X</u>
<b>24</b> a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
_	any tax-exempt bonds?	24c	<u> </u>	
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	20a		
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	}		
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	2.00		
20	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		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	35		
	instructions, for applicable filing thresholds, conditions, and exceptions):	4 ,		
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
¢	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			ļ
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	ļ	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		1	
	contributions? If "Yes," complete Schedule M	30_		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	<b> </b>	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	-	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
<b>05</b> .	Part V, line 1	34	-	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		Α.
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	25h		
26	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
36	If "Yes," complete Schedule R, Part V, line 2	36	1	x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30_		
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		
~	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa				
<u></u>	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	121	蒙然	·" .
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0		S. Park	1
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c_	Х	
		_	$\alpha \alpha \alpha$	(0040)

Form 990 (2019) HORIZON NORTH HOUSING, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			,
	filed for the calendar year ending with or within the year covered by this return 2a 16	ļ		<b>'</b> .
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	<u> </u>
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	′		ļ ' : .
За	· · · ·	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	L	
4a	, , , , , , , , , , , , , , , , , , , ,		ŀ	1
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
Ь	If "Yes," enter the name of the foreign country	•	İ	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		١.	ł
<b>5</b> a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			1
	any contributions that were not tax deductible as charitable contributions?	6 <u>a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	•		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.			
а	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>
10	Section 501(c)(7) organizations. Enter.			l
	Initiation fees and capital contributions included on Part VIII, line 12	, '		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders . 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
_	amounts due or received from them.)		-	4
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			ļ <del></del>
а	Is the organization licensed to issue qualified health plans in more than one state?	<u>13a</u>		<u> </u>
	Note: See the instructions for additional information the organization must report on Schedule O.			Ι.
	Enter the amount of reserves the organization is required to maintain by the states in which the			,
	organization is licensed to issue qualified health plans			
-	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			_
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N	.	.	
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	_16		<u>X</u>
	If "Yes," complete Form 4720, Schedule O.			

HORIZON NORTH HOUSING, INC. Form 990 (2019) 20-1175398 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. b Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Х Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 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 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 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? X Each committee with authority to act on behalf of the governing body? 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? X 13 13 Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed None 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 only) available for public inspection. Indicate how you made these available. Check all that apply. Own website X Upon request Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records

63113

The Organization - 314-361-2622 5046 PAGE BLVD, ST LOUIS, MO 6

Form 990 (2019)			HOUSING,		20-1175398	Page			
Part VII Com	pensation of Officers,	Director	s, Trustees, K	ey Employees,	Highest Compensated	_			
Employees, and Independent Contractors									

Check if Schedule O contains a response or note to any line in this Part VII									
	******								

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

X Check this box if neither the organization in	or any related	orga	anıza	ation	cor	mpe	nsat	ted any current officer, o	director, or trustee.	
(A)	(B)		(C)					(D)	(E)	(F)
Name and title	Average	(do	Positio		OSITION ck more than one		one	Reportable	Reportable	Estimated
	hours per week	box	, unle	ss pe	rson	ls bot or/trus	h an	compensation from the	compensation from related	amount of other
	(list any	Individual trustee or directo							organizations	compensation
	hours for	5	يوا		ļ	夏	ļ	organization	(W-2/1099-MISC)	from the
	related	stee	troste			Bells		(W-2/1099-MISC)	•	organization
	organizations	를	E G		P P P	E 8				and related
	below line)	dryig	Institutional trustee	Officer	Key employee	Highest compensated employee	뻍			organizations
(1) MARSHA SLEDGE-BRYANT	1.00	투	=	5	=	포등	8	<del> </del>		
	1.00	x		x				0.	0.	0.
PRESIDENT (2) LARRY KEITH BOONE	1.00	-	<del> </del>	^		<del> </del>	┝	0.	0.	<u> </u>
VICE PRESIDENT	1.00	x		$ \mathbf{x} $				0.	0.	0.
(3) FRANCINE KORTE	1.00	1	├─	-	┢	┢	$\vdash$			<u> </u>
SECRETARY		x		x				0.	0.	0.
(4) EMILY SMITH	1.00	-	<u>├</u>			T	-			<u> </u>
TREASURER		x		x			l	0.	0.	0.
(5) PAMELA BOONE	1.00					T				
BOARDMEMBER		x			l			l o.	0.	0.
(6) RHONDA SOEST	1.00								<del></del>	
BOARDMEMBER		x			l			0.	0.	0.
(7) MONALISA HARDENING	1.00									
BOARDMEMBER		X	ĺ					0.	0.	0.
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 Part VII   Section A. Officers, Directors, Trustee (A)		<u></u>			2) 2)	<u></u>	<u> </u>	(D)	(E)				
Name and title	Average hours per week	box	not o , unle	ss pe	more rson	than is bot or/trus	h an	Reportable compensation	Reportable compensatio		an	timate nount	
	(list any hours for	-						from the organization	from related organization (W-2/1099-MIS	s	com	other pensa om the	
	related organizations	trustee or director	l trustee		<b>2</b>	mpensate		(W-2/1099-MISC)	,	•	org	anizat d relat	ion
	below line)	Individual t	Institutiona	Officer	Key employee	Highest compensated employee	Рогтег					nizati	
Subtotal				•				0.		0.			0
Total from continuation sheets to Part Total (add lines 1b and 1c)	vii, Section A	•						0.		0.			0
Total number of individuals (including but compensation from the organization	not limited to th	ose	liste	d at	oove	e) wh	o re	eceived more than \$100	,000 of reportable	е			
												Yes	No
Did the organization list any former office line 1a? If "Yes," complete Schedule J for	such individual						_		-		3		х
For any individual listed on line 1a, is the sand related organizations greater than \$1:									the organization		4	et 1	X
Did any person listed on line 1a receive or rendered to the organization? If "Yes," con	· · · · · · · · · · · · · · · · · · ·				-		elate	ed organization or ındıvı	dual for services		۲, ۱	me.	
 tion B. Independent Contractors	mpiete Scriedui	e J I	or st	icn j	oers	ion		· · · · · · · · · · · · · · · · · · ·			5		X
Complete this table for your five highest of										pens	ation f	rom	
 the organization Report compensation for (A)	r trie calendar y	eare	andii	ig w	ALIT (	or w	itmin	the organization's tax (B)	/ear.		(C	;)	
 Name and busines	s address	NC	ONE	<u> </u>			$\dashv$	Description of s	ervices	C	ompei	nsatio	n
					_								
 				-	· <u></u>								

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D)
Revenue excluded (B) (C) (A) Related or exempt Unrelated Total revenue from tax under business revenue function revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 1b **b** Membership dues c Fundraising events 1c d Related organizations . . . 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f <u>232,154</u> g Noncash contributions included in lines 1a-1f | 1g |\$ 232,154 h Total. Add lines 1a-1f **Business Code** 531110 115,896. 115,896. Program Service Revenue 2 a RENT f Ali other program service revenue 115,896 Total. Add lines 2a-2f Investment income (including dividends, interest, and 3 71. 71 other similar amounts) Income from investment of tax-exempt bond proceeds 4 5 Royalties (i) Real (II) Personal 6 a Gross rents 6a b Less: rental expenses 6с c Rental income or (loss) d Net rental income or (loss) (II) Other 7 a Gross amount from sales of (i) Securities assets other than inventory 7a b Tiess, nost or other basis Other Revenue and sales expenses 7b c Gain or (loss) 7с d Net gain or (loss) ... 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c) See Part IV, line 18 b Less: direct expenses 8b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances . 10a b Less: cost of goods sold . . 10b c Net income or (loss) from sales of inventory **Business Code** scellaneous 1,623. 1,623 11 a OTHER INCOME 900099 d All other revenue 1,623. e Total. Add lines 11a-11d Total revenue. See instructions 349,744 590 0.

## Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (B) Program service expenses (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b. Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 209,225. 178,970 30,255 Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 26,318. 26,318 Other employee benefits 2,314 17,735. Payroll taxes 15,421. 10 11 Fees for services (nonemployees): 5,316 5,316 Management b Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 5,703. 461 5,242. column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 3,544 3,544 Office expenses 13 Information technology 14 15 Royalties 1,000. 1,000. Occupancy 16 Travel 17 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 Interest 20 Payments to affiliates 21 65,241 65,241 Depreciation, depletion, and amortization 22 14,098. Insurance .. 14,098 23 Other expenses, Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 41,130. 41,130. UTILITIES 19,555. 19,555. CONTRACTS c REPAIRS AND MAINTENANCE 8,932. 8,932. 3,538. 245. 3,293 d TELEPHONE 2,147. 150. 1,997 e All other expenses 423,482. 375,837. 47,645 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here I if following SOP 98-2 (ASC 958-720)

Part X: Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 64,511. 5,557. 1 Cash - non-interest-bearing 88,318. 2 Savings and temporary cash investments 2 93,393. 3 Pledges and grants receivable, net ....... 20,523. 1,029. 484. 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined 好物的方:其家位 1460mg d under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 8 Inventories for sale or use 8 Prepaid expenses and deferred charges 1,947 9 10a Land, buildings, and equipment, cost or other 2,604,006. basis Complete Part VI of Schedule D 10a 919,204. 1,684,802. b Less, accumulated depreciation 10b 1,750,043 10c 11 investments - publicly traded securities 11 12 Investments - other securties See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 15 Total assets. Add lines 1 through 15 (must equal line 33) 1.867.417. 1,845,097. 16 16 17 Accounts payable and accrued expenses 2,980. 17 15,068. 18 Grants payable 18 2,697. 17. 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 1,230 1,837. 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% T扁桃 持滿 સંદે controlled entity or family member of any of these persons 22 ,293,500 1,339,600. 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 5,141. 305,548 26 Total liabilities. Add lines 17 through 25 26 PARTIES TO DESCRIPTION Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 472,322 27 Net assets without donor restrictions 392,900. 27 Net assets with donor restrictions 89,547. <u>95,231.</u> 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 32 Total net assets or fund balances 561,869. 488,131. 32 Total liabilities and net assets/fund balances 1,867,417. 33 1,845,097.

		<u>20-11753</u>	398	Pag	<sub>1e</sub> 12
Pa	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	349	7	<u>44.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	423		
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>38.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	561	. , 8	69.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9		_	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
		io	488	,1	31.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				$\mathbf{x}$
		_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				-
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.	l,			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	į	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed or	na 🗍		· , ]	
	separate basis, consolidated basis, or both.	},	ļ,		
	Separate basis Consolidated basis Both consolidated and separate basis	],		`,	
b	Were the organization's financial statements audited by an independent accountant?	ì	2b	χ	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate b	asis.			,
	consolidated basis, or both:		٠.		
	X Separate basis Consolidated basis Both consolidated and separate basis		. 1		
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the a	udit.		ľ	•
	review, or compilation of its financial statements and selection of an independent accountant?		2c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sched	iule O	<u></u> ,	;	· ·
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single	II.			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	t audit			
~	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3ь		

Form **990** (2019)

#### **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.irs.gov/Form990 for instructions and the latest information.

2019

Open to Public

**Employer identification number** Name of the organization 20-1175398 HORIZON NORTH HOUSING, INC. Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) R An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university An organization that normally receives. (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3), Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g I Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) is the organization listed (ı) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of other (ii) EIN in your governing document? (described on lines 1 10 organization support (see instructions) support (see instructions) Yes above (see instructions))

Schedule A (Form 990 or 990-EZ) 2019 HORIZON NORTH HOUSING, INC. 20-11753 (Part II) Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not					[	
	include any "unusual grants ")	264,827.	234,521.	227,369.	232,154.	232,154.	1,191,025.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to				-  -	_	
	or expended on its behalf						
3	The value of services or facilities			-			
	furnished by a governmental unit to						
	the organization without charge						
4	Total, Add lines 1 through 3	264,827.	234,521.	227,369.	232,154.	232,154.	1,191,025
5	The portion of total contributions	77. 14.33	- 25 - 24 C	ENGINEERY IN	11-52 1756 9	医心肠线线线	
	by each person (other than a	'.				名と"恐事行列	
	governmental unit or publicly						
	supported organization) included				ेर हैं। देशकार्टी		
	on line 1 that exceeds 2% of the						
	amount shown on line 11,	14 . 34 . 35 . 3 . 3 . 5	A SECTION OF THE SECT	The state of	17、10年前	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	column (f)						
6	Public support. Subtract line 5 from line 4	100 mg - 127	或特别的人。 114	Saliforati	7. 15. 4	14 45 TEL 12	1,191,025
	ction B. Total Support	· · · · · · · · · · · · · · · · · · ·	1. N ( 272 ) 4	ra tinar is sue		1.27. 2.4	1,131,025
_	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	264,827.	234,521.	227,369.	232,154.	232,154.	1,191,025.
	Gross income from interest,						1,151,020,
•	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	96,775.	93.654.	105 016	103,495.	115,967.	514,907.
9	Net income from unrelated business	3077.30	3570310	105/0101	103/1330	113,307.	311/30/1
3	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						•
10	or loss from the sale of capital						,
	assets (Explain in Part VI )	'	'			}	•
44	Total support. Add lines 7 through 10	15672 . To 154 Villar		"同"展示。不完成	大學 医最高级 C	23图含/维	1 705 032
	Gross receipts from related activities,			Transpare same	Carrie organisation	12	1,705,932,
	•	•	•	d fourth or lifth to	v voor oo o cootio	<del></del>	<del></del>
13	First five years. If the Form 990 is fo organization, check this box and stop		s ilist, second, triil	u, lourin, or min ta	ix year as a sectio	11 50 1(0)(3)	▶□
Sec	tion C. Computation of Publ		rcentage				
	Public support percentage for 2019 (			volumn (fi)		14	69.82 %
	Public support percentage from 2018					15	71.22 %
	33 1/3% support test - 2019. If the		•	a line 12 and line :	 14 in 22 1/204 or n	<del>-</del>	
iva	stop here. The organization qualifies	•		•	14 13 33 17370 01 71	nore, check this bo	> X
<b>.</b>	33 1/3% support test - 2018. If the		•		line 15 ie 33 1/3%	Cor more check th	
b	and stop here. The organization qual				ine 13 13 33 17370	of more, check th	<b>►</b> □
47.	•	•			10 160 or 16b	 and line 14 is 100/	or more
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac			•	•	rt vi now the organ	ization
	meets the "facts-and-circumstances"	•	•		•	47	1004
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the				•		, —
	organization meets the "facts-and-circ		•	•	-		<b>.</b> ►.
<u>18</u>	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17t	o, check this box a	ind see instruction:	s <u> </u>

·Pε	art III Support Schedule for (	-		-			
	(Complete only if you checked	I the box on line 10	0 of Part I or if the	organization failed	d to qualify under	Part II. If the organi	zation fails to
	qualify under the tests listed t	elow, please com	plete Part II.)		<del> </del>	<del></del>	
	ction•A. Public Support	<del>1 </del>	<del>r</del>	<del></del>	<del>-,</del>		
	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and		l				
	membership fees received. (Do not						
	include any "unusual grants.")		·	<del> </del>	<del></del>	/_/	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that	]					
	are not an unrelated trade or bus-		1				
	iness under section 513			<u> </u>			
4	Tax revenues levied for the organ-	ļ					
	ızation's benefit and either paid to	1				Ì	
	or expended on its behalf					<u> </u>	
5	The value of services or facilities	Ĭ	i				
	furnished by a governmental unit to	1		1	A .	1	
	the organization without charge					<u></u>	<u> </u>
6	Total. Add lines 1 through 5				<u> </u>		
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b	<del></del>		<del>/</del>			
	Public support. (Subtract line 7c from line 6)		· /	15. 5 7. 55	July at the	, ,2	
	ction B. Total Support	I-i		·1	<u> </u>	<u> </u>	L
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6			1			
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income	<b>,</b>					
	(less section 511 taxes) from businesses				Į.		
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI)  Total support. (Add lines 9, 10c, 11, and 12)				<del>                                     </del>		
	First five years. If the Form 990 is for	the organization's	s first, second, the	rd, fourth, or fifth t	ax vear as a section	on 501(c)(3) organiz	ration.
•	check this box and stop here			, 1001, 01 111011	, ос., до и осон	30 ((5)(0) Organiz	<b>▶</b> □
Sec	tion C. Computation of Publ	ic Support Pe	rcentage	<del></del> .	<del> </del>		
	Public support percentage for 2019 (			column (f))		15	%
	Public support percentage from 2018			00.011 (1))		16	<u>%</u>
	tion D. Computation of Inves			<del> </del>			
	Investment income percentage for 20					17	%
	Investment income percentage from		-	5 10, 00:011111 (1))	••	18	
	33 1/3% support tests - 2019. If the			on line 14, and line	 e 15 is more than		
13d	more than 33,1/3%, check this box as						<b>▶</b>
L	33 1/3% support tests - 2018. If the						and
	line 18 is plot more than 33 1/3%, che						L
	Private/foundation. If the organization						
		ii did flot check a	50x 011 mile 14, 18	a, or 130, check th		iedule A (Form 990	or 990 E71 9940
3202	3 09-25-19				əcr	166 III 10.11 W ainnai	, J. 990-LEJ ZU 19

Schedule A (Form 990 or 990-EZ) 2019 HORIZON NORTH HOUSING, INC.

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### Part IV Supporting Organizations

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

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

,00	tion A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing	. 1.	SP TERM	7
•	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by	· . '#	13.00	F 17
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1	entire and	4 7.45 (5.57
-2-	-Did the organization have any supported organization that does not have an IRS determination of status	*.	rime A.	18563
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported	- 4		
	organization was described in section 509(a)(1) or (2).	2	2.,1743	a bi callian
22	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	34 (j.	SALE S	510 <b>8</b> 8
Ja	(b) and (c) below.	3a	DEM T	SHALL PROS
h	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	- Ja	(Inter-	Mag.
D	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the	,1	12.5	7.
	organization made the determination.	3b	المواسة دينها	11.44.00
_	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	30	机桶	1,484
C	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	20	O. 140	12.514.
4.		3c	ija,	THAT.
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If		1740	w ristin
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a	47 33	
b	· · · · · · · · · · · · · · · · · · ·		, , , , , , , , , , , , , , , , , , ,	ار فيمه الرفيمة
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion	رژان مع	7. 3. a	(ជាធិនិ
	despite being controlled or supervised by or in connection with its supported organizations.	4b	1 (1.5)	4. 194
С	Did the organization support any foreign supported organization that does not have an IRS determination	. 1 4	is again	
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used	s	300 200	
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)		2501	
	purposes.	4c	192	155
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"		1	\$ J
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN		√ (Th) √ (37.7)	12.13
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;		` ;	
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action	1 4 E	14 362	r 3.1
	was accomplished (such as by amendment to the organizing document).	5a		ļ
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	ia - i	J. 12. 12.	N.C
	designated in the organization's organizing document?	5b		<u> </u>
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		<u> </u>
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to		***	7 3
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			7
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also			63, 3   1 div :
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in	1. P.		N. C.
	Part VI.	6		
7	Did the organization provide a grant, Ioan, compensation, or other similar payment to a substantial contributor	發增	200	34
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			1
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		<u> </u>
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	,	. Saleria.	ing.org
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	. 8		_
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more	र <sub>कि.मि</sub> र्ग	100 T	17
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described		1,32,3	المراجعة المراجعة
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		ļ .
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	in the second		1
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			ژو <sub>ن (</sub> ۲۷)
-	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	h-d	
l0a	Was the organization subject to the excess business holdings rules of section 4943 because of section	" "J.,,,,,,!	1	<b>张汉</b>
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	N. W.		1
	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	13 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	M.E.F	1.23
	determine whether the organization had excess business holdings )	10b	17000764	

	edule A (Form 990 or 990 EZ) 2019 HORIZON NORTH HOUSING, INC.	20-117539	8 P	age 5
Pa	rt IV   Supporting Organizations (continued)			· · · · ·
		#2 - 2 20s	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	, , , , , , , , , , , , , , , , , , , ,	1.11.25 1.24	3842.5	355
_	below, the governing body of a supported organization?  A family member of a person described in (a) above?	11a		-
		11b		<u> </u>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		l
*****	tion is the porting organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	[SEE]	11,63	3 (188)
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	a di di		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Silver Calent	
	controlled the organization's activities. If the organization had more than one supported organization,			<b>排</b>
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1	与題	法學
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	"	•	
2	Did the organization operate for the benefit of any supported organization other than the supported	1 2 12 1		15,230
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	4 10 4 H	i vict	3 54.5° 2.4;
	Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated,	2 - 2 - 14 2 - 2 - 14	11.	2,1
	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		ا في الأولى الأركزية	( )
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		7',	1111
	or management of the supporting organization was vested in the same persons that controlled or managed	ি বিশ্বনী	1.34	0.1
500	the supported organization(s).			<u></u>
Sec	tion D. All Type III Supporting Organizations	· · · · · · · · · · · · · · · · · · ·		
4	Did the organization provide to each of its supported organizations, by the lost day of the fifth month of the	- en luie-	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	37.7-4	4.3	11,11,0
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	74 61	. ".	isser 5,
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1	΄, .	
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		1.112	
	the organization maintained a close and continuous working relationship with the supported organization(s)	2	15.2	477 × 43
3	By reason of the relationship described in (2), did the organization's supported organizations have a	्र धर्मक्ष	15.7 <u>4.</u> 7	51 68-5
-	significant voice in the organization's investment policies and in directing the use of the organization's		ار برا در شیا	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		识	17.96
	supported organizations played in this regard.	3	1.401 2.4	M. C. S.
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 inst	ructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	y (see instructions <sub>)</sub>	)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		30T	
	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		(4.42)	機器
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			Dividi LES
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	34 (1 m)		福温
	reasons for the organization's position that its supported organization(s) would have engaged in these	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ណ៍ជ	fi filipal
	activities but for the organization's involvement.	2b		. د د .
3	Parent of Supported Organizations Answer (a) and (b) below.		انتيار	趨思
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		經過	LEG 3
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	1.1.1.1.1.1	100	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		_

Sche	edule A (Form 990 or 990-EZ) 2019 HORIZON NORTH HOUSING,	INC.		20-1175398 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust o	n Nov 20, 1970 (explain in	Part VI). See instructions. Al
	other Type III non-functionally integrated supporting organizations must c			,
Sect	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or		······································	
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7_	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
<u>C</u>	Fair market value of other non-exempt-use assets	1c		
<u>d</u>	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI).			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		1
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8_	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Mınimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	lly integra	ted Type III supporting or	ranization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Sche <b>Pa</b> i	dule A (Form 990 or 990-EZ) 2019 HORIZON NORTH			0-1175398 Page 7
<del></del> -	ion D - Distributions	daylor oupporting Orga	anizations (continued)	Current Year
1	Amounts paid to supported organizations to accomplish exe	emnt nurnoses		Our cite real
<u></u>	Amounts paid to supported significants to decomplish out		<del></del>	
_	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization		
4	Amounts paid to acquire exempt-use assets	o o copporto organization		<del></del>
5	Qualified set-aside amounts (prior IRS approval required)	<del></del>	<del></del>	
6	Other distributions (describe in Part VI) See instructions.	· · · · · · · · · · · · · · · · · · ·	<u></u>	
7	Total annual distributions. Add lines 1 through 6	,	<del> </del>	<del></del>
8	Distributions to attentive supported organizations to which t	he organization is responsive	•	
	(provide details in Part VI). See instructions.			_
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion 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	William Committee Committee	- Car Cath Marian	
2	Underdistributions, if any, for years prior to 2019 (reason-	1.34年1月1日福安		
	able cause required explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2019	(A) (2) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A	Mary Marine Mary And Control of the	The state of the s
а	From 2014		一点に これが 大きの 一点	
b	From 2015	··· District of the second	一個 をからない こうかい こうしゅう	是一个人就是一个人的人的人的人的人的人的人的人的人的人的人的人的人的人的人的人的人的人的人的
С	From 2016	mer's properties and his properties	をはは、一般の一般の一般の一般の一般の一般の一般の一般の一般の一般の一般の一般の一般の一	there were the second second second
d	From 2017		STATE OF THE STATE	一下 学院に関い
е	From 2018		经发现上 "一个	
f	Total of lines 3a through e		<b>选择性等的基本的</b>	· 1987年 (1984年)
g	Applied to underdistributions of prior years	Control of the Control		を引きている。
h	Applied to 2019 distributable amount	个会情等自己是言語		
i_	Carryover from 2014 not applied (see instructions)		[1] 医自从内部的人的现在分词	
i_	Remainder, Subtract lines 3g, 3h, and 3i from 3f.		· 通知 · 不可以 · · · · · · · · · · · · · · · · · · ·	<b>产品产品企业会产品</b> 管
4	Distributions for 2019 from Section D,			a ing gunder fifting of high profit in high
	line 7 \$			
<u>a</u>	Applied to underdistributions of prior years	· · · · · · · · · · · · · · · · · · ·		"是一个人,不是一个人,不是一个人,不是一个人,不是一个人,不是一个人,不是一个人,不是一个人,不是一个人,不是一个人,不是一个人,不是一个人,不是一个人,不是一个人,
b	Applied to 2019 distributable amount	15、10年後後世紀的於15	<b>公理的证明的</b>	
С	Remainder. Subtract lines 4a and 4b from 4.	TOTAL SALISMAN		
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.		Transmitted of the state of the	Harry Berger Barrer
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			TO STORE SHARE THE ASSESSMENT AND THE ASSESSMENT AND THE ASSESSMENT AND THE ASSESSMENT AND THE ASSESSMENT ASSESSMENT AND THE ASSESSMENT ASSESSM
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c	FA 1885 - 3885 325 1 345 325 1 4 1 1 1 1		
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
~	Excess from 2018	17 21g 1-17 (2 Badisto (大変 50% 1 50% 63)	late the real section of The section of Target is	1 X EL 2 TX X EL P E E E E X MA Q SE PER MY (SE

Schedule A (Form 990 or 990-EZ) 2019

e Excess from 2019

Schedule A	(Form 990 or 990-E	Z) 2019 HOR.	<u> IZON NORTH</u>	<u> HOUSING,</u>	INC.	20-1175398 Page 8
Part VI	Supplemental Part IV, Section A, line 1; Part IV, Sec	I Information, lines 1, 2, 3b, 3 tion D, lines 2 a, 6, and 8, and P	I- Provide the expl c, 4b, 4c, 5a, 6, 9a nd 3; Part IV, Secti	anations required b , 9b, 9c, 11a, 11b, on E, lines 1c, 2a, 2	y Part II, line 10; Part II, and 11c, Part IV, Sectior b, 3a, and 3b; Part V, lin	ine 17a or 17b; Part III, line 12; n B, lines 1 and 2; Part IV, Section C, e 1; Part V, Section B, line 1e; Part V, ny additional information.
			······································			
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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

HORIZON NORTH HOUSING INC. **Employer identification number** 20-1175398

Pa	Ttil Organizations Maintaining Donor Advise		or Accounts. Complete if the				
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	·				
		(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis-	ed funds				
	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 be	used only				
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferring				
	impermissible private benefit? . Yes No						
Pa	rt-II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, F	Part IV, line 7.				
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).					
	Preservation of land for public use (for example, recrea	ition or education) Preservation of	a historically important land area				
	Protection of natural habitat	Preservation of	a certified historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a conservation easement on the last				
	day of the tax year.		Held at the End of the Tax Year				
а	Total number of conservation easements		2a				
b	Total acreage restricted by conservation easements		2b				
C	Number of conservation easements on a certified historic str	ucture included in (a)	2c				
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structu	ıre				
	listed in the National Register		2d				
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the	organization during the tax				
	year ▶						
4	Number of states where property subject to conservation eas	sement is located >					
5	Does the organization have a written policy regarding the per	nodic monitoring, inspection, handling of					
	violations, and enforcement of the conservation easements it	t holds?	Yes No				
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervation easements during the year				
	<b></b>						
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservat	tion easements during the year				
	<b>▶</b> \$						
8	Does each conservation easement reported on line 2(d) above	re satisfy the requirements of section 170(	h)(4)(B)(i)				
	and section 170(h)(4)(B)(ii)?		Yes No				
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement and				
	balance sheet, and include, if applicable, the text of the footn	note to the organization's financial stateme	ents that describes the				
-	organization's accounting for conservation easements.						
Pai	t III Organizations Maintaining Collections of	The state of the s	ther Similar Assets.				
	Complete if the organization answered "Yes" on Form	<del></del>					
1a	If the organization elected, as permitted under FASB ASC 95	-					
	of art, historical treasures, or other similar assets held for pub	·	•				
	service, provide in Part XIII the text of the footnote to its finar						
b	If the organization elected, as permitted under FASB ASC 95						
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	erance of public service,				
	provide the following amounts relating to these items:						
	(i) Revenue included on Form 990, Part VIII, line 1		<b>\$</b>				
	(ii) Assets included in Form 990, Part X		<b>▶</b> \$				
2	If the organization received or held works of art, historical treat	asures, or other simılar assets for fınancıal	gain, provide				
	the following amounts required to be reported under FASB A	SC 958 relating to these items:					
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$				
b	Assets included in Form 990, Part X		<b>▶</b> \$				

		NORTH HOU						<u> 20-11</u>			<u>ige 2</u>
,Pa	rt III Organizations Maintaining (									rued)	
3	Using the organization's acquisition, access	ion, and other reco	rds, chec	k any of the	following th	at make	significant	use of its			
	collection items (check all that apply):										
а	Public exhibition		d []	Loan or exc	hange progi	am					
b	Scholarly research		e 🗀	Other							
C	Preservation for future generations										
4	Provide a description of the organization's c	ollections and expla	ain how t	hey further t	he organizat	ion's exe	empt purp	ose in Par	t XIII.		
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets										
Fv=	to be sold to raise funds rather than to be m	aintained as part of	the orga	inization's c	ollection?				Yes		No
Ra	rt IV: Escrow and Custodial Arran reported an amount on Form 990, Pa		olete if the	e organizatio	on answered	"Yes" oı	n Form 990	), Part IV,	line 9, or		
1a	Is the organization an agent, trustee, custod	lan or other interme	diary for	contribution	ns or other a	ssets no	t included				
	on Form 990, Part X?								Yes	X	No
b	If "Yes," explain the arrangement in Part XIII	and complete the f	following	table <sup>.</sup>							
									Amount	<u> </u>	
C	Beginning balance			•		•	. 1c			1,2:	
d	Additions during the year	•					1d			6(	08.
е	• ,						1e				
f	Ending balance						1f			1,83	<u> 38.</u>
	Did the organization include an amount on F							LX	Yes		No
	If "Yes," explain the arrangement in Part XIII.	. Check here if the e	explanati	on has been	provided or	Part XII	<u> </u>				
Pa	rt.V Endowment Funds. Complete		1								
_		(a) Current year	(b) F	Prior year	(c) Two year	rs back	(d) Three y	ears back	(e) Four	years l	oack_
1a			+		<del> </del>						
þ			-		<del> </del>				<u></u>		
С	Net investment earnings, gains, and losses		<del> </del>		ļ						
đ	Grants or scholarships				<u> </u>						
е	Other expenditures for facilities										
	and programs		<del> </del>							_	
f	Administrative expenses		ļ								
g	End of year balance		Ь	<del>- · </del>	<u> </u>				l		
2	Provide the estimated percentage of the curr	rent year end balan		g, column (a	a)) held as:						
a	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С		%									
_	The percentages on lines 2a, 2b, and 2c sho	•									
за	Are there endowment funds not in the posse	ssion of the organia	zation the	at are held a	nd administe	ered for t	he organiz	ation	г		
	by:									Yes	No
	(i) Unrelated organizations				•		•	•	3a(i)		
_	(ii) Related organizations			\-l      DO	•				3a(ii)		
	if "Yes" on line 3a(ii), are the related organiza					•	•		3b		
Par	Describe in Part XIII the intended uses of the		owment	tunas.				<del></del>			
ું, બા	Complete if the organization answered		10 Dod 1	/ line 44= C	` F 00	D-4 V	bas 40				
								<del></del>	<del></del>		
	Description of property	(a) Cost or o		<b>\</b> - <b>/</b>	or other		ccumulate		(d) Book	value	
	Lond	Dasis (IIIVest			(other)		preciation			1 1 1	
	Land			_	9,168.					9,16	
	Buildings Leasabald improvements			_ ∠,50	4,368.	•	848,7	34.	1,655	0,63	<u>)4.</u>
	Leasehold improvements	<del></del>		7	0 470		70 4	70			
	Equipment			/	0,470.		70,4	<del>/ U •   -</del>			<u>0.</u>
	. Add lines 1a through 1e. (Column (d) must e	qual Form 000, Po-	t V .col:	na (B) trac 1	001			_	1.684	1 07	12
		uuul I Ullil 330. PMI	. A. GUIIII	or w. 101. 101₩ 1	1/1. /			_		• . n .	

Schedule D (Form 990) 2019 HORIZON NOR Part VII Investments - Other Securities.	TH HOUSING, 1	INC. 2	0-1175398 Page
Complete if the organization answered "Yes"			<del></del>
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or ea	nd-of-year market value
(1) Financial derivatives	· · · · · · · · · · · · · · · · · · ·		<del></del>
(2) Closely held equity interests			<del></del>
(3) Other	****		· · · · · · · · · · · · · · · · · · ·
(A)			
(B)			· · · · · · · · · · · · · · · · · · ·
(C)			· · · · · · · · · · · · · · · · ·
(D)			<del> </del>
(E)			
( <del>-</del>			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		- , , , , , , , , , , , , , , , , , , ,	_ 5
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or er	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	· · -		<del></del>
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		. ,	1 Av 1
Part IX Other Assets.	<del></del>	<u> </u>	
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11d. See Form 990. Part X. line 15	
	Description		(b) Book value
(1)	<del> </del>		
(2)			
(3)			
(4)		<del> </del>	<del></del>
(5)	<del></del> -		· · ·
(6)			
(7)			
(8)			· · · · · · · · · · · · · · · · · · ·
(9)	- 451		
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities.	e 15 )	·	· <u>·</u> ·
<u></u>	F 000 D- + N/ L	44444 O F 000 D-4 V I 0	_
Complete if the organization answered "Yes"  (a) Description of liability	on Form 990, Part IV, line	11e or 11f See Form 990, Part X, line 2	<del></del>
1	<del></del>		(b) Book value
(1) Federal income taxes			
(2) ACCRUED VACATION PAY			444
(3)			
(4)			
(5)			
(6)			
(7)			

444. Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740 Check here if the text of the footnote has been provided in Part XIII

(8)

Schedule D (Form 990) 2019 HORIZON NORTH HOUSI			L75398 Page 4
Part XI Reconciliation of Revenue per Audited Finance	-	r Return.	
Complete if the organization answered "Yes" on Form 990, P	art IV, line 12a.	<del></del>	
1 Total revenue, gains, and other support per audited financial statem	ients	1	349,744.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
a Net unrealized gains (losses) on investments	2a		
b Donated services and use of facilities	2b	<b></b>	
c Recoveries of pnor year grants	2c	_	
d Other (Describe in Part XIII )	2d		•
e Add lines 2a through 2d		2e	0.
3 Subtract line 2e from line 1		3	349,744.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	. <u>4a</u>		
b Other (Describe in Part XIII.)	4b		•
c Add lines 4a and 4b		4c	0.
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I Part XII Reconciliation of Expenses per Audited Finan		5 Dotum	349,744.
	-	er neturi	l•
Complete if the organization answered "Yes" on Form 990, P	art IV, line 12a.	1.7	422 402
1 Total expenses and losses per audited financial statements			423,482.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1		
a Donated services and use of facilities	. <u>2a</u>		
b Prior year adjustments	. <u>2b</u>	<b></b>   [	
c Other losses	2c		
d Other (Describe in Part XIII.)	2d		•
e Add lines 2a through 2d	•	.   2e	0.
3 Subtract line 2e from line 1	• • •	3	423,482.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1.	1 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	<u>4a</u>	_	
b Other (Describe in Part XIII.)			
c Add lines 4a and 4b		4c	0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part	t I, line 18.)	5	423,482.
Part XIII Supplemental Information.			
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines		ine 4; Part X,	line 2; Part XI,
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p	rovide any additional information.		
		<del>,</del>	
Part X, Line 2:			
			<del></del>
The Organization is exempt from feder	al income taxes under	Section	on
501(c)(3) of the internal revenue cod	<u>le and therefore has m</u>	ade no	provision
for federal income taxes in the accom	panying financial sta	tements	. The
Organization is not classified as a p	rivate foundation.		
On July 1, 2010, the Organization ado	pted the provisions o	f FASB	
Interpretation No. 48, Accounting for	<u>Uncertainty in Incom</u>	e Taxes	S (FIN
40) TTN 40		a	
48). FIN 48 requires that a tax posi	tion be recognized or	dereco	ognized
haged on a "more-likely-than-not" thr	coghold Whig applied	to no	nitions.
based on a "more-likely-than-not" thr	eshord. This appries	LO DOS	PT (TO112
taken or expected to be taken in a ta	x return. The implem	entatio	on of FIN
Canton of Congression of the Control			
48 had no impact on the Organization'	s statement of financ	ial pos	sition or
932054 10-02-19			e D (Form 990) 2019

Schedule D (Form 990) 2019 H Part XIII Supplemental Informa	ORIZON NO	ORTH HOUSING,	INC.		20-1175398 Page 5
Supplemental informa	ITION (continued)	)			
statement of activiti	es. The	Organization	does	not believe	its financial
statements include an	y uncerta	ain tax posit	ions.	The Organia	zation's tax
returns filed prior t	o fiscal	2016 are clo	sed.		
					<del>-</del>
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# **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 Públic Inspection

Name of the organization HORIZON NORTH HOUSING, INC. Employer identification number 20-1175398

Form 990, Part I, Line 1, Description of Organization Mission:
OF MISSOURI ON FEBRUARY 11, 2004. THE ORGANIZATION IS DEDICATED TO
PROVIDING HOUSING FOR THE BENEFIT OF THE DEVELOPMENTALLY DISABLED
AND/OR HANDICAPPED PERSONS IN THE CITY OF SAINT LOUIS, MISSOURI.
Form 990, Part III, Line 1, Description of Organization Mission: THE CITY OF SAINT LOUIS, MISSOURI.
Form 990, Part VI, Section A, line 3:
HORIZON HOUSING IS SELF MANAGED
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:
THE PROCESS INVOLVES BOARD OF DIRECTORS MAKING A COMPENSATION PACKAGE AND
VOTING TO APPROVE THE FINAL COMPENSATION PACKAGE.
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 INTEREST POLICY ARE NOT SPECIFICALLY INCLUDED IN ANY DOCUMENT (S), FORM  LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2019)

Sachedule(C) (Form 990 or 990-EZ) (2019)  Name of the organization	Employer identification number
HORIZON NORTH HOUSING, INC.	20-1175398
990 IS AVAILABLE TO THE PUBLIC UPON REQUEST.	
DADE WIT LINE OG	
PART XII LINE 2C	
HAS NOT CHANGED FROM PRIOR YEARS	
	· · · · · · · · · · · · · · · · · · ·
	······································
· · · · · · · · · · · · · · · · · · ·	······································