

990

Return of Organization Exempt From Income Tax

2019

Form 990 (Rev. January 2020) Department of the Treasury Internal Revenue Service

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

A For the 2019 calendar year, or tax year beginning JUL 1, 2019 and ending JUN 30, 2020

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C Name of organization: HORIZON NORTH HOUSING, INC. D Employer identification number: 20-1175398. E Telephone number: 314-361-2622. G Gross receipts \$: 349,744. H(a) Is this a group return for subordinates? Yes No. H(b) Are all subordinates included? Yes No. I Tax-exempt status: 501(c)(3). J Website: WWW.HORIZONNORTHHOUSING.ORG. K Form of organization: Corporation. L Year of formation: 2004. M State of legal domicile: MO.

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission... 2 Check this box... 3-7a Activities & Governance. 8-12 Revenue. 13-19 Expenses. 20-22 Net Assets or Fund Balances.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer: SHANNA NIEWEG, EXECUTIVE DIRECTOR. Date: 10-26-2020. Preparer: SHAWN WILLIAMSON, Fick, Eggemeyer & Williamson, CPA's. Date: 10/22/20. Firm's EIN: 37-1231621. Phone no. 314-845-7999.

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

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SCANNED NOV 30 2021

Part III Statement of Program Service Accomplishments

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

X

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?

Yes No X

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?

Yes No X

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, and revenue, if any, for each program service reported

4a (Code ) (Expenses \$ 375,837. including grants of \$ ) (Revenue \$ 117,590.)

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.

4b (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 375,837.

ABDU

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.



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

Table with columns for question ID, question text, and Yes/No columns. Rows include questions 2a through 16 regarding employee reporting, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.



Part VII Compensation of Officers, Directors, Trustees, Key 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.
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...
List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation...
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...

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

Table with 7 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes entries for MARSHA SLEDGE-BRYANT, LARRY KEITH BOONE, FRANCINE KORTE, EMILY SMITH, PAMELA BOONE, RHONDA SOEST, and MONALISA HARDENING.







Part X Balance Sheet

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

Table with columns (A) Beginning of year, (B) End of year. Rows include Assets (1-16), Liabilities (17-26), and Net Assets or Fund Balances (27-33).

Part XI Reconciliation of Net Assets

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

Table with 10 rows and 2 columns. Row 1: Total revenue 349,744. Row 2: Total expenses 423,482. Row 3: Revenue less expenses -73,738. Row 4: Net assets at beginning of year 561,869. Row 10: Net assets at end of year 488,131.

Part XII Financial Statements and Reporting

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

Table with 3 columns: Question, Yes, No. Row 1: Accounting method used to prepare the Form 990: Accrual (checked). Row 2a: Financial statements compiled or reviewed by an independent accountant? No (checked). Row 2b: Financial statements audited by an independent accountant? Yes (checked). Row 2c: Committee responsible for oversight? Yes (checked). Row 3a: Federal award audit required? No (checked). Row 3b: Federal award audit performed? No (checked).

























**Part XIII.** Supplemental Information *(continued)*

statement of activities. The Organization does not believe its financial statements include any uncertain tax positions. The Organization's tax returns filed prior to fiscal 2016 are closed.



Name of the organization

HORIZON NORTH HOUSING, INC.

Employer identification number

20-1175398

990 IS AVAILABLE TO THE PUBLIC UPON REQUEST.

PART XII LINE 2C

HAS NOT CHANGED FROM PRIOR YEARS