_	orm 990-T	Exe	empt Organization B and proxy tax u				x Return	L	OMB No 1545 0687
	· · · · · · · · · · · · · · · · · · ·	or calendar vea	r 2018 or other tax year beginning				1812		2018
			o to www irs gov/Form990T fo						
Depar	T STMT 1 Imeni of the Treasury at Revenue Service		enter SSN numbers on this form as it						Open to Public Inspection for 501 (c)(3) Organizations Only
A	Check box if				hanged and see instru			D Em	ployer identification number
BE	address changed xempt under section	Print	HORIZONS ATLANTA, 1	INC.				(Er ins	nployees trust, see tructions)
	501(C)(3)	' - or	177 NORTH AVE NW 3F		LOOR #11			3	7-1747624
	408(e) 220(e)	Type	ATLANTA, GA 30332						irelated business activity code
]408A)						, ,	or moneonand,
L								<u>L</u>	
	ook value of all assets end of year	<u>-</u>	exemption number (See instruct				•		
		G Check	corganization type	501(c) corporation	<u> </u>	<u> </u>	01(a) t	
		_	's unrelated trades or businesses		<u> </u>	De	escribe the only (or	•	
	rade or business here		t in the blank space at the end	of the	provious senter	200 00			e, complete Parts I-V
			ss, then complete Parts III-V	OI LINE	: previous seriler	ice, co	implete Falts Falt	iu ii, c	omplete a Schedule W
			ration a subsidiary in an affilia	ted gr	oup or a parent-	subsidi	ary controlled gro	oup?	► Yes No
ı	f 'Yes,' enter the nan	ne and identi	fying number of the parent cor	poratio	on ►				
J	he books are in care o	of ► ALEX	WAN, EXECUTIVE DIR	ЕСТО	R ·	T ₁	elephone number	~ (6	78) 995-5108
Pai	t 🖾 Unrelated	Trade or B	usiness Income		(A) Incom	e	(B) Expense	s	(C) Net
1 a	Gross receipts or sa	ales					到1000000000000000000000000000000000000		A COLUMN
	Less returns and allowand		c Balance►	1 c			Made Harris		
	Cost of goods sold			2			海沙沙亚亚		的政治不同的政治
_	Gross profit Subtra		\ \/	3			2771.Wa (20) 48		
	Capital gain net ince	- ·	•	4a			San GERAGES		
	Net gain (loss) (Form 479	· ·	7) (attach roim 4/97)	4b 4c			1.173 K 1 75 10 10 10 10 10 10 10 10 10 10 10 10 10		
5	: Capital loss deduction income (loss) from a		r an S corporation	40			Town of the second	<u> </u>	
•	(attach statement)	P		5			2007 June 1 1817	7.5.7	
6	Rent income (Sched			6					
7	Unrelated debt-finar		·	7					
8		•	om a controlled organization (Schedule F)						
9			(9), or (17) organization (Schedule G)	9					
10	Exploited exempt as			10					
11	Advertising income Other income (See	•		11			Friendlare Manager	483 %%	
12	Other income (See	instructions,	attach schedule)	12			The state of the s		
13	Total. Combine lines	s 3 through 1	2	13			Company of Parties of	Lat lack t	
			n Elsewhere (See instru		s for limitation	ns on	deductions)	(Fxce	ent for
1,41			ions must be directly con						
14	Compensation of of	ficers, directo	ors, and trustees (Schedule K)					14	
15	Salaries and wages		•			-		15	
16	Repairs and mainter	nance			TETTED	10-		16	
17	Bad debts			RE	المستشفرات	1%I		17	
18	Interest (attach sche	edule) (see ir	nstructions)		- 0020	191		18	
19	Taxes and licenses	(5	turalizas (az lumitation z los)	11.11	0 6 2020	181		19	
20	Depreciation (attach		tructions for limitation rucin	301		اعاليه		20	
21 22			hedule A and elsewhere on re	Tirp.	DEN 6			22b	
23	Depletion	anneu on sc	hedule A and elsewhere on re	$^{\circ}$ O	معيلاناتاراق	<u> </u>		23	
24	Contributions to defe	erred comper	nsation plans					24	
25	Employee benefit pr	•			,			25	
26	Excess exempt expe	-	tule I)					26	
27	Excess readership of	,	•					27	
28	Other deductions (a		•					28	
29	Total deductions A		•		• • • • • •			29	
30			me before net operating loss d			29 fro	m line 13	30	"The man at the state of the st
31		-	i tax years beginning on or after Januar me Subtract line 31 from line 3		a (see instructions)			31	1375為智力學的公益學習情
			otice, see instructions		TEEA02	OIL 1/31	/19	LJZ	Form 990-T (2018)

	1990-1 (2018), HORIZONS ATLANTA, INC.		3/-1/4	7624 Page 2
Par	t III Total Unrelated Business Taxable Income			
	Total of unrelated business taxable income computed from all unrelated trades or	husinesses (see		
23	instructions)	00311103303 (308	33	0.
	•		34	
	Amounts paid for disallowed fringes		34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2	018 (see		
	instructions)		35	
36	Total of unrelated business taxable income before specific deduction. Subtract line	e 35 from the sum	- 1	
	of lines 33 and 34		36	0.
27			37	
3/	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	-1	3/	
38	Unrelated business taxable income Subtract line 37 from line 36. If line 37 is greater	ater than line 36,	38	0
	enter the smaller of zero or line 36		30	0.
⊸Par	t IV Tax Computation			
	Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)		1 39	0.
		a the amount		
40	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax or	ii the amount		
	on line 38 from Tax rate schedule or Schedule D (Form 1041)		► 40	
41	Proxy tax. See instructions		4 1	,
	· ·		42	
	· · · · · · · · · · · · · · · · · · ·			
43	Tax on Noncompliant Facility Income. See instructions		43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies		44	0.
45 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	45 a		
h	Other credits (see instructions)	45 b		
	· · · · · · · · · · · · · · · · · · ·	45.0		
	, , ,		-	1
		450	⊣	_
е	Total credits. Add lines 45a through 45d		45 e	<u>0.</u>
			46	0.
47	Other taxes, Check if from Form 4255 Form 8611 Form 8697 Form 8	3866		
٦,			47	
48	Alternative minimum tax (trusts only) Tax on Noncompliant Facility Income. See instructions Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies It V Tax and Payments Other credit (corporations attach Form 1118, trusts attach Form 1116) General business credit Attach Form 3800 (see instructions) General business credit Attach Form 3800 (see instructions) Total credit for prior year minimum tax (attach Form 8801 or 8827) Total credits. Add lines 45a through 45d Subtract line 45e from line 44 Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) Total tax Add lines 46 and 47 (see instructions) 2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2 Payments A 2017 overpayment credited to 2018 Decomposited with Form 8868 Total credits or prior 9868 Tax deposited with Form 8868 Foreign organizations Tax paid or withheld at source (see instructions) 50 d Backup withholding (see instructions)		48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k)	, line 2	49	
				
			_	
b	2018 estimated tax payments	50 b		1
С	: Tax deposited with Form 8868	50 c	\neg	İ
	· · · · · · · · · · · · · · · · · · ·	50 d	_	l
е	Dealine muthhalding (eas instructions)	En a l	\dashv	STATEMENT 2
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f	Credit for small employer health insurance premiums (attach Form 8941)	50 e 50 f		STATEMENT 2
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	Credit for small employer health insurance premiums (attach Form 8941) Other credits, adjustments, and payments Form 2439	50 f		STATEMENT 2
g	Credit for small employer health insurance premiums (attach Form 8941) Other credits, adjustments, and payments Form 2439 Form 4136 Other Total			
g 51	Credit for small employer health insurance premiums (attach Form 8941) Other credits, adjustments, and payments Form 2439 Form 4136 Other Total payments. Add lines 50a through 50g	50 f	51	STATEMENT 2
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Form 990-T (2018) , HORIZONS	ATLANTA, IN	С.				3.	7-1	747624	Page 3	
Schedule A - Cost of Good	ds Sold. Enter me	thod of inve	entory valuation	>						
1 Inventory at beginning of year	ar 1		6	Inventor	y at e	end of year	6			
2 Purchases 2			7 Cost of goods sold. Subtract							
3 Cost of labor	3			line 6 from line 5 Enter here						
4 a Additional section 263A costs (attack	n schedule)		-	and in F	d in Part I, line 2				<u> </u>	
•	, 4a								Yes No	
b Other costs	4 b		8			of section 263A (w			1	
(attach sch) 5 Total. Add lines 1 through 4t	<u> </u>	····		to the or		luced or acquired t zation?	01.16	sale) apply	X	
Schedule C - Rent Income		nerty and	l Personal P				Pror	ertv) (see		
1 Description of property	((()))	porty dire		0,000.19				77, (300		
(1)										
(2)	·									
(3)						7				
(4)										
(4)	2 Rent received or	accrued				T				
(a) From personal prop			aal and persona	l oronerty		3(a) Deduction				
(if the percentage of rent for personal property is more than 10% but not property expenses the property expen							ncome in columns 2(a) and 2(b) (attach schedule)			
(1)										
(2)	·									
(3)	_									
(4)	_									
Total	Total									
(c) Total income. Add totals of col here and on page 1, Part I, line 6		Enter		-		(b) Total deductions here and on page 1, F I, line 6, column (B)		er ►		
Schedule E - Unrelated De	bt-Financed Inc	ome (see	instructions)							
1 Description of debt	-financed property		2 Gross incom		3 De	eductions directly of debt-fin		ected with or d property	allocable to	
, bescription of dest	midneed property		financed pro		depr	(a) Straight line reciation (attach so	:h)		deductions schedule)	
(1)										
(2)										
(3)						-				
(4)										
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjuste or allocable to deb property (attach s	t-financed	6 Columr divided I column	ру	rep	7 Gross income ortable (column 2 column 6)	×	8 Allocable (column 6 columns 3(a	x total of	
(1)				%						
(2)				0/0						
(3)				9/0						
(4)		***		0/0						
					Ente	r here and on pag	e 1,E	nter here a	nd on page 1,	
					Part	I, line 7, column (A)	Part I, line 7	, column (B)	
Totals				•						
Total dividends-received deduction	ons included in colu	mn 8					•			
BAA		TE	EA0203L 01/30/19					Form	990-T (2018)	

Form 990-T (2018) HORIZON	S AT	LANTA, IN	<u>. </u>	-1.0	-t- For		C =4 II = -1 (·			747624	Page 4
Schedule F - Interest, A	nnuiti	es, Royaitie						ərgar	izations (see ins	structions))
1 Name of controlled organization		2 Employer identification number		3 Net unrelated income (loss) (see instructions)		Ť	Total of speci payments ma	5 Part of column 4 that is included in the controlling organization's		in co	6 Deductions directly connected with income in column 5	
									gross II	ncome	_	
(1)												
(2)						-						
(3)						┼	 			_		
(4) Nonexempt Controlled Organiz	ations					<u> </u>						
	,	let unrelated	ат	otal o	f specified	4]	10 Part of	colum	n 9 that is	η	11 Deduc	tions directly
inc		income (loss) (see instructions)		payments		1	included in the organization's g		ne controlling		connected	with income lumn 10
(1)												
(2)												
(3)						_						
(4)	L								···			
Totals					,		Add columns here and on p 8, co		, Part I, line	Add here	e and on p	6 and 11 Enter age 1, Part I, line umn (B)
Schedule G - Investmen	nt Inco	me of a Se	ction	501(c)(7), (9)), c	or (17) Orga	nizati	ion (see ins	tructio	ns)	
1 Description of income			unt of income		3 Deductions directly connected (attach schedule)		4 Set-asides (attach schedul		ule) set-as		al deductions and asides (column 3 lus column 4)	
(1)		 			(0.11)							
(2)												
(3)												
(4)								<u> </u>				
Totals	•	Enter here an Part I, line 9,					•,	• • • • • • • • • • • • • • • • • • • •	in the second		Enter he Part I, Ii	re and on page 1, ne 9, column (B)
Schedule I — Exploited E	Vamn	t Activity Ir	come	n Otl	her Thai	n A	dvertising	Incor	, ,	ruction	Τ	
1 Description of exploited a	<u></u>	2 Gross unrelate busines income fro trade o busines	d s om	3 Exper conne pro- of u	ises directly ected with duction inrelated ess income	4 from	Net income (loss) m unrelated trade business (column ninus column 3) a gain, compute umns 5 through 7	5 Gros	is income from ity that is not ated business income	6 Ex	penses utable to umn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)					-	\vdash						
(2)		- + "-							-			
(3)												
(4)												
Totals		Enter here on page Part I, line column (1,	on p	here and page 1, I, line 10, mn (B)		,	•	•	,	\$ 2	Enter here and on page 1, Part II, line 26
Schedule J – Advertisin	g Inco	me (see inst	ruction	s)		_	<u>.</u>		<u> </u>			<u> </u>
Part I Income From Pe					nsolida	tec	Basis					
		2 Gross	5	3 0	Direct	4 /	Advertising gain or	5 C	irculation	6 Rea	adership	7 Excess readership
1 Name of periodical		advertisii income	ng		ertising osts	10	oss) (col 2 minus col 3) If a gain, compute cols 5 through 7	1	ncome	С	osts	costs (col 6 minus col 5, but not more than col 4)
(1)						-	•					ļ .
(2)		<u> </u>				1	•					- · • · · · · · · · · · · · · · · · · ·
(3)			+			┤ 、′		 				 '
Tatala (sagrata Dari III. laga (EV)											— 	
Totals (carry to Part II, line (5)) BAA	,			т.	EA0204 L	12/2	1/18	<u> </u>				orm 990-T (2018)
-,				1 0								V VVV-1 (CV10)

Form 990-T (2018) HORIZONS A	TLANTA, INC.	1			37-1747624	Page 5
Part II Income From Period 7 on a line-by-line basis)		a Separate E	Basis (For each p	eriodical listed in	Part II, fill in col	umns 2 through
1 Name of periodical	2 Gross- advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3) If a gain, compute cols. 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (col 6 minus col 5, but not more than col 4)
(1)						
(2)						
(3)						
(4)			The state of the s	STOLENS OF THE DAME AND SHE SHE SEED	Gentle a zooren en e	
Totals from Part I	•				为是是不是的	'
Totals, Part II (lines 1 – 5)	Enter here and on page 1, Part I, line 11, column (A)	Enter here and on page 1, Part I, line 11, column (B)				Enter here and on page 1, Part II, line 27
Schedule K - Compensation	of Officers, Dire	ctors, and Tri	ustees (see instr	uctions)	-	
1 Name		•	2 Title	3 Percent of time devote to business	d to unrela	ation attributable ated business
			, , , , , , , , , , , , , , , , , , , ,		१	
-					%	
					%	
					%	
Total Catan have and an agent 1 De	-1 11 Luc - 1.4				-	

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Form 990-T (2018)

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FEDERAL STATEMENTS

PAGE 1

CLIENT 2017000X

HORIZONS ATLANTA, INC.

37-1747624

6/08/20

01 10PM

STATEMENT 1 FORM 990-T, AMENDED RETURN AMENDED RETURN EXPLANATION

ON THE ORIGINALLY FILED 990-T, LINE 34 HAD \$3,190 IN DISALLOWED FRINGE EXPENSES. DUE TO THE REPEAL OF SECTION 512(A)(7) LINE 34 IS REDUCED TO ZERO. THIS CHANGE RESULTED IN TOTAL UNRELATED TAXABLE INCOME BEING REDUCED TO ZERO.

STATEMENT 2 FORM 990-T, PART V OTHER CHARGES AND PAYMENTS

TAX PAID WITH ORIGINAL RETURN

TOTAL \$ 460.