# Form **990**

Department of the Treasury Internal Revenue Service

# Extended to November 15, 2019 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

B Check if epplicable  Address change Change Change Change  Initial return  Final Final Final Final Policy Change	No					
Change   HORIZON COUNSELING	No					
Change   Doing business as   46-0948283     46-09	No					
Number and street (of P.O. box if mail is not delivered to street address)   Room/suite   E Telephone number   888-315-4326	No					
Ireturn/ 903 ARBOR VIEW LANE 600-313-4320	No					
termin-	No					
ated   City or town, state or province, country, and ZIP or foreign postal code   G Gross receipts \$ 924,93						
Amended return return  Application F Name and address of principal officer JONATHAN CARTER  H(a) Is this a group return for subordinates? Yes X						
pending LOOF ADDOD FITTING FROM FROM FROM FROM FROM FROM FROM FROM	No					
I Tax-exempt status X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 7 327 If "No," attach a list (see instructions)						
J Website: ► WWW.CALLHORIZON.COM H(c) Group exemption number ►						
K Form of organization: X Corporation	GA					
[Partill] Summary						
1 Briefly describe the organization's mission or most significant activities HORIZON COUNSELING IS A NATIONAL						
HUD APPROVED AGENCY THAT PROVIDES HOME EQUITY CONVERSION COUNSELING.  Check this box In the organization discontinued its operations or disposed of more than 25% of its net assets  Number of voting members of the governing body (Part VI, line 1a)  Number of independent voting members of the governing body (Part VI, line 1b)						
2 Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets	_					
3 Number of voting members of the governing body (Part VI, line 1a)  3	$\frac{-3}{3}$					
4 Number of independent voting members of the governing body (Part VI, line 1b)  4	$\frac{3}{17}$					
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12	<del>1</del> /0					
7 a Total unrelated business revenue from Part VIII, column (C), line 12	0.					
b Net unrelated business taxable income from Form 990-T, line 38	0.					
Prior Von						
8 Contributions and grants (Part VIII, line 1h)  RECEIVED  0.	0.					
9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 11e)  534,853. 924,93  NOV 2 2 2019  O .	6.					
10 Investment income (Part VIII, column (A), lines 3, 4, and NNV 2 2 2019	0.					
11 Other revenue (Part VIII, Column (A), lines 5, 6d, 8c, 9c, 170q, and 11e)	0.					
12 Total revenue add lines 8 through 11 (must equal Part VIII, column (A) line 12) 534,853. 924,93						
13 Grants and similar amounts paid (Part IX, column (A), libes 1.3 JOLIN, UI 0.  14 Benefits paid to or for members (Part IX, column (A), line 4) 0.	$\frac{0}{0}$ .					
15 Selection of the composition and beautiful (Det IX column (A) trac 5 10)						
15 Salailes, other compensation, employee benefits (Fart IX, Column (A), lines 5-10)  16a Professional fundraising fees (Part IX, column (A), line 11e)  0.	0.					
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16a Professional fundraising fees (Part IX, column (A), line 11e)  b Total fundraising expenses (Part IX, column (D), line 25)  17 Other expenses (Part IX, column (A), lines 11e, 11d, 11f, 24e)  18						
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 13,495. 37,92	<u>0.</u>					
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 468,100. 867,66	0.					
19 Revenue less expenses Subtract line 18 from line 12 66 , 753 . 57 , 27	6.					
Beginning of Current Year   End of Year						
항품 20 Total assets (Part X, line 16) 88,882. 125,01						
21 Total liabilities (Part X, line 26) 22,129. 98	<u>5.</u>					
≥ 122       Net assets or fund balances       Subtract line 21 from line 20       66,753.       124,02           Partill   Signature       Signature       Block	<u>9.</u>					
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	<del></del>					
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	15					
11/14/2019						
Sign Date Date						
Here JONATHAN CARTER, PRESIDENT						
_Type or print name and title						
Print Type preparer's name  Preparer's Stonature  Date  Check X PTIN						
Paid RICHARD B PALMER P00167503						
Preparer Firm's name ► RICHARD B PALMER Firm's EIN ► 27-3159324						
Use Only   Firm's address ► 135 VILLAGE CENTRE WEST STE 100						
May the IRS diseuss this return with the preparer shown above? (see instructions)    Phone no. 678 - 540 - 6220	No No					
832001 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions.						

	n 990 (2018) HORIZON COUNSEL		46-0	948283 Page 2
Pa	rt III Statement of Program Service Accomp	olishments		
	Check if Schedule O contains a response or note to	any line in this Part III		
1	Briefly describe the organization's mission			
	HORIZON COUNSELING IS A NATIO		ED AGENCY THAT PRO	VIDES
	HOME EQUITY CONVERSION COUNSE	LING.		
	B	<del></del>		
2	Did the organization undertake any significant program se	ervices during the year which	were not listed on the	<b></b>
	prior Form 990 or 990-EZ?			Yes X No
_	If "Yes," describe these new services on Schedule O		_	<b></b>
3	Did the organization cease conducting, or make significan	nt changes in how it conduct	ts, any program services?	Yes X No
4	If "Yes," describe these changes on Schedule O			l bu aumanaa
4	Describe the organization's program service accomplishing			
	Section 501(c)(3) and 501(c)(4) organizations are required revenue, if any, for each program service reported	to report the amount or gran	its and allocations to others, the total	ai expenses, and
		including grants of \$	0 - ) (2	924,936.)
74	CREDIT COUNSELING	including grants of \$	/ (Revenue \$	<u> </u>
	CREDIT COORDING			
		<del></del> -		
4b	(Code) (Expenses \$	including grants of \$	) (Revenue \$	)
			·	
			*******	<del>.</del>
	·			
4c	10-1-		) (0	
40	(Code ) (Expenses \$	including grants of \$	) (Hevenue \$	)
			- A ·	
				· · ·
	***************************************		· · · · · · · · · · · · · · · · · · ·	
	*****	<u>.</u>		<del></del>
4d	Other program services (Describe in Schedule O )	<del></del>		
	(Expenses S including grants of \$		) (Revenue \$	)
4e	Total program service expenses ► 68	3,636.	<u> </u>	
				Form <b>990</b> (2018)

Yes No

Form 990 (2018) HORIZON COUNSELING [Partily] Checklist of Required Schedules

1	ls the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			l
	If "Yes," complete Schedule A	1	Х	
2	is the organization required to complete Schedule B, Schedule of Contributors?	2		X
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			
	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			
	similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			i
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			٠,,
<b>.</b> -	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X		,	
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	
٠.	Part VI	11a	X	
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
u	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	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	<u> </u>		<del></del>
	Schedule D, Parts XI and XII	12a		х
ь	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
	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		Х
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		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			l
	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			7.5
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? // "Yes,"			· v
	complete Schedule G, Part III	19	,	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	_		х
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21 Form	990	(2018)
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Check if Schedule O contains a response or note to any line in this Part V

1a	Enter the number re	ported in Box 3	of Form 1096	Enter -0- if not applicable

b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

Yes No 0 1a Ō 1h 1c Form 990 (2018)

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	990 (2018) HORIZON COUNSELING	46-0948	283	Р	age 5
Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)				1
_		1 1		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2a 17			
	filed for the calendar year ending with or within the year covered by this return	<del></del>			v
D	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b	(-3°-1#	X
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	5)	***********	فنستة	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	_	3a		<u> </u>
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule (		_3b	<u> </u>	
48	At any time during the calendar year, did the organization have an interest in, or a signature or other a		4-		х
h	financial account in a foreign country (such as a bank account, securities account, or other financial a If "Yes," enter the name of the foreign country	iccount) /	4a	ईस र्वेद्धा वेदेश्य संस्थित कार	3-5-16
U	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	necurity (EBAB)	<b>基</b> 特		
5a	· · · · · ·	ccounts (i DAN)	5a	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	X
b		ction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50011	5c		<del></del>
6a		e organization solicit			
-	any contributions that were not tax deductible as charitable contributions?	o organization concit	6a		x
ь	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or aifts	<u> </u>		
	were not tax deductible?	one or gine	6ь		
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 ser	vices provided to the payor?	7a		X
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	s required			
	to file Form 8282?	·	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	10 10 10 F	開設	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	7 <b>f</b>		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as required?	7 <u>g</u>		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion 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		* 88888
9	Sponsoring organizations maintaining donor advised funds.		## (F) (F)	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
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	1 1	.bu#475778
10	Section 501(c)(7) organizations. Enter	1 1			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b [			
11	Section 501(c)(12) organizations. Enter	1 1			
a	Gross income from members or shareholders	11a			视图
D	Gross income from other sources (Do not net amounts due or paid to other sources against				
10-	amounts due or received from them)	11b		O.P.	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 1	12a	A 1823	4275
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	_12b		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?		420	174	13 mile 74844
a	Note. See the instructions for additional information the organization must report on Schedule O		13a	18 St.	STA
h	Enter the amount of reserves the organization is required to maintain by the states in which the			18-18-5-5-1 18-18-5-5-1	
-	organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	[ 100 ]	14a	1117	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	a O	14b		<del></del>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				_
	excess parachute payment(s) during the year?		15		х
	If "Yes," see instructions and file Form 4720, Schedule N			455	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16	112	X
	If "Yes," complete Form 4720, Schedule O			186	W.M
	· · · · · · · · · · · · · · · · · · ·	<del>-</del> ·	Form	990	(2018)

HORIZON COUNSELING 46-0948283 Form 990 (2018) 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 in 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 No Yes 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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 in Schedule O. b Enter the number of voting members included in 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? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? X X 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 6 Did the organization have members or stockholders? 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? X 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a Х b 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 in Schedule O Х 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? X 10a 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 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 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a b 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?

se	ction	C.	DISC	IOSL	ıre	
						٠.

List the states with which a copy of this Form 990 is required to be filed ▶GA

102 N BARTOW ST, CARTERSVILLE,

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Own website Another's website X Upon request

Describe in 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.

GA

State the name, address, and telephone number of the person who possesses the organization's books and records JONATHAN CARTR - 888-315-4326


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30120

Other (explain in Schedule O)

Form **990** (2018)

# 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. 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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

X Check this box if neither the organization	nor any related	orga	nıza	tion	con	nper	sate	ed any current officer, d	rector, or trustee	
(A)	(B)		(C)					(D)	(E)	(F)
Name and Title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pe	rson I	s both or/trus	n an	compensation	compensation	amount of
	week	-	Cer ar	10 a 0	recto	or/orus	100)	from	from related	other
	(list any	recto			l			the	organizations	compensation
	hours for	5	8			ate		organization	(W-2/1099-MISC)	from the
	related	aste	trust		<sub>22</sub>	Sue		(W-2/1099-MISC)		organization
	organizations below	ra Ra	Page 1		e d	ទ្រី	١.			and related organizations
	line)	Individual trustee or director	fastitutional trustee	Officer	Кеу етрюуее	Highest compensated employee	Former			Organizations
(1) JUSTIN MCWHORTER	1.00	-	-	۲	_		<u> </u>			
CHAIR	0.00	$\mathbf{x}$		x				0.	0.	0.
(2) NIKKE LEAR	1.00					1				
VICE CHAIR SECRETARY	0.00	X		X				0.	0.	0.
(3) BRAD BRAMLETT	1.00									
TREASURER	0.00	X	L	X				0.	0.	0.
(4) JONATHAN CARTER	45.00	]								
EXECUTIVE DIRECTOR	0.00	<u> </u>	_	_	X	<u> </u>	$ldsymbol{ld}}}}}}$	237,840.	0.	0.
(5) JONATHAN SUTTAN	45.00	1			l	}			_	
DIRECTOR OF OPERATIONS	0.00	<u> </u>	_	_	X		_	237,840.	0.	0.
		-			Ì					
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Part VII   Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	1 Hig	ghes	t C	ompensated Employee	s (continued)		
(A)										(F)	
Name and title	Average	age Position (do not check more than one		200	Reportable	Reportable		Estimated			
•	hours per	box	, unle	ss pe	rson ı	s both	n an	compensation	compensatio	'n	amount of
		_						from related		other	
•	(list any	recto				l		the	organization		compensation
	hours for related	Б ю	   8			ated		organization	(W-2/1099-MIS	(C)	from the
	organizations	ustee	trust		83	beus		(W-2/1099-MISC)			organization and related
	below	lag t	tional		ploye	yee ye	_				organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organization.c
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1b Sub-total							ightharpoons	475,680.		0.	0.
c Total from continuation sheets to Part VI	I, Section A							0.		0.	0.
d Total (add lines 1b and 1c)							▶_	475,680.	<del></del>	0.	0.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d at	ove	) wh	o re	eceived more than \$100,	000 of reportable	t	_
compensation from the organization											12 13
			_		•					ſ	Yes No
3 Did the organization list any former officer,		ıste	e, ke	y en	nplo	yee,	or I	highest compensated en	nployee on		
line 1a? If "Yes," complete Schedule J for s											3 X
4 For any individual listed on line 1a, is the su									ne organization	- 1	
and related organizations greater than \$150											4 X
5 Did any person listed on line 1a receive or a							elate	ed organization or individ	lual for services	ı	
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Schedule	∋ J f	or su	ıch j	oe <i>r</i> s	on_					5 X
						<b>4</b>			100.000 -6		tion from
Complete this table for your five highest containing the apparatus for the appa										ensat	tion from
the organization Report compensation for	ine calendar ye	eare	enair	ıg w	ith c	or wi	tnin		ear		
(A) Name and business	address	NΙ	ONE	2				( <b>B</b> ) Description of s	ervices	С	(C) Compensation
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2 Total number of independent contractors (ii	ncluding but no	ot lin	nited	d to	thos	e lis	ted	above) who received mo	ore than	4 28	
A400.000 (				-	-	` ~		,	į.	- 150 A	

Form **990** (2018)

		Check if Schedule O contr	ains a resnonse	or note to any lin	e in this Part VIII			
				Taran ang Managanahan Taran ang Managanahan	(A) Total revenue	(B) Related or exempt function revenue	(C) I Inrelated business revenue	(D) Revenue excluded horillax under sections 512 - 514
ls, Grants Amounts	1 a b	Federated campaigns Membership dues	1a 1b			The second secon		
	С	Fundraising events	1c					
Gifts, ilar A	d	Related organizations	1d					
S.E	е	Government grants (contributi	ons) 1e					
lo S	f	All other contributions, gifts, gran	ts, and					
ള	1	similar amounts not included above	ve <b>1f</b>					4
Contributions, Giff and Other Similar	g	Noncash contributions included in lines	1a-1f \$					
<u>රි ම</u>	h	Total. Add lines 1a-1f						September 2015
				Business Code				
ဗ္	2 a	CREDIT COUNSELI	NG FEES	624100	924,936.	924,936.		
ē ē	b							
n S	c	-						
rar Rev	d							
Program Service Revenue	e							
4		All other program service reve	nue		024 026		Lateral control of the Park and Al	
		Total. Add lines 2a-2f		<u> </u>	924,936.			
	3	Investment income (including	aiviaenas, intere	st, and				
	4	other similar amounts)	·			<u> </u>		<del></del>
	5	Income from investment of tax Royalties	roceeds		l	<u> </u>		
	٦	noyalties	(i) Real	(ii) Personal			the colours and the	ta protesta a seguina
	6 a	Gross rents	(i) Heal	(ii) reisonai				
	b							
	c		-					
		Net rental income or (loss)	<u> </u>	<b></b>			195 4 A. C. S.	3255 - 15 (386 (386 (386 ) ) 386 (386 ) 386
٠		Gross amount from sales of	(i) Securities	(ii) Other	7.50			
		assets other than inventory		1				100
	b	Less cost or other basis						
		and sales expenses						
	С	Gain or (loss)				William .	Taric Page 1	
:	d	Net gain or (loss)						
o	8 a	Gross income from fundraising	g events (not					
venue		including \$	of		real mean early			
		contributions reported on line	1c) See					
Other R		Part IV, line 18	а		100			
듩	ľ	Less direct expenses	b	L				
_		Net income or (loss) from fund	_				\$	The state of the s
	9 а	Gross income from gaming ac						
		Part IV, line 19 Less direct expenses	а					
		Net income or (loss) from gam	b b		70.00	Toron Care Control		
	-	Gross sales of inventory, less i	-	<b>_</b> _				
	10 a	and allowances	a a					
	ь	Less cost of goods sold	b			2		
		Net income or (loss) from sales		<u> </u>		Louis Contraction Contraction		
		Miscellaneous Revenue		Business Code				14 <u>.</u> 1451
	11 a							
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d		<b>•</b>			Brak wereten	
	12	Total revenue. See instructions	·	<u> </u>	924,936.	924,936.	0.	0.
83200	9 12-31	-18						Form 990 (2018)

Check if Schedule O contains a response or note to any line in this Part IX  Total expenses  Programmounts reported on inhers bit, 78, 88, 98, and 100 of Part VIVI  1 Grants and other assistance to domestic organizations and domestic governments. See Part IVI, line 21  2 Grants and other assistance to domestic individuals See Part IVI, line 22  3 Grants and other assistance to domestic individuals See Part IVI, line 22  3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IVI, line 25  4 Benefits part I for it is an of 15  4 Benefits part I for it is an of 15  5 Compensation of current officers, directors, trustees, and lawy employees  6 Compensation or current officers, directors, trustees, and lawy employees  7 Compensation or current officers, directors, trustees, and lawy employees  8 Person plant accruals and organization (include scales 4016), 19, 404 4000) implicit in the persons (as defined under section 4958(i)(1)) and persons (ascribed in 4958) and persons (ascribed in 495	Secti	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)										
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and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16 8 Benefits part IV, lines 15 and 16 8 Compensation of current officers, directors, trustees, and key employees 6 Compensation of current officers, directors, trustees, and key employees 7 Other safens and wages 8 Person gian accruats and contributions (include section 4886(1(1)) and persons described in section 4886(1(1)) and persons described			(A) Total expenses	Program service	Management and	( <b>D)</b> Fundraising expenses						
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persons (as defined unders eaction 4986(r)(1)) and persons described in section 4986(r)(3)(8)  7 Other salaries and wages  8 Pesson plan accrusts and contributions (include section 401k) and 403(p) employer contributions)  9 Other employee benefits  11, 500. 9, 327. 1, 811. 362.  11, 500. 9, 327. 1, 811. 362.  11, 500. 9, 327. 1, 811. 362.  11, 500. 9, 327. 1, 811. 362.  11, 500. 9, 327. 1, 811. 362.  12, 759. 10, 347. 2, 010. 402.  11, 500. 9, 327. 1, 811. 362.  11, 500. 9, 327. 1, 811. 362.  12, 759. 10, 347. 2, 010. 402.  11, 500. 9, 327. 1, 811. 362.  12, 759. 10, 347. 2, 010. 402.  11, 500. 9, 327. 1, 811. 362.  12, 759. 10, 347. 2, 010. 402.  11, 500. 9, 327. 1, 811. 362.  12, 759. 10, 458. 40, 921. 7, 947. 1, 590.  11, 500. 9, 327. 1, 811. 362.  12, 759. 10, 347. 2, 010. 402.  11, 500. 9, 327. 1, 811. 362.  12, 759. 10, 347. 2, 010. 402.  11, 500. 9, 327. 1, 811. 362.  12, 759. 10, 347. 2, 010. 402.  11, 500. 9, 327. 1, 811. 362.  12, 759. 10, 347. 2, 010. 402.  11, 500. 9, 327. 1, 811. 362.  12, 759. 10, 347. 2, 010. 402.  11, 500. 9, 327. 1, 811. 362.  12, 759. 10, 347. 2, 010. 402.  11, 500. 9, 327. 1, 811. 362.  11, 500. 9, 327. 1, 811. 362.  11, 500. 9, 327. 1, 811. 362.  11, 500. 9, 327. 1, 811. 362.  11, 500. 9, 327. 1, 811. 362.  11, 500. 9, 327. 1, 811. 362.  11, 500. 9, 327. 1, 811. 362.  11, 500. 9, 327. 1, 811. 362.  11, 500. 9, 327. 1, 811. 362.  11, 500. 9, 327. 1, 811. 362.  11, 500. 9, 327. 1, 811. 362.  11, 500. 9, 327. 1, 811. 362.  11, 500. 9, 327. 1, 811. 362.  11, 500. 9, 327. 1, 811. 362.  11, 500. 9, 327. 1, 811. 362.  12, 759. 10, 347. 2, 010. 402.  11, 500. 9, 327. 1, 811. 10. 362.  11, 500. 9, 327. 1, 811. 10. 362.  12, 750. 44, 875. 44, 875. 44, 875.  13, 4875. 44, 875. 44, 875.  14, 875. 44, 875. 44, 875.  14, 875. 44, 875. 44, 875.  15, 900. 900. 900. 900. 900. 900. 900. 900		trustees, and key employees	475,680.	332,976.	118,920.	23,784.						
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section 401(k) and 403(b) employer contributions)  Other employee benefits  11,500. 9,327. 1,811. 362.  16 Payroll taxes  50,458. 40,921. 7,947. 1,590.  17,947. 1,590.  18 Legal  C Accounting  e Professional fundraising services. See Part IV, line 17 for livestment management fees  Other (life line 1g amount secces 10% of line 25, column (A) amount, list line 11g expenses on Sch 0)  Advertising and promotion  Office expenses  Occupancy  Travel  Payments of travel or entertainment expenses for any federal, state, or local public officials  Conferences, conventions, and meetings linterest  Payments to affiliates  Depreciation, depletion, and amortization insurance  Office expenses interest should be amount, list line 25 expenses in line 24. If line amount, list line 25 expenses in line 24. If line amount, list line 25 expenses not covered above, List miscellaineous expenses in line 24. If line amount, list line 25 expenses on Schodule 0, and amortization linsurance  Other expenses, Itempe expenses not covered above, List miscellaineous expenses in line 24. If line amount, list line 25 expenses on Schodule 0, and amortization linsurance  Other expenses, Itempe expenses not covered above, List miscellaineous expenses in line 24. If line amount, list line 26 expenses on Schodule 0, and amortization linsurance  Other expenses. Itempe expenses in line 24. If line amount, list line 26 expenses on Schodule 0, and 10 there expenses on Schodule 0, and 10 the 25 expenses on Schodule 0, and 10 the 25 expenses. Add lines 1 through 24e and 10 the expenses. Add lines 1 through 24e and 10 three pages and 10 three pag	7	<u> </u>	279,343.	279,343.								
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12 Advertising and promotion 13 Office expenses 1570. 14 Information technology 1570. 15 Royalties 2,061. 1,443. 515. 103. 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses, liernize expenses on Covered above, (List miscellaneous expenses on Schedule O.) 25 BANKING AND FINANCE COS 26 PAYROLL SERVICE FEES 27 A JA79. 28 AND SUBSCRIPTIONS 29 EAI other expenses. 29 A List miscellaneous expenses on Schedule O.) 30 BANKING AND FINANCE COS 40 DUES AND SUBSCRIPTIONS 570. 570. 570. 570. 570. 570. 570. 570.	g	,										
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14	12	Advertising and promotion										
15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 19 Interest 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization Insurance 24 Officer expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount, list line 24e expenses on Schedule 0.) 2 BANKING AND FINANCE COS 3 AND SUBSCRIPTIONS 4 DUES AND SUBSCRIPTIONS 5 All other expenses 6 74. 5 Total functional expenses. Add lines 1 through 24e 25 Other know  Interest	13	•										
16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 28 BANKING AND FINANCE COS 29 PAYROLL SERVICE FEES 20 STAFF DEVELOPMENT 21 DUES AND SUBSCRIPTIONS 22 EXTAFF DEVELOPMENT 23 JA79. 24 DUES AND SUBSCRIPTIONS 25 Total functional expenses. Add lines 1 through 24e 867, 660. 688, 636. 151, 737. 27, 287.	14	<b>3</b> ,	2,061.	1,443.	515.	103.						
17 Travel  18 Payments of travel or entertainment expenses for any federal, state, or local public officials  19 Conferences, conventions, and meetings  Interest  20 Interest  21 Payments to affiliates  22 Depreciation, depletion, and amortization  23 Insurance  24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)  25 BANKING AND FINANCE COS  26 PAYROLL SERVICE FEES  27 AFF DEVELOPMENT  29 DUES AND SUBSCRIPTIONS  29 All other expenses  30 A10 Subscriptions  40 All other expenses  41 Juntional expenses. Add lines 1 through 24e  42 B67, 660.  43 B67, 660.  44 Signal And Subscriptions  45 All other expenses  46 All other expenses  47 All other expenses  48 Add intentional expenses. Add lines 1 through 24e  48 B67, 660.  48 B67, 660.  57 All other expenses  67 All ot	15	Royalties										
18 Payments of travel or entertainment expenses for any federal, state, or local public officials  19 Conferences, conventions, and meetings  10 Interest  20 Interest  21 Payments to affiliates  22 Depreciation, depletion, and amortization  23 Insurance  24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)  a BANKING AND FINANCE COS  b PAYROLL SERVICE FEES  c STAFF DEVELOPMENT  d DUES AND SUBSCRIPTIONS  e All other expenses. Add lines 1 through 24e  5 Total functional expenses. Add lines 1 through 24e  25 Total functional expenses. Add lines 1 through 24e  educational campaign and fundraising solicitation.  Check have   if following SOP 98-2 (ASC 958-720)    Interest	16	Occupancy	4,400.		4,400.							
for any federal, state, or local public officials  Conferences, conventions, and meetings Interest  Payments to affiliates  Depreciation, depletion, and amortization  Insurance  Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)  BANKING AND FINANCE COS  BANKING AND FINANCE COS  FAYROLL SERVICE FEES  STAFF DEVELOPMENT  DUES AND SUBSCRIPTIONS  All other expenses. Add lines 1 through 24e  Total functional expenses. Add lines 1 through 24e  All other expenses. Add lines 1 through 24e  Total functional expenses. Add lines 1 through 24e  B67, 660.  Check here	17	Travel										
19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)  a BANKING AND FINANCE COS b PAYROLL SERVICE FEES c STAFF DEVELOPMENT d DUES AND SUBSCRIPTIONS e All other expenses 574. 575 Total functional expenses. Add lines 1 through 24e 576 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	18	Payments of travel or entertainment expenses										
20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)  a BANKING AND FINANCE COS b PAYROLL SERVICE FEES c STAFF DEVELOPMENT d DUES AND SUBSCRIPTIONS e All other expenses 57 Total functional expenses. Add lines 1 through 24e 57 Total functional expenses. Add lines 1 through 24e 58 46 (A) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B		for any federal, state, or local public officials										
21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)  a BANKING AND FINANCE COS b PAYROLL SERVICE FEES C STAFF DEVELOPMENT DUES AND SUBSCRIPTIONS All other expenses Ald lines 1 through 24e  867,660. 688,636. 151,737. 27,287.  26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here  if following SOP 98-2 (ASC 958-720)	_	· · ·										
Depreciation, depletion, and amortization Insurance  Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule ().)  BANKING AND FINANCE COS  PAYROLL SERVICE FEES  STAFF DEVELOPMENT  DUES AND SUBSCRIPTIONS  All other expenses  All other expenses. Add lines 1 through 24e  STOTAL functional expenses. Add lines 1 through 24e  Medicational campaign and fundraising solicitation. Check here  If following SOP 98-2 (ASC 958-720)												
23 Insurance 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)  a BANKING AND FINANCE COS b PAYROLL SERVICE FEES c STAFF DEVELOPMENT d DUES AND SUBSCRIPTIONS e All other expenses All other expenses. Add lines 1 through 24e 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here In following SOP 98-2 (ASC 958-720)		•	0.00	252		ļ <u>.</u>						
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above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)  a BANKING AND FINANCE COS b PAYROLL SERVICE FEES c STAFF DEVELOPMENT d DUES AND SUBSCRIPTIONS e All other expenses for 4.  Total functional expenses. Add lines 1 through 24e  25 Total functional expenses. Add lines 1 through 24e  26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here			and the state of the same of t	alang Militik di daki balansa kalasi	AND THE PROPERTY OF THE PARTY O	LECT TOTAL CONTROL SHIP IN STREET						
24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)  a BANKING AND FINANCE COS  b PAYROLL SERVICE FEES  c STAFF DEVELOPMENT  d DUES AND SUBSCRIPTIONS  e All other expenses  For Total functional expenses. Add lines 1 through 24e  25 Total functional expenses. Add lines 1 through 24e  26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here	24											
BANKING AND FINANCE COS  BAYROLL SERVICE FEES  CONTROL SERVICE FE		24e amount exceeds 10% of line 25, column (A)										
b PAYROLL SERVICE FEES 3,479. 3,479. c STAFF DEVELOPMENT 957. 957. d DUES AND SUBSCRIPTIONS 956. 956. e All other expenses 674. 674.  25 Total functional expenses. Add lines 1 through 24e 867,660. 688,636. 151,737. 27,287.  26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here			7 000									
C STAFF DEVELOPMENT DUES AND SUBSCRIPTIONS All other expenses All other expenses Total functional expenses. Add lines 1 through 24e  25 Total functional expenses. Add lines 1 through 24e  26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here  if following SOP 98-2 (ASC 958-720)	a -			6,494.								
DUES AND SUBSCRIPTIONS  e All other expenses  Total functional expenses. Add lines 1 through 24e  25 Total functional expenses. Add lines 1 through 24e  B67,660.  868,636.  151,737.  27,287.  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	b											
All other expenses 674. 674.  Total functional expenses. Add lines 1 through 24e 867,660. 688,636. 151,737. 27,287.  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	C											
25 Total functional expenses. Add lines 1 through 24e 867,660. 688,636. 151,737. 27,287.  26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here in following SOP 98-2 (ASC 958-720)	_					-						
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		·		600 636	<u> </u>	07 007						
reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here Infollowing SOP 98-2 (ASC 958-720)			867,660.	688,636.	151,737.	27,287.						
educational campaign and fundraising solicitation.  Check here if following SOP 98-2 (ASC 958-720)	26											
Check here If following SOP 98-2 (ASC 958-720)												
		. —										

832010 12-31-18

125,014. Form 990 (2018)

124,029.

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 $66,75\overline{3}$ 

88,882.

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30

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Fund

ö

Temporarily restricted net assets

Permanently restricted net assets

and complete lines 30 through 34.

Total net assets or fund balances

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Organizations that do not follow SFAS 117 (ASC 958), check here

	1990 (2018) HORIZON COUNSELING	46-0	948283	Pag	<sub>le</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	924		
2	Total expenses (must equal Part IX, column (A), line 25)	2	867		
3	Revenue less expenses Subtract line 2 from line 1	3		, 27	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	66	,75	<u> </u>
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 in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	124	,02	<u> 29.</u>
:Pa	Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
			`	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	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			7
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		<u> </u>
,	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit		1	
	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	ed audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form 9	90 (2	2018)

#### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

▶ Attach to Form 990 or Form 990-EZ.

▶ 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 COUNSELING

Employer identification number 46-0948283

Part	art I Reason for Public Charity Status (All organizations must complete this part ) See instructions							
The or	ganı	zation is not a private found						
1 🗂	_	A church, convention of ch	,	•	•	•	D(A)(i).	
2 🗀	╗	A school described in sect				,	'''''' / M	
3	Ħ	A hospital or a cooperative		·			\	
4	=	A medical research organiz					•	the hospital's name
<b>-</b> L		city, and state	ation operated in col	njunction with a nospital	described	iii secuo	in Trotol (I)(A)(III). Litter	the nospital s name,
<b>.</b> [	_	An organization operated for	or the benefit of a co	llaga or unwaresty owner	Lar anarat	ad by a ge	wormmontal wait docomb	ad in
5 ∟		-		nege or university owner	or operac	eu by a gu	ivernmental unit describ	eu in
٦ ٦	$\neg$	section 170(b)(1)(A)(iv). (C	•					
6	=	A federal, state, or local go						
7 _	لـــا	An organization that norma	•	ntial part of its support fi	om a gove	ernmental	unit or from the general	public described in
• [	$\neg$	section 170(b)(1)(A)(vi). (C						
8	ᆿ	A community trust describe						
9 ∟		An agricultural research org				· ·	<del>-</del>	=
		or university or a non-land-g	grant college of agric	ulture (see instructions)	Enter the	name, city	, and state of the college	e or
5	<del>-</del>	university		<del></del>				
10 🖸	Λ.	An organization that norma						
		activities related to its exen	•		٠,		• • •	•
		income and unrelated busing	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the organization a	after June 30, 1975
_	_	See section 509(a)(2). (Co	•					
11	=	An organization organized a	and operated exclusi	vely to test for public sa	fety See	section 50	09(a)(4).	
12 _		An organization organized a		*	-		•	
		more publicly supported or	•				, ,, ,	Check the box in
	lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g							
а	Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving							
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	of the direc	tors or trustees of the s	upporting
	_	organization You must o	•					
ь	Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having							
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the supp	ported
	_	organization(s) You mus	t complete Part IV,	Sections A and C.				•
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functionally integrate	ed with,
		its supported organization		•				
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in coi	nnection w	vith its supported organi	zation(s)
		that is not functionally int	egrated The organiz	ation generally must sat	isfy a distr	ibution red	quirement and an attenti	veness
	_	requirement (see instructi						
е	<u> </u>	Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type II, Type III	
		functionally integrated, or	r Type III non-function	nally integrated supportii	ng organiz	ation		
f E	Ente	r the number of supported o	organizations					
<u>g</u> F		ide the following information			(iv) Is the orga	enizalion listed	[	T () A
	(1	) Name of supported organization	(II) EIN	(III) Type of organization (described on lines 1-10	iu Aont dosetui	ng document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
		organization		above (see instructions))	Yes	No	support (acc motractions)	support (ded instructions)
						ļ		
							-	
			<u> </u>					
		-						
			1					
Total			i .		l :	1	i	i

	edule A (Form 990 or 990-EZ) 2018 H					46-0948		
Pa	Support Schedule for	Organizations	Described in	Sections 170(	b)(1)(A)(iv) and	170(b)(1)(A)(vi)		
	(Complete only) of you checke				n failed to qualify u	nder Part III If the	organization	
	fails to qualify under the tests listed below, please complete Part III )							
Se	ction A. Public Support					/	/	
Cale	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
	Gifts, grants, contributions, and		<b>1</b>	1-1				
	membership fees received (Do not							
	include any "unusual grants ")							
2	Tax revenues levied for the organ-							
_	ization's benefit and either paid to							
	or expended on its behalf			i		/		
3	The value of services or facilities	<del></del>				/		
-	furnished by a governmental unit to				i /			
	the organization without charge				/			
		$\overline{}$			/			
4	Total. Add lines 1 through 3	ATO THE PERMIT	Z 1 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	50.740220672632		TOTAL STATE SE		
5	The portion of total contributions			A SAN CARROLL	/			
	by each person (other than a							
	governmental unit or publicly					THE REPORT OF THE PARTY OF THE		
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,	1254 40		/-				
	column (f)		可能引起引起					
	Public support. Subtract line 5 from line 4			「大学」				
Sec	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c),2016	(d) 2017	(e) 2018	(f) Total	
7	Amounts from line 4							
8	Gross income from interest,			/ \				
	dividends, payments received on			/ \				
	securities loans, rents, royalties,			<i>/</i>	Ĭ.		•	
	and income from similar sources		/					
9	Net income from unrelated business		/				· · · · · · · · · · · · · · · · · · ·	
-	activities, whether or not the							
	business is regularly carried on		/					
10	Other income Do not include gain		/					
10	or loss from the sale of capital		/					
	assets (Explain in Part VI)				\			
11		NE LIKE	5-724-03255	F982-98-44-980-4	in controller and letter	Vierstreen en seen en een een een een een een e		
	Total support. Add lines 7 through 10		,	Striktskaten PA-Narokata	as frail as Fals, hit; defe	12		
	Gross receipts from related activities,		<i>,</i> '					
13	13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)							
Sec	organization, check this box and stop ction C. Computation of Publi		centage			<del>\</del>		
	· · · · · · · · · · · · · · · · · · ·			-t· (0)			0/	
	Public support percentage for 2018 (I	7		olumn (t))		14	<u>%</u>	
	5 Public support percentage from 2017 Schedule A, Part II, line 14							
16a		- /			14 is 33 1/3% or m	ore, check this box	ano	
	stop here. The organization qualifies	, , , , ,						
b	33 1/3% support test - 2017. If the	- /			line 15 is 33 1/3%	or more, check this	box	
	and stop here. The organization qual						<b>`</b> ▶□	
17a	10% -facts-and-circumstances test	-					1	
	and if the organization meets the "fac					rt VI how the organi	zation	
	meets the "facts-and-circumstances"	=					\▶□	
b	10% -facts-and-circumstances test	t - 2017. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is 1	0% or <b>\</b>	
	more, and if the organization meets the	he "facts-and-circui	mstances" test, ch	eck this box and	stop here. Explair	in Part VI how the	\	
	organization meets the "facts-and-circ	cumstances" test.	The organization q	ualifies as a public	ly supported organ	nization	<b>&gt;</b> \	
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b			<u> </u>	
	/				Sche	dule A (Form 990	or 990-EZ) 2018	
	/				<u>-</u>		\	
	/					•	\	
	/	, '				-		

832022 10-11-18

# Schedule A (Form 990 or 990-EZ) 2018 HORIZON COUNSELING Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support	elow, please comp	piete Fait II )				_ <del></del>
Cale	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants.")				100.		100.
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose				534,753.	924,936.	1459689.
3	Gross receipts from activities that				3327.331	322,3330	
•	are not an unrelated trade or bus-						
	iness under section 513						
			<b>†</b>	<u> </u>			
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf			ļ	1		-
5	The value of services or facilities						
	furnished by a governmental unit to				1		
	the organization without charge						
6	Total. Add lines 1 through 5		<u> </u>	L	534,853.	924,936.	1459789.
7	Amounts included on lines 1, 2, and		1	Ì			
	3 received from disqualified persons		1				0.
ŀ	Amounts included on lines 2 and 3 received			ı			
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the	1					
	amount on line 13 for the year						0.
	Add lines 7a and 7b				<del></del>		0.
	Public support. (Subtract line 7c from line 6)	,	,				1459789.
	ction B. Total Support	<del></del>		·			
Cale	endar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6				534,853.	924,936.	1459789.
10a	Gross income from interest,					-	
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
	Unrelated business taxable income		•				
٠	(less section 511 taxes) from businesses				1		
	acquired after June 30, 1975						
	· ·						
	Add lines 10a and 10b  Net income from unrelated business	<del></del>	-		+		<del> </del>
• •	activities not included in line 10b,						
	whether or not the business is						
40	regularly carried on		ļ				
12	Other income Do not include gain or loss from the sale of capital		] '				
	assets (Explain in Part VI.)				504.050		1.150500
13	Total support (Add lines 9, 10c 11, and 12)		l		534,853.	924,936.	1459789.
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	tax year as a section	1 501(c)(3) organiza	tion,
	check this box and stop here						<b></b>
Se	ction C. Computation of Publi	<u>c Support Per</u>	rcentage		1-1	· · · ·	
15	Public support percentage for 2018 (I	ine 8, column (f), c	divided by line 13, o	column (f))		15	100.00 <u>%</u>
	Public support percentage from 2017				<del></del>	16	%
<u>Se</u>	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	)18 (line 10c, colui	mn (f), divided by li	ne 13, column (f))	1	17	.00 %
	Investment income percentage from					18	%
	a 33 1/3% support tests - 2018. If the			on line 14, and lin	e 15 is more than 3	3 1/3%, and line 17	' is not
	more than 33 1/3%, check this box ar	•					<b>►</b> X
ŀ	33 1/3% support tests - 2017. If the	•	-	•			
•	line 18 is not more than 33 1/3%, che						ightharpoons
20	Private foundation. If the organization		-			=	
	23 10-11-18		22	_, _, _, _, _, _, _, _, _, _, _, _, _, _		edule A (Form 990	or 990-EZ) 2018

# Part V 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)

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN 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 was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

  If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
		WE SEE
	o distalle X	
2	Z 1025	2377 h 2004
3a		
3b	×	
	THE STATE	
	2005	1357473
3c	3.~ (-/2.5 p	-5060 es
4a	3. 4.2.2	
1 4h		
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	2011 67	
4c	es - 11 7 1000	a. W.erie V
2.4		
5a	Spring.	198
5b	restrictions.	
5c		
		145
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7		
		723
8	ئىنىشىسىشى <i>ت</i>	التنفيين
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		***************************************
9a	ž"u"	46306)
鑑賞	200	
9b		
90		
	E 3	14 14 14 14 14 14 14 14 14 14 14 14 14 1
10a	Monte Pile	PACKA
10b		
990 or 99	いーピスト	2018

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832025 10-11-18

Schedule A (Form 990 or 990-EZ) 2018

	edule A (Form 990 or 990-EZ) 2018 HORIZON COUNSELING			6-0948283 Page 6
130211372	Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	•	, ,	art VI) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete S	Sections A through E	(5) (6) (1)
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	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	1823		
	instructions for short tax year or assets held for part of year)	155 M.O.		
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other	FE CO		
	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		
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		
Sect	tion 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	Minimum 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	Harattan Kanada	
7	Check here if the current year is the organization's first as a non-functional	Ily integra	ited Type III supporting organ	nization (see
			,, ,, ,,	•

Schedule A (Form 990 or 990-EZ) 2018

	ion D - Distributions	(a)(a) capporting orga	inizations (continuea)	Current Year
1	Amounts paid to supported organizations to accomplish exi	emnt nurnoses		Ourient rou.
2	Amounts paid to perform activity that directly furthers exem			· · · · · <del></del>
_	organizations, in excess of income from activity	pr parpodes or supported;		
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organizations		
4	Amounts paid to acquire exempt-use assets		^	
5	Qualified set-aside amounts (prior IRS approval required)		· ·	
6	Other distributions (describe in Part VI) See instructions		· .	
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which to	the organization is responsive		
	(provide details in Part VI) See instructions	•		
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			}
		(1)	(ii)	(iii)
Sect	ion E - Distribution Allocations (see Instructions)	Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6		etantiaetokaetak	
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2018			
a	From 2013	neven presentable	的工程的企为此的证明	
b	From 2014			
С	From 2015	acatega ana padhar		
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years	<b>表示表现的表现的是</b>		
h	Applied to 2018 distributable amount	<b>表示的是是不是是是是一种</b>	AND WIS TONE	
i	Carryover from 2013 not applied (see instructions)			
i	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2018 from Section D,	THE STATE OF THE S		
	line 7 \$			
а	Applied to underdistributions of prior years	216-14-21-21-21-21-21-21-21-21-21-21-21-21-21-		
b	Applied to 2018 distributable amount		2000年的1960年的14万里	
	Remainder Subtract lines 4a and 4b from 4			
_		and the second to see that the second to "better	1	A THE STREET WAS CARE TO STREET

6	Remaining underdistributions for 2018 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions.	<b>  对自己是中国是一部宣传</b>		
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c		<b>制度的发展的</b>	
8	Breakdown of line 7	<b>地名中国英国</b>		
а	Excess from 2014			
b	Excess from 2015			

b Excess from 2015
c Excess from 2016
d Excess from 2017
e Excess from 2018

Schedule A (Form 990 or 990-EZ) 2018

Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2. For result greater

than zero, explain in Part VI. See instructions

Schedule A	(Form 990 or 990-EZ) 2018 HORIZON COUNSELING	46-0948283 Page 8
Part VI	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any addition	and 2, Part IV, Section C, , Section B, line 1e, Part V,
	(See instructions )	
		<del></del>
-		
		·
	- "	
	<del></del>	
		•
·		

832028 10-11-18

### **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 Inspection

Name of the organization

Employer identification number

	HORIZON COUNSELING		46-0948283
Pa	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds o	r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, Iin	ne 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 advised	funds
Ŭ	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a	•	<b>—</b> —
٠	for charitable purposes and not for the benefit of the donor o	• •	•
	impermissible private benefit?	of donor advisor, or for any other purpose co	Yes No
Pa	<del> </del>	ganization answered "Ves" on Form 990. Pa	
1	Purpose(s) of conservation easements held by the organization		irt iv, mie i
•	<u> </u>	· ·	weally represent land area
	Preservation of land for public use (e.g., recreation or e		cally important land area
	Protection of natural habitat	Preservation of a certific	ed historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form of	
	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 stri	• •	2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structure	
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the or	rganization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	· ———	
5	Does the organization have a written policy regarding the per		
_	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conser	vation easements during the year
_	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	n easements during the year
_	<b>\$</b>		
8	Does each conservation easement reported on line 2(d) abov	re satisfy the requirements of section 170(h)(	
_	and section 170(h)(4)(B)(ii)?		☐ Yes ☐ No
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes the	e organization's accounting for
Da	conservation easements	Art Historical Traceures or Othe	ou Cimilau Accata
ra	t III Organizations Maintaining Collections of		er Sillillar Assets.
	Complete if the organization answered "Yes" on Form		· · · · · · · · · · · · · · · · · · ·
1a	If the organization elected, as permitted under SFAS 116 (AS	,, ,	·
	historical treasures, or other similar assets held for public exh		e of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement ar	nd balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of public	service, provide the following amounts
	relating to these items		
	(i) Revenue included on Form 990, Part VIII, line 1		► \$ ► \$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, historical tre-	asures, or other similar assets for financial g	aın, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 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> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

832051 10-29-18

		COUNSELING							48283	
Par	tillii Organizations Maintaining C	ollections of Art	t, Histo	orical Tre	asures, or	r Other	Simila	r Assets	(continu	ed)
3	Using the organization's acquisition, accessi	on, and other records	s, check	any of the f	ollowing that	are a sig	nıficant u	se of its c	ollection it	ems
	(check all that apply)									
а	Public exhibition	d	ı 🗀 i	Loan or exc	hange progra	ıms				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	how the	ey further th	e organizatio	n's exem	pt purpo	se in Part	XIII	
5	During the year, did the organization solicit o	r receive donations o	of art, his	storical treas	sures, or othe	r sımılar a	assets			
	to be sold to raise funds rather than to be ma	aintained as part of th	ne organ	ization's col	llection?				Yes	☐ No
Pai	tilVi Escrow and Custodial Arran	gements. Comple	ete if the	organizatio	n answered "	'Yes" on f	Form 990	), Part IV, I	line 9, or	
	reported an amount on Form 990, Pai	rt X, line 21.								
1a	Is the organization an agent, trustee, custodi	an or other intermed	ary for c	ontributions	s or other ass	ets not in	cluded			
	on Form 990, Part X?								Yes	No No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing ta	able						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e_			
f	Ending balance						1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for e	scrow or cu	istodial accoi	unt liabilit	y?		Yes	No No
	If "Yes," explain the arrangement in Part XIII									
∣Raı	tiV Endowment Funds. Complete	f the organization an	swered	"Yes" on Fo	rm 990, Part	IV, line 10	)			
		(a) Current year	(b) P	rior year	(c) Two year	s back (	<b>d)</b> Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance						_			
b	Contributions									
C	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities				ļ					
	and programs									
f	Administrative expenses									
g	End of year balance									<del></del>
2										
а										
b	Permanent endowment >	%								
С	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%								
3a	3a Are there endowment funds not in the possession of the organization that are held and administered for the organization									
	by									es No
	(i) unrelated organizations 3a(i)									
	(ii) related organizations								3a(ii)	—
b	If "Yes" on line 3a(ii), are the related organiza	•							3b	
4	Describe in Part XIII the intended uses of the		wment fu	unds						
ir.ai	tiVI				<b>.</b>	<b>5</b>				
	Complete if the organization answere							<u>. I</u>		<del> </del>
	Description of property	(a) Cost or o	1		or other		cumulate		(d) Book v	alue
		basis (investri	nent)	pasis	(other)	аер	reciation			
	Land									
	Buildings							-+		<del></del>
	Leasehold improvements				0 272		0	60.	7	,412.
	Equipment	-			8,272.		- 0	00.		,414.
	Other		<u> </u>	- (7)	0-1				7	,412.
rotal	. Add lines 1a through 1e (Column (d) must e	guai Form 990. Part .	x. colum	in (B). Jine 10	UC.)					<u> </u>

Schedule D (Form 990) 2018

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2018

(7) (8)

### SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

Attach to Form 990.

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

2018

Inspection

OMB No 1545-0047

Employer identification number 46-0948283

Name of the organization
HORIZON COUNSELING

**Questions Regarding Compensation** Yes 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) **b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? 5a b Any related organization? 5h If "Yes" on line 5a or 5b, describe in Part III 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? b Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2018

Regulations section 53 4958-6(c)?

HORIZON COUNSELING Schedule J (Form 990) 2018

Part II\* Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

		(B) Breakdown of	(R) Breakdown of W.2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(O) Nontaxable	(F) Total of columns	(F) Compensation
		i			other deferred	benefits	(D)-(D)(B)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JONATHAN CARTER	Ξ	237,840.	0	0	0	0	237,840.	135,112.
EXECUTIVE DIRECTOR	(ii)		0.	0	• 0	0.	0	0
(2) JONATHAN SUTTAN	Ξ	237,84	• 0	0.	• 0	0	237,840.	135,212.
DIRECTOR OF OPERATIONS	(II)	0	0.	.0	0	0.	0.	0.
	Θ							
	(1)							
	Θ							
	(ii)							
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Schedule J (Form 990) 2018

#### **SCHEDULE 0**

(Form 990 or 990-EZ)

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.

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

HORIZON COUNSELING	46-0948283			
Form 990, Part VI, Section B, line 11b:				
THE ORGANIZATION'S FORM 990 IS REVIEWED BY ONE OR MORE O	FFICERS PRIOR TO			
FILING.				
Form 990, Part VI, Section C, Line 18:				
THE ORGANIZATION'S FORM 990 AND OTHER PUBLICALLY AVAILAB	LE DOCUMENTS CAN BE			
OBTAINED BY SUBMITTING A WRITTEN REQUEST TO JONATHAN CAR	TER AT 102 N.			
BARTOW ST., CARTERSVILLE, GA 30120.				
Form 990, Part VI, Section C, Line 19:				
THE ORGANIZATION'S FORM 990 AND OTHER PUBLICALLY AVAILAB	LE DOCUMENTS CAN BE			
OBTAINED BY SUBMITTING A WRITTEN REQUEST TO JONATHAN CARTER AT 102 N.				
BARTOW ST., CARTERSVILLE, GA 30120.				
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2018)