	OOO	
Form	990	

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of	of the Tr	easury
Internal Reve	nue Ser	vice

▶ Do not enter social security numbers on this form as it may be made public.

Inter	nal Revenu	ue Service	► Go to v			for instructions at	nd the la	test	information.	/ Inspection	<u>n</u> _
Α	For the	2018 calend	ar year, or tax year beg	ginning (OCT 1,	2018 and	d ending	S	EP 30, 2019	•	
В	Check if applicable	C Name of	forganization						D Employer identif	lication number	
	Address change	HORI	ZON HOMES, I	NC.							
	Name change	Doing bi	usiness as						63-0	0810660	
一	Initial	<u> </u>	and street (or P.O. box if	mail is not de	livered to st	reet address)	Room/s	uite	E Telephone numb		
	Final	1	MONTCLAIR_RC		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, 001 000,	1.00	, , , , ,		- <u>595-4555</u>	
	Ireturn/ termin-				1.7ID for		ــــــــــــــــــــــــــــــــــــــ				21
_	ated Amende		own, state or province,		I ZIP or tore	eign postai code			G Gross receipts \$	258 <u>,6</u>	141.
- -	return Applica-	PIKM	INGHAM, AL	35213					H(a) Is this a group		_
	tion pending	, F Name a	nd address of principal o	officer DOU	JG MCB	EE			for subordinate	s? Yes X	∐No
		SAME	AS C ABOVE						H(b) Are all subordinates	included? Yes	_ No
1	Tax-exer	mpt status L	X 501(c)(3) 501	(c) ()◀ (ınsert	no.) 4947(a)(1)) or	527	If "No," attach a	a list (see instruction	ıs)
		<u>: ► N/A</u>							H(c) Group exemption		
<u>K</u>	orm of o	organization.	X Corporation Tr	rust A	ssociation	Other	<u> L`</u>	Year o	of formation: 1982	M State of legal domici	le AL
Pa	art 📗 🥄	Summary						_			
	1 B	riefly describ	e the organization's mis	sion or mos	t significan	t activities TO F	ROVI	DE	LOW-INCOME	HOUSING	
ž	ļ	•	Ü		Ū						
l) Governance	2 C	heck this bo	x If the organi	zation disco	ntinued its	operations or dispo	osed of r	nore	than 25% of its net a	ssets	
Š			ing members of the gov						3		6
္ဗၓ	1		ependent voting membe		-	•			4	 	6
65 & C			of individuals employed	-	_				5	 -	0
V (CU Activities	1				-	rait v, iiie zaj				 	 0
₹. ~	I -		of volunteers (estimate i	,,					<u>6</u>	 	
S C	Į.		d business revenue from	•	• •				<u>7a</u>		0.
3—	b N	let unrelated	business taxable incom	e from Form	1990-T, <u>lin</u> e	38					<u>0.</u>
5	}					RECEIVED)	<u> </u>	Prior Year	Current Year	
, <u>e</u>	8 C	ontributions :	and grants (Part VIII, line	e 1h)	1 _	TILOLIVE.	www.	<u> </u>	152,384.		
į	9 P	rogram servi	ce revenue (Part VIII, line	e 2g)	-	_	ାଧ		<u>99,086.</u>	102,2	<u>57.</u>
Revenue	10 In	vestment inc	come (Part VIII, column (A), lines 3, 4	I, and ⊘ d)	DEC 3 1 2019	Sosos	<u>. </u>	98.	1	43.
. "	11 0	ther revenue	(Part VIII, column (A), lir	nes 5, 6d, 8d	c, 9c 96c, a	and 11e)	1~		0.	,	0.
5	12 To	otal revenue	- add lines 8 through 11	(must equa	I Part VIII, d	olumn-(A),-line 12),	= 		251,568.	258,6	21.
\sim	13 G	rants and sin	nilar amounts paid (Part	IX. column	(A) lines 1	WGDEN, U	1		0.		0.
	1		o or for members (Part						0.		0.
w	1		compensation, employe			lumn (A), lines 5-10)	1	\vdash	0.		0.
Expenses	Į.		undraising fees (Part IX,			.a.i.i. (1 4), iii.100 0 10)	'		0.		0.
Je L	1		- ·				0.				<u> </u>
Ä			ng expenses (Part IX, co			· ———	<u> </u>		242,640.	212 2	07
			es (Part IX, column (A), lu					<u> </u>			
		•	s Add lines 13-17 (must	•	•	(A), line 25)		-	242,640.		
. 60	19 R	levenue less (expenses Subtract line	18 from line	12			ļ	8,928.		14.
Net Assets or Fund Balances								Beg	inning of Current Year	End of Year	
set	20 To	otal assets (F	Part X, line 16)						321,108.		
d A	21 To	otal liabilities	(Part X, line 26)						<u>247,996.</u>		
	22 N		fund balances Subtract	line 21 from	n line 20				73,112.	119,5	<u> 26.</u>
Pa	art II	Signature	Block								
Und	er penaltı	ies of perjury, I	declare that I have examin	ed this return	, including a	ccompanying schedul	es and sta	ateme	ents, and to the best of m	ly knowledge and belief	i, it is
true,	correct,	and complete.	Declaration of preparer (of	her than offic	er) is based	on all inf <u>ormation of</u> w	vhich prep	arer	has any knowledge.		
		17	To reall toll	, ee					12/16	19	
Sig	n	Signature	of officer	$\dot{\sim}$			_		Date	,	
Her	i	· Da	a McBee	Wesi	den -						
		Type or p	hint name and title								
		Print/Type prep	arer's name		Preparer's	signature		D	ate Check	PTIN	
Paid			RY, CPA		JIM_P			1	2/13/19 of self-employ	P0059711	0
	_	Irm's name	► BROWDER &	ACCOCT				<u> </u>	Firm's EIN	63-098615	
-	<u> </u>						22		FILLS LIN	_02_0300T2	-
บระ	Only F	irm's address				a, polit 3	44		Dhans as 2.0	E_002 2102	
			HOMEWOOD,			-44>				5-803-2193	_
May	the IRS	discuss this	return with the prepare	<u>r snown abo</u>	ove7 (see in	istructions)				X Yes	No

832001 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2018)

	1 990 (2018) HORIZON HOMES, INC.	<u>63-081066</u>	0 Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission NONE		
2	Did the organization undertake any significant program services during the year which were not listed on the		<u> </u>
	prior Form 990 or 990-EZ?	<u>ا</u>	Yes X No
_	If "Yes," describe these new services on Schedule O	<u></u>	. .
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	\ `	Yes X No
	If "Yes," describe these changes on Schedule O	mana, wad bu ayma	
4	Describe the organization's program service accomplishments for each of its three largest program services, as Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe	-	
	revenue, if any, for each program service reported.	is, the total expens	ies, and
4a	(Code) (Expenses \$	25	8,621.)
	TO PROVIDE LOW-INCOME HOUSING (19 UNITS) UNDER SECTION 2	202 OF THE	O TODET ,
	NATIONAL HOUSING ACT, AS AMENDED AND REGULATED BY HUD.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
4b	(Code) (Expenses \$) (Revenue	a \$)
			_
			
			
		<u></u>	
4c	(Code) (Expenses \$) (Revenue)
. •		~	
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$		
<u>4e</u>	Total program service expenses ▶ 195,359.		m 990 (2018)

Form 990 (2018) HORIZON HOMES, INC.
Part IV Checklist of Required Schedules

			<u>res</u>	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	-	<u>X</u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			7.7
	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		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
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?			
	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			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10_		<u>X</u>
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	1		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a	X	
D	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	110		
Ĭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u>X</u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a_	_X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			7.7
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13	ľ	X
14a	Did the organization maintain an onice, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		
٥	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	ļ	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			_
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
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		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	+	<u>X</u>
	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 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
22000			990 (2	
J∠UUS	12-31-18		14	/

Form 990 (2018) HORIZON HOMES, INC.

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	ļ		
	Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	ļ		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	20		X
24 2	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	 	Λ_
240	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			_
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X_
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			••
	Schedule L, Part I	25b		<u> X</u>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
_,	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member]		
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X_
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		<u>X</u>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			77
	contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?	24		X
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
32	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
00	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	_34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	-	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u>X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	_		v
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	x	
Pai	Note. All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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Form 990 (2018) HORIZON HOMES, INC.

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	<u> </u>	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X_
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			٠,,
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
E ~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X
ъа b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	_ <u>5a</u> 5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		-25
6a				
	any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		L_,
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		<u> X</u>
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	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		ر
9	Sponsoring organizations maintaining donor advised funds.		-	
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			, j
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		- 1	
11	Section 501(c)(12) organizations. Enter			į
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			ļ
	amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		<u>`</u>
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			į
D	organization is licensed to issue qualified health plans			į
С	Enter the amount of reserves on hand	ĺ	1	1
-	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		_[
	excess parachute payment(s) during the year?	15		<u> </u>
	If "Yes," see instructions and file Form 4720, Schedule N			اـــــا
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		<u> </u>
	If "Yes," complete Form 4720, Schedule O		990	
		1000	LALIE /	·)()40\

Form **990** (2018)

Form 990 (2018) HORIZON HOMES, INC. 63-0810660 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 $\overline{\mathbf{x}}$ Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 6 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. 6 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 X officer, director, trustee, or key employee? 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 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 1<u>2</u>a 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 X Did the organization have a written whistleblower policy? 13 13 X 14 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X 1<u>5</u>a The organization's CEO, Executive Director, or top management official X 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 X 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 16b exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply ___ Own website ___ Another's website X Upon request Other (explain in Schedule O) 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 State the name, address, and telephone number of the person who possesses the organization's books and records JBSC MENTAL HEALTH AUTHORITY - 205-595-4555

Form **990** (2018)

940 MONTCLAIR ROAD, SUITE 200, B'HAM, AL 35213

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 r	or any related	orga	anıza	ation	co	mpe	ns <u>a</u> t	ed any current officer,	director, or trustee	
(A)	(B)			_ ((C)			(D)	(E)	(F)
Name and Title	Average	(do		Pos		1 than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	th an	compensation	compensation	amount of
	week (list any		Γ	Γ			Γ-	from the	from related organizations	other compensation
	hours for	direc	ĺ	ľ		- E	ĺ	organization	(W-2/1099-MISC)	from the
	related	ee or	stee			Sate		(W-2/1099-MISC)	(** =* ********************************	organization
	organizations	Individual trustee or director	Institutional trustee		Key employee	E .	ł	,		and related
	below	vigina	tetto	5	empl	nest c	ig I			organizations
	line)	直	as e	Officer	Ke	Highest compensated employee	퉏			
(1) DOUG MCBEE	0.00	1						_		
PRESIDENT			_	_	_	<u> </u>	ļ	0.	0.	0.
(2) CYNTHIA SCOTT	0.00	ļ						_		
VICE PRESIDENT		<u> </u>				<u> </u>	<u> </u>	0.	0.	0.
(3) GINGER BARBEE	0.00							_	_	
TREASURER	<u> </u>	<u>, </u>				<u> </u>	ļ	0.	0,	0.
(4) RACHELLE CATHER	0.00			ŀ				_	_	
BOARD MEMBER			_			ļ	<u> </u>	0.	0.	0.
(5) BOB SIMS	0.00	_						_	_	
BOARD MEMBER		<u> </u>				<u> </u>	<u> </u>	0.	0.	0.
(6) BECKY GREENWAY	0.00		İ						_	_
BOARD MEMBER					_	<u> </u>	ļ	0.	0,	0.
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										Form 990 (2018)

Form 990 (2018)

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0

Form **990** (2018)

5	1	including \$ or
Other Rever		contributions reported on line 1c) See
F.		Part IV, line 18
Ĕ	b	Less. direct expenses
<u> </u>	С	Net income or (loss) from fundraising events
	9 a	Gross income from gaming activities. See
		Part IV, line 19
	b	Less direct expenses
ĺ	С	Net income or (loss) from gaming activities
	10 a	Gross sales of inventory, less returns
		and allowances

Net income or (loss) from sales of inventory Miscellaneous Revenue

b Less. cost of goods sold

All other revenue Total. Add lines 11a-11d

Total revenue See instructions

Form 990 (2018)

11 a

258,621.

102,400.

Form 990 (2018) 63-0810660 Page 10 HORIZON HOMES INC Part IX | Statement of Functional Expenses Scction 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (B)
Program service expenses (C) Management and general expenses (D) Fundraising expenses (A) Total expenses Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic

2	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, lines 15 and 16		, , , , , , , , , , , , , , , , , , , ,		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management	29,533.	18,953.	10,580.	
b	Legal				
С	Accounting	5,450.		5,450.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17			m.	
f	Investment management fees				
q	Other (If line 11g amount exceeds 10% of line 25,				
•	column (A) amount, list line 11g expenses on Sch O.)		İ		
12	Advertising and promotion				
13	Office expenses	531.	531.		
14	Information technology				
15	Royalties				<u> </u>
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	18,764.	18,764.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	31,884.	31,884.		
23	Insurance	5,669.	5,669.		<u></u>
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.)				j
а	OPERATING & MAINTENANCE	53,592.	53,592.		
h	UTILITIES UTILITIES	41,090.			
c	RENT FREE UNIT	24,876.	24,876.		
q	MISC ADMINISTRATIVE	818.		818.	
	All other expenses				
25	Total functional expenses Add lines 1 through 24e	212,207.	195,359.	16,848.	0.
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined				

832010 12-31-18

Check here

educational campaign and fundraising solicitation.

If following SOP 98-2 (ASC 958-720)

-ar-	t X·	Balance Sheet Check if Schedule O contains a response or no	te to s	av line in this Dart V		_	
		Crieck ii Scriedule O cortains a response of no	ie io ai	ly line in this Fait A	(A)	l	(B)
				1	Beginning of year		End of year
	1	Cash - non-interest-bearing			4,850.	1	37,277
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net		358.	3	142	
	4	Accounts receivable, net				4	
- [5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compens.		·	_		
		Part II of Schedule L				5	
- 1	6	Loans and other receivables from other disquali	fied pe	rsons (as defined under			
		section 4958(f)(1)), persons described in section		·			
- 1		employers and sponsoring organizations of sec			ı		
١		employees' beneficiary organizations (see instr)				6	
Clacer	7	Notes and loans receivable, net				7	
?	8	Inventories for sale or use		Ī		8	
	9	Prepaid expenses and deferred charges		Ţ		9	
1	10a	Land, buildings, and equipment cost or other	1			-	
		basis Complete Part VI of Schedule D	10a	994,012.			1
	b	Less accumulated depreciation	10b	776,419.	234,705.	10c	217,593
	11	Investments - publicly traded securities				11	
- 1	12	Investments - other securities See Part IV, line	11			12	
- 1	13	Investments · program-related See Part IV, line		<u> </u>	<u>-</u>	13	
- 1	14	Intangible assets				14	
- 1	15	Other assets See Part IV, line 11			81,195.	15	88,43
- 1	16	Total assets. Add lines 1 through 15 (must equ	al line :	34)	321,108.	16	343,45
-	17	Accounts payable and accrued expenses	<u> </u>		9,612.	17	36,07
L	18	Grants payable		}	3/0-20	18	
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
- 1	21	Escrow or custodial account liability Complete	Part IV	of Schedule D		21	
ſ	22	Loans and other payables to current and former					
	22	key employees, highest compensated employee		Į.			ı
		Complete Part II of Schedule L	o, and	disquaimed persons		22	
	22	Secured mortgages and notes payable to unrela	tod th	ard parties	231,166.	23	181,10
1	23				231,100.	24	
- 1	24 25	Unsecured notes and loans payable to unrelated Other liabilities (including federal income tax, pa				24	
- 1	25	parties, and other liabilities not included on lines		l l			
- [Schedule D	17-24) Complete Falt X of	7,218.	25	6,74
	26	Total liabilities. Add lines 17 through 25		<u> </u>	247,996.	26	223,92
+	20	Organizations that follow SFAS 117 (ASC 958	\ che	k here X and	247,3500	-20	
		complete lines 27 through 29, and lines 33 an		K liefe Las alla	}	1	
	27	Unrestricted net assets	u 54.	-	73,112.	27	119,52
	28	Temporarily restricted net assets		-	70/1120	28	
	29 29	Permanently restricted net assets		F		29	
	29	Organizations that do not follow SFAS 117 (A	SC 95	R) check here			
		and complete lines 30 through 34.	00 00	oj, cricok riero P	ļ		
	30	Capital stock or trust principal, or current funds		-		30	
	30 31	• • •	unma	nt fund		31	
	31 22	Paid-in or capital surplus, or land, building, or ed				32	
	32 33	Retained earnings, endowment, accumulated in	come,	or other fallos	73,112.	33	119,520
- '	33	Total net assets or fund balances		<u> </u>	321,108.	34	343,45
	34	Total liabilities and net assets/fund balances			<u> </u>	- 5-4 _1	Form 990 (20

Forn	1990 (2018) HORIZON HOMES, INC.	<u>63-</u>	-0810660	Page 12
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI	, <u> </u>	·	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>3,621.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		<u>2,207.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		<u>5,414.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	73	<u>3,112.</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,	i i		
	column (B))	10	119	<u>,526.</u>
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			L
			_	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	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a	1 1	
	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	e basis,	.	
	consolidated basis, or both			1
	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	e audıt,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Aud	dit	
	Act and OMB Circular A-133?		3 <u>a</u>	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired auc	dit	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	
			Form	990 (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 **Employer identification number** 63-0810660 HORIZON HOMES, INC. Part I Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. J Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization listed in your governing document? (III) Type of organization (v) Amount of monetary (vi) Amount of other (i) Name of supported (ii) EIN (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

	edule A (Form 990 or 990-EZ) 2018 H	ORIZON HO	MES, INC.		NU. V/4\/A\/* \	63-081	0660 Page/2
Pa	st II Support Schedule for	_					•
	(Complete only if you checke				on falled to qualify	under Part III If the	eorganization
_	fails to qualify under the tests	s listed below, plea	ise complete Part	···)			
	ction A. Public Support	,			- 	<u> </u>	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and				1		
	membership fees received (Do not						
	include any "unusual grants ")						
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf		 -		ļ		
3	The value of services or facilities					[]	
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions					i	
	by each person (other than a						
	governmental unit or publicly			/			
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)		<u>\</u>			 	
	Public support. Subtract line 5 from line 4						
	ction B. Total Support			/			
	ndar year (or fiscal year beginning in) 🖊	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
_	and income from similar sources			\	 	 	
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on				 	-	
10	Other income Do not include gain						
	or loss from the sale of capital			\	1		
	assets (Explain in Part VI)				\		
11	Total support. Add lines 7 through 10			L. <u>.</u>		10	
	Gross receipts from related activities, First five years. If the Form 990 is for	<i>y</i> '	•	rd fourth or fifth t	av vear an a cectu	12	
13	organization, check this box and stop	7	inist, second, thi	u, lourer, or must u	ax year as a secur	on 50 1(c)(5)	▶□
Sec	tion C. Computation of Publi		rcentage				
	Public support percentage for 2018 (li			column (fl)		14	%
	Public support percentage from 2017	• •	•	(7)		15	%
	33 1/3% support test - 20/18. If the o			n line 13, and line	14 is 33 1/3% or i	more check this bo	
	stop here. The organization qualifies						ightharpoons
b	33 1/3% support test / 2017. If the o		=		d line 15 is 33 1/3%	6 or more, check th	is box
	and stop here. The organization quali	=				\	▶□
17a	10% -facts-and-circumstances test	· -			e 13, 16a, or 16b,	and line 14 is 0%	or more,
	and if the organization meets the "fact					•	
	meets the "facts and circumstances"					1	. ▶□
b	10% -facts-and-circumstances test	_	•			17a, and line 15 is	10% or
	more, and if the organization meets th						\
	organization meets the "facts-and-circ						} . ▶□
18	Private foundation. If the organization						
						edule A (Form 990	\
							\
							\

Schedule A (Form 990 or 990-EZ) 2018 HORIZON HOMES, INC. Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	247,370.	243,737.	252,472.	251,470.	258,478.	1,253,527,
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose					-	
3	Gross receipts from activities that	_	_				
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities		-				
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	247,370.	243,737.	252,472.	251,470.	258,478.	1,253,527,
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						0.
_	amount on line 13 for the year						0.
	Add lines 7a and 7b					·	
	Public support. (Subtract line 7c from line 6) ction B. Total Support				l <u> </u>		1,253,527.
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6	247,370.	243,737.	252,472.	251,470.	258,478.	1, 253, 527.
-	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	10.	11.	54.	98.	143.	316.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b	10.	11.	54.	98.	143.	316.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)	247,380.	243,748.	252,526.	251,568.	258,621.	1,253,843,
14	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	n 501(c)(3) organiz	ation,
	check this box and stop here						▶ □
Sed	ction C. Computation of Publ	ic Support Per	rcentage	·			
15	Public support percentage for 2018 (I	ine 8, column (f), d	ivided by line 13, o	column (f))		15	99.97 %
	Public support percentage from 2017			<u> </u>		16	<u>99.98 %</u>
Sec	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20	18 (line 10c, colum	nn (f), divided by lir	ne 13, column (f))		17	.03 %
	Investment income percentage from 2				ĺ	18	.02 %
19a	33 1/3% support tests - 2018. If the						
	more than 33 1/3%, check this box ar						$\triangleright [X]$
b	33 1/3% support tests - 2017. If the						ınd
	line 18 is not more than 33 1/3%, che						▶□
20	Private foundation. If the organization	n did not check a t	oox on line 14, 19a	a, or 19b, check th	is box and see ins	tructions	
33202	23 10-11-18				Sche	dule A (Form 990	or 990-EZ) 2018

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)

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sec	τιο	n A	. AII	Suppo	onina	Ora	anizatio	ns

- 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.
- 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?
- 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.
- 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)
- 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
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	edule A (Form 990 or 990 EZ) 2018 HORIZON HOMES, INC.			63-0810660 Page 6
Pa	rt V. Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov 20, 1970 (explain in	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ctions A through E.	
Sect	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
_3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
-6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d_		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			<u> </u>
_2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		<u> </u>
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		<u> </u>
6	Multiply line 5 by 035	6		<u> </u>
_ 7	Recoveries of prior-year distributions	7		<u></u>
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	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	<u></u>	<u> </u>
7	Check here if the current year is the organization's first as a non-functional	ly integrate	d Type III supporting org	janization (see
	instructions)			

Schedule A (Form 990 or 990-EZ) 2018

Part VI See instructions

Breakdown of line 7
a Excess from 2014
b Excess from 2015
c Excess from 2016
d Excess from 2017
e Excess from 2018

and 4c

7 Excess distributions carryover to 2019. Add lines 3j

Schedule A	(Form 990 or 990-EZ) 2018	HORIZON HOMES	INC.		<u>63-0810660 Page 8</u>
Part VI	Supplemental Inform Part IV, Section A, lines 1, 2 line 1; Part IV, Section D, lin	nation. Provide the explain 2, 3b, 3c, 4b, 4c, 5a, 6, 9a nes 2 and 3, Part IV, Section 10.	anations required by Pa , 9b, 9c, 11a, 11b, and on E, lines 1c, 2a, 2b, 3a	rt II, line 10, Part II, line 17a o 11c, Part IV, Section B, lines a, and 3b, Part V, line 1, Part \ nplete this part for any additio	r 17b, Part III, line 12, 1 and 2, Part IV, Section C, /, Section B, line 1e, Part V,
	(See instructions)	and Part V, Section E, iiii	es 2, 3, and 0 Also con		
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_	-				
					

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		,		Yes No
During the tax year, did the organization engage in any of the following transactions Recent of (i) interest (ii) annuities (iii) royalties or fiv) rent from a controlled entity	s with one or more rel	transactions with one or more related organizations listed in Parts II-IV?	ın Parts II-IV?	K
			٠	1b X
c Gift, grant, or capital contribution from related organization(s)				1c ×
d Loans or loan guarantees to or for related organization(s)				1d X
e Loans or loan guarantees by related organization(s)				1e X
f Dividends from related organization(s)				×
g Sale of assets to related organization(s)				
i Exchange of assets with related organization(s)				÷
j Lease of facilities, equipment, or other assets to related organization(s)				it X
k Lease of facilities, equipment, or other assets from related organization(s)				* ×
I Performance of services or membership or fundraising solicitations for related organization(s)	ınızatıon(s)			T X
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			t X
 Sharing of paid employees with related organization(s) 				10 X
p Reimbursement paid to related organization(s) for expenses				1p X
q Reimbursement paid by related organization(s) for expenses				1q X
r Other transfer of cash or property to related organization(s)				
S Other transfer of cash or property from related organization(s)				1s X
2 If the answer to any of the above is "Yes," see the instructions for information on w	who must complete th	is line, including covered	mation on who must complete this line, including covered relationships and transaction thresholds	
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	volved
(1) JBS MENTAL HEALTH	ď	0	O.ACTUAL AMOUNT PAID	
(2)				
(3)				
(4)				
(5)				
(9)				
832163 10-02-18	29		Schedule	Schedule R (Form 990) 2018

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 HOMES, INC	· •	63-0810660
Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or A	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, III	ne 6	
			(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 fur	nds
•	are the organization's property, subject to the organization's	-	Yes No
6	Did the organization inform all grantees, donors, and donor a	•	
•	for charitable purposes and not for the benefit of the donor	7 7	•
	impermissible private benefit?	or definer deviser, or its diff extrem purpose define	Yes No
Pa		ganization answered "Yes" on Form 990, Part IV	
1	Purpose(s) of conservation easements held by the organizat	 	,
•	Preservation of land for public use (e.g., recreation or o		vimportant land area
	Protection of natural habitat	Preservation of a certified h	•
	Preservation of open space	Treservation of a certified in	istoric structure
2	Complete lines 2a through 2d if the organization held a quali	fied consequence contribution in the form of a co	ansanyation agramant on the last
2		ned conservation contribution in the form of a co	Held at the End of the Tax Year
_	day of the tax year Total number of conservation easements		
a			2a 2b
b	Total acreage restricted by conservation easements	estave included in (a)	
c	Number of conservation easements on a certified historic str	• •	2c
q	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structure	
_	listed in the National Register	table of a state of a state of a state of the state of th	
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the organ	nization during the tax
	year >		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		
_	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing conservati	on easements during the year
-	Amount of purposes unruned in monitoring increasing box	Hima of walations, and enforcing conceniation of	soomente during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ning of violations, and emorcing conservation ea	asements during the year
	Door cash concentration agreement reported on line 3/d) about	to entirefy the requirements of section 170/h\/4\/F	21/4
8	Does each conservation easement reported on line 2(d) about and section 170(h)(4)(B)(ii)?	re satisfy the requirements of section 170(n)(4)(t	Yes No
_	In Part XIII, describe how the organization reports conservat	an accompate in its revenue and expense states	
9			
	include, if applicable, the text of the footnote to the organiza	tion's linancial statements that describes the org	gamzation's accounting for
Par	t III Organizations Maintaining Collections o	f Art Historical Treasures or Other	Similar Assets
<u> </u>	Complete if the organization answered "Yes" on Form	•	
	If the organization elected, as permitted under SFAS 116 (AS		nd balance sheet works of art
ıa	- · · · · · · · · · · · · · · · · · · ·		
	historical treasures, or other similar assets held for public ext		public service, provide, in Part XIII,
	the text of the footnote to its financial statements that described an approximation of the community of the		salance about works of art historical
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of public se	rvice, 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		
2	If the organization received or held works of art, historical tre		provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
	Revenue included on Form 990, Part VIII, line 1		\$
	Assets included in Form 990, Part X		<u> </u>
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2018

		HOMES, IN	<u>C</u>		6	3-08106	50 Page 2
Pa	rt III Organizations Maintaining C	collections of A	rt, Historical Ti	reasures, or Oth	ner Similar	r Assets(con:	tınued)
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of the	following that are a	significant us	se of its collecti	on items
	(check all that apply)						
а	Public exhibition	d	Loan or exc	change programs			
b	Scholarly research	е	Other		_		
c	Preservation for future generations						
4	Provide a description of the organization's co	ollections and explain	n how they further t	the organization's ex	empt purpos	e in Part XIII	
5	During the year, did the organization solicit or	r receive donations o	of art, historical trea	asures, or other simil	ar assets		
	to be sold to raise funds rather than to be ma					Yes_	No_
Pa	rt IV Escrow and Custodial Arrang		ete if the organization	on answered "Yes" o	n Form 990, I	Part IV, line 9, o	or
	reported an amount on Form 990, Par						
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for contribution	ns or other assets no	t included		
	on Form 990, Part X?					L Yes	L No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	llowing table:				
						Amou	nt
С					1c		
d	Additions during the year				1d		
е	Distributions during the year				1e		
f	Ending balance				1 <u>f</u>		
	Did the organization include an amount on Fo					L Yes	⊢ No
	If "Yes," explain the arrangement in Part XIII						
Pai	rt V Endowment Funds. Complete if				T	 -	
	_	(a) Current year	(b) Prior year	(c) Two years back	(d) Three yea	ırs back (e) Foi	ır years back
1a	Beginning of year balance			 			
b	Contributions			 	ļ	- <u> </u>	
С	Net investment earnings, gains, and losses			 			
d	Grants or scholarships			 			
е	Other expenditures for facilities						
	and programs			 -			
f	Administrative expenses	_		 	ļ		
9	End of year balance		- 4 1 6		L		
2	Provide the estimated percentage of the curr			a)) neid as			
a	Board designated or quasi-endowment		_%				
b	Permanent endowment	%					
C	Temporarily restricted endowment	%					
0-	The percentages on lines 2a, 2b, and 2c should be a sense of automatic final and a set of the sense.		sties that are hold a	and administered for	the ergenizet		
Sa	Are there endowment funds not in the posses	ssion of the organiza	ation that are new a	ind administered for	ine organizat	.1011	Voc No
	(i) unrelated organizations					3a(i)	Yes No
	(ii) related organizations					F	
L	If "Yes" on line 3a(ii), are the related organizations	tions listed as require	ed on Schedule P?			3a(ıı) 3b	
4	Describe in Part XIII the intended uses of the	•				30	
	rt VI Land, Buildings, and Equipm		Willett Julius_		 -		
	Complete if the organization answered		Part IV. line 11a S	See Form 990. Part X	(. line 10		
	Description of property	(a) Cost or ot			Accumulated	(d) Box	ok value
	occompition of property	basis (investm	1 , ,	' '	preciation	(4) 500	Taid0
10	Land	40,9			·	Δ	0,906.
	Buildings	953,			776,419		6,687.
	Leasehold improvements				<u> </u>	 	- 1 - 0 - 1
	Equipment						
	Other					- 	
	I. Add lines 1a through 1e (Column (d) must ed	ual Form 990, Part	X, column (B), line 1	10c)		▶ 21	7,593.

Schedule D (Form 990) 2018

832053 10-29-18

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

Schedule D (Form 990) 2018 HORIZON HOMES	, INC.		<u>63-08</u>	10660 Page 4
Part XI Reconciliation of Revenue per Audite	ed Financial Stateme	ents With Reven	ue per Return.	
Complete if the organization answered "Yes" on I	Form 990, Part IV, line 12a			
1 Total revenue, gains, and other support per audited final	ncial statements		1	<u>258,621.</u>
2 Amounts included on line 1 but not on Form 990, Part V	III, line 12			
a Net unrealized gains (losses) on investments		2a		
b Donated services and use of facilities		_2b		
c Recoveries of prior year grants		2c		
d Other (Describe in Part XIII)		_2d		
e Add lines 2a through 2d			2e	0.
3 Subtract line 2e from line 1			3	<u>258,621.</u>
4 Amounts included on Form 990, Part VIII, line 12, but no	t on line 1	1 1		
a Investment expenses not included on Form 990, Part VII	II, line 7b	4a		
b Other (Describe in Part XIII)		4b		
c Add lines 4a and 4b			4c	0.
5 Total revenue Add lines 3 and 4c. (This must equal Form	n 990, Part I, line 12)		5	<u>258,621.</u>
Part XII Reconciliation of Expenses per Audit	ed Financial Statem	ents With Exper	nses per Return.	
Complete if the organization answered "Yes" on F	Form 990, Part IV, line 12a			
1 Total expenses and losses per audited financial stateme	nts	•	1	212,207.
2 Amounts included on line 1 but not on Form 990, Part IX	, line 25	1 1		
a Donated services and use of facilities		2a		
b Prior year adjustments		2b		
c Other losses		2c		
d Other (Describe in Part XIII)		_2d		
e Add lines 2a through 2d			2e	0.
3 Subtract line 2e from line 1			3	212,207.
4 Amounts included on Form 990, Part IX, line 25, but not	on line 1			
a Investment expenses not included on Form 990, Part VII	I, line 7b	4a		
b Other (Describe in Part XIII)		4b		
c Add lines 4a and 4b		-	4c	0.
5 Total expenses Add lines 3 and 4c. (This must equal For	m 990, Part I, line 18)		5	212,207.
Part XIII Supplemental Information.				
Provide the descriptions required for Part II, lines 3, 5, and 9, F lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete the			art v, iii 6 4, Fatt A, ii	
			-	· · · · · · · · · · · · · · · · · · ·
				
_				
832054 10-29-18	24		Schedule	D (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.

Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

HORIZON HOMES

Employer identification number 63-0810660

HORIZON HOMES, INC. 03-0810000	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE GOVERNING BOARD REVIEWS THE TAX RETURN PRIOR TO ITS FILING	
FORM 990, PART VI, SECTION C, LINE 19:	
BY PUBLIC REQUEST	
	——

SCHEDULE R (Form 990)

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

▶ Attach to Form 990.

2018

OMB No 1545-0047

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

Open to Public Inspection

Employer identification number 63-0810660 INC. HORIZON HOMES Name of the organization Department of the Treasury Internal Revenue Service

Direct controlling Part II • Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year entity End-of-year assets **e** Total income ভ · Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity Part

Schedule R (Form 990) 2018 (g) Section 512(b)(13) controlled ž × × entity? Yes Direct controlling entity status (if section Public charity 501(c)(3)) Exempt Code section 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) Legal domicile (state or foreign country) Primary activity LOW INCOME HOUSING OW INCOME HOUSING LOW INCOME HOUSING OW INCOME HOUSING Name, address, and EIN of related organization CRESTLINE HOMES - 63-0955727 GREENWOOD HOMES - 58-1992657 DEVILLE PLACE - 63-0879399 VERA HOUSE - 63-0877111 BIRMINGHAM, AL 35213 BIRMINGHAM, AL 35213 BIRMINGHAM, AL 35213 BIRMINGHAM, AL 35213 940 MONTCLAIR ROAD 940 MONTCLAIR ROAD 940 MONTCLAIR ROAD 940 MONTCLAIR ROAD

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

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HORIZON HOMES, INC.

Schedule R (Form 990)

Part II Continuation of Identification of Related Tax-Exempt Organizations	Exempt Organizations						
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(bX13) controlled organization?	2(bX13) 2(bX13) illed ition?
CARSON PLACE - 31-1648231 940 MONTCLAIR ROAD BIRMINGHAM AL 35213	LOW INCOME HOUSTING		501(0)(3)			S S	oz ×
'1 2	ONTERIOR BOOM BOT						:
HEALT AIR RC	PROVIDES MENTAL HEALTH SERVICES TO JEFFERSON, BLOUNT AND ST CLAIR		GOVERNMENT FRAITY				*
							;

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Schedule R (Form 990) 2018 HORIZON HOMES, INC.

Part III dentification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year

(a)	(q)	(2)	(p)	(e)	(£)	(6)	ε	(i)	9	3
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	General or Percentage managing ownership partner?
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Part IV 1 Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year

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(a)	(q)	<u></u>	<u>©</u>	(e)	£	(6)	Ξ	⊜
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp,	Share of total income	Share of end-of-year	Percentage ownership	Section 512(b)(13) controlled entity?
		country)		(lenin)		assets		Yes No
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Schedule R (Form 990) 2018

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63-0810660

Schedule R (Form 990) 2018 HORIZON HOMES, INC.

Partil Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a)	(q)	(3)	(a) (d) (e)	€	(b)	3	3	8	8
Name, address, and EIN of entity	Primary activity	흥	Predominant income partners sec (related, unrelated, 501(c)(3)	ָּהַ ב	of 'ear	Dispropor- tonate a	Dispropor- Code V-UBI General or Percentage broate amount in box 20 managing ownership	Seneral or nanaging	Percentage ownership
		country)	sections 512-514) Yes No	income	-	Yes No	(Form 1065)	Yes No	
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Schedule R (Form 990) 2018

Schedule R (Form 990) 2018