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Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation

OMB No 1545-0052

2009

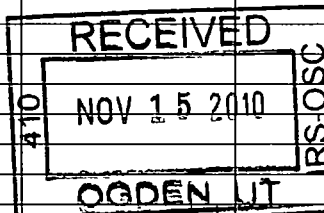
Note: The foundation may be able to use a copy of this return to satisfy state reporting requirements

For calendar year 2009, or tax year beginning , 2009, and ending , 20

G Check all that apply ☐ Initial return ☐ Initial return of a former public charity ☐ Final return
☐ Amended return ☐ Address change ☐ Name change

Use the IRS label. Otherwise, print or type See Specific Instructions.	Name of foundation THE HORIZON FOUNDATION		A Employer identification number 75-2947962
	Number and street (or P O box number if mail is not delivered to street address)	Room/suite	B Telephone number (see page 10 of the instructions) (972) 387-3500
	5601 DEMOCRACY, SUITE 300		C If exemption application is pending, check here <input type="checkbox"/>
	City or town, state, and ZIP code PLANO, TX 75024-3674		D 1 Foreign organizations, check here <input type="checkbox"/> 2 Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation			E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 1,935,327.		J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	F If the foundation is in a 60-month termination under section 507(b)(1)(B) check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see page 11 of the instructions))				
	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received (attach schedule)				
2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B.				
3 Interest on savings and temporary cash investments	15,335.	15,335.		ATCH 1
4 Dividends and interest from securities	6,342.	6,342.		ATCH 2
5a Gross rents	145.			
b Net rental income or (loss)	145.			
6a Net gain or (loss) from sale of assets not on line 10	-39,544.			
b Gross sales price for all assets on line 6a	909,366.			
7 Capital gain net income (from Part IV, line 2)				
8 Net short-term capital gain				
9 Income modifications				
10a Gross sales less returns and allowances				
b Less Cost of goods sold				
c Gross profit or (loss) (attach schedule)				
11 Other income (attach schedule)	-150,950.	-140,861.		ATCH 3
12 Total. Add lines 1 through 11	-168,672.	-119,184.		
13 Compensation of officers, directors, trustees, etc.				
14 Other employee salaries and wages				
15 Pension plans, employee benefits				
16a Legal fees (attach schedule) ATCH 4	1,530.	765.	0.	785.
b Accounting fees (attach schedule)				
c Other professional fees (attach schedule) *	13,780.	13,780.		
17 Interest				
18 Taxes (attach schedule) (see page 14 of the instructions) **	2,300.			
19 Depreciation (attach schedule) and depletion				
20 Occupancy				
21 Travel, conferences, and meetings				
22 Printing and publications				
23 Other expenses (attach schedule) ATCH 7	10,998.	10,998.		
24 Total operating and administrative expenses. Add lines 13 through 23	28,608.	25,543.	0.	785.
25 Contributions, gifts, grants paid	240,756.		-	240,756.
26 Total expenses and disbursements. Add lines 24 and 25	269,364.	25,543.	0.	241,541.
27 Subtract line 26 from line 12	-438,036.			
a Excess of revenue over expenses and disbursements				
b Net investment income (if negative, enter -0-)		-0-		
c Adjusted net income (if negative, enter -0-)			-0-	



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Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions.)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value		
Assets	1	Cash - non-interest-bearing				
	2	Savings and temporary cash investments	277,845.	20,697.	20,697.	
	3	Accounts receivable ▶ Less: allowance for doubtful accounts ▶				
	4	Pledges receivable ▶ Less: allowance for doubtful accounts ▶				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see page 16 of the instructions)				
	7	Other notes and loans receivable (attach schedule) ▶ Less: allowance for doubtful accounts ▶				
	8	Inventories for sale or use				
	9	Prepaid expenses and deferred charges				
	10 a	Investments - U.S. and state government obligations (attach schedule)				
	b	Investments - corporate stock (attach schedule) ATCH 8	1,161,395.	903,408.	1,048,113.	
	c	Investments - corporate bonds (attach schedule)				
	11	Investments - land, buildings, and equipment basis Less: accumulated depreciation (attach schedule)				
	12	Investments - mortgage loans				
	13	Investments - other (attach schedule) ATCH 9	1,564,090.	1,360,454.	1,259,796.	
	14	Land, buildings, and equipment basis Less: accumulated depreciation (attach schedule)				
15	Other assets (describe ▶)					
16	Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	3,003,330.	2,284,559.	2,328,606.		
Liabilities	17	Accounts payable and accrued expenses				
	18	Grants payable				
	19	Deferred revenue				
	20	Loans from officers, directors, trustees, and other disqualified persons	668,500.	268,500.	ATCH 10	
	21	Mortgages and other notes payable (attach schedule)				
	22	Other liabilities (describe ▶)				
23	Total liabilities (add lines 17 through 22)	668,500.	268,500.			
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.					
	24	Unrestricted				
	25	Temporarily restricted				
	26	Permanently restricted				
	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. <input checked="" type="checkbox"/>					
	27	Capital stock, trust principal, or current funds				
	28	Paid-in or capital surplus, or land, bldg., and equipment fund				
	29	Retained earnings, accumulated income, endowment, or other funds	2,334,830.	2,016,059.		
	30	Total net assets or fund balances (see page 17 of the instructions)	2,334,830.	2,016,059.		
	31	Total liabilities and net assets/fund balances (see page 17 of the instructions)	3,003,330.	2,284,559.		

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	2,334,830.
2	Enter amount from Part I, line 27a	2	-438,036.
3	Other increases not included in line 2 (itemize) ATTACHMENT 11	3	260,520.
4	Add lines 1, 2, and 3	4	2,157,314.
5	Decreases not included in line 2 (itemize) ATTACHMENT 12	5	141,255.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	2,016,059.

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Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs. MLC Co.)			(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a SEE PART IV SCHEDULE					
b					
c					
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)		
a					
b					
c					
d					
e					
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69					
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))		
a					
b					
c					
d					
e					
2 Capital gain net income or (net capital loss)			2	-39,544.	
<div style="display: flex; align-items: center;"> <div style="border-left: 1px solid black; padding-left: 5px;"> If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 </div> </div>					
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)			3		
<div style="display: flex; align-items: center;"> <div style="border-left: 1px solid black; padding-left: 5px;"> If gain, also enter in Part I, line 8, column (c) (see pages 13 and 17 of the instructions) If (loss), enter -0- in Part I, line 8. </div> </div>					

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2008	409,964.	3,386,055.	0.121074
2007	499,414.	3,789,017.	0.131806
2006	188,503.	3,733,889.	0.050484
2005	275,915.	3,320,805.	0.083087
2004	155,365.	3,171,573.	0.048987
2 Total of line 1, column (d)			2 0.435438
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			3 0.087088
4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5			4 2,743,617.
5 Multiply line 4 by line 3			5 238,936.
6 Enter 1% of net investment income (1% of Part I, line 27b)			6
7 Add lines 5 and 6			7 238,936.
8 Enter qualifying distributions from Part XII, line 4			8 241,541.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions on page 18.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of ruling letter if necessary - see instructions)	1	0.
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b		
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	
3	Add lines 1 and 2	3	0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	0.
6	Credits/Payments		
a	2009 estimated tax payments and 2008 overpayment credited to 2009	6a	1,480.
b	Exempt foreign organizations-tax withheld at source	6b	0.
c	Tax paid with application for extension of time to file (Form 8868)	6c	0.
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d	7	1,480.
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	1,480.
11	Enter the amount of line 10 to be Credited to 2010 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	11	

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation <input type="checkbox"/> \$ _____ (2) On foundation managers <input type="checkbox"/> \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ _____		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	X	
8a Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) <input type="checkbox"/> TX, _____		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page 27)? If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

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Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
Website address NOT APPLICABLE				
14	The books are in care of LANA GRIFFIN	Telephone no	(972) 789-3500	
Located at 5601 DEMOCRACY DR. SUITE 300 PLANO, TX		ZIP + 4	75024-3674	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year			<input type="checkbox"/>
		15		0.

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

	Yes	No
1a During the year did the foundation (either directly or indirectly)		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?	1b	X
Organizations relying on a current notice regarding disaster assistance check here		
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2009?	1c	X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))		
a At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If "Yes," list the years		
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see page 20 of the instructions)	2b	X
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2009)	3b	
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?	4b	X

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Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a During the year did the foundation pay or incur any amount to

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instructions) ☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☒ No

b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)? ☐ Yes ☒ No
Organizations relying on a current notice regarding disaster assistance check here ☐

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? ☐ Yes ☒ No
If "Yes," attach the statement required by Regulations section 53.4945-5(d)

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No
If "Yes" to 6b, file Form 8870

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? ☐ Yes ☒ No

b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? ☐ Yes ☒ No

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1** List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions).

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
ATTACHMENT 13		-0-	-0-	-0-

2 Compensation of five highest-paid employees (other than those included on line 1 - see page 23 of the instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000 ☐

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**3 Five highest-paid independent contractors for professional services** (see page 23 of the instructions). If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services **NONE****Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 NONE	
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see page 23 of the instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NONE	
2	
All other program-related investments. See page 24 of the instructions	
3 NONE	
Total. Add lines 1 through 3	

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Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see page 24 of the instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities	1a	1,088,150.
b	Average of monthly cash balances	1b	334,020.
c	Fair market value of all other assets (see page 24 of the instructions)	1c	1,363,228.
d	Total (add lines 1a, b, and c)	1d	2,785,398.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	2,785,398.
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see page 25 of the instructions)	4	41,781.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,743,617.
6	Minimum investment return. Enter 5% of line 5	6	137,181.

Part XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	137,181.
2a	Tax on investment income for 2009 from Part VI, line 5	2a	0.
b	Income tax for 2009 (This does not include the tax from Part VI)	2b	
c	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	137,181.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	137,181.
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	137,181.

Part XII Qualifying Distributions (see page 25 of the instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	241,541.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	0.
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	0.
b	Cash distribution test (attach the required schedule)	3b	0.
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	241,541.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	241,541.

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see page 26 of the instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI, line 7				137,181.
2 Undistributed income, if any, as of the end of 2009				
a Enter amount for 2008 only				
b Total for prior years 20 07, 20 06, 20 05				
3 Excess distributions carryover, if any, to 2009				
a From 2004	0.			
b From 2005	12,503.			
c From 2006	11,603.			
d From 2007	314,466.			
e From 2008	240,661.			
f Total of lines 3a through e	579,233.			
4 Qualifying distributions for 2009 from Part XII, line 4 ▶ \$	241,541.			
a Applied to 2008, but not more than line 2a				
b Applied to undistributed income of prior years (Election required - see page 26 of the instructions)				
c Treated as distributions out of corpus (Election required - see page 26 of the instructions)				
d Applied to 2009 distributable amount				137,181.
e Remaining amount distributed out of corpus	104,360.			
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a).)				
6 Enter the net total of each column as indicated below:	683,593.			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b Prior years' undistributed income Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.				
d Subtract line 6c from line 6b Taxable amount - see page 27 of the instructions				
e Undistributed income for 2008 Subtract line 4a from line 2a Taxable amount - see page 27 of the instructions				
f Undistributed income for 2009 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2010.				
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions)				
8 Excess distributions carryover from 2004 not applied on line 5 or line 7 (see page 27 of the instructions)	0.			
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	683,593.			
10 Analysis of line 9				
a Excess from 2005	12,503.			
b Excess from 2006	11,603.			
c Excess from 2007	314,466.			
d Excess from 2008	240,661.			
e Excess from 2009	104,360.			

Part XIV	Private Operating Foundations (see page 27 of the instructions and Part VII-A, question 9)	NOT APPLICABLE
-----------------	---	----------------

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2009, enter the date of the ruling

b Check box to indicate whether the foundation is a private operating foundation described in section

4942(j)(3) or

4942(1)(5)

2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

b 85% of line 2a

C Qualifying distributions from Part XII, line 4 for each year listed

d Amounts included in line 2c not used directly for active conduct of exempt activities

e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c

3 Complete 3a, b, or c for the alternative test relied upon

a "Assets" alternative test - enter

(1) Value of all assets

(2) Value of assets qualifying under section 4942(j)(3)(B)(i)

b "Endowment" alternative test-
enter 2/3 of minimum invest-
ment return shown in Part X,
line 6 for each year listed

C "Support" alternative test - enter

(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)

(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)

(3) Largest amount of support from an exempt organization

(4) Gross investment income .

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year - see page 28 of the instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

RODGER SANDERS

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

NOT APPLICABLE

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☒ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see page 28 of the instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number of the person to whom applications should be addressed

b The form in which applications should be submitted and information and materials they should include

c Any submission deadlines

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

Part XV Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

<div>Recipient</div> <div>Name and address (home or business)</div>	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a <i>Paid during the year</i> ATTACHMENT 14				
Total			▶ 3a	240,756.
b <i>Approved for future payment</i>				
Total			▶ 3b	

Form 990-PF (2009)

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated

Enter gross amounts unless otherwise indicated		Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See page 28 of the instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount		
1 Program service revenue						
a _____						
b _____						
c _____						
d _____						
e _____						
f _____						
g Fees and contracts from government agencies						
2 Membership dues and assessments						
3 Interest on savings and temporary cash investments			14	15,335.		
4 Dividends and interest from securities			14	6,342.		
5 Net rental income or (loss) from real estate						
a Debt-financed property						
b Not debt-financed property						
6 Net rental income or (loss) from personal property .			18	145.		
7 Other investment income						
8 Gain or (loss) from sales of assets other than inventory			18	-39,544.		
9 Net income or (loss) from special events						
10 Gross profit or (loss) from sales of inventory . .						
11 Other revenue a _____						
b ATTACHMENT 15		-10,089.		-140,861.		
c _____						
d _____						
e _____						
12 Subtotal Add columns (b), (d), and (e)		-10,089.		-158,583.		
13 Total. Add line 12, columns (b), (d), and (e)					13	-168,672.

(See worksheet in line 13 instructions on page 28 to verify calculations)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

[illegible]

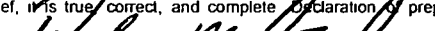
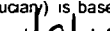
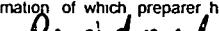




Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?	Yes	No
a	Transfers from the reporting foundation to a noncharitable exempt organization of		
	(1) Cash	1a(1)	X
	(2) Other assets	1a(2)	X
b	Other transactions		
	(1) Sales of assets to a noncharitable exempt organization	1b(1)	X
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)	X
	(3) Rental of facilities, equipment, or other assets	1b(3)	X
	(4) Reimbursement arrangements	1b(4)	X
	(5) Loans or loan guarantees	1b(5)	X
	(6) Performance of services or membership or fundraising solicitations	1b(6)	X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c	X
d	If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.		

[illegible]

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule		
(a) Name of organization	(b) Type of organization	(c) Description of relationship

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge.			
	 Signature of officer or trustee		 Date	 Title
Paid Preparer's Use Only	 Preparer's signature		 Date	Check if self-employed <input type="checkbox"/> Preparer's identifying number (See Signature on page 30 of the instructions) 465-75-7128
	Firm's name (or yours if self-employed), address, and ZIP code  717 N. HARWOOD STREET, SUITE 3100 DALLAS, TX 75201			EIN  13-5565207 Phone no 214-840-2000

Form 990-PF (2009)

FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

Kind of Property		Description				P or D	Date acquired	Date sold
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj basis as of 12/31/69	Excess of FMV over adj basis		Gain or (loss)	
687,404.		CHARLES SCHWAB 680,132.					7,272.	
4,462.		RESOURCE LAND FUND II, LLC PROPERTY TYPE: OTHER				P	4,462.	
		PONTIFEX PARTNERS, LLC PROPERTY TYPE: OTHER 53,895.				P	-53,895.	
		MAXWELL HALSTED PARTNERS, LLC PROPERTY TYPE: OTHER 14,944.				P	-14,944.	
		DAKOTA PARTNERS, LLP PROPERTY TYPE: OTHER 14,619.				P	-14,619.	
		LATAM-AGRO PARTNERS, LLC PROPERTY TYPE: OTHER 68.				P	-68.	
200,000.		INFLECTIVE CONVERTIBLE OPPORTUNITY FUND PROPERTY TYPE: SECURITIES 167,752.				P	32,248.	
17,500.		AGAVE PARTNERS, LP PROPERTY TYPE: SECURITIES 17,500.				P		
TOTAL GAIN (LOSS)							<u>-39,544.</u>	

Department of the Treasury
Internal Revenue Service**Notice of Inconsistent Treatment or Administrative
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▶ See separate instructions.

OMB No 1545-0790

Attachment
Sequence No **84**

Name(s) shown on return

THE HORIZON FOUNDATION

Identifying number

75-2947962

Part I General Information

1 Check boxes that apply (a) ☒ Notice of inconsistent treatment (b) ☐ Administrative adjustment request (AAR)

2 If you are a tax matters partner (TMP) filing an AAR on behalf of the pass-through entity, are you requesting substituted return treatment? (see instructions). ☐ Yes ☐ No

3 Identify type of pass-through entity
(a) ☒ Partnership (b) ☐ Electing large partnership (c) ☐ S corporation (d) ☐ Estate (e) ☐ Trust (f) ☐ REMIC

4 Employer identification number of pass-through entity
20-2774359

5 Name, address, and ZIP code of pass-through entity
PONTIFEX PARTNERS, LLC
C/O LEAVITT CAPITAL MANAGEMENT, INC.
3000 DUNDEE ROAD, SUITE 101
NORTHBROOK, IL 60062

6 Tax shelter registration number (if applicable) of pass-through entity

7 Internal Revenue Service Center where pass-through entity filed its return
OGDEN, UT

8 Tax year of pass-through entity
010109 to 123109

9 Your tax year
010109 to 123109

Part II Inconsistent or Administrative Adjustment Request (AAR) Items

(a) Description of inconsistent or administrative adjustment request (AAR) items (see instructions)	(b) Inconsistency is in, or AAR is to correct (check boxes that apply)		(c) Amount as shown on Schedule K-1, Schedule Q, or similar statement, a foreign trust statement, or your return, whichever applies (see instructions)	(d) Amount you are reporting	(e) Difference between (c) and (d)
	Amount of item	Treatment of item			
10 ORDINARY INCOME	X		10.00	1,639.00	-1,629.00
11 NET RENTAL REAL ESTATE INCOME/(LOSS)	X		1.00	1.00	
12 INTEREST INCOME	X		1,168.00	1,088.00	80.00
13 ORDINARY DIVIDENDS	X		647.00	1,041.00	-394.00

Part III Explanations - Enter the Part II item number before each explanation. If more space is needed, continue your explanations on the back.

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Department of the Treasury
Internal Revenue Service

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	Amount of item	Treatment of item			
10 QUALIFIED DIVIDENDS	X		20.00	162.00	-142.00
11 NET SHORT TERM CAPITAL GAIN/(LOSS)	X		2,143.00	-12,318.00	14,461.00
12 NET LONG TERM CAPITAL GAIN/(LOSS)	X		-14,751.00	-41,577.00	26,826.00
13 OTHER PORTFOLIO INCOME	X		63.00	748.00	-685.00

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	Amount of item	Treatment of item			
10 SECTION 1256 CONTRACTS	X		-153.00	-151.00	-2.00
11 OTHER INCOME/(LOSS)	X		6,590.00	-14,733.00	21,323.00
12 INVSETMENT INTEREST EXPENSE	X		811.00	1,300.00	-489.00
13 PORTFOLIO DEDUCTIONS-SUBJECT 2% FLOOR	X		3,721.00	2,930.00	791.00

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3 Identify type of pass-through entity
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20-2774359

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NORTHBROOK, IL 60062

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OGDEN, UT

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010109 to 123109

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	Amount of item	Treatment of item			
10 OTHER PORTFOLIO DEDUCTIONS	X		3.00	-524.00	527.00
11 OTHER DEDUCTIONS	X		49.00	-259.00	308.00
12 FOREIGN TAXES PAID FOR FTC	X		38.00	40.00	-2.00
13					

Part III Explanations - Enter the Part II item number before each explanation. If more space is needed, continue your explanations on the back.

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Attachment
Sequence No **84**

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THE HORIZON FOUNDATION

Identifying number

75-2947962

Part I General Information

1 Check boxes that apply (a) <input checked="" type="checkbox"/> Notice of inconsistent treatment (b) <input type="checkbox"/> Administrative adjustment request (AAR)	
2 If you are a tax matters partner (TMP) filing an AAR on behalf of the pass-through entity, are you requesting substituted return treatment? (see instructions). <input type="checkbox"/> Yes <input type="checkbox"/> No	
3 Identify type of pass-through entity (a) <input checked="" type="checkbox"/> Partnership (b) <input type="checkbox"/> Electing large partnership (c) <input type="checkbox"/> S corporation (d) <input type="checkbox"/> Estate (e) <input type="checkbox"/> Trust (f) <input type="checkbox"/> REMIC	
4 Employer identification number of pass-through entity 36-3890279	6 Tax shelter registration number (if applicable) of pass-through entity
5 Name, address, and ZIP code of pass-through entity DAKOTA PARTNERS, LP 3000 DUNDEE ROAD, SUITE 101 NORTHBROOK, IL 60062	7 Internal Revenue Service Center where pass-through entity filed its return OGDEN, UT
	8 Tax year of pass-through entity 010109 to 123109
	9 Your tax year 010109 to 123109

Part II Inconsistent or Administrative Adjustment Request (AAR) Items

(a) Description of inconsistent or administrative adjustment request (AAR) items (see instructions)	(b) Inconsistency is in, or AAR is to correct (check boxes that apply)		(c) Amount as shown on Schedule K-1, Schedule Q, or similar statement, a foreign trust statement, or your return, whichever applies (see instructions)	(d) Amount you are reporting	(e) Difference between (c) and (d)
	Amount of item	Treatment of item			
10 ORDINARY INCOME/(LOSS)	X		-4,636.00	-3,943.00	-693.00
11 NET RENTAL REAL ESTATE INCOME/(LOSS)	X		18.00	25.00	-7.00
12 OTHER NET RENTAL INCOME/(LOSS)	X		11.00	14.00	-3.00
13 INTEREST INCOME	X		1,376.00	-2,361.00	3,737.00

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(a) ☒ Partnership (b) ☐ Electing large partnership (c) ☐ S corporation (d) ☐ Estate (e) ☐ Trust (f) ☐ REMIC

4 Employer identification number of pass-through entity
36-3890279

5 Name, address, and ZIP code of pass-through entity
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010109 to 123109

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	Amount of item	Treatment of item			
10 ORDINARY DIVIDENDS	X		1,085.00	3,277.00	-2,192.00
11 QUALIFIED DIVIDENDS	X		702.00	2,358.00	-1,656.00
12 ROYALTY INCOME	X		22.00	44.00	-22.00
13 NET SHORT TERM CAPITAL GAIN/(LOSS)	X		-1,300.00	-12,658.00	11,358.00

Part III Explanations - Enter the Part II item number before each explanation. If more space is needed, continue your explanations on the back.

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NORTHBROOK, IL 60062

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OGDEN, UT

8 Tax year of pass-through entity
010109 to 123109

9 Your tax year
010109 to 123109

Part II Inconsistent or Administrative Adjustment Request (AAR) Items

(a) Description of inconsistent or administrative adjustment request (AAR) items (see instructions)	(b) Inconsistency is in, or AAR is to correct (check boxes that apply)		(c) Amount as shown on Schedule K-1, Schedule Q, or similar statement, a foreign trust statement, or your return, whichever applies (see instructions)	(d) Amount you are reporting	(e) Difference between (c) and (d)
	Amount of item	Treatment of item			
10 NET LONG TERM CAPITAL GAIN/(LOSS)	X		-856.00	-2,057.00	1,201.00
11 NET SECTION 1231 GAIN/(LOSS)	X		52.00	96.00	-44.00
12 OTHER PORTFOLIO INCOME	X		6.00	863.00	-857.00
13 INVOLUNTARY CONVERSIONS	X		0.00	-13,765.00	13,765.00

Part III Explanations - Enter the Part II item number before each explanation. If more space is needed, continue your explanations on the back.

FINAL K-1 RECEIVED BY TAXPAYER AFTER THE 2008 RETURN WAS FILED. A DRAFT K-1 WAS USED BY TAXPAYER IN PRIOR YEAR TO REPORT INCOME FROM THIS INVESTMENT. THE AMOUNTS REPORTED ON THE RETURN REPRESENT THE AMOUNT NECESSARY TO REFLECT ACTUAL 2008 INCOME.

Department of the Treasury
Internal Revenue Service

Notice of Inconsistent Treatment or Administrative Adjustment Request (AAR)

(For use by partners, S corporation shareholders, estate and domestic trust beneficiaries, foreign trust owners and beneficiaries, REMIC residual interest holders, and TMPs)

► See separate instructions.

OMB No 1545-0790

Attachment
Sequence No **84**

Name(s) shown on return

THE HORIZON FOUNDATION

Identifying number

75-2947962

Part I General Information

1 Check boxes that apply (a) ☒ Notice of inconsistent treatment (b) ☐ Administrative adjustment request (AAR)

2 If you are a tax matters partner (TMP) filing an AAR on behalf of the pass-through entity, are you requesting substituted return treatment? (see instructions) ☐ Yes ☐ No

3 Identify type of pass-through entity
(a) ☒ Partnership (b) ☐ Electing large partnership (c) ☐ S corporation (d) ☐ Estate (e) ☐ Trust (f) ☐ REMIC

4 Employer identification number of pass-through entity
36-3890279

5 Name, address, and ZIP code of pass-through entity
DAKOTA PARTNERS, LP
3000 DUNDEE ROAD, SUITE 101
NORTHBROOK, IL 60062

6 Tax shelter registration number (if applicable) of pass-through entity

7 Internal Revenue Service Center where pass-through entity filed its return
OGDEN, UT

8 Tax year of pass-through entity
010109 to 123109

9 Your tax year
010109 to 123109

Part II Inconsistent or Administrative Adjustment Request (AAR) Items

(a) Description of inconsistent or administrative adjustment request (AAR) items (see instructions)	(b) Inconsistency is in, or AAR is to correct (check boxes that apply)		(c) Amount as shown on Schedule K-1, Schedule Q, or similar statement, a foreign trust statement, or your return, whichever applies (see instructions)	(d) Amount you are reporting	(e) Difference between (c) and (d)
	Amount of item	Treatment of item			
10 SECTION 1256 CONTRACTS	X		129.00	-30.00	159.00
11 OTHER INCOME/(LOSS)	X		21,921.00	13,826.00	8,095.00
12 CASH CONTRIBUTIONS (50%)	X		1.00	2.00	-1.00
13 CONTRIBUTIONS (100%)	X		0.00	-186.00	186.00

Part III Explanations - Enter the Part II item number before each explanation. If more space is needed, continue your explanations on the back.

FINAL K-1 RECEIVED BY TAXPAYER AFTER THE 2008 RETURN WAS FILED. A DRAFT K-1 WAS USED BY TAXPAYER IN PRIOR YEAR TO REPORT INCOME FROM THIS INVESTMENT. THE AMOUNTS REPORTED ON THE RETURN REPRESENT THE AMOUNT NECESSARY TO REFLECT ACTUAL 2008 INCOME.

Department of the Treasury
Internal Revenue Service**Notice of Inconsistent Treatment or Administrative
Adjustment Request (AAR)**(For use by partners, S corporation shareholders, estate and domestic trust beneficiaries,
foreign trust owners and beneficiaries, REMIC residual interest holders, and TMPs)

▶ See separate instructions.

OMB No. 1545-0790

Attachment
Sequence No. **84**

Name(s) shown on return

THE HORIZON FOUNDATION

Identifying number

75-2947962

Part I General Information

1 Check boxes that apply (a) ☒ Notice of inconsistent treatment (b) ☐ Administrative adjustment request (AAR)

2 If you are a tax matters partner (TMP) filing an AAR on behalf of the pass-through entity, are you requesting substituted return treatment? (see instructions). ☐ Yes ☐ No

3 Identify type of pass-through entity
(a) ☒ Partnership (b) ☐ Electing large partnership (c) ☐ S corporation (d) ☐ Estate (e) ☐ Trust (f) ☐ REMIC

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36-3890279

5 Name, address, and ZIP code of pass-through entity
DAKOTA PARTNERS, LP
3000 DUNDEE ROAD, SUITE 101
NORTHBROOK, IL 60062

6 Tax shelter registration number (if applicable) of pass-through entity
.

7 Internal Revenue Service Center where pass-through entity filed its return
OGDEN, UT

8 Tax year of pass-through entity
010109 to 123109

9 Your tax year
010109 to 123109

Part II Inconsistent or Administrative Adjustment Request (AAR) Items

(a) Description of inconsistent or administrative adjustment request (AAR) items (see instructions)	(b) Inconsistency is in, or AAR is to correct (check boxes that apply)		(c) Amount as shown on Schedule K-1, Schedule Q, or similar statement, a foreign trust statement, or your return, whichever applies (see instructions)	(d) Amount you are reporting	(e) Difference between (c) and (d)
	Amount of item	Treatment of item			
10 INVESTMENT INTEREST EXPENSE	X		3,651.00	6,514.00	-2,863.00
11 SECTION 59(e)(2) EXPENDITURES	X		0.00	-108.00	108.00
12 PORTFOLIO DEDUCTIONS-SUBJECT TO 2%	X		5,993.00	9,549.00	-3,556.00
13 OTHER PORTFOLIO DEDUCTIONS	X		64.00	171.00	-107.00

Part III Explanations - Enter the Part II item number before each explanation. If more space is needed, continue your explanations on the back.

FINAL K-1 RECEIVED BY TAXPAYER AFTER THE 2008 RETURN WAS FILED. A DRAFT K-1 WAS USED BY TAXPAYER IN PRIOR YEAR TO REPORT INCOME FROM THIS INVESTMENT. THE AMOUNTS REPORTED ON THE RETURN REPRESENT THE AMOUNT NECESSARY TO REFLECT ACTUAL 2008 INCOME.

Department of the Treasury
Internal Revenue Service

Notice of Inconsistent Treatment or Administrative Adjustment Request (AAR)

(For use by partners, S corporation shareholders, estate and domestic trust beneficiaries, foreign trust owners and beneficiaries, REMIC residual interest holders, and TMPs)

► See separate instructions.

OMB No 1545-0790

Attachment
Sequence No **84**

Name(s) shown on return

THE HORIZON FOUNDATION

Identifying number

75-2947962

Part I General Information

1 Check boxes that apply (a) ☒ Notice of inconsistent treatment (b) ☐ Administrative adjustment request (AAR)

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(a) ☒ Partnership (b) ☐ Electing large partnership (c) ☐ S corporation (d) ☐ Estate (e) ☐ Trust (f) ☐ REMIC

4 Employer identification number of pass-through entity
36-3890279

5 Name, address, and ZIP code of pass-through entity
DAKOTA PARTNERS, LP
3000 DUNDEE ROAD, SUITE 101
NORTHBROOK, IL 60062

6 Tax shelter registration number (if applicable) of pass-through entity

7 Internal Revenue Service Center where pass-through entity filed its return
OGDEN, UT

8 Tax year of pass-through entity
010109 to 123109

9 Your tax year
010109 to 123109

Part II Inconsistent or Administrative Adjustment Request (AAR) Items

(a) Description of inconsistent or administrative adjustment request (AAR) items (see instructions)	(b) Inconsistency is in, or AAR is to correct (check boxes that apply)		(c) Amount as shown on Schedule K-1, Schedule Q, or similar statement, a foreign trust statement, or your return, whichever applies (see instructions)	(d) Amount you are reporting	(e) Difference between (c) and (d)
	Amount of item	Treatment of item			
10 OTHER DEDUCTIONS	X		1,168.00	1,918.00	-750.00
11 FOREIGN TAXES PAID FOR FTC	X		12.00	102.00	-90.00
12					
13					

Part III Explanations - Enter the Part II item number before each explanation. If more space is needed, continue your explanations on the back.

FINAL K-1 RECEIVED BY TAXPAYER AFTER THE 2008 RETURN WAS FILED. A DRAFT K-1 WAS USED BY TAXPAYER IN PRIOR YEAR TO REPORT INCOME FROM THIS INVESTMENT. THE AMOUNTS REPORTED ON THE RETURN REPRESENT THE AMOUNT NECESSARY TO REFLECT ACTUAL 2008 INCOME.

Department of the Treasury
Internal Revenue Service

Notice of Inconsistent Treatment or Administrative Adjustment Request (AAR)

(For use by partners, S corporation shareholders, estate and domestic trust beneficiaries, foreign trust owners and beneficiaries, REMIC residual interest holders, and TMPs)

► See separate instructions.

OMB No. 1545-0790

Attachment
Sequence No. **84**

Name(s) shown on return

THE HORIZON FOUNDATION

Identifying number

75-2947962

Part I General Information

1 Check boxes that apply (a) ☒ Notice of inconsistent treatment (b) ☐ Administrative adjustment request (AAR)

2 If you are a tax matters partner (TMP) filing an AAR on behalf of the pass-through entity, are you requesting substituted return treatment? (see instructions) ☐ Yes ☐ No

3 Identify type of pass-through entity
(a) ☒ Partnership (b) ☐ Electing large partnership (c) ☐ S corporation (d) ☐ Estate (e) ☐ Trust (f) ☐ REMIC

4 Employer identification number of pass-through entity
20-1654615

5 Name, address, and ZIP code of pass-through entity
MAXWELL HALSTED PARTNERS, LLC
3000 DUNDEE ROAD, SUITE 101
NORTHBROOK, IL 60062

6 Tax shelter registration number (if applicable) of pass-through entity

7 Internal Revenue Service Center where pass-through entity filed its return
OGDEN, UT

8 Tax year of pass-through entity
010109 to 123109

9 Your tax year
010109 to 123109

Part II Inconsistent or Administrative Adjustment Request (AAR) Items

(a) Description of inconsistent or administrative adjustment request (AAR) items (see instructions)	(b) Inconsistency is in, or AAR is to correct (check boxes that apply)		(c) Amount as shown on Schedule K-1, Schedule Q, or similar statement, a foreign trust statement, or your return, whichever applies (see instructions)	(d) Amount you are reporting	(e) Difference between (c) and (d)
	Amount of item	Treatment of item			
10 ORDINARY INCOME/(LOSS)	X		2,322.00	-13,024.00	15,346.00
11 NET RENTAL REAL ESTATE INCOME/(LOSS)	X		-290.00	-609.00	319.00
12 OTHER NET RENTAL INCOME/(LOSS)	X		131.00	-149.00	280.00
13 INTEREST INCOME	X		5,547.00	15,560.00	-10,013.00

Part III Explanations - Enter the Part II item number before each explanation. If more space is needed, continue your explanations on the back.

FINAL K-1 RECEIVED BY TAXPAYER AFTER THE 2008 RETURN WAS FILED. A DRAFT K-1 WAS USED BY TAXPAYER IN PRIOR YEAR TO REPORT INCOME FROM THIS INVESTMENT. THE AMOUNTS REPORTED ON THE RETURN REPRESENT THE AMOUNT NECESSARY TO REFLECT ACTUAL 2008 INCOME.

Department of the Treasury
Internal Revenue Service

Notice of Inconsistent Treatment or Administrative Adjustment Request (AAR)

(For use by partners, S corporation shareholders, estate and domestic trust beneficiaries, foreign trust owners and beneficiaries, REMIC residual interest holders, and TMPs)

▶ See separate instructions.

OMB No. 1545-0790

Attachment
Sequence No. **84**

Name(s) shown on return THE HORIZON FOUNDATION	Identifying number 75-2947962
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Part I General Information

1 Check boxes that apply (a) ☒ Notice of inconsistent treatment (b) ☐ Administrative adjustment request (AAR)

2 If you are a tax matters partner (TMP) filing an AAR on behalf of the pass-through entity, are you requesting substituted return treatment? (see instructions) ☐ Yes ☐ No

3 Identify type of pass-through entity
(a) ☒ Partnership (b) ☐ Electing large partnership (c) ☐ S corporation (d) ☐ Estate (e) ☐ Trust (f) ☐ REMIC

4 Employer identification number of pass-through entity 20-1654615	6 Tax shelter registration number (if applicable) of pass-through entity
5 Name, address, and ZIP code of pass-through entity MAXWELL HALSTED PARTNERS, LLC 3000 DUNDEE ROAD, SUITE 101 NORTHBROOK, IL 60062	7 Internal Revenue Service Center where pass-through entity filed its return OGDEN, UT
	8 Tax year of pass-through entity 010109 to 123109
	9 Your tax year 010109 to 123109

Part II Inconsistent or Administrative Adjustment Request (AAR) Items

(a) Description of inconsistent or administrative adjustment request (AAR) items (see instructions)	(b) Inconsistency is in, or AAR is to correct (check boxes that apply)		(c) Amount as shown on Schedule K-1, Schedule Q, or similar statement, a foreign trust statement, or your return, whichever applies (see instructions)	(d) Amount you are reporting	(e) Difference between (c) and (d)
	Amount of item	Treatment of item			
10 ORDINARY DIVIDENDS	X		89.00	1,369.00	-1,280.00
11 QUALIFIED DIVIDENDS	X		0.00	-15.00	15.00
12 ROYALTY INCOME	X		151.00	397.00	-246.00
13 NET SHORT TERM CAPITAL GAIN/(LOSS)	X		-1,434.00	-113.00	-1,321.00

Part III Explanations - Enter the Part II item number before each explanation. If more space is needed, continue your explanations on the back.

FINAL K-1 RECEIVED BY TAXPAYER AFTER THE 2008 RETURN WAS FILED. A DRAFT K-1 WAS USED BY TAXPAYER IN PRIOR YEAR TO REPORT INCOME FROM THIS INVESTMENT. THE AMOUNTS REPORTED ON THE RETURN REPRESENT THE AMOUNT NECESSARY TO REFLECT ACTUAL 2008 INCOME.

Department of the Treasury
Internal Revenue Service**Notice of Inconsistent Treatment or Administrative
Adjustment Request (AAR)**(For use by partners, S corporation shareholders, estate and domestic trust beneficiaries,
foreign trust owners and beneficiaries, REMIC residual interest holders, and TMPs)

▶ See separate instructions.

OMB No. 1545-0790

Attachment
Sequence No. **84**

Name(s) shown on return

THE HORIZON FOUNDATION

Identifying number

75-2947962

Part I General Information

1 Check boxes that apply (a) ☒ Notice of inconsistent treatment (b) ☐ Administrative adjustment request (AAR)

2 If you are a tax matters partner (TMP) filing an AAR on behalf of the pass-through entity, are you requesting substituted return treatment? (see instructions). ☐ Yes ☐ No

3 Identify type of pass-through entity
(a) ☒ Partnership (b) ☐ Electing large partnership (c) ☐ S corporation (d) ☐ Estate (e) ☐ Trust (f) ☐ REMIC

4 Employer identification number of pass-through entity
20-1654615

5 Name, address, and ZIP code of pass-through entity
MAXWELL HALSTED PARTNERS, LLC
3000 DUNDEE ROAD, SUITE 101
NORTHBROOK, IL 60062

6 Tax shelter registration number (if applicable) of pass-through entity

7 Internal Revenue Service Center where pass-through entity filed its return
OGDEN, UT

8 Tax year of pass-through entity
010109 to 123109

9 Your tax year
010109 to 123109

Part II Inconsistent or Administrative Adjustment Request (AAR) Items

(a) Description of inconsistent or administrative adjustment request (AAR) items (see instructions)	(b) Inconsistency is in, or AAR is to correct (check boxes that apply)		(c) Amount as shown on Schedule K-1, Schedule Q, or similar statement, a foreign trust statement, or your return, whichever applies (see instructions)	(d) Amount you are reporting	(e) Difference between (c) and (d)
	Amount of item	Treatment of item			
10 NET LONG TERM CAPITAL GAIN/(LOSS)	X		-11,884.00	-15,011.00	3,127.00
11 NET SECTION 1231 GAIN/(LOSS)	X		-56.00	180.00	-236.00
12 OTHER PORTFOLIO INCOME	X		539.00	6,960.00	-6,421.00
13 INVOLUNTARY CONVERSIONS	X		0.00	-75,633.00	75,633.00

Part III Explanations - Enter the Part II item number before each explanation. If more space is needed, continue your explanations on the back.

FINAL K-1 RECEIVED BY TAXPAYER AFTER THE 2008 RETURN WAS FILED. A DRAFT K-1 WAS USED BY TAXPAYER IN PRIOR YEAR TO REPORT INCOME FROM THIS INVESTMENT. THE AMOUNTS REPORTED ON THE RETURN REPRESENT THE AMOUNT NECESSARY TO REFLECT ACTUAL 2008 INCOME.

Department of the Treasury
Internal Revenue Service

**Notice of Inconsistent Treatment or Administrative
Adjustment Request (AAR)**
(For use by partners, S corporation shareholders, estate and domestic trust beneficiaries,
foreign trust owners and beneficiaries, REMIC residual interest holders, and TMPs)
▶ See separate instructions.

OMB No 1545-0790

Attachment
Sequence No **84**

Name(s) shown on return THE HORIZON FOUNDATION	Identifying number 75-2947962
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Part I General Information

1 Check boxes that apply (a) ☒ Notice of inconsistent treatment (b) ☐ Administrative adjustment request (AAR)

2 If you are a tax matters partner (TMP) filing an AAR on behalf of the pass-through entity, are you requesting substituted return treatment? (see instructions) ☐ Yes ☐ No

3 Identify type of pass-through entity
(a) ☒ Partnership (b) ☐ Electing large partnership (c) ☐ S corporation (d) ☐ Estate (e) ☐ Trust (f) ☐ REMIC

4 Employer identification number of pass-through entity 20-1654615	6 Tax shelter registration number (if applicable) of pass-through entity
5 Name, address, and ZIP code of pass-through entity MAXWELL HALSTED PARTNERS, LLC 3000 DUNDEE ROAD, SUITE 101 NORTHBROOK, IL 60062	7 Internal Revenue Service Center where pass-through entity filed its return OGDEN, UT
	8 Tax year of pass-through entity 010109 to 123109
	9 Your tax year 010109 to 123109

Part II Inconsistent or Administrative Adjustment Request (AAR) Items

(a) Description of inconsistent or administrative adjustment request (AAR) items (see instructions)	(b) Inconsistency is in, or AAR is to correct (check boxes that apply)		(c) Amount as shown on Schedule K-1, Schedule Q, or similar statement a foreign trust statement, or your return, whichever applies (see instructions)	(d) Amount you are reporting	(e) Difference between (c) and (d)
	Amount of item	Treatment of item			
10 SECTION 1256 CONTRACTS	X		13.00	-92.00	105.00
11 CANCELLATION OF DEBT	X		0.00	293.00	-293.00
12 OTHER INCOME/(LOSS)	X		-5,370.00	-5,351.00	-19.00
13 CASH CONTRIBUTION (50%)	X		2.00	3.00	-1.00

Part III Explanations - Enter the Part II item number before each explanation. If more space is needed, continue your explanations on the back.

FINAL K-1 RECEIVED BY TAXPAYER AFTER THE 2008 RETURN WAS FILED. A DRAFT K-1 WAS USED BY
TAXPAYER IN PRIOR YEAR TO REPORT INCOME FROM THIS INVESTMENT. THE AMOUNTS REPORTED ON
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Department of the Treasury
Internal Revenue Service**Notice of Inconsistent Treatment or Administrative
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OMB No. 1545-0790

Attachment
Sequence No. **84**

Name(s) shown on return

THE HORIZON FOUNDATION

Identifying number

75-2947962

Part I General Information

1 Check boxes that apply (a) ☒ Notice of inconsistent treatment (b) ☐ Administrative adjustment request (AAR)

2 If you are a tax matters partner (TMP) filing an AAR on behalf of the pass-through entity, are you requesting substituted return treatment? (see instructions). ☐ Yes ☐ No

3 Identify type of pass-through entity
(a) ☒ Partnership (b) ☐ Electing large partnership (c) ☐ S corporation (d) ☐ Estate (e) ☐ Trust (f) ☐ REMIC

4 Employer identification number of pass-through entity
20-1654615

5 Name, address, and ZIP code of pass-through entity
MAXWELL HALSTED PARTNERS, LLC
3000 DUNDEE ROAD, SUITE 101
NORTHBROOK, IL 60062

6 Tax shelter registration number (if applicable) of pass-through entity

7 Internal Revenue Service Center where pass-through entity filed its return
OGDEN, UT

8 Tax year of pass-through entity
010109 to 123109

9 Your tax year
010109 to 123109

Part II Inconsistent or Administrative Adjustment Request (AAR) Items

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	Amount of item	Treatment of item			
10 INVESTMENT INTEREST EXPENSE	X		1,278.00	1,782.00	-504.00
11 DEDUCTIONS - ROYALTY INCOME	X		27.00	57.00	-30.00
12 SECTION 59(e)(2) EXPENDITURES	X		87.00	111.00	-24.00
13 PORTFOLIO DEDUCTIONS-SUBJECT TO 2%	X		6,195.00	5,122.00	1,073.00

Part III Explanations - Enter the Part II item number before each explanation. If more space is needed, continue your explanations on the back.

FINAL K-1 RECEIVED BY TAXPAYER AFTER THE 2008 RETURN WAS FILED. A DRAFT K-1 WAS USED BY TAXPAYER IN PRIOR YEAR TO REPORT INCOME FROM THIS INVESTMENT. THE AMOUNTS REPORTED ON THE RETURN REPRESENT THE AMOUNT NECESSARY TO REFLECT ACTUAL 2008 INCOME.

Department of the Treasury
Internal Revenue Service

Notice of Inconsistent Treatment or Administrative Adjustment Request (AAR)

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OMB No 1545-0790

Attachment
Sequence No **84**

Name(s) shown on return THE HORIZON FOUNDATION	Identifying number 75-2947962
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Part I General Information

1 Check boxes that apply (a) ☒ Notice of inconsistent treatment (b) ☐ Administrative adjustment request (AAR)

2 If you are a tax matters partner (TMP) filing an AAR on behalf of the pass-through entity, are you requesting substituted return treatment? (see instructions). ☐ Yes ☐ No

3 Identify type of pass-through entity
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4 Employer identification number of pass-through entity 20-1654615	6 Tax shelter registration number (if applicable) of pass-through entity
5 Name, address, and ZIP code of pass-through entity MAXWELL HALSTED PARTNERS, LLC 3000 DUNDEE ROAD, SUITE 101 NORTHBROOK, IL 60062	7 Internal Revenue Service Center where pass-through entity filed its return OGDEN, UT
	8 Tax year of pass-through entity <div style="text-align: right;">010109 to 123109</div>
	9 Your tax year <div style="text-align: right;">010109 to 123109</div>

Part II Inconsistent or Administrative Adjustment Request (AAR) Items

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	Amount of item	Treatment of item			
10 OTHER PORTFOLIO DEDUCTIONS	X		0.00	64.00	-64.00
11 OTHER DEDUCTIONS	X		1,683.00	4,201.00	-2,518.00
12 FOREIGN TAXES PAID FOR FTC	X		138.00	184.00	-46.00
13					

Part III Explanations - Enter the Part II item number before each explanation. If more space is needed, continue your explanations on the back.

FINAL K-1 RECEIVED BY TAXPAYER AFTER THE 2008 RETURN WAS FILED. A DRAFT K-1 WAS USED BY
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Department of the Treasury
Internal Revenue Service**Notice of Inconsistent Treatment or Administrative
Adjustment Request (AAR)**(For use by partners, S corporation shareholders, estate and domestic trust beneficiaries,
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▶ See separate instructions.

OMB No 1545-0790

Attachment
Sequence No **84**

Name(s) shown on return

THE HORIZON FOUNDATION

Identifying number

75-2947962

Part I General Information

1 Check boxes that apply (a) <input checked="" type="checkbox"/> Notice of inconsistent treatment (b) <input type="checkbox"/> Administrative adjustment request (AAR)	
2 If you are a tax matters partner (TMP) filing an AAR on behalf of the pass-through entity, are you requesting substituted return treatment? (see instructions) <input type="checkbox"/> Yes <input type="checkbox"/> No	
3 Identify type of pass-through entity (a) <input checked="" type="checkbox"/> Partnership (b) <input type="checkbox"/> Electing large partnership (c) <input type="checkbox"/> S corporation (d) <input type="checkbox"/> Estate (e) <input type="checkbox"/> Trust (f) <input type="checkbox"/> REMIC	
4 Employer identification number of pass-through entity 26-1719982	6 Tax shelter registration number (if applicable) of pass-through entity
5 Name, address, and ZIP code of pass-through entity LATAM AGRO-PARTNERS, LLC C/O LEAVITT CAPITAL MANAGEMENT, INC 3000 DUNDEE ROAD, SUITE 101 NORTHBROOK, IL 60062	7 Internal Revenue Service Center where pass-through entity filed its return CINCINNATI, OH
	8 Tax year of pass-through entity 010109 to 123109
	9 Your tax year 010109 to 123109

Part II Inconsistent or Administrative Adjustment Request (AAR) Items

(a) Description of inconsistent or administrative adjustment request (AAR) items (see instructions)	(b) Inconsistency is in, or AAR is to correct (check boxes that apply)		(c) Amount as shown on Schedule K-1, Schedule Q, or similar statement, a foreign trust statement, or your return, whichever applies (see instructions)	(d) Amount you are reporting	(e) Difference between (c) and (d)
	Amount of item	Treatment of item			
10 INVESTMENT INTEREST EXPENSE	X		0.00	456.00	-456.00
11 PORTFOLIO DEDUCTIONS-SUBJECT TO 2% FLOOR	X		7,760.00	7,917.00	-157.00
12 OTHER PORTFOLIO DEDUCTIONS	X		208.00	282.00	-74.00
13 ORDINARY DIVIDENDS	X		85.00	85.00	

Part III Explanations - Enter the Part II item number before each explanation. If more space is needed, continue your explanations on the back.

FINAL K-1 RECEIVED BY TAXPAYER AFTER THE 2008 RETURN WAS FILED. A DRAFT K-1 WAS USED BY TAXPAYER IN PRIOR YEAR TO REPORT INCOME FROM THIS INVESTMENT. THE AMOUNTS REPORTED ON THE RETURN REPRESENT THE AMOUNT NECESSARY TO REFLECT ACTUAL 2008 INCOME.

For Paperwork Reduction Act Notice, see separate instructions.

Form **8082** (Rev. 12-2005)

Department of the Treasury
Internal Revenue Service

**Notice of Inconsistent Treatment or Administrative
Adjustment Request (AAR)**
(For use by partners, S corporation shareholders, estate and domestic trust beneficiaries,
foreign trust owners and beneficiaries, REMIC residual interest holders, and TMPs)
▶ See separate instructions.

OMB No 1545-0790

Attachment
Sequence No **84**

Name(s) shown on return
THE HORIZON FOUNDATION
Identifying number
75-2947962

Part I General Information

1 Check boxes that apply (a) ☒ Notice of inconsistent treatment (b) ☐ Administrative adjustment request (AAR)

2 If you are a tax matters partner (TMP) filing an AAR on behalf of the pass-through entity, are you requesting substituted return treatment? (see instructions). ☐ Yes ☐ No

3 Identify type of pass-through entity
(a) ☒ Partnership (b) ☐ Electing large partnership (c) ☐ S corporation (d) ☐ Estate (e) ☐ Trust (f) ☐ REMIC

4 Employer identification number of pass-through entity
26-1719982

5 Name, address, and ZIP code of pass-through entity
LATAM AGRO-PARTNERS, LLC
C/O LEAVITT CAPITAL MANAGEMENT, INC
3000 DUNDEE ROAD, SUITE 101
NORTHBROOK, IL 60062

6 Tax shelter registration number (if applicable) of pass-through entity

7 Internal Revenue Service Center where pass-through entity filed its return
CINCINNATI, OH

8 Tax year of pass-through entity
010109 to 123109

9 Your tax year
010109 to 123109

Part II Inconsistent or Administrative Adjustment Request (AAR) Items

(a) Description of inconsistent or administrative adjustment request (AAR) items (see instructions)	(b) Inconsistency is in, or AAR is to correct (check boxes that apply)		(c) Amount as shown on Schedule K-1, Schedule Q, or similar statement, a foreign trust statement, or your return, whichever applies (see instructions)	(d) Amount you are reporting	(e) Difference between (c) and (d)
	Amount of item	Treatment of item			
10 SHORT TERM CAPITAL GAIN/(LOSS)	X		-68.00	-68.00	
11					
12					
13					

Part III Explanations - Enter the Part II item number before each explanation. If more space is needed, continue your explanations on the back.

FINAL K-1 RECEIVED BY TAXPAYER AFTER THE 2008 RETURN WAS FILED. A DRAFT K-1 WAS USED BY TAXPAYER IN PRIOR YEAR TO REPORT INCOME FROM THIS INVESTMENT. THE AMOUNTS REPORTED ON THE RETURN REPRESENT THE AMOUNT NECESSARY TO REFLECT ACTUAL 2008 INCOME.

For Paperwork Reduction Act Notice, see separate instructions.

ATTACHMENT 1FORM 990PF, PART I - INTEREST ON TEMPORARY CASH INVESTMENTS

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>NET INVESTMENT INCOME</u>
NORTHERN TRUST BANK OF TEXAS	106.	106.
RESOURCE LAND FUND II LLC	433.	433.
POINTIFEX PARTNERS, LLC	1,088.	1,088.
MAXWELL HALSTED PARTNERS	15,560.	15,560.
MAP 2006 (A) LP	509.	509.
DAKOTA PARTNERS, LP	-2,361.	-2,361.
TOTAL	<u>15,335.</u>	<u>15,335.</u>

ATTACHMENT 2FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>NET INVESTMENT INCOME</u>
CHARLES SCHWAB	570.	570.
PONTIFEX PARTNERS, LLC	1,041.	1,041.
MAXWELL HALSTED PARTNERS	1,369.	1,369.
DAKOTA PARTNERS, LP	3,277.	3,277.
LATAM-AGRO PARTNERS, LLC	85.	85.
TOTAL	<u>6,342.</u>	<u>6,342.</u>

ATTACHMENT 3FORM 990PF, PART I - OTHER INCOME

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME
RESOURCE LAND FUND II LLC	-13,869.	-13,869.
PONTIFEX PARTNERS, LLC	-15,944.	-15,944.
MAXWELL HALSTED PARTNERS	-97,787.	-97,787.
MAP 2006 (A), LP	6,168.	6,168.
DAKOTA PARTNERS, LP	-20,863.	-20,863.
LATAM-AGRO PARTNERS, LLC	-8,655.	-8,655.
LESS UBTI REPORTED ON FORM 990T		10,089.
TOTALS	<u>-150,950.</u>	<u>-140,861.</u>

THE HORIZON FOUNDATION

75-2947962

ATTACHMENT 4

FORM 990PF, PART I - LEGAL FEES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>NET INVESTMENT INCOME</u>	<u>ADJUSTED NET INCOME</u>	<u>CHARITABLE PURPOSES</u>
LEGAL AND PROFESSIONAL FEES	1,530.	765.		785.
TOTALS	<u>1,530.</u>	<u>765.</u>	<u>0.</u>	<u>785.</u>

ATTACHMENT 5FORM 990PF, PART I - OTHER PROFESSIONAL FEES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>NET INVESTMENT INCOME</u>
INVESTMENT CONSULTING FEES	13,780.	13,780.
TOTALS	<u>13,780.</u>	<u>13,780.</u>

ATTACHMENT 6FORM 990PF, PART I - TAXES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>
FEDERAL INCOME TAX	2,300.
TOTALS	<u>2,300.</u>

FORM 990PF, PART I - OTHER EXPENSES

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME
MISCELLANEOUS EXPENSE	10,998.	10,998.
TOTALS	<u>10,998.</u>	<u>10,998.</u>

THE HORIZON FOUNDATION

75-2947962

FORM 990PF, PART II - CORPORATE STOCK

ATTACHMENT 8

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>	<u>ENDING FMV</u>
STOCKS HELD IN LEAVITT CAPITAL	1,161,395.	903,408.	1,048,113.
TOTALS	<u>1,161,395.</u>	<u>903,408.</u>	<u>1,048,113.</u>

FORM 990PF, PART II - OTHER INVESTMENTSATTACHMENT 9

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>	<u>ENDING FMV</u>
RESOURCE LAND FUND II LLC	125,942.	125,942.	149,518.
MAP 2006 (A), LP	183,750.	243,747.	243,747.
PONTIFEX PARTNERS, LLC	400,000.	176,070.	158,450.
MAXWELL HALSTED PARTNERS LLC	365,123.	325,420.	224,852.
DAKOTA PARTNERS LTD	244,275.	244,275.	239,468.
LATAM-AGRO PARTNERS, LLC	245,000.	245,000.	243,761.
TOTALS	<u>1,564,090.</u>	<u>1,360,454.</u>	<u>1,259,796.</u>

ATTACHMENT 11FORM 990PF, PART III - OTHER INCREASES IN NET WORTH OR FUND BALANCES

<u>DESCRIPTION</u>	<u>AMOUNT</u>
BOOK RECOG OF CHANGE IN UNREAL GAIN	260,520.
TOTAL	<u>260,520.</u>

ATTACHMENT 12FORM 990PF, PART III - OTHER DECREASES IN NET WORTH OR FUND BALANCESDESCRIPTIONAMOUNT

TAX VS BOOK RECOG OF FLOW THROUGH INC

141,255.

TOTAL

141,255.

THE HORIZON FOUNDATION

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

75-2947962

ATTACHMENT 13

TITLE AND AVERAGE HOURS PER
WEEK DEVOTED TO POSITION

NAME AND ADDRESS

CHAIRMAN/PRES/TREAS

RODGER M. SANDERS
5601 DEMOCRACY, SUITE 300
PLANO, TX 75024-3674

VP/SECRETARY

JEAN ANN BROCK
5601 DEMOCRACY, SUITE 300
PLANO, TX 75024-3674

GRAND TOTALS

V 09-8.4 720733

ATTACHMENT 13

SW4819 1278

THE HORIZON FOUNDATION

75-2947962

FORM 990-E, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

ATTACHMENT 14

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
THE NATURE CONSERVANCY 4245 NORTH FAIRFAX DRIVE, SUITE 100 ARLINGTON, VA 22203-1606	NONE 501(C) (3)	CHARITABLE OPERATIONS	154,250
NATIONAL AUDUBON SOCIETY ATTN: DEVELOPMENT DEPARTMENT 700 BROADWAY NEW YORK, NY 10003	NONE 501(C) (3)	CHARITABLE OPERATIONS	5,000.
THE SALVATION ARMY 615 SLATERS LANE P.O. BOX 269 ALEXANDRIA, VA 22313	NONE 501(C) (3)	CHARITABLE OPERATIONS	10,000
CONTRIBUTIONS MADE BY FLOW THROUGH PARTNERSHIPS RESOURCE LAND FUND II	NONE 501(C) (3)	CHARITABLE OPERATIONS	1.
BOYS AND GIRLS CLUB OF GREATER DALLAS 4816 WORTH STREET DALLAS, TX 75246-1154	NONE 501(C) (3)	CHARITABLE OPERATIONS	50,500
MAGGIE'S LIGHT FOUNDATION INC 3 DOE CT PHOENIX, MD 21131	NONE 501(C) (3)	CHARITABLE OPERATIONS	10,000

ATTACHMENT 14

SW4819 1278

V 09-8 4

720733

THE HORIZON FOUNDATION

75-2947962

FORM 990-E, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

ATTACHMENT 14 (CONT'D)

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
THE UNIVERSITY OF OKLAHOMA FOUNDATION, INC 100 TIMBERDELL ROAD NORMAN, OK 73019-0685	NONE 501(C)(3)	CHARITABLE OPERATIONS	1,000
BALLROOM MAPFA 108 EAST SAN ANTONIO ST MAPFA, TX 79843	NONE 501(C)(3)	CHARITABLE OPERATIONS	10,000
CONTRIBUTIONS MADE BY FLOW THROUGH PARTNERSHIPS MAWELL HALSTED PARTNERS LP	NONE 501(C)(3)	CHARITABLE OPERATIONS	3
CONTRIBUTIONS MADE BY FLOW THROUGH PARTNERSHIPS DAKOTA PARTNERS, LLP	NONE 501(C)(3)	CHARITABLE OPERATIONS	2
TOTAL CONTRIBUTIONS PAID			240,756

ATTACHMENT 14

SW4819 1278

V 09-8 4

720733

THE HORIZON FOUNDATION

75-2947962

FORM 990-PF, PART XVI-A - ANALYSIS OF OTHER REVENUE

ATTACHMENT 15

DESCRIPTION	BUSINESS CODE	EXCLUSION		RELATED OR EXEMPT FUNCTION INCOME	
		AMOUNT	CODE	AMOUNT	
RESOURCE LAND FUND	900000	-1,962.	18	-11,907.	
PONTIFEX PARTNERS	900000	-36.	18	-15,908.	
MAXWELL HALSTED	900000	-10,452.	18	-87,335.	
DAKOTA PARTNERS	900000	2,361.	18	-23,224.	
MAP 2006(A) LP	900000		18	6,168.	
LATAM-AGRO PARTNERS, LLC	900000			-8,655.	
TOTALS		-10,089.		-140,861.	

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization THE HORIZON FOUNDATION	Employer identification number 75-2947962
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. 5601 DEMOCRACY, SUITE 300	
	City, town or post office, state, and ZIP code For a foreign address, see instructions PLANO, TX 75024-3674	

Check type of return to be filed (file a separate application for each return)

<input type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input checked="" type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- The books are in the care of ▶ LANA GRIFFIN

Telephone No ▶ 972 789-3500

FAX No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15, 2010 to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ ☒ calendar year 2009 or
▶ ☐ tax year beginning _____, and ending _____

2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a \$ <u>1,480.</u>
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$ <u>1,480.</u>
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c \$ <u>0.</u>

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2009)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box ☒ **X**. **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization THE HORIZON FOUNDATION	Employer identification number 75-2947962
	Number, street, and room or suite no. If a P.O. box, see instructions 5601 DEMOCRACY, SUITE 300	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions PLANO, TX 75024-3674	

Check type of return to be filed (File a separate application for each return):

<input type="checkbox"/> Form 990	<input checked="" type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **LANA GRIFFIN**
Telephone No **972 789-3500** FAX No. _____
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until **11/15/2010**.
- For calendar year **2009**, or other tax year beginning _____, and ending _____.
- If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- State in detail why you need the extension **INFORMATION NECESSARY TO PREPARE A COMPLETE A ACCURATE RETURN IS NOT YET AVAILABLE.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a \$	1,480.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b \$	1,480.
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c \$	0.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶

KPMG LLP

717 N. HARWOOD STREET, SUITE 3100

DALLAS, TX 75201

Title ▶

CPA For Taxpayer

Date ▶

8/9/10

Form 8868 (Rev. 4-2009)