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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)	OMB No 1545-0047 2009
	The organization may have to use a copy of this return to satisfy state reporting requirements	Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009				
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization HORIZON HOUSE		D Employer identification number 91-0725802
		Doing Business As		E Telephone number (206) 382-3721
		Number and street (or P.O. box if mail is not delivered to street address) 900 UNIVERSITY STREET	Room/suite	G Gross receipts \$ 36,416,636
		City or town, state or country, and ZIP + 4 SEATTLE, WA 981012797		
	F Name and address of principal officer ROBERT Y ANDERSON 900 UNIVERSITY STREET SEATTLE, WA 981012797		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) ▶ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: ▶ WWW.HORIZONHOUSE.ORG				
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1960	M State of legal domicile WA	

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities HORIZON HOUSE IS A DYNAMIC AND DIVERSE SENIOR LIVING COMMUNITY DEDICATED TO WELLNESS, LIFE FULFILLMENT AND SERVICE TO THE BROADER COMMUNITY		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	1
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	1
	5	Total number of employees (Part V, line 2a)	5	34
	6	Total number of volunteers (estimate if necessary)	6	4
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	23,285
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	14,750
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	1,285,034	479,976
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	22,709,045	23,253,531
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	536,787	479,622
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	84,655	185,554
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	24,615,521	24,398,683
	14	Benefits paid to or for members (Part IX, column (A), line 4)	10,000	23,150
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		0
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	11,233,343	11,874,210
	b	Total fundraising expenses (Part IX, column (D), line 25) <u>124,701</u>		0
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	11,904,718	11,123,810
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	23,148,061	23,021,170
	19	Revenue less expenses Subtract line 18 from line 12	1,467,460	1,377,513
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	142,579,199	148,607,976
	21	Total liabilities (Part X, line 26)	127,204,541	129,145,491
	22	Net assets or fund balances Subtract line 21 from line 20	15,374,658	19,462,485

Part II	Signature Block
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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 officer) is based on all information of which preparer has any knowledge				
	*****			2010-09-29	
	Signature of officer			Date	
	CARL G SIVER CHIEF FINANCIAL OFFICER Type or print name and title				
Paid Preparer's Use Only	Preparer's signature	Sara Elizabeth J Hyre	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	CLARK NUBER PS 10900 NE 4TH STREET SUITE 1700 BELLEVUE, WA 98004			EIN
					Phone no (425) 454-4919

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

1 Briefly describe the organization's mission

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

4a	(Code) (Expenses \$	17,069,337	including grants of \$	13,150) (Revenue \$	23,253,531)
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4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

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

4d Other program services (Describe in Schedule O)
(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e	Total program service expenses	\$ 17,069,337
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Part IV Checklist of Required Schedules

		Yes	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	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors? 	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
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	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9	Did the organization report an amount in Part X, line 21, 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	No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	Yes
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	11	Yes
	• 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 assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		
	• 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.		
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		
	• 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? If "Yes," complete Schedule D, Part X.		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12	Yes
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A	No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16	No
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	No
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	No
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	No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	No

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
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)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a69	1c	Yes
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a342	2b	Yes
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		3a	Yes
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	No
b	If "Yes," enter the name of the foreign country: <input type="text"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b	No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		6a	No
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).			
a	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	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f	No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8	
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?		9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b	
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body	1a	15	
b	Enter the number of voting members that are independent	1b	15	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	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?	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	Yes	
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	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	9		No

Section B. Policies

(This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶WA
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ CHRISTINE SEYMOUR 900 UNIVERSITY STREET SEATTLE, WA 981012797 (206) 382-3721

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

• 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

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

Form 990 (2009)

1b Total	579,479	0	72,225
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2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **▶** **4**

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
ROETTJER CONSTRUCTION 180 E IRELAND COURT SHELTON, WA 98584	CONSTRUCTION	362,553
BILL'S HOME MAINTENANCE 1602 LAKEVIEW PLACE SNOHOMISH, WA 98290	CONSTRUCTION	214,905
LEASE CRUTCHER LEWIS 107 SPRING STREET SEATTLE, WA 98104	CONSTRUCTION	180,000
JIM HOWE DBA HOWE CONTRACTING 1712 1ST AVE NE AUBURN, WA 98002	CONSTRUCTION	143,701
PETER DOUGLAS 4808 GLENWOOD AVENUE EVERETT, WA 98203	CONSTRUCTION	113,100

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶** **6**

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	479,976				
	g	Noncash contributions included in lines 1a-1f \$ 5,603						
	h	Total. Add lines 1a-1f			479,976			
Program Service Revenue			Business Code					
	2a	RESIDENCE FEES	623,990	8,579,291	8,579,291			
	b	ENTRANCE FEES	623,990	6,385,667	6,385,667			
	c	HEALTH CARE PROGRAM	623,990	6,182,585	6,182,585			
	d	DIETARY	722,320	1,147,460	1,137,151	10,309		
	e	OTHER ANCILLARY SRVCS	900,099	958,528	958,528			
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			23,253,531			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)			998,012		998,012	
	4	Income from investment of tax-exempt bond proceeds . . .						
	5	Royalties						
	6a	Gross Rents	(i) Real	(ii) Personal				
			18,731					
			18,731					
	d	Net rental income or (loss)		18,731		12,980	5,751	
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			11,499,563					
			11,900,666	117,287				
			-401,103	-117,287				
	d	Net gain or (loss)		-518,390			-518,390	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18						
	b	Less direct expenses	b					
	c	Net income or (loss) from fundraising events . . .						
	9a	Gross income from gaming activities See Part IV, line 19						
b	Less direct expenses	b						
c	Net income or (loss) from gaming activities . . .							
10a	Gross sales of inventory, less returns and allowances							
b	Less cost of goods sold . . .	b						
c	Net income or (loss) from sales of inventory . . .							
Miscellaneous Revenue		Business Code						
11a	GROUP RETRO REFUND	900,099	116,971				116,971	
b	DSL SERVICE	900,099	27,132				27,132	
c	APP FEE FORFEITURES	900,099	16,225				16,225	
d	All other revenue		6,495				6,495	
e	Total. Add lines 11a-11d			166,823				
12	Total revenue. See Instructions			24,398,683	23,243,222	23,289	652,196	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	23,150	23,150		
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	394,053	59,369	334,684	
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	9,077,264	6,764,056	2,221,012	92,196
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	284,791	229,678	50,545	4,568
9	Other employee benefits	1,180,303	1,074,502	96,220	9,581
10	Payroll taxes	937,799	808,482	121,886	7,431
11	Fees for services (non-employees)				
a	Management	316,991	316,991		
b	Legal	53,948		53,948	
c	Accounting	47,941		47,941	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	105,999		105,999	
g	Other	899,979	693,726	203,094	3,159
12	Advertising and promotion	200,528		196,308	4,220
13	Office expenses	1,057,222	719,138	335,348	2,736
14	Information technology				
15	Royalties				
16	Occupancy	941,751		941,751	
17	Travel	13,304	13,304		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	1,018,948	1,018,948		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,462,963	4,462,963		
23	Insurance	309,546		309,546	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	BOND EXPENSES	767,145		767,145	
b	FOOD SERVICE COSTS	686,662	686,662		
c	RESIDENT/STAFF PRO GRAMS	185,845	172,874	12,971	
d	TRAINING & RECRUITMENT	55,038	25,494	28,734	810
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	23,021,170	17,069,337	5,827,132	124,701
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing				1	41,516
	2	Savings and temporary cash investments			2,833,035	2	8,641,195
	3	Pledges and grants receivable, net				3	479,384
	4	Accounts receivable, net			1,313,493	4	1,198,203
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	53,207
	9	Prepaid expenses and deferred charges			437,951	9	407,542
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	140,831,804	108,208,442	10c	106,947,050
	b	Less accumulated depreciation	10b	33,884,754			
	11	Investments—publicly traded securities			26,677,817	11	29,053,291
	12	Investments—other securities See Part IV, line 11			1,929,207	12	
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			1,179,254	15	1,786,588
	16	Total assets. Add lines 1 through 15 (must equal line 34)			142,579,199	16	148,607,976
Liabilities	17	Accounts payable and accrued expenses			1,749,252	17	1,862,195
	18	Grants payable				18	
	19	Deferred revenue			66,880,711	19	70,150,729
	20	Tax-exempt bond liabilities			55,394,997	20	54,409,997
	21	Escrow or custodial account liability Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			3,179,581	25	2,722,570
	26	Total liabilities. Add lines 17 through 25			127,204,541	26	129,145,491
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			7,680,803	27	11,797,650
	28	Temporarily restricted net assets			1,224,962	28	956,363
	29	Permanently restricted net assets			6,468,893	29	6,708,472
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			15,374,658	33	19,462,485
	34	Total liabilities and net assets/fund balances			142,579,199	34	148,607,976

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . .		No
b Were the organization's financial statements audited by an independent accountant?	Yes	
c If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . .		

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

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. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization HORIZON HOUSE	Employer identification number 91-0725802
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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 11, check only one box)

1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

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

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☐

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)

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9

☒

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)

10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**

11

☐

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 that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
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 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)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage						
14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))		14				
15 Public Support Percentage for 2008 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
b 33 1/3% support test—2008. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization						
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization						
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions						

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1,422,067	937,106	794,706	1,285,034	479,976	4,918,889
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	13,228,226	13,072,288	15,972,994	22,709,045	23,243,222	88,225,775
3Gross receipts from activities that are not an unrelated trade or business under section 513	113,959	215,937	154,793	75,678	166,823	727,190
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5	14,764,252	14,225,331	16,922,493	24,069,757	23,890,021	93,871,854
7aAmounts included on lines 1, 2, and 3 received from disqualified persons	15,075	115,328	11,127	11,435	9,135	162,100
bAmounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
cAdd lines 7a and 7b	15,075	115,328	11,127	11,435	9,135	162,100
8Public Support (Subtract line 7c from line 6)						93,709,754

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9Amounts from line 6	14,764,252	14,225,331	16,922,493	24,069,757	23,890,021	93,871,854
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,330,057	1,834,559	1,412,520	1,264,495	1,003,763	6,845,394
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975				1,487	12,539	14,026
cAdd lines 10a and 10b	1,330,057	1,834,559	1,412,520	1,265,982	1,016,302	6,859,420
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13Total support (Add lines 9, 10c, 11 and 12)	16,094,309	16,059,890	18,335,013	25,335,739	24,906,323	100,731,274
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage

15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	93.030 %
16Public support percentage from 2008 Schedule A, Part III, line 15	16	92.550 %

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	6.810 %
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	7.150 %
19a33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions	<input type="checkbox"/>	

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

SCHEDULE D
(Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization HORIZON HOUSE	Employer identification number 91-0725802
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Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div>YesNo</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div>YesNo</div>	

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1	Purpose(s) of conservation easements held by the organization (check all that apply) <div><div><input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure)</div><div><input type="checkbox"/> Preservation of an historically importantly land area</div><div><input type="checkbox"/> Protection of natural habitat</div><div><input type="checkbox"/> Preservation of a certified historic structure</div><div><input type="checkbox"/> Preservation of open space</div></div>											
2	Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year											
		<table><tr><td></td><td>Held at the End of the Year</td></tr><tr><td>2a</td><td></td></tr><tr><td>2b</td><td></td></tr><tr><td>2c</td><td></td></tr><tr><td>2d</td><td></td></tr></table>		Held at the End of the Year	2a		2b		2c		2d	
	Held at the End of the Year											
2a												
2b												
2c												
2d												
a	Total number of conservation easements											
b	Total acreage restricted by conservation easements											
c	Number of conservation easements on a certified historic structure included in (a)											
d	Number of conservation easements included in (c) acquired after 8/17/06											
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶_____											
4	Number of states where property subject to conservation easement is located ▶_____											
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? <div>YesNo</div>											
6	Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶_____											
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶\$ _____											
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? <div>YesNo</div>											
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization’s financial statements that describes the organization’s accounting for conservation easements											

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items	
	(i) Revenues included in 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items	
a	Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b	Assets included in Form 990, Part X	▶ \$ _____

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance	4,359,948	5,434,765			
b Contributions	194,410	206,076			
c Investment earnings or losses	1,297,522	-1,280,893			
d Grants or scholarships					
e Other expenditures for facilities and programs	16,629				
f Administrative expenses					
g End of year balance	5,835,251	4,359,948			

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 0 % %

b

Permanent endowment ▶ 100 000 % %

c

Term endowment ▶ 0 % %

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

(ii) related organizations

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,808,978		1,808,978
b Buildings		129,614,309	31,481,733	98,132,576
c Leasehold improvements				
d Equipment		6,143,710	2,403,021	3,740,689
e Other		3,264,807		3,264,807
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				106,947,050

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	124,398,683
2	Total expenses (Form 990, Part IX, column (A), line 25)	223,021,170
3	Excess or (deficit) for the year Subtract line 2 from line 1	1,377,513
4	Net unrealized gains (losses) on investments	2,095,110
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	615,204
9	Total adjustments (net) Add lines 4 - 8	2,710,314
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	4,087,827

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	127,226,284
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments2a2,095,110	
b	Donated services and use of facilities2b	
c	Recoveries of prior year grants2c	
d	Other (Describe in Part XIV)2d615,204	
e	Add lines 2a through 2d	2e2,710,314
3	Subtract line 2e from line 1	324,515,970
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b4a	
b	Other (Describe in Part XIV)4b-117,287	
c	Add lines 4a and 4b	4c-117,287
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	524,398,683

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	123,138,457
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities2a	
b	Prior year adjustments2b	
c	Other losses2c	
d	Other (Describe in Part XIV)2d117,287	
e	Add lines 2a through 2d	2e117,287
3	Subtract line 2e from line 1	323,021,170
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b4a	
b	Other (Describe in Part XIV)4b	
c	Add lines 4a and 4b	4c0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	523,021,170

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	THE ENDOWMENT FUND IS BROKEN DOWN INTO THREE FUNDS, BASED ON DONOR INTENT. THE THREE AREAS OF USE ARE THE RESIDENT ASSISTANCE FUND, THE ENTRANCE ASSISTANCE FUND AND THE QUALITY OF RESIDENT LIFE FUND. THE RESIDENT ASSISTANCE FUND IS USED TO SUPPORT RESIDENTS WHO HAVE EXHAUSTED THEIR FINANCIAL RESOURCES BUT CONTINUE TO LIVE AT HORIZON HOUSE. THE ENTRANCE ASSISTANCE FUND IS USED TO HELP RESIDENTS WHO QUALIFY FOR ENTRANCE INTO HORIZON HOUSE BUT DO NOT HAVE THE ABILITY TO PAY THE ENTIRE ENTRANCE FEE AMOUNT. THE QUALITY OF RESIDENT LIFE FUND IS USED FOR THE AREA OF GREATEST NEED.
Part XI, Line 8 - Other Adjustments		CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT 615204
Part XII, Line 2d - Other Adjustments		CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT 615204
Part XII, Line 4b - Other Adjustments		LOSS ON ASSET DISPOSAL -117287
Part XIII, Line 2d - Other Adjustments		LOSS ON ASSET DISPOSAL 117287

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Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
HORIZON HOUSE

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

DLN: 93493273007030

OMB No 1545-0047

2009

Open to Public
Inspection

Employer identification number
91-0725802

Part I

General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes

☐ No

2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHWEST CENTER FOR CREATIVE AGING900 UNIVERSITY STREET SEATTLE, WA 98101	272502055	APPLICATION PENDING	10,000				TO BENEFIT SENIORS LIVING IN THE COMMUNITY
COUNCIL OF HEALTH & HUMAN SERVICES MINISTRIES OF UNITED CHURCH OF CHRIST700 PROSPECT AVENUE CLEVELAND, OH 44115	133118966	501(C)(3)	9,600				TO SUPPORT CHHSM'S MISSION TO SUSTAIN AND ADVANCE THE WORK OF HEALING AND SERVICE AS A MINISTRY OF THE UNITED CHURCH OF CHRIST

2

Enter total number of section 501(c)(3) and government organizations

1

3

Enter total number of other organizations

1

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

[illegible]

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization HORIZON HOUSE	Employer identification number 91-0725802
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Part I

Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
<input type="checkbox"/> First-class or charter travel		
<input type="checkbox"/> Travel for companions		
<input type="checkbox"/> Tax idemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
<input type="checkbox"/> Compensation committee		
<input checked="" type="checkbox"/> Independent compensation consultant		
<input type="checkbox"/> Form 990 of other organizations		
<input checked="" type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a Receive a severance payment or change-of-control payment?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a The organization?	5a	No
b Any related organization?	5b	No
If "Yes," to line 5a or 5b, describe in Part III		
6 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a The organization?	6a	No
b Any related organization?	6b	No
If "Yes," to line 6a or 6b, describe in Part III		
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

Part II

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
ROBERT ANDERSON	(i)	196,959	15,000	0	17,519	7,998	237,476	0
	(ii)	0	0	0	0	0	0	0
CARL SIVER	(i)	137,356	2,500	0	11,310	5,411	156,577	0
	(ii)	0	0	0	0	0	0	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III

Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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Schedule K (Form 990)	<div>Supplemental Information on Tax Exempt Bonds</div> <div>▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ▶ Attach to Form 990. ▶ See separate instructions.</div>	OMB No 1545-0047
		2009
		Open to Public Inspection

Department of the Treasury Internal Revenue Service	
Name of the organization HORIZON HOUSE	Employer identification number 91-0725802

Part I

Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	WASHINGTON STATE HOUSING FINANCE COMMISSION	91-1874730	939783PU4	10-01-2005	56,700,000	RENOVATION AND EXPAND CAMPUS		X		X

Part II

Proceeds

		A	B	C	D	E			
1	Total proceeds of issue	56,700,000							
2	Gross proceeds in reserve funds								
3	Proceeds in refunding or defeasance escrows								
4	Other unspent proceeds								
5	Issuance costs from proceeds	1,010,128							
6	Working capital expenditures from proceeds								
7	Capital expenditures from proceeds	55,689,873							
8	Year of substantial completion	2007							
		Yes	No	Yes	No	Yes	No	Yes	No
9	Were the bonds issued as part of a current refunding issue?		X						
10	Were the bonds issued as part of an advance refunding issue?		X						
11	Has the final allocation of proceeds been made?	X							
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III

Private Business Use

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X								
2	Are there any lease arrangements with respect to the financed property which may result in private business use?	X									

Part III

Private Business Use (Continued)

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?		X								
3b	Are there any research agreements with respect to the financed property which may result in private business use?		X								
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X									
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		0 010 %								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		0 %								
6	Total of lines 4 and 5		0 010 %								
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X									

Part IV

Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X								
2	Is the bond issue a variable rate issue?	X									
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?	X									
b	Name of provider			KEYBANK MORGAN STANLEY							
c	Term of hedge			7 000000000000							
4a	Were gross proceeds invested in a GIC?		X			X					
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?		X								
6	Did the bond issue qualify for an exception to rebate?		X								

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SCHEDULE O (Form 990)		Supplemental Information to Form 990			OMB No 1545-0047
					2009
Department of the Treasury Internal Revenue Service		Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ▶ Attach to Form 990.			Open to Public Inspection
Name of the organization HORIZON HOUSE				Employer identification number 91-0725802	

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 4		THE ORGANIZATION'S BYLAWS WERE AMENDED ON MARCH 31, 2009 WITH THE FOLLOWING REVISIONS 1 REDUCES THE TOTAL NUMBER OF TRUSTEES FROM 18 TO UP TO 15 2 CHANGES THE WORD ELECTED TO "DESIGNATED" FOR THE VOTING MEMBER OF THE CONFERENCE BOARD 3 CHANGES THE CONFERENCE MINISTER TO EX OFFICIO STATUS
Form 990, Part VI, Section B, line 11		INFORMATION IS PROVIDED BY HORIZON HOUSE TO THE ORGANIZATION'S EXTERNAL CPA'S TO PREPARE THE FORM 990 MANAGEMENT REVIEWS AND RECOMMENDS FILING OF THE RETURN TO THE AUDIT COMMITTEE THE AUDIT COMMITTEE REVIEWS MANAGEMENT'S RECOMMENDATION AND RECOMMENDS APPROVAL OF THE FORM 990 TO THE FULL HORIZON HOUSE BOARD OF TRUSTEES
Form 990, Part VI, Section B, line 12c		BOARD MEMBERS AND SENIOR MANAGEMENT ARE REQUIRED ANNUALLY TO SUBMIT A LETTER OF CONFLICT OF INTEREST TO OUR ATTORNEY THE ATTORNEY MONITORS CONFLICTS OF INTEREST AND REPORTS ALL CONFLICTS TO THE BOARD OF TRUSTEES THE BOARD MAY TAKE REMEDIAL ACTION AS NEEDED
Form 990, Part VI, Section B, line 15a		CONSULTANT IS HIRED BY THE BOARD TO SURVEY THE RETIREMENT LIVING EXECUTIVE COMPENSATION MARKET AND COORDINATE A PERFORMANCE REVIEW PROCESS ON COMPENSATION ON BEHALF OF THE BOARD THE DATA IS CONSOLIDATED AND PRESENTED TO THE BOARD ALONG WITH COMPENSATION, INCENTIVES AND BENEFITS INFORMATION THE BOARD MAKES COMPENSATION DECISIONS BASED ON THE CONSULTANT'S RECOMMENDATIONS THE CFO AND COO COMPENSATION PACKAGES ARE EVALUATED BY THE CEO
Form 990, Part VI, Section C, line 19		GUIDESTAR PROVIDES AN ELECTRONIC VERSION OF THE FORM 990 FOR PUBLIC USE PUBLIC INSPECTION COPIES OF FORM 990, FORM 1023, CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST THE FINAL AUDIT REPORT IS MADE AVAILABLE THROUGH THE ORGANIZATION'S LIBRARY (FOR REVIEW BY RESIDENTS) IT IS ALSO AVAILABLE UPON REQUEST BY OTHERS OUTSIDE THE ORGANIZATION
FORM 990, PART III, LINE 1		HORIZON HOUSE STATEMENT OF SOCIAL ACCOUNTABILITY HORIZON HOUSE HAS A LONG-STANDING COMMITMENT TO SOCIAL ACCOUNTABILITY BOTH RESIDENTS AND STAFF AND THE ENTIRE ORGANIZATION GIVE THEIR TIME AND FINANCIAL SUPPORT TO THOSE IN NEED THIS SUPPORT IS OFFERED TO THOSE BOTH LIVING IN HORIZON HOUSE AND IN THE BROADER COMMUNITY THE MISSION OF HORIZON HOUSE IS TO BE A DYNAMIC RETIREMENT COMMUNITY DEDICATED TO DIGNIFIED AGING, LIFE FULFILLMENT AND SERVICE TO THE BROADER COMMUNITY HISTORY AND BACKGROUND HORIZON HOUSE, A NOT-FOR-PROFIT RETIREMENT COMMUNITY WAS FOUNDED IN 1961, BECOMING THE FIRST RETIREMENT COMMUNITY IN DOWNTOWN SEATTLE FOUNDING MEMBERS WERE CIVIC LEADERS AND MEMBERS OF THE UNITED CHURCH OF CHRIST WHO ESTABLISHED A COMMITMENT TO SOCIAL JUSTICE, COMMUNITY OUTREACH AND SOCIAL ACCOUNTABILITY WHICH CONTINUES TO THIS DAY HORIZON HOUSE IS AN ACCREDITED CONTINUING CARE RETIREMENT COMMUNITY WITH 394 INDEPENDENT LIVING APARTMENTS AND 90 SUPPORTED LIVING HEALTH CARE APARTMENTS THERE ARE APPROXIMATELY 520 RESIDENTS OF HORIZON HOUSE AND A STAFF OF 270 COMPREHENSIVE HEALTH SERVICES INCLUDE, WELLNESS/EXERCISE, REHABILITATION THERAPY, MEDICAL CLINIC, DENTAL CLINIC, HOME CARE, NURSING CARE AND ADULT DAY SERVICES IN ADDITION TO EDUCATIONAL CLASSES AND MANY SOCIAL AND CULTURAL EVENTS HORIZON HOUSE GOVERNANCE HORIZON HOUSE IS GOVERNED BY A 15 MEMBER BOARD OF TRUSTEES WHO SERVE WITHOUT COMPENSATION THE BOARD IS COMPRISED OF MEN AND WOMEN WITH PROFESSIONAL EXPERTISE IN THE LEADERSHIP AND OPERATIONAL AREAS OF HORIZON HOUSE A FIVE MEMBER EXECUTIVE TEAM IS RESPONSIBLE FOR THE ADMINISTRATIVE LEADERSHIP OF HORIZON HOUSE EXAMPLES OF COMMUNITY OUTREACH AND SOCIAL ACCOUNTABILITY SOME HIGHLIGHTS FROM 2009 INCLUDE - CHARITABLE CARE FOR RESIDENTS UNABLE TO PAY IN THE AMOUNT OF \$391,000 ELIMINATING THE NEED FOR GOVERNMENT SUBSIDIES EMPLOYEE DEVELOPMENT FUNDS USED TO SUPPORT EMPLOYEES IN EDUCATIONAL NEEDS AND EMPLOYEE EMERGENCY FUNDS USED TO ASSIST EMPLOYEES IN NEED TOTALING \$13,000 - GRANTS TO COMMUNITY NOT-FOR-PROFIT GROUPS SUCH AS THE NORTHWEST CENTER FOR CREATIVE AGING, AND THE FREEWAY PARK ASSOCIATION IN EXCESS OF \$12,500 PLUS VOLUNTEER STAFF HOURS AND IN-KIND SERVICES - DONATION OF \$9,600 TO THE COUNCIL OF HEALTH & HUMAN SERVICES MINISTRIES OF THE UNITED CHURCH OF CHRIST - DONATIONS TO COMMUNITY NON-PROFITS HONORING DECEASED RESIDENTS OF \$1050 - DONATIONS OF GOODS AND SERVICES TO DOWNTOWN SEATTLE ORGANIZATION, EMERGENCY FEEDING PROGRAM, HARBORVIEW HOSPITAL SEWING PROJECT, PLYMOUTH HOUSING VOLUNTEERS FEEDING PROGRAM, PLYMOUTH KNITTING PROJECT AND AGING SERVICES OF WASHINGTON - DONATION OF UNCOMPENSATED STAFF TIME TO NORTHWEST DEVELOPMENT OFFICERS, ASSOCIATION OF FUNDRAISING OFFICERS, FIRST HILL IMPROVEMENT ASSOCIATION AND UNITED WAY, \$5445 - VOLUNTEER HOURS DONATED BY HORIZON HOUSE RESIDENTS TO COMMUNITY NON-PROFITS INCLUDING HARBORVIEW CHILDREN'S DAY CARE - 128 HOURS, LANG SIMONS PLYMOUTH HOUSING - 680 HOURS, KNITTING FOR PLYMOUTH HOUSING - 776 HOURS, SEWING FOR HARBORVIEW AND PLYMOUTH HOUSING - 367 HOURS, FREEWAY PARK BOOK CART - 108 HOURS, PLUS IN EXCESS OF 30 HOURS TO EMERGENCY FEEDING AND UNITED WAY CAMPAIGN - STAFF UNCOMPENSATED TIME IN EXCESS OF 405 HOURS FOR UNITED WAY, NORTHWEST CENTER FOR CREATIVE AGING, FREEWAY PARK ASSOCIATION AND OTHER NON-PROFIT COMMUNITY AGENCIES - DONATED MEETING SPACE TO CHURCH, NON-PROFIT PROFESSIONAL AND SUPPORT GROUPS \$1,450 IN 2009 HORIZON HOUSE DONATED A TOTAL OF \$432,665 IN CHARITABLE DOLLARS, \$1,452 WORTH OF MEETING SPACE FOR COMMUNITY NON-PROFIT GROUPS, 2,089 RESIDENT VOLUNTEER HOURS, AND 405 STAFF HOURS OF UNCOMPENSATED VOLUNTEER TIME
FORM 990, PART I, LINE 6		THE NUMBER OF VOLUNTEERS INCLUDES LONG TERM VOLUNTEERS, ONE DAY VOLUNTEERS AND VOLUNTEERS THAT COME FOR SPECIAL PROJECTS VOLUNTEERS HELP TRANSPORT RESIDENTS TO DAILY ACTIVITIES AND SPECIAL OUTINGS, BRING IN PETS TO VISIT RESIDENTS, PROVIDE MUSICAL PROGRAMS AND PROVIDE HELP WITH SPECIAL CRAFT PROJECTS THE NUMBER OF VOLUNTEERS ALSO INCLUDES THE UNCOMPENSATED BOARD MEMBERS

Additional Data

Software ID:
Software Version:
EIN: 91-0725802
Name: HORIZON HOUSE

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BRUCE WALKER PRESIDENT	15 00	X		X				0	0	0
ROBIN PASQUARELLA VICE PRESIDENT	8 00	X		X				0	0	0
BILL CLANCY TREASURER	1 00	X		X				0	0	0
SARAH PATTERSON SECRETARY	1 50	X		X				0	0	0
NEIL MCREYNOLDS PAST PRESIDENT	1 00	X		X				0	0	0
NANCY EDQUIST TRUSTEE	5 00	X						0	0	0
RICH COUNTS TRUSTEE	1 50	X						0	0	0
JIM WELLER TRUSTEE	1 00	X						0	0	0
FLETCH WALLER TRUSTEE	3 00	X						0	0	0
LESLEY WATSON TRUSTEE	5 00	X						0	0	0
MARGARET INOUYE TRUSTEE	1 00	X						0	0	0
TERRY ZERNGAST TRUSTEE	1 00	X						0	0	0
MOLLY CONE RESIDENT COUNCIL CHAIR	3 00	X						0	0	0
KATHY TURNER TRUSTEE - CONFERENCE REP	1 00	X						0	0	0
MIKE DENTON PACIFIC NW CONF TRUSTEE	1 00	X						0	0	0
ROBERT ANDERSON CEO	55 00			X				211,959	0	25,517
CARL SIVER CFO	40 00			X				139,856	0	16,721
TIM FRAZIER COO	45 00					X		113,322	0	13,467
LAURI WARFIELD-LARSON HEALTH CARE ADMINISTR	50 00					X		114,342	0	16,520

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
RESIDENCE FEES	623,990	8,579,291	8,579,291		
ENTRANCE FEES	623,990	6,385,667	6,385,667		
HEALTH CARE PROGRAM	623,990	6,182,585	6,182,585		
DIETARY	722,320	1,147,460	1,137,151	10,309	
OTHER ANCILLARY SRVCS	900,099	958,528	958,528		