

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

2013

Department of the Treasury
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning and ending

| | | | | |
|---|--|--|---|--------------------------------------|
| 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 | C Name of organization | | D Employer identification number | |
| | HORIZONS FOUNDATION | | 94-2686530 | |
| | Doing Business As | | | |
| | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | E Telephone number | |
| 550 MONTGOMERY STREET | | 700 | 415-398-2333 | |
| City or town, state or province, country, and ZIP or foreign postal code | | G Gross receipts \$ | | |
| SAN FRANCISCO, CA 94111 | | 7,760,493. | | |
| F Name and address of principal officer: ROGER DOUGHTY SAME AS C ABOVE | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| | | H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | | If "No," attach a list. (see instructions) | | |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | H(c) Group exemption number ▶ | | |
| J Website: WWW.HORIZONSFOUNDATION.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: 1979 | | M State of legal domicile: CA |

Part I Summary

| | |
|------------------------------------|--|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: <u>FUEL THE LGBT MOVEMENT BY INCREASING SUPPORT FOR DIVERSE SF/BAY AREA NONPROFITS.</u> |
| | 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 15 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 15 |
| | 5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 10 |
| | 6 Total number of volunteers (estimate if necessary) 6 75 |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. |
| | b Net unrelated business taxable income from Form 990-T, line 34 7b 0. |

| | | Prior Year | Current Year |
|--|--|--|----------------------------|
| | | 8 Contributions and grants (Part VIII, line 1h) | 15,621,610. |
| 9 Program service revenue (Part VIII, line 2g) | 0. | 0. | |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 332,839. | 692,283. | |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 39,954. | 69,677. | |
| 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 15,994,403. | 4,050,425. | |
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 4,476,734. | 1,906,043. | |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. | |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 576,009. | 658,056. | |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. | |
| b Total fundraising expenses (Part IX, column (D), line 25) ▶ 339,319. | | | |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 566,429. | 717,950. | |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 5,619,172. | 3,282,049. | |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 10,375,231. | 768,376. | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year 21,454,158. | End of Year 21,414,834. |
| | 21 Total liabilities (Part X, line 26) | 3,455,948. | 744,084. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 17,998,210. | 20,670,750. |

Part II Signature Block

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.

| | | | |
|-------------------------------|---|--------------------------|---|
| Sign Here | Signature of officer | | Date |
| | ROGER DOUGHTY, EXECUTIVE DIRECTOR | | |
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date |
| | EDWARD M. FAHEY | | 07/15/14 |
| | Firm's name ▶ RINA ACCOUNTANCY CORPORATION | Firm's EIN ▶ 94-3158857 | Check <input type="checkbox"/> if self-employed |
| | Firm's address ▶ 100 MONTGOMERY STREET, SUITE 2075 SAN FRANCISCO, CA 94104 | Phone no. (415) 777-4488 | PTIN P00194561 |

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission: TO ENCOURAGE PHILANTHROPIC ACTIVISM WITHIN AND FOR THE LGBT COMMUNITY AND TO PROVIDE FINANCIAL AND TECHNICAL ASSISTANCE FOR NONPROFIT ORGANIZATIONS SERVING THE LGBT COMMUNITY.

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 2,379,931. including grants of \$ 1,906,043.) (Revenue \$) HORIZONS FOUNDATION PROVIDED DIRECT FINANACIAL SUPPORT TO NONPROFIT ORGANIZATIONS THROUGH 577 GRANTS TOTALING \$1,906,043 IN 2013. GRANTS INCLUDED COMMUNITY GRANTS IN SUPPORT OF HEALTH, HIV/AIDS, YOUTH, ARTS, ELDER, MARRIAGE EQUALITY, COMMUNITIES OF COLOR, TRANSGENDER RIGHTS, COMMUNITY BUILDING, AND ADVOCACY ORGANIZATIONS; DONOR-ADVISED FUNDS; SCHOLARSHIP FUNDS; AND FIELD OF INTEREST FUNDS FOCUSED ON MARRIAGE EQUALITY AND ADVOCACY. GRANTS RANGED FROM \$150 TO \$208,920; PROVIDED BOTH OPERATING SUPPORT AND PROJECT SUPPORT; AND INCLUDED NON-LGBT-SPECIFIC GRANTS THROUGH THE DONOR-ADVISED AND OTHER GRANT PROGRAMS.

4b (Code:) (Expenses \$ 244,212. including grants of \$) (Revenue \$) (A) BUILDING LGBT PHILANTHROPY: HORIZONS PROMOTED GIVING BY LGBT PEOPLE, OFFERING EXPERT SEMINARS TO EDUCATE HUNDREDS OF DONORS AND FINANCIAL AND LEGAL ADVISORS SERVING THE LGBT COMMUNITY. HORIZONS HELPED INDIVIDUAL DONORS TO DEFINE THEIR PHILANTHROPIC GOALS AND DEVELOP GIVING STRATEGIES FOR BOTH LIFE-TIME AND LEGACY GIFTS. (B) DEVELOPING COMMUNITY ENDOWMENT: HORIZONS' LGBT COMMUNITY ENDOWMENT FUND PROVIDES PERMANENT RESOURCES FOR PROMOTING RIGHTS AND WELL-BEING OF LGBT PEOPLE. THE ENDOWMENT IS BEING BUILT PRINCIPALLY THROUGH ESTATE GIFTS.MORE THAN 250 PEOPLE HAVE INFORMED HORIZONS THAT THEY HAVE INCLUDED THE FOUNDATION IN THEIR ESTATES. (C) PHILANTHROPIC ADVOCACY: HORIZONS SERVES AS A PRINCIPAL VOICE FOR THE LGBT COMMUNITY WITHIN THE PHILANTHROPIC WORLD, ACTIVELY PROMOTING INCREASED FOUNDATION FUNDING.

4c (Code:) (Expenses \$ 46,421. including grants of \$) (Revenue \$) LEADERSHIP DEVELOPMENT: RECOGNIZING THAT STRONG LEADERSHIP IS CRUCIAL TO THE LGBT COMMUNITY, HORIZONS HAS LONG BEEN COMMITTED TO DEVELOPING COMMUNITY LEADERSHIP. IN 2013, THE FOUNDATION CONTINUED TO CONVENE THE EXECUTIVE DIRECTORS OF LGBT ORGANIZATIONS THROUGHOUT THE LGBT COMMUNITY TO DISCUSS AND ACT ON ISSUES FACING THE COMMUNITY. HORIZONS ALSO CONTINUED ITS PROJECT CONVENING LEADERS OF BOARDS OF DIRECTORS OF LGBT NONPROFITS, PROVIDING THEM WITH SKILLS AND TRAINING OPPORTUNITIES.

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

4e Total program service expenses 2,670,564.

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)? <i>If "Yes," complete Schedule A</i> | X | |
| 2 | Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | | X |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> | X | |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> | X | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | |
| a | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> | X | |
| b | 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? <i>If "Yes," complete Schedule D, Part VII</i> | | X |
| c | 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? <i>If "Yes," complete Schedule D, Part VIII</i> | | X |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> | | X |
| e | Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | X | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> | X | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> | X | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | X | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | | X |
| 20a | Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |

Part IV Checklist of Required Schedules (continued)

| | | Yes | No |
|-----|--|-----|----|
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | X | |
| 22 | Did the organization report more than \$5,000 of grants or 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> | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 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> | | X |
| 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 lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| 24b | | | |
| 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 | | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 24d | | | |
| 25a | Section 501(c)(3) 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> | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| 25b | | | X |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II | | X |
| 26 | | | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | | X |
| 27 | | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | |
| a | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 28a | | | X |
| b | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 28b | | | X |
| c | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 28c | | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | X | |
| 29 | | X | |
| 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> | | X |
| 30 | | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | X |
| 31 | | | X |
| 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> | | X |
| 32 | | | X |
| 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> | | X |
| 33 | | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | | X |
| 34 | | | X |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | X |
| 35a | | | X |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | |
| 35b | | | |
| 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> | | X |
| 36 | | | X |
| 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> | | X |
| 37 | | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | X | |
| 38 | | X | |

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Main form area containing questions 1a through 14b with columns for Yes/No and numerical input fields.

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

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

| | | Yes | No |
|-----------|--|-----|----|
| 1a | Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | |
| | 1a 15 | | |
| b | Enter the number of voting members included in line 1a, above, who 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? | | X |
| 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? | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | X |
| 6 | Did the organization have members or stockholders? | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a | The governing body? | X | |
| b | Each committee with authority to act on behalf of the governing body? | X | |
| 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 | | X |

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **LIZ HOADLEY - 415-398-2333**
550 MONTGOMERY STREET, SAN FRANCISCO, CA 94111

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

Check if Schedule O contains a response or note to any line in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (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 | | | |
| (1) DAN C. QUIGLEY BOARD CHAIR | 5.00 | X | | X | | | | 0. | 0. | 0. |
| (2) RICHARD T. DAVIS BOARD TREASURER | 3.00 | X | | X | | | | 0. | 0. | 0. |
| (3) DARREN ISOM BOARD SECRETARY | 2.00 | X | | X | | | | 0. | 0. | 0. |
| (4) ROSIO ALVAREZ BOARD MEMBER | 2.00 | X | | | | | | 0. | 0. | 0. |
| (5) ANNE STERLING DORMAN BOARD MEMBER | 2.00 | X | | | | | | 0. | 0. | 0. |
| (6) AUDREY KOH BOARD MEMBER | 2.00 | X | | | | | | 0. | 0. | 0. |
| (7) JOHN CLAY LEONARD BOARD MEMBER | 2.00 | X | | | | | | 0. | 0. | 0. |
| (8) RANDOLPH QUEBEC BOARD MEMBER | 2.00 | X | | | | | | 0. | 0. | 0. |
| (9) MICHAEL RABANAL BOARD MEMBER | 2.00 | X | | | | | | 0. | 0. | 0. |
| (10) LISA K. SCHOONERMAN BOARD MEMBER | 2.00 | X | | | | | | 0. | 0. | 0. |
| (11) PETER SCOTT BOARD MEMBER | 2.00 | X | | | | | | 0. | 0. | 0. |
| (12) OLGA TALAMANTE BOARD MEMBER | 2.00 | X | | | | | | 0. | 0. | 0. |
| (13) IRENE WHITE BOARD MEMBER | 2.00 | X | | | | | | 0. | 0. | 0. |
| (14) TOM BURKE BOARD MEMBER | 2.00 | X | | | | | | 0. | 0. | 0. |
| (15) BEV SCOTT BOARD MEMBER | 2.00 | | | X | | | | 0. | 0. | 0. |
| (16) ROGER DOUGHTY EXECUTIVE DIRECTOR | 40.00 | | | X | | | 135,667. | 0. | 8,711. | |
| (17) LIZ HOADLEY CFO | 28.00 | | | X | | | 82,118. | 0. | 18,814. | |

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (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 | | | |
| (18) DEB STALLINGS DIRECTOR OF DEVELOPMENT AN | 40.00 | | | | | X | | 110,365. | 0. | 12,138. |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 1b Sub-total | | | | | | | | 328,150. | 0. | 39,663. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 328,150. | 0. | 39,663. |

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

| | 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> | | X |
| 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> | | X |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | | X |

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. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|--|--|---------------------|
| MICHAEL J. ADEE 1919 HOPI RD., SANTA FE, NM 87505 | PROGRAM SERVICES FOR THE LGBT GLOBAL FAI | 115,200. |
| | | |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 1

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

| | | | (A) | (B) | (C) | (D) | |
|--|---|---|----------------------|------------------------------------|----------------------------|--|--|
| | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 | |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns | 1a | | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | 99,375. | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 3,189,090. | | | | |
| | g Noncash contributions included in lines 1a-1f: \$ | | 3,142,378. | | | | |
| | h Total. Add lines 1a-1f | | 3,288,465. | | | | |
| | Program Service Revenue | 2 a | Business Code | | | | |
| b | | | | | | | |
| c | | | | | | | |
| d | | | | | | | |
| e | | | | | | | |
| f All other program service revenue | | | | | | | |
| g Total. Add lines 2a-2f | | | | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 248,009. | | | 248,009. | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | 6 a Gross rents | (i) Real | | | | | |
| | | (ii) Personal | | | | | |
| | | b Less: rental expenses | | | | | |
| | | c Rental income or (loss) | | | | | |
| | d Net rental income or (loss) | | | | | | |
| | 7 a Gross amount from sales of assets other than inventory | (i) Securities | | | | | |
| | | (ii) Other | | | | | |
| | | b Less: cost or other basis and sales expenses | | | | | |
| | | c Gain or (loss) | | | | | |
| | d Net gain or (loss) | | | 444,274. | 444,274. | | |
| | 8 a Gross income from fundraising events (not including \$ 99,375. of contributions reported on line 1c). See Part IV, line 18 | a | | 231,161. | | | |
| | | b Less: direct expenses | | 166,645. | | | |
| c Net income or (loss) from fundraising events | | | 64,516. | | | 64,516. | |
| 9 a Gross income from gaming activities. See Part IV, line 19 | a | | | | | | |
| | b Less: direct expenses | | | | | | |
| | c Net income or (loss) from gaming activities | | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | a | | | | | | |
| | b Less: cost of goods sold | | | | | | |
| | c Net income or (loss) from sales of inventory | | | | | | |
| Miscellaneous Revenue | | Business Code | | | | | |
| 11 a INVESTMENT FEE INCOME | 900099 | | 3,372. | | | 3,372. | |
| b MISCELLANEOUS REVENUE | 900099 | | 1,789. | | | 1,789. | |
| c | | | | | | | |
| d All other revenue | | | | | | | |
| e Total. Add lines 11a-11d | | | 5,161. | | | | |
| 12 Total revenue. See instructions. | | | 4,050,425. | 444,274. | 0. | 317,686. | |

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).

Check if Schedule O contains a response or note to any line in this Part IX

| 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 United States. See Part IV, line 21 | 1,906,043. | 1,906,043. | | |
| 2 Grants and other assistance to individuals in the United States. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 328,150. | 135,318. | 109,251. | 83,581. |
| 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 | 224,501. | 77,467. | 83,557. | 63,477. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 Other employee benefits | 62,946. | 20,819. | 25,674. | 16,453. |
| 10 Payroll taxes | 42,459. | 16,160. | 14,965. | 11,334. |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | 1,506. | 1,220. | 286. | |
| c Accounting | 20,735. | | 20,735. | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 76,698. | 76,364. | 334. | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) | 257,082. | 217,634. | 23,543. | 15,905. |
| 12 Advertising and promotion | 33,268. | 31,670. | | 1,598. |
| 13 Office expenses | 126,744. | 25,512. | 37,768. | 63,464. |
| 14 Information technology | 14,737. | | 712. | 14,025. |
| 15 Royalties | | | | |
| 16 Occupancy | 68,409. | | 68,399. | 10. |
| 17 Travel | 60,754. | 52,374. | 1,795. | 6,585. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | 6,767. | | 6,767. | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 9,033. | | 9,033. | |
| 23 Insurance | 5,094. | | 5,094. | |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a OTHER EXPENSE | 22,308. | 1,233. | 3,311. | 17,764. |
| b EQUIPMENT RENTAL & MAIN | 8,300. | | 8,300. | |
| c DUES AND SUBSCRIPTIONS | 4,682. | 3,547. | 407. | 728. |
| d COMPUTER EQUIPMENT & SO | 1,833. | | 850. | 983. |
| e All other expenses | | 105,203. | -148,615. | 43,412. |
| 25 Total functional expenses. Add lines 1 through 24e | 3,282,049. | 2,670,564. | 272,166. | 339,319. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. | | | | |

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

| | | (A) Beginning of year | | (B) End of year | |
|---|--|--------------------------|-------------|--------------------|--|
| Assets | 1 Cash - non-interest-bearing | 134,448. | 1 | 121,215. | |
| | 2 Savings and temporary cash investments | 667,872. | 2 | 24,157. | |
| | 3 Pledges and grants receivable, net | 5,052,585. | 3 | 143,143. | |
| | 4 Accounts receivable, net | | 4 | | |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L | | 6 | | |
| | 7 Notes and loans receivable, net | | 7 | | |
| | 8 Inventories for sale or use | | 8 | | |
| | 9 Prepaid expenses and deferred charges | 15,192. | 9 | 22,879. | |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 119,060. | | | |
| | b Less: accumulated depreciation | 10b 108,054. | 8,197. | 10c 11,006. | |
| | 11 Investments - publicly traded securities | 15,513,914. | 11 | 21,024,414. | |
| | 12 Investments - other securities. See Part IV, line 11 | | 12 | | |
| | 13 Investments - program-related. See Part IV, line 11 | | 13 | | |
| | 14 Intangible assets | | 14 | | |
| | 15 Other assets. See Part IV, line 11 | 61,950. | 15 | 68,020. | |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 21,454,158. | 16 | 21,414,834. | | |
| Liabilities | 17 Accounts payable and accrued expenses | 57,448. | 17 | 109,025. | |
| | 18 Grants payable | 3,000,000. | 18 | 190,107. | |
| | 19 Deferred revenue | 5,000. | 19 | 2,989. | |
| | 20 Tax-exempt bond liabilities | | 20 | | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | | |
| | 22 Loans and other 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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 393,500. | 25 | 441,963. | |
| | 26 Total liabilities. Add lines 17 through 25 | 3,455,948. | 26 | 744,084. | |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | | |
| | 27 Unrestricted net assets | 11,535,204. | 27 | 13,426,001. | |
| | 28 Temporarily restricted net assets | 447,195. | 28 | 1,134,111. | |
| | 29 Permanently restricted net assets | 6,015,811. | 29 | 6,110,638. | |
| | Organizations that do not follow SFAS 117 (ASC 958), 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 | 17,998,210. | 33 | 20,670,750. | | |
| 34 Total liabilities and net assets/fund balances | 21,454,158. | 34 | 21,414,834. | | |

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

| | | | |
|----|--|----|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 4,050,425. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 3,282,049. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 768,376. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 17,998,210. |
| 5 | Net unrealized gains (losses) on investments | 5 | 1,904,165. |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 20,670,751. |

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

| | | Yes | No |
|---|--|-----|----|
| 1 | Accounting method used to prepare the Form 990: <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? | | X |
| If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: | | | |
| <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | | |
| 2b | Were the organization's financial statements audited by an independent accountant? | X | |
| If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: | | | |
| <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | | |
| 2c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | X | |
| If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | | | |
| 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? | | X |
| 3b | 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 | | |

Form 990 (2013)

SCHEDULE A
(Form 990 or 990-EZ)

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

| | |
|--|---|
| Name of the organization HORIZONS FOUNDATION | Employer identification number 94-2686530 |
|--|---|

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 described in **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 - Non-functionally integrated
- 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?

| | Yes | No |
|--|----------|----|
| (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 supported organization? | 11g(i) | |
| (ii) A family member of a person described in (i) above? | 11g(ii) | |
| (iii) A 35% controlled entity of a person described in (i) or (ii) above? | 11g(iii) | |
- h Provide the following information about the supported organization(s).

| (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 monetary support |
|------------------------------------|----------|---|---|----|--|----|---|----|----------------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | | | | | | |

Part II Support Schedule for Organizations Described in Sections 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|--|------------|------------|------------|-------------|------------|-------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 2,717,181. | 1,579,898. | 2,426,946. | 15,621,610. | 3,288,465. | 25,634,100. |
| 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 | 2,717,181. | 1,579,898. | 2,426,946. | 15,621,610. | 3,288,465. | 25,634,100. |
| 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) | | | | | | 11,930,227. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 13,703,873. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|--|------------|------------|------------|-------------|------------|--------------------------|
| 7 Amounts from line 4 | 2,717,181. | 1,579,898. | 2,426,946. | 15,621,610. | 3,288,465. | 25,634,100. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 122,996. | 101,024. | 109,050. | 237,708. | 248,009. | 818,787. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | 76,115. | 219,354. | 208,274. | 236,322. | 740,065. |
| 11 Total support. Add lines 7 through 10 | | | | | | 27,192,952. |
| 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 section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | | |
|---|-----------|-------|-------------------------------------|
| 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) | 14 | 50.39 | % |
| 15 Public support percentage from 2012 Schedule A, Part II, line 14 | 15 | 52.20 | % |
| 16a 33 1/3% support test - 2013. 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 | | | <input checked="" type="checkbox"/> |
| b 33 1/3% support test - 2012. If the organization did not check a 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 | | | <input type="checkbox"/> |
| 17a 10% -facts-and-circumstances test - 2013. 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 | | | <input type="checkbox"/> |
| b 10% -facts-and-circumstances test - 2012. 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 | | | <input type="checkbox"/> |
| 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 | | | <input type="checkbox"/> |

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|---|
| 15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2012 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|---|
| 17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2012 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2013. 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

b 33 1/3% support tests - 2012. 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

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

Multiple horizontal lines for supplemental information.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**

▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990**

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization HORIZONS FOUNDATION **Employer identification number** 94-2686530

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 | 87 | |
| 2 Aggregate contributions to (during year) | 2,039,034. | |
| 3 Aggregate grants from (during year) | | |
| 4 Aggregate value at end of year | 12,610,915. | |

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? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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? Yes No

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).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

| | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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? Yes No

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 section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) 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 acquisition, 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 XIII.

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 XIII and complete the following table:

| | Amount |
|---------------------------------|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 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 XIII. Check here if the explanation has been provided in Part XIII

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 | 6,180,247. | 4,002,805. | 3,921,759. | 3,606,662. | 2,831,943. |
| b Contributions | 94,827. | 2,010,085. | 205,000. | 84,531. | 90,365. |
| c Net investment earnings, gains, and losses | 943,661. | 386,879. | 66,972. | 406,524. | 575,595. |
| d Grants or scholarships | | | | 138,863. | |
| e Other expenditures for facilities and programs | 224,631. | 219,522. | 190,926. | | |
| f Administrative expenses | | | | 37,095. | |
| g End of year balance | 6,994,104. | 6,180,247. | 4,002,805. | 3,921,759. | 3,497,903. |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment 0.00 %
- b Permanent endowment 87.00 %
- c Temporarily restricted endowment 13.00 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

| | Yes | No |
|--------|-----|----|
| 3a(i) | | X |
| 3a(ii) | | X |
| 3b | | |

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

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | 1,800. | | 915. | 885. |
| d Equipment | 24,371. | | 20,559. | 3,812. |
| e Other | 92,889. | | 86,580. | 6,309. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | | 11,006. |

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | | |

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | | |

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|---|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) | |

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) LEASE PAYABLE | 508. |
| (3) AGENCY FUNDS | 424,756. |
| (4) DEFERRED RENT | 16,699. |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | 441,963. |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

| | | | | |
|---|---|----|------------|------------|
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | 5,954,590. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| a | Net unrealized gains on investments | 2a | 1,904,165. | |
| b | Donated services and use of facilities | 2b | | |
| c | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| e | Add lines 2a through 2d | | 2e | 1,904,165. |
| 3 | Subtract line 2e from line 1 | | 3 | 4,050,425. |
| 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 7b | 4a | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| c | Add lines 4a and 4b | | 4c | 0. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | 5 | 4,050,425. |

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

| | | | | |
|---|--|----|----|------------|
| 1 | Total expenses and losses per audited financial statements | | 1 | 3,282,049. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| a | Donated services and use of facilities | 2a | | |
| b | Prior year adjustments | 2b | | |
| c | Other losses | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| e | Add lines 2a through 2d | | 2e | 0. |
| 3 | Subtract line 2e from line 1 | | 3 | 3,282,049. |
| 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 7b | 4a | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| c | Add lines 4a and 4b | | 4c | 0. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | 5 | 3,282,049. |

Part XIII Supplemental Information.

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, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

EFFECTIVE JANUARY 1, 2009 THE FOUNDATION ADOPTED FASB

GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. THE FOUNDATION

TAKES THE POSITION THAT ITS ACTIVITIES CONTINUE TO BE DIRECTLY RELATED TO

ITS TAX EXEMPT PURPOSE, AND IT CONSEQUENTLY DID NOT RECOGNIZE ANY INCREASE

OR DECREASE IN LIABILITY FOR UNRECOGNIZED TAX BENEFITS TAKEN IN THE

CURRENT OR PRIOR PERIODS. THE FOUNDATION'S TAX RETURNS ARE GENERALLY

SUBJECT TO EXAMINATION BY FEDERAL AND STATE TAXING AUTHORITIES FOR THREE

AND FOUR YEARS RESPECTIVELY.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open To Public Inspection

Name of the organization

HORIZONS FOUNDATION

Employer identification number

94-2686530

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** Mail solicitations
- b** Internet and email solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|---|---|
| | | Yes | No | | | |
| | | | | | | |
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| | | | | | | |
| Total | | | | | | |

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events |
|-----------------|--|--------------|-----------------|------------------|---------------------------------|
| | | ANNUAL GALA | GOLF TOURNAMENT | | (add col. (a) through col. (c)) |
| | | (event type) | (event type) | (total number) | |
| Revenue | 1 Gross receipts | 294,666. | 35,220. | 650. | 330,536. |
| | 2 Less: Contributions | 83,875. | 15,500. | 0. | 99,375. |
| | 3 Gross income (line 1 minus line 2) | 210,791. | 19,720. | 650. | 231,161. |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | | |
| | 6 Rent/facility costs | 150,305. | 16,340. | 0. | 166,645. |
| | 7 Food and beverages | | | | |
| | 8 Entertainment | | | | |
| | 9 Other direct expenses | | | | |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) | | | | 166,645. |
| | 11 Net income summary. Subtract line 10 from line 3, column (d) | | | | 64,516. |

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
|---|--------------------------------------|---|---|---|--|
| | | 1 Gross revenue | | | |
| Direct Expenses | 2 Cash prizes | | | | |
| | 3 Noncash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| | 6 Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | |
| 7 Direct expense summary. Add lines 2 through 5 in column (d) | | | | | |
| 8 Net gaming income summary. Subtract line 7 from line 1, column (d) | | | | | |

9 Enter the state(s) in which the organization operates gaming activities: _____
a Is the organization licensed to operate gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
b If "Yes," explain: _____

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in:

| | | |
|-------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____
Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____
Address ▶ _____

16 Gaming manager information:

Name ▶ _____
Gaming manager compensation ▶ \$ _____
Description of services provided ▶ _____

 Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Part IV Supplemental Information (continued)

Lined area for supplemental information, currently blank.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**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.

OMB No. 1545-0047

2013

**Open to Public
Inspection**

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990

Name of the organization **HORIZONS FOUNDATION** Employer identification number **94-2686530**

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. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| ADVOCATES FOR INFORMED CHOICE P.O. BOX 676 COTATI, CA 94931 | 27-2947576 | 501(C)(3) | 5,000. | 0. | | | GENERAL OPERATING SUPPORT FOR GRASSROOTS ORGANIZING AND THE USE OF LEGAL STRATEGIES TO ADDRESS THE |
| AMERICAN CIVIL LIBERTIES UNION FOUNDATION - 125 BROAD STREET, 18TH FLOOR - NEW YORK, NY 10004 | 13-6213516 | 501(C)(3) | 15,000. | 0. | | | LGBT & AIDS PROJECT |
| AMERICAN CIVIL LIBERTIES UNION FOUNDATION OF NORTHERN CALIFORNIA - 39 DRUMM STREET - SAN FRANCISCO, CA 94111 | 94-0279770 | 501(C)(3) | 50,000. | 0. | | | 2013 FRONTLINE CAMPAIGN |
| ASIAN & PACIFIC ISLANDER FAMILY PRIDE - PO BOX 473 - FREMONT, CA 94536 | 14-1894345 | 501(C)(3) | 5,000. | 0. | | | GENERAL OPERATING SUPPORT FOR WORKSHOPS AND EVENTS FOR FAMILIES WITH LGBT CHILDREN |
| ASIAN AMERICANS FOR COMMUNITY INVOLVEMENT - 2400 MOORPARK AVE. SUITE 3001 - SAN JOSE, CA 95128 | 94-2292491 | 501(C)(3) | 7,000. | 0. | | | COLECTIVO ACCION LATINA DE AMBIENTE |
| ASIAN PACIFIC ISLANDER LEGAL OUTREACH - 1121 MISSION STREET - SAN FRANCISCO, CA 94103 | 94-2583284 | 501(C)(3) | 8,000. | 0. | | | TO PROVIDE LEGAL SERVICES AND ADVOCACY TO ENSURE THE CIVIL AND HUMAN RIGHTS OF LGBT |

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **95.**
- 3** Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2013)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| ASTRAEA LESBIAN FOUNDATION FOR JUSTICE - 116 EAST 16TH STREET, 7TH FLOOR - NEW YORK, NY 10003 | 95-4804352 | 501(C)(3) | 10,250. | 0. | | | UNRESTRICTED |
| AUGUSTANA COLLEGE 639 38TH STREET ROCK ISLAND, IL 61201 | 36-2166962 | 501(C)(3) | 8,350. | 0. | | | FOR THE TIMOTHY L. BRIDGE SCHOLARSHIP FUNDS |
| BAY AREA COMMUNITY SERVICES 1814 FRANKLIN STREET, 4TH FLOOR OAKLAND, CA 94612 | 94-1708069 | 501(C)(3) | 10,593. | 0. | | | LAVENDER SENIORS OF THE EAST BAY |
| BAY AREA YOUTH CENTERS - A DIVISION OF SUNNY HILL SERVICES - 22245 MAIN STREET, SUITE 200 - HAYWARD, CA 94541 | 94-1156301 | 501(C)(3) | 8,000. | 0. | | | FOR THE OUR SPACE PROGRAM TO LAUNCH A GED PREPARATION PROGRAM FOR LGBTQ YOUTH. |
| BAY AREA YOUTH CENTERS - A DIVISION OF SUNNY HILL SERVICES - 22245 MAIN STREET, SUITE 200 - HAYWARD, CA 94541 | 94-1156301 | 501(C)(3) | 5,000. | 0. | | | TO BUILD A COMPREHENSIVE BASE OF MONTHLY DONORS TO SUSTAIN OUR SPACE CRITICAL SERVICES FOR |
| BINDLESTIFF STUDIO PO BOX 190205 SAN FRANCISCO, CA 94119 | 04-3739923 | 501(C)(3) | 5,000. | 0. | | | FOR THE BAKLA SHOW 3, TO EDUCATE, CHALLENGE, AND ENCOURAGE DIALOGUE AMONG AND BETWEEN DIFFERENT |
| BREAST CANCER ACTION 55 NEW MONTGOMERY STREET, SUITE 323 SAN FRANCISCO, CA 94105 | 94-3138992 | 501(C)(3) | 11,500. | 0. | | | UNRESTRICTED |
| BREAST CANCER FUND 1388 SUTTER STREET, SUITE 400 SAN FRANCISCO, CA 94109 | 94-3155886 | 501(C)(3) | 10,000. | 0. | | | UNRESTRICTED |
| CALIFORNIA PACIFIC MEDICAL CENTER FOUNDATION - 3700 CALIFORNIA STREET, FIRST FLOOR - SAN FRANCISCO, CA 94118 | 94-2728423 | 501(C)(3) | 10,000. | 0. | | | COMING HOME HOSPICE |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| CALIFORNIA PACIFIC MEDICAL CENTER FOUNDATION - 3700 CALIFORNIA STREET, FIRST FLOOR - SAN FRANCISCO, CA 94118 | 94-2728423 | 501(C)(3) | 6,000. | 0. | | | UNRESTRICTED |
| CATHOLIC HEALTHCARE WEST C/O SEQUOIA HOSPITAL - 170 ALAMEDA DE LAS PULGAS - REDWOOD CITY, CA 94062 | 94-1196203 | 501(C)(3) | 5,000. | 0. | | | DOCTOR'S CAMPAIGN |
| CENTER FOR CONSTITUTIONAL RIGHTS 666 BROADWAY, 7TH FLOOR NEW YORK, NY 10012 | 22-6082880 | 501(C)(3) | 50,000. | 0. | | | TO CONTINUE ITS LITIGATION EFFORTS IN SMUG V. LIVELY AND TO CONTINUE TO DEVELOP ITS |
| CENTER FOR ENVIRONMENTAL HEALTH 2201 BROADWAY, SUITE 302 OAKLAND, CA 94612 | 94-3251981 | 501(C)(3) | 8,000. | 0. | | | UNRESTRICTED |
| CENTER FOR SEX AND CULTURE 2261 MARKET STREET BOX 455-A SAN FRANCISCO, CA 94114 | 91-2153691 | 501(C)(3) | 5,000. | 0. | | | GIVE OUT DAY PRIZE AWARD GRANT |
| CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVENUE CLEVELAND, OH 44195 | 34-0714585 | 501(C)(3) | 5,000. | 0. | | | COLE EYE INSTITUTE EDUCATION FUND |
| COMMUNITY MUSIC CENTER 544 CAPP STREET SAN FRANCISCO, CA 94110 | 94-1156270 | 501(C)(3) | 358,246. | 0. | | | UNRESTRICTED |
| COMMUNITY UNITED AGAINST VIOLENCE 427 SOUTH VAN NESS AVENUE SAN FRANCISCO, CA 94103 | 94-2758154 | 501(C)(3) | 8,000. | 0. | | | GENERAL OPERATING SUPPORT FOR PROGRAMS TO SUPPORT LGBT PEOPLE IN CREATING INDIVIDUAL AND COLLECTIVE |
| CORPORATION OF THE FINE ARTS MUSEUMS OF SAN FRANCISCO - 50 HAGIWARA TEA GARDEN DRIVE - SAN FRANCISCO, CA 94118 | 94-6096509 | 501(C)(3) | 357,750. | 0. | | | UNRESTRICTED |

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| DOCTORS WITHOUT BORDERS USA 333 7TH AVE NEW YORK, NY 10001 | 13-3433452 | 501(C)(3) | 7,750. | 0. | | | UNRESTRICTED |
| EPISCOPAL CHURCH IN THE DIOCESE OF CALIFORNIA - 1055 TAYLOR STREET - SAN FRANCISCO, CA 94108 | 94-1156840 | 501(C)(3) | 10,000. | 0. | | | SING WITH HAITI |
| FRAMELINE 145 9TH STREET, SUITE 300 SAN FRANCISCO, CA 94103 | 94-2775772 | 501(C)(3) | 5,795. | 0. | | | UNRESTRICTED |
| FREEDOM TO MARRY 155 WEST 19TH ST, 2ND FLOOR NEW YORK, NY 10011 | 04-3525324 | 501(C)(3) | 27,500. | 0. | | | UNRESTRICTED |
| FRESH MEAT PRODUCTIONS 375 27TH STREET, SUITE A SAN FRANCISCO, CA 94131 | 80-0225836 | 501(C)(3) | 5,000. | 0. | | | SAN FRANCISCO TRANSGENDER FILM FESTIVAL |
| FRIENDS OF THE SAN FRANCISCO PUBLIC LIBRARY - 710 VAN NESS AVENUE - SAN FRANCISCO, CA 94102 | 94-6085452 | 501(C)(3) | 718,500. | 0. | | | UNRESTRICTED |
| GAY & LESBIAN ALLIANCE AGAINST DEFAMATION - CA - 5455 WILSHIRE BLVD STE 1500 - LOS ANGELES, CA 90036 | 13-3384027 | 501(C)(3) | 16,500. | 0. | | | UNRESTRICTED |
| GAY-STRAIGHT ALLIANCE NETWORK 1550 BRYANT ST., SUITE 600 SAN FRANCISCO, CA 94103 | 20-5367752 | 501(C)(3) | 5,000. | 0. | | | TO CREATE AND LAUNCH A GSA ALUMNI ASSOCIATION, ENGAGE MORE GSA ALUMNI TO GIVE AND INCREASE THE |
| GAY-STRAIGHT ALLIANCE NETWORK 1550 BRYANT ST., SUITE 600 SAN FRANCISCO, CA 94103 | 20-5367752 | 501(C)(3) | 10,250. | 0. | | | UNRESTRICTED |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| GIRLS INC. 120 WALL STREET, 3RD FLOOR NEW YORK, NY 10005 | 13-1915124 | 501(C)(3) | 5,000. | 0. | | | UNRESTRICTED |
| GONVILLE & CAIUS COLLEGE-THE CAIUS FOUNDATION - 2001 MARKET STREET - SUITE 3810 - PHILADELPHIA, PA 19103 | 84-1463503 | 501(C)(3) | 8,100. | 0. | | | UNRESTRICTED |
| HUMAN RIGHTS CAMPAIGN FOUNDATION 1640 RHODE ISLAND AVENUE NW WASHINGTON, DC 20036 | 52-1481896 | 501(C)(3) | 5,000. | 0. | | | UNRESTRICTED |
| IMMIGRATION EQUALITY 40 EXCHANGE PLACE, 17TH FLOOR NEW YORK, NY 10005 | 13-3802711 | 501(C)(3) | 10,250. | 0. | | | UNRESTRICTED |
| JUSTICE NOW 1322 WEBSTER STREET, SUITE 210 OAKLAND, CA 94612 | 42-1559699 | 501(C)(3) | 10,000. | 0. | | | TRANSGENDER, GENDER VARIANT & INTERSEX JUSTICE PROJECT |
| LAMBDA LEGAL DEFENSE & EDUCATION FUND INC. - 120 WALL STREET, SUITE 1500 - NEW YORK, NY 10005 | 23-7395681 | 501(C)(3) | 19,100. | 0. | | | UNRESTRICTED |
| LARKIN STREET YOUTH SERVICES 1138 SUTTER STREET SAN FRANCISCO, CA 94109 | 94-2917999 | 501(C)(3) | 5,000. | 0. | | | UNRESTRICTED |
| LYON-MARTIN HEALTH SERVICES 1748 MARKET STREET, SUITE 201 SAN FRANCISCO, CA 94102 | 94-2597707 | 501(C)(3) | 7,500. | 0. | | | UNRESTRICTED |
| LYRIC 127 COLLINGWOOD STREET SAN FRANCISCO, CA 94114 | 94-3227296 | 501(C)(3) | 10,000. | 0. | | | FOR A GRASSROOTS FUNDRAISING MODEL SYNCHRONIZING FUND DEVELOPMENT WITH PROGRAM |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| LYRIC 127 COLLINGWOOD STREET SAN FRANCISCO, CA 94114 | 94-3227296 | 501(C)(3) | 8,000. | 0. | | | OUTLOUD RADIO |
| MEXICAN HERITAGE CORPORATION 255 NORTH MARKET STREET SAN JOSE, CA 95110 | 77-0184306 | 501(C)(3) | 5,000. | 0. | | | FOR THE PRESENTATION OF LGBT CULTURAL EVENTS AT MEXICAN HERITAGE CORPORATION ANNUAL |
| MIAMI-DADE GAY & LESBIAN CHAMBER OF COMMERCE - 1130 WASHINGTON AVE 1ST FLOOR NORTH - MIAMI BEACH, FL 33139 | 65-0997245 | 501(C)(3) | 7,000. | 0. | | | TO SUPPORT LGBT EXECUTIVE DIRECTOR CONVENINGS IN THE MIAMI-DADE COUNTY AREA; AND TO PROVIDE |
| MOVEMENT STRATEGY CENTER 436 14TH ST., 5TH FLOOR OAKLAND, CA 94612 | 20-1037643 | 501(C)(3) | 5,000. | 0. | | | BROWN BOI PROJECT |
| NATIONAL CENTER FOR LESBIAN RIGHTS 870 MARKET STREET, SUITE 370 SAN FRANCISCO, CA 94102 | 94-3086885 | 501(C)(3) | 5,000. | 0. | | | THE STATES PROJECT IN SUPPORT OF GEOFF KORS' WORK |
| NATIONAL CENTER FOR LESBIAN RIGHTS 870 MARKET STREET, SUITE 370 SAN FRANCISCO, CA 94102 | 94-3086885 | 501(C)(3) | 129,400. | 0. | | | UNRESTRICTED |
| NEW CONSERVATORY THEATRE CENTER 25 VAN NESS AVENUE, LOWER LOBBY SAN FRANCISCO, CA 94102 | 94-2778856 | 501(C)(3) | 10,000. | 0. | | | FOR INCREASING INDIVIDUAL SUPPORT, TO BUILD CAPACITY FOR NEW CONSERVATORY'S |
| NOGLSTP (NATIONAL ORGANIZATION OF GAY AND LESBIAN SCIENTISTS AND TECHNICAL - PO BOX 91803 - PASADENA, CA 91109 | 95-4358685 | 501(C)(3) | 7,500. | 0. | | | UNRESTRICTED |
| OAKLAND PRIDE, INC. P.O. BOX 23883 OAKLAND, CA 94623 | 32-0303587 | 501(C)(3) | 5,000. | 0. | | | GENERAL OPERATING SUPPORT FOR THE ANNUAL CELEBRATION OF THE CULTURE AND DIVERSITY OF |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| OPENHOUSE 1800 MARKET ST., PMB 93 SAN FRANCISCO, CA 94103 | 94-3337955 | 501(C)(3) | 7,250. | 0. | | | UNRESTRICTED |
| PACIFIC CENTER FOR HUMAN GROWTH 2712 TELEGRAPH AVENUE BERKELEY, CA 94705 | 94-2287492 | 501(C)(3) | 5,000. | 0. | | | TO ACHIEVE AND SUSTAIN TARGET ANNUAL FUNDRAISING GOAL OF \$25,000 BY A CORE GROUP OF PACIFIC CENTER |
| PACIFIC CENTER FOR HUMAN GROWTH 2712 TELEGRAPH AVENUE BERKELEY, CA 94705 | 94-2287492 | 501(C)(3) | 7,300. | 0. | | | UNRESTRICTED |
| PLANNED PARENTHOOD FEDERATION OF AMERICA, INC. - 434 WEST 33RD STREET - NEW YORK, NY 10001 | 13-1644147 | 501(C)(3) | 50,000. | 0. | | | FOR SUPPORT OF GLOBAL RIGHTS WATCH (GRW) |
| POINT FOUNDATION 5757 WILSHIRE BLVD., SUITE 370 LOS ANGELES, CA 90036 | 84-1582086 | 501(C)(3) | 5,500. | 0. | | | UNRESTRICTED |
| POLITICAL RESEARCH ASSOCIATES 1310 BROADWAY, #201 SOMERVILLE, MA 12144 | 36-3193323 | 501(C)(3) | 150,000. | 0. | | | TO PRODUCE RESEARCH AND COMMUNICATIONS TO CHALLENGE THE CULPRITS EXPORTING POLITICIZED |
| PRESCOTT COLLEGE 220 GROVE AVE PRESCOTT, AZ 86301 | 86-0294012 | 501(C)(3) | 7,500. | 0. | | | UNRESTRICTED |
| PROTEUS FUND 15 RESEARCH DRIVE #B AMHERST, MA 01002 | 04-3243004 | 501(C)(3) | 63,000. | 0. | | | FOR THE CIVIL MARRIAGE COLLABORATIVE |
| PUENTE DE LA COSTA SUR PO BOX 554 PESCADERO, CA 94060 | 37-1484262 | 501(C)(3) | 5,500. | 0. | | | UNRESTRICTED |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| PURPOSE FOUNDATION 115 5TH AVENUE, 6TH FLOOR NEW YORK, NY 10003 | 27-3106760 | 501(C)(3) | 25,000. | 0. | | | UNRESTRICTED |
| QUEER CULTURAL CENTER 762 FULTON STREET SAN FRANCISCO, CA 94102 | 80-0094746 | 501(C)(3) | 5,000. | 0. | | | QUEER REBELS PRODUCTIONS |
| QUEER CULTURAL CENTER 762 FULTON STREET SAN FRANCISCO, CA 94102 | 80-0094746 | 501(C)(3) | 5,000. | 0. | | | SAN FRANCISCO TRANS MARCH |
| QUEER WOMEN OF COLOR MEDIA ARTS PROJECT - 59 COOK STREET - SAN FRANCISCO, CA 94118 | 80-0094746 | 501(C)(3) | 6,000. | 0. | | | GENERAL OPERATING SUPPORT FOR THE CREATION, EXHIBITION AND DISTRIBUTION OF NEW |
| RAINBOW COMMUNITY CENTER OF CONTRA COSTA COUNTY - 2118 WILLOW PASS RD #500 - CONCORD, CA 94520 | 68-0375857 | 501(C)(3) | 15,000. | 0. | | | TO SUPPORT THE STRATEGIC PLAN TO INCREASE COMMUNITY ENGAGEMENT AND INCREASE INDIVIDUAL DONOR |
| RAISING A READER OF SAN FRANCISCO AND ALAMEDA COUNTIES - 470 THIRD STREET, SUITE 102 - SAN FRANCISCO, CA 94107 | 27-1584676 | 501(C)(3) | 5,000. | 0. | | | UNRESTRICTED |
| SAFEHOUSE FOR THE PERFORMING ARTS 1455 SANTA CLARA STREET CONCORD, CA 94518 | 01-0908118 | 501(C)(3) | 5,000. | 0. | | | AIRSPACE |
| SAN FRANCISCO CONSERVATORY OF MUSIC - 1201 OAK STREET - SAN FRANCISCO, CA 94102 | 94-1156610 | 501(C)(3) | 358,000. | 0. | | | UNRESTRICTED |
| SAN FRANCISCO FILM SOCIETY 39 MESA, THE PRESIDIO #110 SAN FRANCISCO, CA 94129 | 94-2663216 | 501(C)(3) | 8,000. | 0. | | | FLOATING OPHELIA PRODUCTIONS, LLC |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| SAN FRANCISCO FOOD BANK 900 PENNSYLVANIA AVE SAN FRANCISCO, CA 94107 | 94-3041517 | 501(C)(3) | 11,700. | 0. | | | UNRESTRICTED |
| SAN FRANCISCO JEWISH FILM FESTIVAL 145 NINTH STREET SAN FRANCISCO, CA 94103 | 94-2854068 | 501(C)(3) | 5,000. | 0. | | | UNRESTRICTED |
| SAN FRANCISCO LGBT COMMUNITY CENTER - 1800 MARKET STREET - SAN FRANCISCO, CA 94102 | 94-3236718 | 501(C)(3) | 8,950. | 0. | | | UNRESTRICTED |
| SAN FRANCISCO MUSEUM OF MODERN ART 151 THIRD STREET SAN FRANCISCO, CA 94103 | 94-1156300 | 501(C)(3) | 357,750. | 0. | | | UNRESTRICTED |
| SAN FRANCISCO STATE UNIVERSITY FINANCIAL AID OFFICE - 1600 HOLLOWAY AVENUE - SAN FRANCISCO, CA 94132 | 94-1384645 | 501(C)(3) | 6,000. | 0. | | | SCHOLARSHIP AWARDS |
| SAN FRANCISCO STATE UNIVERSITY FOUNDATION - 1600 HOLLOWAY AVE, ADMINISTRATION BUILDING ROOM 454C - SAN FRANCISCO, CA 94132 | 26-1169717 | 501(C)(3) | 7,500. | 0. | | | FAMILY ACCEPTANCE PROJECT |
| SAVE MOUNT DIABLO 1901 OLYMPIC BLVD., SUITE 220 WALNUT CREEK, CA 94596 | 94-2681735 | 501(C)(3) | 5,000. | 0. | | | UNRESTRICTED |
| SLOW FOOD USA INC 20 JAY STREET SUITE M04 BROOKLYN, NY 10024 | 13-4100161 | 501(C)(3) | 15,000. | 0. | | | UNRESTRICTED |
| SOUTHERN POVERTY LAW CENTER 400 WASHINGTON AVENUE - PO BOX 5632 MONTGOMERY, AL 36177 | 63-0598743 | 501(C)(3) | 75,000. | 0. | | | TO USE A COMBINATION OF ADVOCACY TOOLS TO EXPOSE AND MARGINALIZE THE U.S.-BASED RELIGIOUS |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| SOUTHWEST WOMEN'S LAW CENTER 1410 COAL AVE. SW ALBUQUERQUE, NM 87104 | 20-2884027 | 501(C)(3) | 16,525. | 0. | | | FOR THOMAS STEEL FELLOWSHIP AWARD |
| THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - 3333 CALIFORNIA STREET, SUITE 315 - SAN FRANCISCO, CA 94118 | 94-6036493 | 501(C)(3) | 5,000. | 0. | | | LESBIAN HEALTH & RESEARCH CENTER AT UCSF |
| TIDES CENTER/PRESIDIO OF SAN FRANCISCO - PO BOX 29907, BLDG. 1014 - SAN FRANCISCO, CA 94129 | 94-3213100 | 501(C)(3) | 15,000. | 0. | | | FACE VALUE, A PROJECT OF THE TIDES CENTER |
| TRANSGENDER LAW CENTER 1692 TELEGRAPH AVE., SUITE 400 OAKLAND, CA 94612 | 05-0544006 | 501(C)(3) | 5,000. | 0. | | | GIVE OUT DAY PRIZE AWARD GRANT |
| TRANSGENDER LAW CENTER 1692 TELEGRAPH AVE., SUITE 400 OAKLAND, CA 94612 | 05-0544006 | 501(C)(3) | 5,000. | 0. | | | TO INCREASE DONOR RECRUITMENT, RETENTION, AND CONTRIBUTIONS AS PART OF TLC EFFORTS TO |
| UCLA FOUNDATION/WILLIAMS INSTITUTE UCLA LAW BOX 951476 LOS ANGELES, CA 90095 | 95-2250801 | 501(C)(3) | 10,000. | 0. | | | UNRESTRICTED |
| UNIVERSITY OF CALIFORNIA BERKELEY - FINANCIAL AID - 201 SPROUL HALL, # 1960 - BERKELEY, CA 94720 | 94-6090626 | 501(C)(3) | 13,500. | 0. | | | SCHOLARSHIP AWARD |
| 715UNIVERSITY OF CALIFORNIA BERKELEY FOUNDATION - 2080 ADDISON STREET, #4200 - BERKELEY, CA 94720 | 94-6090626 | 501(C)(3) | 715,500. | 0. | | | LIBRARY DIRECTOR'S FUND |
| UNIVERSITY OF CALIFORNIA SAN FRANCISCO FOUNDATION - 220 MONTGOMERY STREET, 5TH FLOOR - SAN FRANCISCO, CA 94104 | 94-2829914 | 501(C)(3) | 5,000. | 0. | | | FOR SUPPORT OF UCSF MEDICAL CENTER |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| UNIVERSITY OF CALIFORNIA SAN FRANCISCO FOUNDATION - 220 MONTGOMERY STREET, 5TH FLOOR - SAN FRANCISCO, CA 94104 | 94-2829914 | 501(C)(3) | 5,000. | 0. | | | SUPPORT FOR UCSF MEDICAL CENTER AT MISSION BAY |
| UNIVERSITY OF CALIFORNIA SAN FRANCISCO FOUNDATION - 220 MONTGOMERY STREET, 5TH FLOOR - SAN FRANCISCO, CA 94104 | 94-2829914 | 501(C)(3) | 5,000. | 0. | | | TAPS FELLOWSHIP PROGRAM |
| VERMONT COLLEGE OF FINE ARTS 36 COLLEGE ST MONTPELIER, VT 05602 | 20-8384273 | 501(C)(3) | 208,920. | 0. | | | UNRESTRICTED |
| WOMAN VISION - WOMEN'S MUSIC PROJECT - 3570 CLAY STREET - SAN FRANCISCO, CA 94118 | 76-0406964 | 501(C)(3) | 50,000. | 0. | | | UNRESTRICTED |
| WOMEN IN MEDICINE, INC P.O. BOX 107 COLCHESTER, VT 05446 | 31-1705206 | 501(C)(3) | 5,000. | 0. | | | SCHOLARSHIP CONTRIBUTIONS |
| WOMENS FOUNDATION OF CALIFORNIA 340 PINE STREET, SUITE 302 SAN FRANCISCO, CA 94104 | 94-2752421 | 501(C)(3) | 26,250. | 0. | | | UNRESTRICTED |
| YALE UNIVERSITY P.O. BOX 2038 NEW HAVEN, CT 06521 | 06-0646973 | 501(C)(3) | 5,000. | 0. | | | YALE GALA FELLOWSHIP |
| YOUTH UPRISING 8711 MACARTHUR BLVD. OAKLAND, CA 94605 | 20-3321544 | 501(C)(3) | 8,527. | 0. | | | TO CREATE ADVOCACY AND SYSTEMS CHANGE THROUGH YOUTH ORGANIZED EFFORTS TO EFFECT CHANGE AND |
| | | | | | | | |

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.
Part III can be duplicated 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 |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| | | | | | |
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| | | | | | |

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: ADVOCATES FOR INFORMED CHOICE

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT FOR

GRASSROOTS ORGANIZING AND THE USE OF LEGAL STRATEGIES TO ADDRESS THE

HUMAN AND CIVIL RIGHTS OF INTERSEX CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: ASIAN PACIFIC ISLANDER LEGAL OUTREACH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE LEGAL SERVICES AND

ADVOCACY TO ENSURE THE CIVIL AND HUMAN RIGHTS OF LGBT IMMIGRANTS.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

BAY AREA YOUTH CENTERS - A DIVISION OF SUNNY HILL SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO BUILD A COMPREHENSIVE BASE OF MONTHLY DONORS TO SUSTAIN OUR SPACE'S CRITICAL SERVICES FOR LGBTQ YOUTH.

NAME OF ORGANIZATION OR GOVERNMENT: BINDLESTIFF STUDIO

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE BAKLA SHOW 3, TO EDUCATE, CHALLENGE, AND ENCOURAGE DIALOGUE AMONG AND BETWEEN DIFFERENT ETHNIC AND SEXUALLY DIVERSE COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT: CENTER FOR CONSTITUTIONAL RIGHTS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CONTINUE ITS LITIGATION EFFORTS IN SMUG V. LIVELY AND TO CONTINUE TO DEVELOP ITS COMPLEMENTARY ADVOCACY CAMPAIGNS AND FURTHER THE WORK OF THIS PROJECT

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY UNITED AGAINST VIOLENCE

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT FOR PROGRAMS TO SUPPORT LGBT PEOPLE IN CREATING INDIVIDUAL AND COLLECTIVE SAFETY AND HEALING FROM ABUSE AND TRANSFORM THE ROOT CAUSES OF VIOLENCE.

NAME OF ORGANIZATION OR GOVERNMENT: GAY-STRAIGHT ALLIANCE NETWORK

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CREATE AND LAUNCH A GSA ALUMNI ASSOCIATION, ENGAGE MORE GSA ALUMNI TO GIVE AND INCREASE THE AMOUNT OF REVENUE FROM YOUNG DONORS.

NAME OF ORGANIZATION OR GOVERNMENT: LYRIC

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR A GRASSROOTS FUNDRAISING MODEL

Part IV Supplemental Information

SYNCHRONIZING FUND DEVELOPMENT WITH PROGRAM AND COMMUNITY ENGAGEMENT

NAME OF ORGANIZATION OR GOVERNMENT: MEXICAN HERITAGE CORPORATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE PRESENTATION OF LGBT CULTURAL EVENTS AT MEXICAN HERITAGE CORPORATION'S ANNUAL FESTIVAL (VIVAFEST!) DISCOVER COMMON GROUND BETWEEN THE LATINO AND LGBT COMMUNITIES.

NAME OF ORGANIZATION OR GOVERNMENT:

MIAMI-DADE GAY & LESBIAN CHAMBER OF COMMERCE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT LGBT EXECUTIVE DIRECTOR CONVENINGS IN THE MIAMI-DADE COUNTY AREA; AND TO PROVIDE PROFESSIONAL COACHING.

NAME OF ORGANIZATION OR GOVERNMENT: NEW CONSERVATORY THEATRE CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR INCREASING INDIVIDUAL SUPPORT, TO BUILD CAPACITY FOR NEW CONSERVATORY'S INNOVATIVE, HIGH-QUALITY THEATER THAT BRINGS ABOUT BOTH PERSONAL AND SOCIETAL CHANGE

NAME OF ORGANIZATION OR GOVERNMENT: OAKLAND PRIDE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT FOR THE ANNUAL CELEBRATION OF THE CULTURE AND DIVERSITY OF THE LGBT COMMUNITY IN OAKLAND AND THE EAST BAY.

NAME OF ORGANIZATION OR GOVERNMENT: PACIFIC CENTER FOR HUMAN GROWTH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ACHIEVE AND SUSTAIN TARGET ANNUAL FUNDRAISING GOAL OF \$25,000 BY A CORE GROUP OF PACIFIC CENTER DONORS BETWEEN THE AGES OF 25-35.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: POLITICAL RESEARCH ASSOCIATES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PRODUCE RESEARCH AND COMMUNICATIONS TO CHALLENGE THE CULPRITS EXPORTING POLITICIZED HOMOPHOBIA FROM THE U.S. ABROAD.

NAME OF ORGANIZATION OR GOVERNMENT:

QUEER WOMEN OF COLOR MEDIA ARTS PROJECT

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT FOR THE CREATION, EXHIBITION AND DISTRIBUTION OF NEW FILMS/VIDEOS THAT ADDRESS SOCIAL JUSTICE ISSUES THAT CONCERN QUEER WOMEN OF COLOR

NAME OF ORGANIZATION OR GOVERNMENT:

RAINBOW COMMUNITY CENTER OF CONTRA COSTA COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE STRATEGIC PLAN TO INCREASE COMMUNITY ENGAGEMENT AND INCREASE INDIVIDUAL DONOR SUPPORT FOR THE AGENCY.

NAME OF ORGANIZATION OR GOVERNMENT: SOUTHERN POVERTY LAW CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO USE A COMBINATION OF ADVOCACY TOOLS TO EXPOSE AND MARGINALIZE THE U.S.-BASED RELIGIOUS ORGANIZATIONS THAT USE THEIR FINANCIAL AND POLITICAL RESOURCES TO EXPORT HATE TO CENTRAL AND SOUTH AMERICA

NAME OF ORGANIZATION OR GOVERNMENT: TRANSGENDER LAW CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO INCREASE DONOR RECRUITMENT, RETENTION, AND CONTRIBUTIONS AS PART OF TLC® EFFORTS TO INCREASE GIVING TO TRANSGENDER ISSUES

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: YOUTH UPRISING

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CREATE ADVOCACY AND SYSTEMS

CHANGE THROUGH YOUTH ORGANIZED EFFORTS TO EFFECT CHANGE AND EDUCATE

LEADERS AND OTHERS ABOUT LGBT ISSUES.

PART IX, LINE 1

THE AMOUNT OF GRANTS GIVEN AS REPOPRTED ON PART X, LINE 1

DOES NOT INCLUDE AMOUNTS ACCRUED BUT UNPAID IN THE PRIOR YEAR. THE

AMOUNTS REPORTED ON SCHEDULE I INCLUDE AMOUNTS ACCRUED IN 2012 AND

PAID IN 2013.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

Name of the organization **HORIZONS FOUNDATION** Employer identification number **94-2686530**

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art - Works of art | | | | |
| 2 Art - Historical treasures | | | | |
| 3 Art - Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities - Publicly traded | X | 65 | 3,142,378. | FAIR MARKET VALUE |
| 10 Securities - Closely held stock | | | | |
| 11 Securities - Partnership, LLC, or trust interests | | | | |
| 12 Securities - Miscellaneous | | | | |
| 13 Qualified conservation contribution - Historic structures | | | | |
| 14 Qualified conservation contribution - Other | | | | |
| 15 Real estate - Residential | | | | |
| 16 Real estate - Commercial | | | | |
| 17 Real estate - Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other () | | | | |
| 26 Other () | | | | |
| 27 Other () | | | | |
| 28 Other () | | | | |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

| | Yes | No |
|--|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 - 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? | | X |
| b If "Yes," describe the arrangement in Part II. | | |
| 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? | X | |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | X | |
| b If "Yes," describe in Part II. | | |
| 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. | | |

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 32B:

THE ORGANIZATION USED A BROKERAGE FIRM TO SELL DONATED SECURITIES.

SCHEDULE M, LINE 33:

ITEMS DONATED FOR ONLINE AUCTION WERE NOT REPORTED AS DONATIONS, SINCE PROCEEDS FROM THEIR SALE IS REPORTED AS FUNDRAISING EVENT INCOME.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

HORIZONS FOUNDATION

Employer identification number

94-2686530

FORM 990, PART VI, SECTION B, LINE 11:

THE BOARD APPROVED A POLICY THAT DELEGATES THE PRE-FILING
REVIEW AND APPROVAL TO THE EXECUTIVE COMMITTEE OF THE BOARD. THE EXECUTIVE
COMMITTEE MEETS WITH THE CHIEF FINANCIAL OFFICER AND EXECUTIVE DIRECTOR TO
REVIEW AND APPROVE THE 990 PRIOR TO FILING. AN ELECTRONIC VERSION OF THE
990 IS DISTRIBUTED TO THE FULL BOARD PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS ARE REQUIRED TO SIGN AN ANNUAL AFFIRMATION AND
DISCLOSURE STATEMENT.

FORM 990, PART VI, SECTION B, LINE 15A:

BOARD CHAIR REVIEWS EXECUTIVE DIRECTOR COMPENSATION,
CONSIDERING COMPENSATION ANALYSIS AS WELL AS PERFORMANCE IN THE PROCESS.
THE BOARD DISCUSSES AND APPROVES EXECUTIVE DIRECTOR COMPENSATION IN
EXECUTIVE SESSION. SALARY ADJUSTMENTS ARE SUBMITTED IN WRITING BY THE
CHAIR.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND
FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

990, PART XII, LINE 2C

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.