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

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990



Department of the Treasury Internal Revenue Service

Α	For th	e 2014 calendar year, or tax year beginning and	ending						
В	Check if applicab	le: C Name of organization		D Employer identifie	cation number				
	Addre	HORIZONS FOUNDATION							
	Name			94-2	686530				
	Initial returr		Room/suite	E Telephone number	r				
	Final	550 MONTCOMERY SUPPER	700		398-2333				
	termii ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	7,389,498.				
	Amer returr	ded $QAN F PANCT QCO CA Q/111$		H(a) Is this a group re	eturn				
	Appli tion	F Name and address of principal officer: NOGEN DOUGILL		for subordinates	? Yes 🗶 No				
	pend	SAME AS C ABOVE		H(b) Are all subordinates in	icluded? Yes No				
		empt status: X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1)	or 527	If "No," attach a	list. (see instructions)				
		te: WWW.HORIZONSFOUNDATION.ORG		H(c) Group exemption					
		f organization: 🔀 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Year	of formation: 1980 N	State of legal domicile: CA				
P	art I	Summary							
e	1	Briefly describe the organization's mission or most significant activities: FUEL	THE L	GBT MOVEMEN	I' BY				
Activities & Governance		INCREASING SUPPORT FOR DIVERSE SF/BAY AR							
/err	2	Check this box			sets. 15				
ğ	3								
8	4		f independent voting members of the governing body (Part VI, line 1b)						
ties	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)		<u> </u>					
ži	6	Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12			<u> </u>				
Ă		Net unrelated business taxable income from Form 990-T, line 34			0.				
	<u> </u>			Prior Year	Current Year				
¢)	8	Contributions and grants (Part VIII, line 1h)		3,288,465.	3,863,251.				
nu	9	Program service revenue (Part VIII, line 2g)		0.	0.				
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		692,283.	994,243.				
£	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		69,677.	30,831.				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,050,425.	4,888,325.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,906,043.	1,822,411.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		658,056.	816,010.				
sue	16a	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 415,5		0.	0.				
Expenses									
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		717,950.	807,182.				
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,282,049.	3,445,603.					
<u> </u>	19	Revenue less expenses. Subtract line 18 from line 12		768,376.	1,442,722.				
ts or nces			Be	ginning of Current Year	End of Year				
t Assets d Balanc	20	Total assets (Part X, line 16)		21,414,834.	23,280,576.				
Net A	21	Total liabilities (Part X, line 26)		744,084.	812,450.				
		Net assets or fund balances. Subtract line 21 from line 20 Signature Block		20,670,750.	22,468,126.				
	art II	Signature Diver							

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	Signature of officer		Date								
Here		IVE DIRECTOR									
	Type or print name and title										
	Print/Type preparer's name	Preparer's signature	Date Check	PTIN							
Paid	EDWARD M. FAHEY		08/05/15 ^{ff} self-em	ployed P00194561							
Preparer	Firm's name 🕞 RINA ACCOUNTANCY		Firm's EIN	94-3158857							
Use Only	Firm's address 100 MONTGOMERY	STREET, SUITE 2075									
	SAN FRANCISCO, C	CA 94104	Phone no.	(415) 777-4488							
May the IRS discuss this return with the preparer shown above? (see instructions)											
432001 11-0	432001 11-07-14 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2014)										

1	the same second s
	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?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.
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.
ła	(Code:) (Expenses \$ 2,381,698. including grants of \$ 1,804,911.) (Revenue \$
	HORIZONS FOUNDATION PROVIDED DIRECT FINANACIAL SUPPORT TO NONPROFIT
	ORGANIZATIONS THROUGH 614 GRANTS TOTALING \$1,804,911 IN 2014. GRANTS INCLUDED COMMUNITY GRANTS IN SUPPORT OF HEALTH, HIV/AIDS, YOUTH, ARTS,
	ELDERS, 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 \$250 TO \$150,000; PROVIDED
	BOTH OPERATING SUPPORT AND PROJECT SUPPORT; AND INCLUDED
	NON-LGBT-SPECIFIC GRANTS THROUGH THE DONOR-ADVISED AND OTHER GRANT
	PROGRAMS.
4b	(Code:) (Expenses \$ 280,096. including grants of \$ 17,500.) (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 \$ 57,229 • including grants of \$ 0 • _) (Revenue \$
	LEADERSHIP DEVELOPMENT: RECOGNIZING THAT STRONG LEADERSHIP IS CRUCIAL
	TO THE LGBT COMMUNITY, HORIZONS HAS LONG BEEN COMMITTED TO DEVELOPING
	COMMUNITY LEADERSHIP. IN 2014, 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 \$)
	Total program service expenses ► 2,719,023.
4e	
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HORIZONS FOUNDATION

Form 990 (2014)

94-2686530 Page 2

Form 990 (2014)

Part IV Checklist of Required Schedules

HORIZONS FOUNDATION

			Yes	No			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?						
	If "Yes," complete Schedule A	1	X				
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х				
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</i> "Yes," <i>complete Schedule C, Part I</i>	3		x			
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect						
	during the tax year? If "Yes," complete Schedule C, Part II	4		X			
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		х			
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to						
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	х				
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,						
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.						
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>	8		x			
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	-					
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	9		х			
10	It "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent						
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х				
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.						
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х				
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? If "Yes," complete Schedule D, Part VII	11b		Х			
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total						
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х			
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in						
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х			
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х				
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses						
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х				
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х				
b	Was the organization included in consolidated, independent audited financial statements for the tax year?						
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х			
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х			
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? If "Yes," complete Schedule F, Parts I and IV	14b		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? If "Yes," complete Schedule F, Parts II and IV	15		X			
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		_X			
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			х			
10	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17					
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</i> "Yes," <i>complete Schedule G, Part II</i>	18	х				
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"						
	complete Schedule G, Part III	19		X			
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X			
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b					

Form **990** (2014)

432003 11-07-14

HORIZONS FOUNDATION

Pa	rt 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			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
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? If "Yes," complete			
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
u	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	2-10		
U		24c		
Ь	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2-10		
254	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		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	200		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	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? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		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? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		37	
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form 990 (2014)

432004 11-07-14

Form	990 (2014) HORIZONS FOUNDATION 94-2686	530	F	Page 5			
Pa							
	Check if Schedule O contains a response or note to any line in this Part V						
			Yes	No			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 22						
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0						
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming						
	(gambling) winnings to prize winners?	1c	х				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return 2a 11						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x				
~	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x			
	If "Yes," has it filed a Form 990-T for this year? <i>If "No," to line 3b, provide an explanation in Schedule O</i>	3b					
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a						
iu	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x			
h	If "Yes," enter the name of the foreign country:						
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X			
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c					
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	00					
ou	any contributions that were not tax deductible as charitable contributions?	6a		x			
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts						
	were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c).	0.5					
, a							
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b	X X				
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	15					
Ŭ	to file Form 8282?	7c		x			
Ь	If "Yes," indicate the number of Forms 8282 filed during the year 7d	10					
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X			
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		X			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the						
Ũ		8		x			
9	Sponsoring organization have excess business holdings at any time during the year?						
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		x			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X			
10	Section 501(c)(7) organizations. Enter:						
a	Initiation fees and capital contributions included on Part VIII, line 12 10a						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b						
11	Section 501(c)(12) organizations. Enter:						
а	Gross income from members or shareholders 11a						
b	Gross income from other sources (Do not net amounts due or paid to other sources against						
	amounts due or received from them.) 11b						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
	Is the organization licensed to issue qualified health plans in more than one state?	13a					
u	Note. See the instructions for additional information the organization must report on Schedule O.						
h	Enter the amount of reserves the organization is required to maintain by the states in which the						
5	organization is licensed to issue qualified health plans 13b						
c	Enter the amount of reserves on hand 13c						
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<u> </u>			
			000	1/0014)			

Form	990	(2014)
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432005 11-07-14

Form 990	(2014)
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HORIZONS FOUNDATION

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.

1a Enter the number of voting members of the governing body, at the end of the tax year 1a 1b 15 If there are material differences in voting rights among members of the governing body, or if the governing body. 1b 15 2 Did any office, circute, rustee, or key employee! have a family relationship or a business relationship with any other officers, circute, rustee, or key employee! have a family relationship or a business relationship with any other officers, director, rustee, or key employees to a management cure cure rust is cure or and in comparison of the organization have and are during the year of a significant diversion of the organization satest? 3 4 Do the organization have and a diversion of the organization satest?? 6 5 Do the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a 6 Dar any governing body? 8a Xa 7 Dar any governing body? 8a Xa 8 Did the organization calcument, such or ball of the governing body? 8a Xa 9 Is there any officer, director, trustee, or key employee listen in Parkan diversion of the organization satest? 6a 7b 9 Is there any officer, director, trustee, or key employee listen in Parkan diversion of the organization satest? 7c 7c 9<				Yes	Γ
It there are material differences in volting rights among members of the governing body, or if the governing body deglated broad subtroft by an executive committee or similar committee, explain in Standald 0. b Enter the number of volting members included in line 1a, above, who are independent	1a	Enter the number of voting members of the governing body at the end of the tax year 1a 15			t
bedy delegated bread authority to an exerctive committee or similar committee, explain in Schedule 0. b Enter the number of voting members included in line 1a, above, who are independent					1
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 employees to a management dulus customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 3 Did the organization delegate control over management dulus customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 4 Did the organization have members or stock/holders? 6 6 Did the organization have members or stock/holders, or other persons who had the power to elect or appoint one or more members of the governing body? 8 8 Did the organization contemporaments by document time metage held or written actions undertaken during the varity the following: 8 a The governing body? 8a Xe 8b Xe 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the governing body? 8a Xe 9 Is there any officer, director, trustee, or key employee sided in Part VII, Section A, who cannot be reached at the governing body before filing the form? 9 9 Is there any officer, director, trustee, or key employee sided in Part VII, Section A, who cannot be reached at the governing body before filing the form? 10a		body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			l
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Part VII	Compensation of Officers,	Directors, Truste	es, Key Employees	s, Highest Con	npensated
	Employees, and Independe	ent 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.

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Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	vees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below	tee or director	not c , unle	Pos heck ss pe nd a d	more rson irecto	Highest compensated is port of the second se	h an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensatio from related organizations (W-2/1099-MIS	in I S	am comp fro orga and	om the nizati relate	of tion e ion ed
		line)	Individu	Instituti	Officer	Key employee	Highest employ	Former				orgai	nizatio	ons
	LIZ HOADLEY	32.00							106 090			1 0		07
FINA	NCE DIRECTOR						Х		106,080.		0.	15	,4	07.
											$ \rightarrow$			
											-+			
			-											
	Sub-total								362,705.		0.	51	.,8	31.
c d	Total from continuation sheets to Part VI								0. 362,705.		0.	51	.,8	$\frac{0}{31}$
2	Total (add lines 1b and 1c) Total number of individuals (including but n								-	,000 of reportabl	• •		.,.	<u></u>
	compensation from the organization						-							3
3	Did the organization list any former officer,	director or tri	into	o ko		nnlo		0 r	highest componented a	mplayaalan	Г		Yes	No
3	line 1a? If "Yes," complete Schedule J for s	-			-	•	•		nighest compensated e			3		Х
4	For any individual listed on line 1a, is the su	•	le co	omp	ensa	atior	n and	d ot	her compensation from	the organization				
5	and related organizations greater than \$15 Did any person listed on line 1a receive or a											4	_	X
5	rendered to the organization? If "Yes," com	-				-						5		Х
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co the organization. Report compensation for	•	•								ipensa	ation fr	om	
	(A)	the calendar y	car	cria	ng v	VILII			(B)	Joan.		(C)		
MTO	Name and business	address						_	Description of s		C	ompen	satio	n
	.9 HOPI RD., SANTA FE,	NM 8750)5						FAITH PROJEC			130),5	23.
	· · ·													
								_						
2	Total number of independent contractors (i	•	ot li	mite	d to			stec	d above) who received m	ore than				
	\$100,000 of compensation from the organi	zation 🕨				-	1					Form 9	90 (*	2014)
10000														

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Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Revenue excluded (A) Unrelated Total revenue Related or from tax under exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b 80,700. c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 3,782,551 1,328,451 **g** Noncash contributions included in lines 1a-1f: \$ 3,863,251 h Total. Add lines 1a-1f . ► Business Code Program Service Revenue 2 a b С е f All other program service revenue g Total. Add lines 2a-2f ► Investment income (including dividends, interest, and 3 318,147. other similar amounts) 318,147 ► 4 Income from investment of tax-exempt bond proceeds ► 5 Royalties ► (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses c Rental income or (loss) ► d Net rental income or (loss) . 7 a Gross amount from sales of (i) Securities (ii) Other 3,004,732 assets other than inventory b Less: cost or other basis 2,328,636. and sales expenses 676,096. c Gain or (loss) 676,096 676,096. d Net gain or (loss) ► 8 a Gross income from fundraising events (not Revenue 80,700. of including \$ contributions reported on line 1c). See 188,941 Part IV, line 18 a Other 172,537 **b** Less: direct expenses b c Net income or (loss) from fundraising events 16,404 16,404 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 **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 13,615 13,615. b MISCELLANEOUS REVENUE 900099 812 812. С d All other revenue 14,427 e Total. Add lines 11a-11d ► 4,888,325 1,025,074.

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Total revenue. See instructions.

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Form 990 (2014) Part VIII

	Statement of Revenue	
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HORIZONS FOUNDATION

Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	ner organizations must co	omplete column (A).	
	Check if Schedule O contains a respor				
	not include amounts reported on lines 6b, 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 domestic organizations				
	and domestic governments. See Part IV, line 21	1,816,411.	1,816,411.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	6,000.	6,000.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	452,665.	247,312.	115,393.	89,960.
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	221,138.	29,792.	108,236.	83,110.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	89,173.	34,476.	31,797.	22,900.
10	Payroll taxes	53,034.	21,909.	31,797. 17,577.	13,548.
11	Fees for services (non-employees):				
а	Management				
	Legal	1,884.	468.	156.	1,260.
	Accounting	21,150.		21,150.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	89,621.	89,477.	41.	103.
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	262,426.	200,874.	6,773.	54,779.
12	Advertising and promotion	22,942.	16,628.	5,500.	814.
13	Office expenses	160,607.	47,647.	31,001.	81,959.
14	Information technology	7,084.		595.	6,489.
15	Royalties				
16	Occupancy	71,686.		71,686.	
17	Travel	99,728.	88,467.	1,773.	9,488.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	6,436.		6,436.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	7,994.		7,994.	
23	Insurance	6,752.		6,752.	
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.)	1 = 1 2 0		4 5 4 6 2	
а	MERCHANT SERVICE FEES	15,138.		15,183.	-45.
b	COMPUTER EQUIPMENT & SO	13,513.		13,327.	186.
с	DUES AND SUBSCRIPTIONS	9,125.	7,115.	711.	1,299.
d	BOARD SUPPORT	3,851.	110 1-	3,851.	
е	All other expenses	7,245.	112,447.	-154,950.	49,748.
25	Total functional expenses. Add lines 1 through 24e	3,445,603.	2,719,023.	310,982.	415,598.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

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Check here

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

	990 (2 t X	2014) HORIZONS FOUNI Balance Sheet	OATION	1		94-	2686530 Page 11
		Check if Schedule O contains a response or no	te to any li	ne in this Part X			
		check in concours of contains a response of ne			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			121,215.	1	320,414.
	2	Savings and temporary cash investments		24,157.	2	236,508.	
	3	Pledges and grants receivable, net			143,143.	3	202,534.
	4	Accounts receivable, net			4	,	
	5	Loans and other receivables from current and f					
	Ŭ	trustees, key employees, and highest compens		_			
	-	Part II of Schedule L				5	
	6	Loans and other receivables from other disqual					
		section 4958(f)(1)), persons described in sectio		-			
		employers and sponsoring organizations of sec		-		~	
Assets	-	employees' beneficiary organizations (see instr)				6 7	
	7	Notes and loans receivable, net					
	8	Inventories for sale or use			22,879.	8	40,954.
	9	Prepaid expenses and deferred charges			22,079.	9	40,954.
	10a	Land, buildings, and equipment: cost or other	10-	256,546.			
		basis. Complete Part VI of Schedule D		116,048.	11,006.	40-	140,498.
		Less: accumulated depreciation			21,024,414.	10c	22,268,769.
	11	Investments - publicly traded securities			21,024,414.	11	22,200,705.
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets	68,020.	14 15	70,899.		
	15	Other assets. See Part IV, line 11			21,414,834.	15	23,280,576.
	16 17	Total assets. Add lines 1 through 15 (must equ			109,025.	17	114,631.
	18	Accounts payable and accrued expenses			190,107.	18	222,975.
	19	Grants payable			2,989.	19	0.
	20	Deferred revenue			2,505.	20	
	20 21	Tax-exempt bond liabilities Escrow or custodial account liability. Complete				20	
	22	Loans and other payables to current and forme				21	
Liabilities	22	key employees, highest compensated employe	es, and dis	squalified persons.			
Lia	~~	Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrel				23	
	24	Unsecured notes and loans payable to unrelate		F		24	
	25	Other liabilities (including federal income tax, parties, and other liabilities net included on line	•				
		parties, and other liabilities not included on line	-		441,963.	25	474,844.
	26	Schedule D Total liabilities. Add lines 17 through 25		Γ	744,084.	25 26	812,450.
	20	Organizations that follow SFAS 117 (ASC 95		aara 🔪 X and	,11,001.	20	012,4500
s		complete lines 27 through 29, and lines 33 and					
Ce	27	Unrestricted net assets			13,426,001.	27	14,305,208.
alar	28	Temporarily restricted net assets			1,134,111.	28	2,045,345.
ЦВ	29	_			6,110,638.	29	6,117,573.
n	20	Organizations that do not follow SFAS 117 (A			.,,	20	
г		and complete lines 30 through 34.					
ts o	30	Capital stock or trust principal, or current funds				30	
sse	31	Paid-in or capital surplus, or land, building, or e				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in				32	
Ne	33	Total net assets or fund balances			20,670,750.	33	22,468,126.
	34	Total liabilities and net assets/fund balances			21,414,834.	34	23,280,576.
		. eta. hasintiss and not association balances .			, , • • • • •	51	Form 990 (2014)

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Form	990 (2014) HORIZONS FOUNDATION	<u>94</u> -	268653	30	Page	<u>e 12</u>
Pa	rt 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	4,8			
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,4			
3	Revenue less expenses. Subtract line 2 from line 1	3	1,4			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	20,6			
5	Net unrealized gains (losses) on investments	5		354	,65	54.
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	22,4	68	,12	26.
Pa	rt XII Financial Statements and Reporting				r	
	Check if Schedule O contains a response or note to any line in this Part XII					X
			_	Y	es	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	a	_	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			b -	x	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the					
	review, or compilation of its financial statements and selection of an independent accountant?			c 2	x	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Aud				37
	Act and OMB Circular A-133?			a	-+	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3	b		

Form **990** (2014)

432012 11-07-14

SCHEDULE A	
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(Form	990	or	990-	·ΕΖ
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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.

2014	
Open to Public Inspection	

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

•			
nation about Schedule A (Form 990 or 990-EZ) a	ind its instructions is a	www.irs.g

Intern	al Reve	enue Se	rvice	Information	on about S	Schedule A	(Form 990 or 990-EZ) and	l its instruct	ions is at _W	ww.irs.aov/fc	rm990.	Inspection
Nam	ne of	the o	rganizat									identification number
						FOUND						4-2686530
Pa	rt I	R	eason	for Public (Charity	Status (All organizations must c	omplete th	is part.) Se	ee instruction	S.	
The	orgar	nizatio	on is not a	a private found	ation bec	ause it is: ((For lines 1 through 11,	check only	one box.)			
1		A cł	nurch, co	onvention of ch	urches, o	r associatio	on of churches describe	ed in sectio	n 170(b)(1	1)(A)(i).		
2		A so	chool des	scribed in secti	ion 170(b)(1)(A)(ii). (Attach Schedule E.)					
3		A ho	ospital or	a cooperative	hospital s	service org	anization described in s	ection 170	(b)(1)(A)(ii	ii).		
4		Am	edical re	search organiza	ation ope	rated in co	njunction with a hospita	al described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city	, and sta	te:								
5		And	organizat	ion operated fo	or the ber	nefit of a co	llege or university owne	ed or opera	ted by a g	overnmental	unit describ	bed in
		sec	tion 170)(b)(1)(A)(iv). (C	complete	Part II.)						
6			deral, sta	ate, or local gov	vernment	or governr	mental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	And	organizat	ion that norma	lly receive	es a substa	antial part of its support	from a gov	ernmental	unit or from t	he general	public described in
		sec	tion 170	(b)(1)(A)(vi). (Co	omplete F	Part II.)						
8	닏						(1)(A)(vi). (Complete Par					
9							e than 33 1/3% of its su					
					-	-						from gross investment
							e (less section 511 tax) fi	rom busine	sses acqu	ired by the o	rganization	after June 30, 1975.
				509(a)(2). (Cor	•	,						
10	님		-	-	-		ively to test for public s	-				
11			•	•			ively for the benefit of, t	•				
							ed in section 509(a)(1) o					heck the box in
	_			-		• •	of supporting organization		-		-	
а		-	-			-	supervised, or controlled	•	-			
				-			gularly appoint or elect	a majority of	of the dire	ctors or truste	ees of the s	upporting
			-		-		ections A and B.					
b		-	-			-	d or controlled in connec			-		-
				-			anization vested in the	same perso	ons that co	ontrol or mana	age the sup	ported
_			•				Sections A and C.				II	!
С		-	-	-	-		g organization operated				illy integrate	ed with,
ام				-			s). You must complete				rtad araani	-otion(a)
d		-	-	-	-		porting organization ope zation generally must sa				-	
					•	°.	nplete Part IV, Section	•		•	u an alleni	IVENESS
е			•		,		written determination fro				II Type III	
U				•			onally integrated suppor			гтурст, турс	n, type in	
f	Ent			of supported c	• •			ung organi	Lution.			
a							ed organization(s).					
			ne of supp			EIN	(iii) Type of organization	(iv) Is the o		(v) Amount o	fmonetary	(vi) Amount of
		0	rganizatio	n			(described on lines 1-9 above or IRC section	listed i aoverning o	n your document?	support		other support (see
							(see instructions))	Yes	No	Instruct	ions)	Instructions)

Total LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2014

Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990 EZ) 2014 HORIZONS FOUNDATION

94-2686530 Page 2

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,579,898.	2,426,946.	15,621,610.	3,288,465.	3,863,251.	26,780,170.
2	Tax revenues levied for the organ-						
	ization'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	1,579,898.	2,426,946.	15,621,610.	3,288,465.	3,863,251.	26,780,170.
	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,						
							11,940,551.
6	Public support. Subtract line 5 from line 4.						14,839,619.
	ction B. Total Support						11,000,010.
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 4	1,579,898.	2,426,946.	15,621,610.	3,288,465.	3,863,251.	26,780,170.
	Gross income from interest,		_,,		,,		
Ŭ	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	101,024.	109,050.	237,708.	248,009.	318,147.	1,013,938.
a	Net income from unrelated business						
5	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)	76 115.	219 354.	208 274.	236 322.	203,368.	943 433.
44	Total support. Add lines 7 through 10	10/1100	21975510	20072710	20070220	20373000	28,737,541.
	Gross receipts from related activities,	oto (oco instructio	200)			12	20,737,341.
	First five years. If the Form 990 is for		,	d fourth or fifth to			
10	organization, check this box and stop				-		
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
-	Public support percentage for 2014 (I			column (f))		14	51.64 %
	Public support percentage from 2013		-			15	50.39 %
	33 1/3% support test - 2014. If the c						, -
100	stop here. The organization qualifies						
h	33 1/3% support test - 2013. If the c						······
Ň	and stop here. The organization qual						
17-	10% -facts-and-circumstances tes						
17 a	and if the organization meets the "fac						
	•		-	-	•	•	
Ŀ	meets the "facts-and-circumstances"						
D	10% -facts-and-circumstances tes						
	more, and if the organization meets the						
40	organization meets the "facts-and-circ						
18	Private foundation. If the organizatio	n dia not check a	box on line 13, 16	a, 160, 17a, or 17b		nd see instruction	

Schedule A (Form 990 or 990-EZ) 2014

432022 09-17-14

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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization'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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for t	he organization'	's first, second, thi	rd, fourth, or fifth	tax year as a secti	on 501(c)(3) organi	zation,
						> L_
Section C. Computation of Public						
15 Public support percentage for 2014 (lir	ne 8, column (f) c	divided by line 13,	column (f))		15	
16 Public support percentage from 2013					16	
Section D. Computation of Invest	tment Incom	ne Percentage				
17 Investment income percentage for 201	4 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	
18 Investment income percentage from 20					18	
19a 33 1/3% support tests - 2014. If the c	organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3% , and line	17 is not
more than 33 1/3%, check this box an	d stop here. The	e organization qua	lifies as a publicly	supported organiz	zation	▶∟
b 33 1/3% support tests - 2013. If the c	organization did r	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
line 18 is not more than 33 1/3% , chec						
20 Private foundation. If the organization	did not check a	box on line 14, 19	9a, or 19b, check t			
32023 09-17-14			15	Sc	hedule A (Form 99	0 or 990-EZ) 20
			15			

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in *Part VI* how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in *Part VI* how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in *Part VI* when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in *Part VI* what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes" *and if you checked 11a or 11b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If* "Yes," *provide detail in Part VI.*
- 7 Did the organization provide a grant, Ioan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI**.
- **10a** Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer* (*b*) *below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

432024 09-17-14

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			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
0	the supported organization(s).	1		
Sec	tion D. Type III Supporting Organizations			
	Did the evention intervide to each of its suprested eventions, but the last day, of the fifth month of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the	4		
0	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If</i> " <i>No</i> ," <i>explain in Part VI how</i>			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	~		
5	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instructions):			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insi	ructions).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in <i>Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
43202	5 09-17-14 Schedule A (Form 9	90 or 99	0-EZ)	2014
	17			

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Schedule A (Form 990 or 990-EZ) 2014 HORIZONS FOUNDATION

1

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All

other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Ir	icome		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital	gain	1		
2 Recoveries of prior-yea	ar distributions	2		
3 Other gross income (s	ee instructions)	3		
4 Add lines 1 through 3		4		
5 Depreciation and depl	etion	5		
6 Portion of operating ex	penses paid or incurred for production or			
collection of gross inc	ome or for management, conservation, or			
maintenance of prope	rty held for production of income (see instructions)	6		
7 Other expenses (see in	nstructions)	7		
8 Adjusted Net Income	(subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asse	t Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market	value of all non-exempt-use assets (see			
instructions for short t	ax year or assets held for part of year):			
a Average monthly value	e of securities	1a		
b Average monthly cash	balances	1b		
c Fair market value of ot	her non-exempt-use assets	1c		
d Total (add lines 1a, 1b	, and 1c)	1d		
e Discount claimed for	blockage or other			
factors (explain in deta	uil in Part VI):			
2 Acquisition indebtedne	ess applicable to non-exempt-use assets	2		
3 Subtract line 2 from lin	e 1d	3		
4 Cash deemed held for	exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).		4		
5 Net value of non-exem	pt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035		6		
7 Recoveries of prior-yea	ar distributions	7		
8 Minimum Asset Amo	unt (add line 7 to line 6)	8		
Section C - Distributable A	mount			Current Year
1 Adjusted net income f	or prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1		2		
3 Minimum asset amour	t for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2	or line 3	4		
5 Income tax imposed in	prior year	5		
6 Distributable Amoun	t. Subtract line 5 from line 4, unless subject to			
emergency temporary	reduction (see instructions)	6		
7 Check here if the	e current year is the organization's first as a non-functional	ly integra	ated Type III supporting ord	anization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2014

432026 09-17-14

Schedule A (Form 990 or 990 EZ) 2014 HORIZONS FOUNDATION

	t V Type III Non-Functionally Integrated 509		anizations (continued)	1 2000330 Page 7
Sect	on D - Distributions	<u>(/// 11 0 0</u>	(continued)	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exemption			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	S	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is responsive	9	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
Sort	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
			Pre-2014	Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
С				
d				
e	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a				
b				
<u> </u>				
	Excess from 2013			
е	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

432027 09-17-14 Part VI 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).

432028 09-17-14 880805 759797 0601805	Schedule A 20 2014.04010 HORIZONS FOUNDATION	(Form 990 or 990-EZ) 201 06018051
132028 00. 17. 14	Cabadula A	(Form 990 or 990-57) 201

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

94-2686530

2014

** Do Not File ** *** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
ANONYMOUS DONOR	8,017,945.	7,443,194
JOSEPH ROSENTHAL ESTATE	5,000,000.	
ANONYMOUS DONOR	646,859.	72,108
Total Excess Contributions to Schedule A, Part II, Line 5		11,940,551

SCHEDULE D (Form 990) Department of the Treasury Internal Revenue Service	Complete if the organ Part IV, line 6, 7, 8, 9, 10, 1	Financial Statements ization answered "Yes" to Form 990, 1a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. tach to Form 990. 990) and its instructions is at <u>www.irs.</u>	OMB No. 1545-0 2012 Open to Pu Inspection
Name of the organizat	on HORIZONS FOUNDATION		er identification n 94 - 2686530
	ations Maintaining Donor Advised n answered "Yes" to Form 990, Part IV, line 6		S.Complete if the
2 Aggregate value of	nd of year	96 1,804,655.	
4 Aggregate value a	of grants from (during year)	13,203,336.	
•	on inform all donors and donor advisors in wri on's property, subject to the organization's ex	•	X Yes

Open to Public Inspection <u>n990.</u>

Employer identification number

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	÷±	<u> </u>		ບມ	20	

OMB No. 1545-0047

4

	Total number at end of year		20				
2	Aggregate value of contributions to (during year)		1,804,655.				
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year		13,203,336.				
5	Did the organization inform all donors and donor advisors in v		assets held in donor advis	sed fun	lds		
	are the organization's property, subject to the organization's	-				X Yes	No No
6	Did the organization inform all grantees, donors, and donor a						
-	for charitable purposes and not for the benefit of the donor o						
	impermissible private benefit?					X Yes	
Pa							
1	Purpose(s) of conservation easements held by the organization			urtry,			
		,		orically	impo	stant land area	
	Preservation of land for public use (e.g., recreation or e	ducation)	Preservation of a hist				
	Protection of natural habitat		Preservation of a cert	lified hi	storic	structure	
_	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation	on contribution in the form	of a co	onserv	ation easement on	the last
	day of the tax year.						
						Held at the End of t	he Tax Year
а	Total number of conservation easements				2a		
b	Total acreage restricted by conservation easements				2b		
с	Number of conservation easements on a certified historic stru	ucture include	d in (a)		2c		
d	Number of conservation easements included in (c) acquired a	after 8/17/06, a	and not on a historic struct	ure			
	listed in the National Register				2d		
3	Number of conservation easements modified, transferred, rel				nizatio	n during the tax	
	year 🕨			Ũ		Ū	
4	Number of states where property subject to conservation eas	sement is locat	ted				
5	Does the organization have a written policy regarding the per						
•	violations, and enforcement of the conservation easements it					Yes	
6	Staff and volunteer hours devoted to monitoring, inspecting,		conservation essements d				
7	Amount of expenses incurred in monitoring, inspecting, and e						
8	Does each conservation easement reported on line 2(d) abov					Ψ	
0		-	-			Yes	
~	and section 170(h)(4)(B)(ii)?						
9	In Part XIII, describe how the organization reports conservation						
	include, if applicable, the text of the footnote to the organizat	tion's financial	statements that describes	the org	ganıza	tion's accounting f	or
Dai	conservation easements.	CARL LISTO	viaal Tuaaauwaa ay O		0:		
Pa	t III Organizations Maintaining Collections of	•	•	ther	Simi	lar Assets.	
	Complete if the organization answered "Yes" to Form						
1a	If the organization elected, as permitted under SFAS 116 (AS		•				
	historical treasures, or other similar assets held for public exh	nibition, educat	tion, or research in furthera	ance of	public	c service, provide, i	n Part XIII,
	the text of the footnote to its financial statements that describ	bes these item	S.				
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to rep	ort in its revenue statemen	t and b	alance	e sheet works of ar	t, historica
	treasures, or other similar assets held for public exhibition, ec	ducation, or res	search in furtherance of pu	ıblic se	rvice,	provide the followir	ng amounts
	relating to these items:						
	(i) Revenue 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 trea					de	
_	the following amounts required to be reported under SFAS 1:				12. 2000		
~		-	-			¢	
a h	Revenue included in Form 990, Part VIII, line 1					\$	
a	Assets included in Form 990, Part X				. 💌	Φ	
	Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions					\$ Schedule D (Form	

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Sche	dule D (Form 990) 2014 HORIZON	S FOUNDATI	ON			94-26	86530	<u>) р</u>	age 2
Par	t III Organizations Maintaining C	ollections of A	rt, Historical Ti	reasures, or Oth	ner Simil	ar Asse	ts(contin	iued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of the	following that are a	significant	use of its	collectior	n item	IS
	(check all that apply):								
а	Public exhibition	d	I 🔲 Loan or exc	hange programs					
b	Scholarly research	e							
с	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explai	n how they further	he organization's ex	empt purp	ose in Par	t XIII.		
5	During the year, did the organization solicit o								
	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arran). Part IV. I			
	reported an amount on Form 990, Par					,, . . , .			
	Is the organization an agent, trustee, custod		liary for contribution	ns or other assets no	ot included				
iu	on Form 990, Part X?						Yes		No
h	If "Yes," explain the arrangement in Part XII					····· └──		L	
D		and complete the lo	nowing table.				Amount		
-					4.	<u> </u>	Amount	·	
	Beginning balance					<u> </u>			
	Additions during the year					<u> </u>			
-	Distributions during the year								
f	Ending balance				1 f				٦
	Did the organization include an amount on F					L	Yes	-	No
	If "Yes," explain the arrangement in Part XIII.					<u></u>	<u></u>		
Par	t V Endowment Funds. Complete i			1	1	<u> </u>			
		(a) Current year	(b) Prior year	17 .	(d) Three	-			
1a	Beginning of year balance	6,994,104.	6,180,247			921,759.	3,		,662.
b	Contributions	6,935.	94,827	, ,		205,000.	ļ	,	,531.
	Net investment earnings, gains, and losses	463,983.	943,661	. 386,879.		66,972.	<u> </u>	,	,524.
d	Grants or scholarships							138,	,863.
е	Other expenditures for facilities								
	and programs	267,751.	224,631	. 219,522.	. 1	190,926.			
f	Administrative expenses							37,	,095.
g	End of year balance	7,197,271.	6,994,104	6,180,247.	4,0	002,805.	3,	,921,	,759.
2	Provide the estimated percentage of the cur	rent year end baland	e (line 1g, column (a)) held as:					
а	Board designated or quasi-endowment	.09	%						
b	Permanent endowment 85.00	%							
с	Temporarily restricted endowment 1	4.9 1 %							
	The percentages in lines 2a, 2b, and 2c should	lld equal 100%.							
3a	Are there endowment funds not in the posse		ation that are held a	and administered for	the organi	zation			
	by:	C C			Ū		Г	Yes	No
	(i) unrelated organizations								Х
	(ii) related organizations								X
b	If "Yes" to 3a(ii), are the related organizations								
4	Describe in Part XIII the intended uses of the							I	·
<u> </u>	t VI Land, Buildings, and Equipm								
	Complete if the organization answere		Part IV line 11a S	See Form 990 Part X	line 10				
	Description of property	(a) Cost or o			Accumulate	ed 1	(d) Book		
	Description of property	basis (investr	• • •		epreciation		(u) Door	valu	C
1-	Land				-p. colution	·			
	Land								
	Buildings		800.		1,2	69			31.
	Leasehold improvements	140			22,5		1 2 1	5 7,1	
	Equipment								
	Other				92,2	<u>34</u> .			56.
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line	10c.)		. 🕨 📃		0,4	
						Schedule	D (Form	ı 990)	2014 (

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)	AGENCY FUNDS	462,713.
(3)	DEFERRED RENT	12,131.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	474,844.

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 X

Schedule D (Form 990) 2014

432053 10-01-14

Sche	dule D (Form 990) 2014 HORIZONS FOUNDATION			94-	2686530 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With	Revenue per F	Returi	n.
	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	5,242,979.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	354,654.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	. 2c			
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	354,654.
3	Subtract line 2e from line 1			3	4,888,325.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	. 4b			
С	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	4,888,325.
Pa	t XII Reconciliation of Expenses per Audited Financial Staten		h Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a				2 445 602
1	Total expenses and losses per audited financial statements			1	3,445,603.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	. 2 a			
b	Prior year adjustments				
С	Other losses	2 c			
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	3,445,603.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4 a			
b	Other (Describe in Part XIII.)	. 4b			
с	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	3,445,603.
Pa	rt 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.

432054 10-01-14

432055 10-01-14	30	
		Schedule D (Form 990) 20 [.]

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SCHEDULE G	ppleme	ental Information Regarding	Fun	drais	ing or Gaming /	Acti	vities	OMB No. 1545-0047
(Form 990) or 990-EZ)1	lete if the	e organization answered "Yes" to I	Form §	990, P	art IV, lines 17, 18, o			2014
Department of the Treasury Internal Revenue Service		Programization entered more than \$1 ► Attach to Form 990 hourt Schedule C (Form 900 or 900 F7)	or Fo	rm 99	0-EZ.			Open to Public Inspection
Name of the organization		bout Schedule G (Form 990 or 990-EZ)	and its	s instru	ictions is at <u>www.irs.g</u>	ov/fc	Employer i	dentification number
		S FOUNDATION Complete if the organization answe	ered "Y	′es" to) Form 990, Part IV, li	ine 1	94 – 268 7. Form 990-	
required to complet	e this par	t.						
 a Mail solicitations b Internet and email so c Phone solicitations d In-person solicitation 2 a Did the organization have a key employees listed in Formation 	olicitations s a written o rm 990, P t paid ind	s f Solicitat g Special or oral agreement with any individual Part VII) or entity in connection with p ividuals or entities (fundraisers) purs	tion of tion of fundra (inclue	non-g gover aising ding o ional 1	overnment grants nment grants events fficers, directors, trus fundraising services?	stees	Y	'es No to be
(i) Name and address of indivorted or entity (fundraiser)	vidual	(ii) Activity	(iii) fundr have c or cor contrib	Did raiser ustody utrol of utions?	(iv) Gross receipts from activity	tò (c	Amount paid or retained by fundraiser ted in col. (i)	y) to (or retained by)
			Yes	No	-			
		on is registered or licensed to solicit (contrik		s or has been notifier	t it is	exempt from	n registration
or licensing.	. 30. 12010						exempt non	
LHA For Paperwork Reduction	n Act Not	ice, see the Instructions for Form	990 or	990-	EZ. S	cheo	dule G (Forn	1 990 or 990-EZ) 2014

432081 08-28-14

Schedule G (Form 990 or 990 EZ) 2014 HORIZONS FOUNDATION

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000

		(a) Event #1	(a) Event #1 (b) Event #2 (c) Other even GOLF NONE DINNER GALA TOURNAMENT		
		(event type)	(event type)	(total number)	- col. (c))
1	Gross receipts	235,000.	34,466.		269,466
2	Less: Contributions	67,950.	12,750.		80,700
3	Gross income (line 1 minus line 2)	167,050.	21,716.		188,766
4	Cash prizes				
5	Noncash prizes				
6	Rent/facility costs	3,650.	6,160.		9,810
7	Food and beverages	106,160.	6,706.		112,860
8	Entertainment Other direct expenses	7,758.	1,214. 2,182.		8,97 39,86
10	Direct expense summary. Add lines 4 throug	n 9 in coiumn (a)			1/1,514
11	Net income summary. Subtract line 10 from I III Gaming. Complete if the organization	ine 3, column (d)	990, Part IV, line 19, or r	►	
11 art	Net income summary. Subtract line 10 from I	ine 3, column (d)		►	17 , 254 (d) Total gaming (ad
11	Net income summary. Subtract line 10 from I Gaming. Complete if the organization	ine 3, column (d)answered "Yes" to Form	990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	17 , 254 (d) Total gaming (ac
11 art	Net income summary. Subtract line 10 from I Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	ine 3, column (d)answered "Yes" to Form	990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	17 , 254 (d) Total gaming (ac
11 art	Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes	ine 3, column (d)answered "Yes" to Form	990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	17 , 254 (d) Total gaming (ac
11 art	Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes	ine 3, column (d)answered "Yes" to Form	990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	17 , 254 (d) Total gaming (ac
11 art 1 2 3	Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs	ine 3, column (d) answered "Yes" to Form (a) Bingo	990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo	eported more than (c) Other gaming	171,512 17,254
11 11 11 1 2 3 4	Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	ine 3, column (d)answered "Yes" to Form	990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	17 , 254 (d) Total gaming (ad
11 art 1 2 3 4 5	Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	ine 3, column (d) answered "Yes" to Form (a) Bingo	990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo	eported more than (c) Other gaming	17 , 254 (d) Total gaming (ad

a Is the organization licensed to conduct gaming activities in each of these states? _ Yes _

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? **b** If "Yes," explain:

432082 08-28-14

Schedule G (Form 990 or 990-EZ) 2014

_ No

<u>Sc</u> h	edule G (Form 990 or 990-EZ) 2014 HORIZONS FOUNDATION	<u>94</u> -2	686530	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	No
	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 conducted in:			
	The organization's facility		13a	%
	An outside facility		13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and reco			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount	ount		
	of gaming revenue retained by the third party \triangleright \$			
с	If "Yes," enter name and address of the third party:			
-				
	Name			
	Address			
16	Gaming manager information:			
10				
	Name			
	Gaming manager compensation > \$			
	Description of services provided 🕨			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	No 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 > \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and	Part III. li	nes 9, 9b, 1	0b. 15b.
	15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	,	, ,	, ,
43204	33 08-28-14 Schedule	G (Forn	n 990 or 990	-EZ) 2014
- 200	35	- (,,
				100-1

432084	Schedule G (Form 990 or 990-EZ
432084 05-01-14	36

11380805 759797 0601805

SCHEDULE I	(Grants and Oth	ner Assistan	ce to Orgar	nizations,		OMB No. 1545-0047
(Form 990)		overnments, ar					2014
Department of the Treasury Internal Revenue Service		tion about Schedule I	Attach to Form	m 990.		n	Open to Public Inspection
Name of the organization HORIZONS			. .			0.	Employer identification number $94 - 2686530$
Part I General Information on Grants a							51 2000330
1 Does the organization maintain records	to substantiate th	e amount of the grants	s or assistance, the	grantees' eligibilit	y for the grants or as	sistance, and the selec	tion
 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 Domestic Organizations and Domestic Governments. 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 (b) EIN (c) IRC section (d) Amount of (e) Amount of (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant 							
recipient that received more than	\$5,000. Part II ca	n be duplicated if addit	tional space is need	led.			1
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		(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADVOCATES FOR INFORMED CHOICE P.O. BOX 676							GENERAL OP.SUPPORT FOR
COTATI, CA 94931	27-2947576	501C3	5,000.	0.			GRASSROOTS ORGANIZING
			,				
ALLIANCE FOR GLOBAL JUSTICE							
2737 LORRING DR APT 201							COURAGE TO RESIST/MANNING
DISTRICT HILLS, MD 20747	52-2094677	501C3	15,000.	0.			DEFENSE
AMERICAN CIVIL LIBERTIES UNION FOUNDATION - 125 BROAD STREET, 18TH FLOOR - NEW YORK, NY 10004	13-6213516	501C3	10,000.	0.			LGBT PROJECT
AMERICAN CIVIL LIBERTIES UNION							
FOUNDATION OF NORTHERN CALIFORNIA - 39 DRUMM STREET - SAN FRANCISCO, CA 94111	94-0279770	501C3	50,000.	0.			FOR THE 2014 FRONTLINE CAMPAIGN
APPLIED INFORMATION MANAGEMENT INSTITUTE - 1905 HARNEY ST STE 700							FOR OPERATION MARRIAGE BY
- OMAHA, NE 68102	47-0749200	501C3	5,000.	0.			QUENTIN LEE
ASPIRANET 400 OYSTER POINT BLVD., SUITE 501 SOUTH SAN FRANCISCO, CA 94080	94-2442955	501C3	5,000.	0.			UNRESTRICTED
2 Enter total number of section 501(c)(3) a	nd government o	rganizations listed in th	ne line 1 table				77.
3 Enter total number of other organization	s listed in the line	1 table					
LHA For Paperwork Reduction Act Notice	, see the Instruc	tions for Form 990.					Schedule I (Form 990) (2014)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

(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	13-2992977	501C3	15,000.	0.			UNRESTRICTED
	10 1991977	50105	10,000.				
BEYOND DIFFERENCES							
336 BON AIR CTR							
GREENBRAE, CA 94904	27-1772372	501C3	5,000.	0.			UNRESTRICTED
,,			-,	- •			
BREAST CANCER ACTION							
55 NEW MONTGOMERY STREET, SUITE 323	3						
SAN FRANCISCO, CA 94105		501C3	10,000.	0.			UNRESTRICTED
			,				
BREAST CANCER FUND							
1388 SUTTER STREET, SUITE 400							
SAN FRANCISCO, CA 94109	94-3155886	501C3	10,000.	0.			UNRESTRICTED
			,				
CALIFORNIA PACIFIC MEDICAL CENTER							
FOUNDATION - P.O. BOX 7999 - SAN							
FRANCISCO, CA 94109	94-2728423	501C3	5,000.	0.			UNRESTRICTED
CASTRO UPPER MARKET COMMUNITY							
BENEFIT DISTRICT - 584 CASTRO ST							FOR THE CASTRO CARES"
STE 336 - SAN FRANCISCO, CA 94114	20-3417247	501C3	5,000.	0.			PROJECT."
CENTER FOR CONSITUTIONAL RIGHTS							SUPPORT LITIGATION
666 BROADWAY F17							EFFORTS IN SMUG VS SCOT
NEW YORK, NY 01002	22-6082880	501C3	100,000.	0.			LIVELY
							A) SUPPORT CULTURALLY
CURRY SENIOR CENTER							APPROPRIATE HEALTH CARE
333 TURK ST							AND SOCIAL SERVICES FOR
SAN FRANCISCO, CA 94102	23-7362588	501C3	10,000.	0.			LGBT SENIORS AND/OR THOS
DIGICOM							
1775 E PALM CANYON DR							
PALM SPRINGS, CA 92262	90-0926324	501C3	10,000.	Ο.			UNRESTRICTED

(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 FL 2							
NEW YORK, NY 10001	13-3433452	501C3	18,000.	0.			UNRESTRICTED
EYE MUSIC: FILMWORKS SERIES							SUPPORT FOR THE
2434 BLOOMFIELD ROAD							PRODUCTION OF VISIBLE
SEBASTOPOL, CA 95472	51-0198226	501C3	5,000.	0.			SILENCE
FOOD FOR THOUGHT							
P.O. BOX 1608							SUPPORT FOR THE
FORESTVILLE, CA 95436	68-0181095	501C3	5,000.	0.			COUNTYWIDE DELIVERY PROG
,,				- •			
FREEDOM TO MARRY							
155 WEST 19TH ST, 2ND FLOOR							
NEW YORK, NY 10011	04-3525324	501C3	50,000.	0.			UNRESTRICTED
FRIENDFACTOR							
901 MISSION ST SUITE 105				_			SUPPORT FOR THE
SAN FRANCISCO, CA 94103	27-1503273	501C3	5,000.	0.			INTERSECTIONAL WORKPLACE
FRIENDS OF THE SAN FRANCISCO							
PUBLIC LIBRARY - 710 VAN NESS							
AVENUE - SAN FRANCISCO, CA 94102	94-6085452	501C3	5,000.	0.			HORMEL CENTER
			,				
GIRLS INC.							
120 WALL STREET, 3RD FLOOR							
NEW YORK, NY 10005	13-1915124	501C3	7,500.	0.			UNRESTRICTED
GLET HISTORICAL SOCIETY							
657 MISSION STREET #300	94-2989004	501C3	5 000	0.			
SAN FRANCISCO, CA 94107	54-2909004	50163	5,000.	0.			DAVID WEISSMAN PROJECT
GLIDE FOUNDATION/GLIDE HEALTH							
SERVICES - 330 ELLIS ST - SAN							WOMEN OVERCOMING VIOLENC
FRANCISCO, CA 94102	36-2167731	501C3	5,000.	Ο.			PROGRAM

(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
GLIDE FOUNDATION/GLIDE HEALTH SERVICES - 330 ELLIS ST - SAN							\$2,500 TO COMPASSIONATE HEALTHCARE PROGRAM AND \$2,500 TO WOMEN
FRANCISCO, CA 94102	36-2167731	501C3	5,000.	0.			OVERCOMING VIOLENCE
GOLDEN GATE PERFORMING ARTS							
398 11TH STREET, THIRD FLOOR							
SAN FRANCISCO, CA 94103	94-2576101	501C3	10,000.	0.			INCREASING GIVING SUPPORT
GOLDEN GATE PERFORMING ARTS/SAN							
FRANCISCO GAY MEN'S CHORUS - 398							
11TH STREET, THIRD FLOOR - SAN	04 0555(101	501.00	5 000				GETTY UNDERWRITERS 2015
FRANCISCO, CA 94103	94-2576101	501C3	5,000.	0.			SFGMC CONCERT
HEALTH INITIATIVES FOR YOUTH							
1550 MARKET STREET							SUPPORT FOR QUEER TRANS
SAN FRANCISCO, CA 94104	94-3162876	501C3	10,000.	0.			YOUTH ETC
HOMELESS PRENATAL PROGRAM, INC.							
2500 18TH ST SAN FRANCISCO, CA 94110	94-3146280	501C3	5,000.	0.			UNRESTRICTED
SAN FRANCISCO, CA 94110	94-3140280	50105	5,000.	0.			UNRESTRICTED
HUMAN RIGHTS CAMPAIGN FOUNDATION							
1640 RHODE ISLAND AVENUE NW							
WASHINGTON, DC 20036	52-1481896	501C3	10,000.	0.			UNRESTRICTED
THE ADAMM LEGAL DEGOLIDGE GENMED							
IMMIGRANT LEGAL RESOURCE CENTER 1663 MISSION STREET, SUITE 602							SUPPORT FOR THE PRODUCTION OF
SAN FRANCISCO, CA 94103	94-2939540	501C3	9,000.	0.			COMPREHENSIVE
JEWISH FAMILY & CHILDREN'S	54 2555540	50105	5,000.				
SERVICES OF THE EAST BAY - 2484							
SHATTUCK AVE. #210 - BERKELEY, CA							SUPPORT FOR THE LGBTI IN
94705	94-3250304	501C3	9,000.	0.			THE SF BAY AREA
JUSTICE NOW							
1322 WEBSTER ST. #210	42-1559699	501C3	10 000	0.			GENERAL OP.SUPPORT FOR
OAKLAND, CA 94612	42-10090	pores	10,000.	U.	1	1	PROG.CHALLENGE

Schedule I (Form 990) HORIZONS FOUNDATION

Schedule I (Form 990) HORIZONS							4-2080550 Pag
Part II Continuation of Grants and Other	Assistance to G	overnments and Orga	anizations in the U	nited States (Sche	edule I (Form 990), Pa I	irt II.) T	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
LA CLINICA DE LA RAZA							SUPPORT TO EXPAND THE
PO BOX 22210							CAPACITY LBT WOMEN'S
OAKLAND, CA 94601	94-1744108	501C3	9,000.	0.			SERVICE
OARDAND, CA 94001	94-1744100	50105	5,000.	0.			BERVICE
LAMBDA LEGAL DEFENSE & EDUCATION							
FUND INC 120 WALL STREET, 19TH							
FLOORS - NEW YORK, NY 10005	23-7395681	501C3	5,000.	0.			UNRESTRICTED
	23 7353001	50105	5,000.	0.			ONRESTRICIED
LIFT INC.							
1620 I ST NW, SUITE 820							
WASHINGTON, DC 20006	52-2168409	501C3	5,000.	0.			UNRESTRICTED
	52 2100405	50105	5,000.				
LYON-MARTIN HEALTH SERVICES							
1748 MARKET STREET, SUITE 201							
SAN FRANCISCO, CA 94102	94-2597707	501C3	5,000.	0.			UNRESTRICTED
SAN FRANCISCO, CA 94102	94-2397707	50105	5,000.	0.			ONRESIRICIED
LYRIC							TO FURTHER THE
127 COLLINGWOOD STREET							IMPLEMENTATION OF THE
	94-3227296	501C3	5,000.	0.			UNDOCUWORKFORCE PILOT
SAN FRANCISCO, CA 94114 MIAMI-DADE GAY & LESBIAN CHAMBER	94-3227290	50105	5,000.	0.			UNDOCOWORKFORCE FILOI
OF COMMERCE - 1130 WASHINGTON AVE							TO SUPPORT LGBT
- 1ST FLOOR NORTH - MIAMI BEACH,	65 0007045	501.02	7 000	0			EX.DIRECTOR CONVENING
FL 33139	65-0997245	501C3	7,000.	0.			MIAMI-DADE
MOVEMENT STRATEGY CENTER							
436 14TH ST., 5TH FLOOR	20 1027642	E0102	0.000				GRANTEE: BROWN BOI
OAKLAND, CA 94612	20-1037643	501C3	9,000.	0.			PROJECT
NATIONAL CENTER FOR LESBIAN RIGHTS							
870 MARKET STREET, SUITE 370		501.02	05 000				
SAN FRANCISCO, CA 94102	94-3086885	501C3	95,000.	0.			UNRESTRICTED
NAMIONAL GENMED BOD LEGETAN DIGWEG							
NATIONAL CENTER FOR LESBIAN RIGHTS							
870 MARKET STREET, SUITE 370		501 50		_			
SAN FRANCISCO, CA 94102	94-3086885	501C3	5,000.	0.			MATCHING GRANT

(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
OAKLAND DIGITAL ARTS & LITERACY							
CENTER - 1224 HARRISON STREET -							
OAKLAND, CA 94612	27-0720655	501C3	20,000.	0.			UNRESTRICTED
OAKLAND PUBLIC EDUCATION FUND							FOR FUNDING THE
P.O. BOX 27148				_			ELEMENTARY LITERACY
OAKLAND, CA 94602	43-2014630	501C3	5,000.	0.			COLLABORATIVE
OLD FIRST PRESBYTERIAN CHURCH							
1751 SACRAMENTO							
SAN FRANCISCO, CA 94109	94-1156852	501C3	8,000.	0.			UNRESTRICTED
· · · · · · · · · · · · · · · · · · ·							A) SUPPORT CULTURALLY
OPENHOUSE							APPROPRIATE HEALTH CARE
1800 MARKET ST., PMB 93							AND SOCIAL SERVICES FOR
SAN FRANCISCO, CA 94103	94-3337955	501C3	25,000.	0.			LGBT SENIORS AND/OR THOSE
OPENHOUSE							
1800 MARKET ST., PMB 93							
SAN FRANCISCO, CA 94103	94-3337955	501C3	5,000.	0.			UNRESTRICTED
OUR FAMILY COALITION							
1385 MISSION STREET, SUITE 340							
SAN FRANCISCO, CA 94103	94-3261786	501C3	15,000.	0.			INCREASING GIVING SUPPORT
,			,				
OUR FAMILY COALITION							
1385 MISSION STREET, SUITE 340							GENERAL OP.SUPPORT FOR
SAN FRANCISCO, CA 94103	94-3261786	501C3	8,000.	0.			PROG.LGBTQQ YOUTH
OUD FANTLY COALTERON							
OUR FAMILY COALITION							TO GROW THE
1910 9TH STREET #2	04 2261796	50102	F 000	0			INTERGENERATIONAL
BERKELEY, CA 94710	94-3261786	501C3	5,000.	0.			CAPACITY OF SOMOS FAMILIA TO SHARE EXPERIENCES OF
PLANNED PARENTHOOD FEDERATION OF							CONFRONTING ANTI-CHOICE
AMERICA INC 434 WEST 33RD							ACTIVISTS WITH OUR ALLIES
STREET - NEW YORK, NY 10001	13-1644147	501C3	75,000.	0.			IN LGBTQ MOVEMENTS, AND

Schedule I (Form 990) HORIZONS FOUNDATION 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
PLANNED PARENTHOOD FEDERATION OF							
AMERICA, INC 434 WEST 33RD							
STREET - NEW YORK, NY 10001	13-1644147	501C3	5,000.	0.			UNRESTRICTED
			,				
POINT FOUNDATION							
5055 WILSHIRE BLVD, STE 501							
LOS ANGELES, CA 90036	84-1582086	501C3	5,000.	0.			UNRESTRICTED
							TO DEFEND THE HUMANITY OF
POLITICAL RESEARCH ASSOCIATES							LGBTQ PEOPLE AND WOMEN BY
1310 BORADWAY, SUITE 201							CURTAILING CONSERVATIVE
SOMERVILLE, MA 02144	36-3193323	501C3	150,000.	0.			RELIGIOUS INFLUENCE TO
PRESCOTT COLLEGE							
220 GROVE AVE		504.50	10.000				
PRESCOTT, AZ 86301	86-0294012	501C3	10,000.	0.			FACULTY ENDOWMENT FUND
PROTEUS FUND							
15 RESEARCH DRIVE #B							FOR CIVIL MARRIAGE
AMHERST, MA 01002	04-3243004	501C3	63,000.	0.			COLLABORATIVE
	01 0210001						
QUEER CULTURAL CENTER							
762 FULTON STREET							GENERAL OP. SUPPORT FOR
SAN FRANCISCO, CA 94102	80-0094746	501C3	5,000.	0.			ARTS
QUEER CULTURAL CENTER							
762 FULTON STREET							GENERAL OP.SUPPORT FOR
SAN FRANCISCO, CA 94102	80-0094746	501C3	5,000.	0.			PERFORMANCE FILM
QUEER CULTURAL CENTER							
762 FULTON STREET	80 0004746	50102	6 610	_			GENERAL OP.SUPPORT FOR
SAN FRANCISCO, CA 94102	80-0094746	501C3	6,610.	0.			THE ANNUAL MARCH
QUEER CULTURAL CENTER							
762 FULTON STREET							GENERAL OP.SUPPORT FOR
SAN FRANCISCO, CA 94102	80-0094746	501C3	5,000.	0.			MULTIDISCIPLINARY

Schedule I (Form 990) HORIZONS FOUNDATION 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
QUEER CULTURAL CENTER							
762 FULTON STREET							GIVE OUT DAY PRIZE AWARD
SAN FRANCISCO, CA 94102	80-0094746	501C3	5,000.	0.			GRANT
QUEER WOMEN OF COLOR MEDIA ARTS							
PROJECT - 59 COOK STREET - SAN	00 0004546	501.00	0.000				GENERAL OP.SUPPORT FOR A
FRANCISCO, CA 94118	80-0094746	501C3	9,000.	0.			QUEER WOMAN
RAINBOW COMMUNITY CENTER OF CONTRA							
COSTA - 2118 WILLOW PASS RD #500 -							
CONCORD, CA 94520	68-0375857	501C3	15,000.	0.			INCREASING GIVING SUPPORT
RAINBOW HONOR WALK							
584 CASTRO ST							
SAN FRANCISCO, CA 94114	27-3494322	501C3	5,000.	0.			UNRESTRICTED
RAINBOW WOMEN'S CHORUS							
14938 CAMDEN AVENUE, SUITE 61							GENERAL OP.SUPPORT FOR
SAN JOSE, CA 95124	77-0559726	501C3	5,000.	0.			DEVELOPING CHORAL MUSICAI
RAISING A READER OF SAN FRANCISCO	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	50105	5,000.				
AND ALAMEDA COUNTIES - 470 THIRD							
STREET, SUITE 102 - SAN FRANCISCO,							
CA 94107	27-1584676	501C3	7,500.	0.			UNRESTRICTED
			,				
RYSE INC							
205 41ST STREET							SUPPORT 4 THE ALPHABET
RICHMOND, CA 94805	26-0692904	501C3	8,000.	0.			GROUP
SAN FRANCISCO AIDS FOUNDATION							
1035 MARKET STREET, SUITE 400	04 2027405	E0102	0.000	•			GENERAL OP.SUPPORT FOR A
SAN FRANCISCO, CA 94103	94-2927405	501C3	9,000.	0.			CLEAN/SOBER GATHERING
SAN FRANCISCO AIDS FOUNDATION							
1035 MARKET STREET, SUITE 400							
SAN FRANCISCO, CA 94103	94-2927405	501C3	11,000.	0.			UNRESTRICTED

HORIZONS FOUNDATION

 Schedule I (Form 990)
 HORIZONS
 FOUNDATION

 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 FILM SOCIETY							GENERAL OP.SUPPORT FOR
39 MESA, THE PRESIDIO #110							THE DOCUMENTARY FILM
SAN FRANCISCO, CA 94129	94-2663216	501C3	5,000.	0.			MAJOR
SAN FRANCISCO FOOD BANK							
900 PENNSYLVANIA AVE							
SAN FRANCISCO, CA 94107	94-3041517	501C3	10,000.	0.			UNRESTRICTED
SAN FRANCISCO GENERAL HOSPITAL			,				
FOUNDATION - 2789 25TH STREET,							
SUITE 2028 - SAN FRANCISCO, CA							
94110	94-3189424	501C3	5,000.	Ο.			UNRESTRICTED
SAN FRANCISCO GENERAL HOSPITAL							
FOUNDATION - 2789 25TH STREET,							
SUITE 2028 - SAN FRANCISCO, CA							
94110	94-3189424	501C3	5,000.	0.			HEROES AND HEARTS SUPPORT
SAN FRANCISCO LGBT COMMUNITY							
CENTER - 1800 MARKET STREET - SAN							INCREASING GIVING SUPPORT
FRANCISCO, CA 94102	94-3236718	501C3	10,000.	0.			ETC
SAN FRANCISCO LGBT COMMUNITY							
CENTER - 1800 MARKET STREET - SAN							SUPPORTING ECONOMIC
FRANCISCO, CA 94102	94-3236718	501C3	5,000.	0.			DEVELOPMENT PROGRAMS
SAN FRANCISCO WOMEN'S CENTERS/THE			, -				
WOMEN'S BUILDING - 3543 18TH							
STREET #8 - SAN FRANCISCO, CA							
94110	94-1730620	501C3	10,000.	0.			UNRESTRICTED
SAVE MOUNT DIABLO							
1901 OLYMPIC BLVD., SUITE 220							
WALNUT CREEK, CA 94596	94-2681735	501C3	5,000.	0.			UNRESTRICTED
SEVENTH GENERATION FUND FOR							GENERAL OP.SUPPORT TO
INDIGENOUS PEOPLE, INC - PO BOX							TEACH GENDER-NEUTRAL
4569 - ARCATA, CA 95518	68-0027427	501C3	6,630.	0.			POWWOW

Schedule I (Form 990) HORIZONS FOUNDATION 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
SLOW FOOD USA INC							
20 JAY STREET SUITE M04							
BROOKLYN, NY 10024	13-4100161	501C3	17,500.	0.			UNRESTRICTED
			, -				
SMITH COLLEGE							
33 ELM STREET							SPECIAL COLLECTIONS -
NORTHAMPTON, MA 01063	04-1843040	501C3	20,000.	0.			MOSBACHER & WOMAN VISION
THE UNIVERSITY CORPORATION: SAN							
FRANCISCO STATE - OFFICE OF							
UNIVERSITY DEVELOPMENT - SAN							
FRANCISCO, CA 94132	94-1384645	501C3	5,000.	0.			FAMILY ACCEPTANCE PROJECT
THE UNIVERSITY CORPORATION: SAN							
FRANCISCO STATE - OFFICE OF							
UNIVERSITY DEVELOPMENT - SAN							
FRANCISCO, CA 94132	94-1384645	501C3	10,000.	0.			GUARDIAN SCHOLARS PROGRAM
TIDES CENTER							SUPPORT HOMELESS YOUTH
1014 TORNEY AVENUE							ALLIANCE FOR PROG.TO
SAN FRANCISCO, CA 94129	94-3213100	501C3	10,000.	0.			PROVIDE HOT MEAL
TRANSGENDER LAW CENTER							FOR THOMAS STEEL
1692 TELEGRAPH AVE., SUITE 400							FELLOWSHIP - DANIEL
OAKLAND, CA 94612	05-0544006	501C3	15,000.	0.			FAESSLER
TRANSGENDER LAW CENTER							
1692 TELEGRAPH AVE., SUITE 400				_			GIVE OUT DAY PRIZE AWARD
OAKLAND, CA 94612	05-0544006	501C3	5,000.	0.			GRANT
TURTLE BAY EXPLORATION PARK							
1335 ARBORETUM DR STE A		501 70					
REDDING, CA 96003	68-0236299	501C3	22,000.	0.			EARTHSTONE / OESTREICHER
UCLA FOUNDATION/WILLIAMS INSTITUTE							
UCLA LAW BOX 951476							
LOS ANGELES, CA 90095	95-2250801	501C3	15,500.	0.			UNRESTRICTED
TOO THE CA TOO TOO TOO TOO TOO TOO TOO TOO TOO TO			1 13,300.	U. U.	1	1	DUVEDINICIED

Schedule I (Form 990) HORIZONS FOUNDATION 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
UCLA FOUNDATION/WILLIAMS INSTITUTE							
UCLA LAW BOX 951476							
LOS ANGELES, CA 90095	95-2250801	501C3	30,000.	0.			WILLIAMS INSTITUTE
UNIVERSITY OF CALIFORNIA SAN							\$5,000 TO UCSF MEDICAL
FRANCISCO FOUNDATION - 220							CENTER AND \$5,000 TO UCSE
MONTGOMERY STREET, 5TH FLOOR - SAN							MEDICAL CENTER AT MISSION
FRANCISCO, CA 94104	94-2829914	501C3	10,000.	0.			вау
UNIVERSITY OF CALIFORNIA SAN							
FRANCISCO FOUNDATION - 220							FOR THE TRAINEESHIPS IN
MONTGOMERY STREET, 5TH FLOOR - SAN							AIDS PREVENTION STUDIES
, FRANCISCO, CA 94104	94-2829914	501C3	5,000.	0.			(TAPS) FELLOWSHIP PROGRAM
WOMAN VISION - WOMEN'S MUSIC PROJECT - 3570 CLAY STREET - SAN FRANCISCO, CA 94118	76-0406964	501C3	35,000.	0.			UNRESTRICTED
	70 0100901	50105	55,000.				
WOMEN IN MEDICINE, INC P.O. BOX 107 COLCHESTER, VT 05449	31-1705206	501C3	5,000.	0.			CONTRIBUTION TO SCHOLARSHIP FUND
			,				
WOMEN'S FOUNDATION OF CALIFORNIA 340 PINE STREET, SUITE 302 SAN FRANCISCO, CA 94104	23-7395681	501C3	40,000.	0.			UNRESTRICTED
,,,							
YALE UNIVERSITY P.O. BOX 2038							YALE GALA SUMMER
NEW HAVEN, CT 06521	06-0646973	501C3	8,500.	0.			FELLOWSHIP
ASIAN AMERICANS FOR COMMUNITY INVOLVMENT - 2400 MOORPARK AVE. SUITE 3001 - SAN JOSE, CA 95128	94-2292491	501C3	7,000.	0.			PROGRAM TO PROVIDE A SPACE FOR FREEDOM ETC.

Part III Grants and Other Assistance to Domestic Individuals. 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
					EQUALITY SCHOLARSHIP -
FEATHER RIVER COLLEGE	1	6,000.	. 0.		N.DICKERSON-ID900095937

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: CURRY SENIOR CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: A) SUPPORT CULTURALLY APPROPRIATE

HEALTH CARE AND SOCIAL SERVICES FOR LGBT SENIORS AND/OR THOSE NEARING THE

END OF LIFE B) INCREASE ACCESS OF LGBT SENIORS TO HEALTH CARE AND SOCIAL

SUPPORT SERVICES C) CREATE FINANCIAL RESOURCES FOR THE LONG-TERM FUTURE

OF THE LGBT COMMUNITY

Schedule I (Form 990)

Part IV Supplemental Information

GLIDE FOUNDATION/GLIDE HEALTH SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: \$2,500 TO COMPASSIONATE HEALTHCARE

PROGRAM AND \$2,500 TO WOMEN OVERCOMING VIOLENCE PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: OPENHOUSE

(H) PURPOSE OF GRANT OR ASSISTANCE: A) SUPPORT CULTURALLY APPROPRIATE HEALTH CARE AND SOCIAL SERVICES FOR LGBT SENIORS AND/OR THOSE NEARING THE END OF LIFE B) INCREASE ACCESS OF LGBT SENIORS TO HEALTH CARE AND SOCIAL SUPPORT SERVICES C) CREATE FINANCIAL RESOURCES FOR THE LONG-TERM FUTURE OF THE LGBT COMMUNITY

NAME OF ORGANIZATION OR GOVERNMENT:

PLANNED PARENTHOOD FEDERATION OF AMERICA INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SHARE EXPERIENCES OF CONFRONTING ANTI-CHOICE ACTIVISTS WITH OUR ALLIES IN LGBTQ MOVEMENTS, AND TO BRING AN UNDERSTANDING OF THE ANTI-LGBTQ OPPOSITION TO THE GLOBAL WOMEN'S HEALTH MOVEMENT.

NAME OF ORGANIZATION OR GOVERNMENT: POLITICAL RESEARCH ASSOCIATES (H) PURPOSE OF GRANT OR ASSISTANCE: TO DEFEND THE HUMANITY OF LGBTQ PEOPLE AND WOMEN BY CURTAILING CONSERVATIVE RELIGIOUS INFLUENCE TO THE FULLEST EXTENT POSSIBLE. TWO STRATEGIC PRIORITIES ARE TO: 1) UNDERCUT THE CREDIBILITY OF AMERICAN "CULTURE WARRIORS" WITH AFRICAN CONSTITUENCIES; AND, 2) HOLD THESE SAME BAD ACTORS ACCOUNTABLE HERE IN THE U.S. FOR THEIR CAMPAIGNS OF PERSECUTION, BOTH INTERNATIONAL AND DOMESTIC.

Schedule I (Form 990)

432291 05-01-14

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	HEDULE J	L	OMB No. 1545-0047				
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	1/	L	
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.				_	
	tment of the Treasury	Attach to Form 990.		Open to Inspe			
-	al Revenue Service	Information about Schedule J (Form 990) and its instructions is at www.irs.gov/formation	rm990. Employer i				
Indii	e of the organizatio	HORIZONS FOUNDATION		268653		mber	
Pa	rt I Question	s Regarding Compensation	<u> </u>	2000000	0		
	decetion				Yes	No	
19	Check the appropr	iate box(es) if the organization provided any of the following to or for a person listed in Form	990		165		
		line 1a. Complete Part III to provide any relevant information regarding these items.	550,				
	First-class or o		naluse				
	Travel for com	, i i i i i i i i i i i i i i i i i i i					
		cation and gross-up payments Health or social club dues or initiation fee					
		spending account Personal services (e.g., maid, chauffeur, c					
	,	;;; _;					
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or					
	•	provision of all of the expenses described above? If "No," complete Part III to explain		1b			
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked in line 1a?		2			
3	Indicate which, if a	ny, of the following the filing organization used to establish the compensation of the organiza	ation's				
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to						
	establish compensation of the CEO/Executive Director, but explain in Part III.						
	Compensation	n committee Written employment contract					
	Independent of	compensation consultant Compensation survey or study					
	Form 990 of o	ther organizations Approval by the board or compensation of	ommittee				
4	During the year, did	any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing					
	organization or a re	lated organization:					
а		ce payment or change-of-control payment?				X	
b		ceive payment from, a supplemental nonqualified retirement plan?				X	
С		ceive payment from, an equity-based compensation arrangement?		4c		X	
	If "Yes" to any of li	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
-		c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	'n				
_	contingent on the r			5a		x	
	The organization?					X	
a		ration? r 5b, describe in Part III.		5b			
6		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n				
0	contingent on the r		41				
-				6a		x	
		ration?				X	
5		r 6b, describe in Part III.					
7		n Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	s				
'		es 5 and 6? If "Yes," describe in Part III		7		x	
8		reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the					
2	-	eption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X	
9		d the organization also follow the rebuttable presumption procedure described in		····· J			
-		1 53.4958-6(c)?		9			
LHA		eduction Act Notice, see the Instructions for Form 990.		lule J (Forn	n 990) 2014	

432111 10-13-14

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94-2686530

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(I)-(D)	reported as deferred in prior Form 990
(1) ROGER DOUGHTY	(i)	141,232.	0.	0.	4,237.	9,365.	154,834.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

432113 10-13-14

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

20

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.

Open To Public Inspection

14

Name	of the	organization
1 aunio		organization

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

Employer identification number

	HORIZONS FOU	NDATIO	N			94-2	2686	530	
Pa	rt I Types of Property				I				
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1 <u>0</u>		(d) Method of de noncash contribu	etermir		s
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	Х	23	1,328,451.	FAI	R MARKET	r va	LUE	
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 organized	zation during	g the tax year for c	contributions					
	for which the organization completed Form 82	83, Part IV, I	Donee Acknowledg	gement 29					_
								Yes	No
30a	During the year, did the organization receive by	y contributio	on any property rep	ported in Part I, lines 1 thro	ugh 28	, that it			
	must hold for at least three years from the date	e of the initia	al contribution, and	d which is not required to be	e used	for			
	exempt purposes for the entire holding period?	?					30a		Х
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance	policy that re	equires the review	of any non-standard contril	outions	?	31	Х	
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncas	า				
	contributions?		-				32a	Х	
b	If "Yes," describe in Part II.								
33	If the organization did not report an amount in	column (c) f	or a type of prope	rty for which column (a) is c	hecked	J,			
	describe in Part II.			. ,					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2014)

432141 08-12-14

Schedule M (Form 990) (2014) HORIZONS FOUNDATION

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, PART I, COLUMN (B):

23 IS THE NUMBER OF CONTRIBUTIONS OF PUBLICLY TRADED STOCK RECEIVED,

NOT THE NUMBER OF INDIVIDUAL SHARES RECEIVED.

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 M (Form 990) (2014)

432142 08-12-14

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SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service Department Service Department of the Treasury Internal Revenue Service Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs. gov/fit	ZU14 Open to Public
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 EXI	ECUTIVE COMMITTEE
MEETS WITH THE CHIEF FINANCIAL OFFICER AND EXECUTIVE DIRE	CTOR 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 AND STAFF ARE REQUIRED TO SIGN AN ANNUAL AF	FIRMATION AND
DISCLOSURE STATEMENT.	
FORM 990, PART VI, SECTION B, LINE 15A:	
BOARD CHAIR REVIEWS EXECUTIVE DIRECTOR COMPENSATION, CONS	IDERING
COMPENSATION ANALYSIS AS WELL AS PERFORMANCE IN THE PROCE:	SS. THE BOARD
DISCUSSES AND APPROVES EXECUTIVE DIRECTOR COMPENSATION IN	EXECUTIVE
SESSION. SALARY ADJUSTMENTS ARE SUBMITTED IN WRITING BY T	HE 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.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 432211 08-27-14

Schedule O (Form 990 or 990-EZ) (2014)