Department of the Treasury

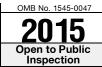
Internal Revenue Service

F

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.



AF	or th	e 2015 calendar year, or tax year beginning and	ending	_	
B C	heck if oplicat	le: C Name of organization		D Employer identific	cation number
	Addr	HORIZONS FOUNDATION			
	Name			94-20	686530
	Initial		Room/suite		
	Final		700		398-2333
	termi			G Gross receipts \$	8,595,220.
	Amer returr	ded CAN EDANCIGCO CA 0/111		H(a) Is this a group re	
	Appli dtion				? Yes X No
	pend			H(b) Are all subordinates in	
ΙT	ax-ex	empt status: 🚺 501(c)(3) 🔲 501(c) ()◀ (insert no.) 🗌 4947(a)(1) (or 🗌 527		list. (see instructions)
		ite: WWW.HORIZONSFOUNDATION.ORG		H(c) Group exemption	
κF	orm o	f organization: 🔀 Corporation 📄 Trust 📄 Association 📄 Other 🕨	L Year	of formation: 1980 M	State of legal domicile: CA
	rt I	Summary			
e	1	Briefly describe the organization's mission or most significant activities: $FUEL$	THE I	GBT MOVEMEN	Г ВҮ
Governance		INCREASING SUPPORT FOR DIVERSE SF/BAY AR	EA NON	IPROFITS.	
erne	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos	sed of more	e than 25% of its net as	sets.
ove	3	Number of voting members of the governing body (Part VI, line 1a)	3	15	
& G	4	Number of independent voting members of the governing body (Part VI, line 1b)			15
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)		5	11
Activities	6	Total number of volunteers (estimate if necessary)			75
Acti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, line 34	<u></u>	7b	0.
				Prior Year	Current Year
е	8	Contributions and grants (Part VIII, line 1h)		3,863,251.	4,281,908.
eni	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		994,243.	1,170,048.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		30,831.	4,744.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,888,325.	5,456,700.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,822,411.	3,338,984.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		816,010.	978,756.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u></u>	0.	0.
Exp		Total fundraising expenses (Part IX, column (D), line 25) • 478, 4		007 100	1 107 507
_		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		807,182. 3,445,603.	1,107,507.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			5,425,247.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12		1,442,722.	<u> </u>
	00	Tetel secto (Dert V. line 10)		ginning of Current Year	End of Year
	20	Total assets (Part X, line 16)		<u>23,280,576.</u> 812,450.	<u>22,196,005.</u> 823,858.
Vet / und	21 22	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20		22,468,126.	21,372,147.
	<u>22</u> rt II			44,400,140•	<u>41,J/4,14/.</u>
-		alties of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	ients and to the hest of m	knowledge and helief it is
		ct, and complete. Declaration of preparer (other than officer) is based on all information of wh			and bollon, it is

Sign	Signature of officer		Date
Here	ROGER DOUGHTY, EXECUTI Type or print name and title	VE DIRECTOR	
Paid	Print/Type preparer's name ED FAHEY	Preparer's signature Dat	e Check PTIN if self-employed P00194561
Preparer	Firm's name 🕒 RINA ACCOUNTANCY	CORPORATION	Firm's EIN ► 94-3158857
Use Only	Firm's address 100 MONTGOMERY S	т., #2075	
	SAN FRANCISCO, C	A 94104	Phone no. (415) 777-4488
May the I	RS discuss this return with the preparer shown abo	ve? (see instructions)	X Yes No

532001 12-16-15 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	990 (2015) HORIZONS FOUNDATION	94-2686530 Page
Par	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
	Briefly describe the organization's mission:	
	TO ENCOURAGE PHILANTHROPIC ACTIVISM WITHIN AND FOR THE	
	AND TO PROVIDE FINANCIAL AND TECHNICAL ASSISTANCE FOR	NONPROFIT
	ORGANIZATIONS SERVING THE LGBT COMMUNITY.	
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	Yes XI
	If "Yes," describe these new services on Schedule O.	
6	Did the organization cease conducting, or make significant changes in how it conducts, any program service	s?Yes XI
	If "Yes," describe these changes on Schedule O.	
•	Describe the organization's program service accomplishments for each of its three largest program services, $C_{restrict} = 501(c)(2)$ and $EO(c)(4)$ are priority to a provide the encount of prosts and all participations to a	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o	thers, the total expenses, and
a	revenue, if any, for each program service reported. (Code:) (Expenses \$3,886,693. including grants of \$3,266,984.) (Rev	•
a	(Code:) (Expenses \$3,886,693. including grants of \$3,266,984.) (Rev HORIZONS FOUNDATION PROVIDED DIRECT FINANCIAL SUPPORT	
	ORGANIZATIONS THROUGH 648 GRANTS TOTALING \$3,266,984 I	
	SUPPORTED A BROAD RANGE OF PROJECTS AND ORGANIZATIONS	
	AND SERVING THE LGBT COMMUNITY, INCLUDING IN THE AREAS	
	HIV/AIDS, YOUTH, ARTS, ELDERS, COMMUNITY-BUILDING, COM	
	COLOR, TRANSGENDER RIGHTS, LEGAL RIGHTS, PUBLIC EDUCAT	
	AND STEMMING THE EXPORTATION OF ANTI-LGBT MESSAGES AND	
	THE UNITED STATES AROUND THE WORLD. MANY GRANTS PROVID	
		WHILE OTHERS
	FUNDED SPECIFIC PROJECTS. GRANTS WERE MADE IN THE BAY	AREA AND
	NATIONALLY, RANGED FROM \$250 TO \$432,000, AND WERE FUN	DED BY THE
	FOUNDATION'S ENDOWMENT, SPECIFIC GRANTING PROGRAMS, DO	NOR-ADVISED
b	(Code:) (Expenses \$596,176. including grants of \$65,000.) (Rev	venue \$
	A)BUILDING LGBT PHILANTHROPY: HORIZONS PROMOTED GIVING	
	OFFERING EXPERT SEMINARS TO EDUCATE HUNDREDS OF DONORS	
		NS HELPED
	INDIVIDUAL DONORS TO DEFINE THEIR PHILANTHROPIC GOALS	
	GIVING STRATEGIES FOR BOTH LIFE-TIME AND LEGACY GIFTS.	THE FOUNDATION
	ALSO CO-LED AN UNPRECEDENTED NATIONAL RESEARCH PROJECT	
	STRATEGIES TO INCREASE PHILANTHROPIC GIVING AMONG LGBT B)DEVELOPING COMMUNITY ENDOWMENT: HORIZONS FOUNDATION'	
	ENDOWMENT FUND PROVIDES PERMANENT RESOURCES FOR PROMOT	
	AND WELL-BEING OF LGBT PEOPLE. THE ENDOWMENT IS BEING	
	PRINCIPALLY THROUGH ESTATE GIFTS. MORE THAN 300 PEOPL	
	HORIZONS THAT THEY HAVE INCLUDED THE FOUNDATION IN THE	
c	(Code:) (Expenses \$68, 267 • including grants of \$7, 000 •) (Rev	
	RECOGNIZING THAT STRONG LEADERSHIP IS CRUCIAL TO THE L	
	HORIZONS HAS LONG BEEN COMMITTED TO DEVELOPING COMMUNI	
	IN 2015, THE FOUNDATION CONTINUED TO CONVENE THE EXECU	
	LGBT ORGANIZATIONS THROUGHOUT THE LGBT COMMUNITY TO DI	SCUSS AND ACT ON
	ISSUES FACING THE COMMUNITY. HORIZONS ALSO CONTINUED I	TS PROJECT
	CONVENING LEADERS OF BOARDS OF DIRECTORS OF LGBT NONPR	OFITS, PROVIDING
	THEM WITH SKILLS AND TRAINING OPPORTUNITIES.	
d	Other program services (Describe in Schedule O.)	ζ.
	(Expenses \$ including grants of \$) (Revenue \$)
е	Total program service expenses ► 4,551,136.	F 000 /0/
	SEE SCHEDULE O FOR CONTINUATION	Form 990 (20
2002		
2002 - 16- ⁻	2	(=)
-16-	2 707 769114 0601805 2015.04010 HORIZONS FOUNDATION	

Form 990 (2015)

HORIZONS FOUNDATION Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
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? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	_		37
_	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	_		v
•	similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	•	х	
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Δ	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		х
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	1		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete Schedule D, Part III</i>	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	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		X
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		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			37
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	v	X
	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		v	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	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	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa	Δ	
U	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		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				
~	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		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		_	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х

Form **990** (2015)

532003 12-16-15

11460707 769114 0601805

Form	990	(2015)	5)

HORIZONS FOUNDATION Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
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	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			v
07	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	07		х
28	of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	27		~
20	instructions for applicable filing thresholds, conditions, and exceptions):			
-	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		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		- 21
U	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? <i>If</i> "Yes," <i>complete Schedule M</i>	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		х
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		Х
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		Х
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		Х
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	1		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		L
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	1		
	If "Yes," complete Schedule R, Part V, line 2	36		Х
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?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form **990** (2015)

532004 12-16-15

11460707 769114 0601805

1a Enter the number reported in Box 3 of Form 1096. Enter 0- if not applicable 1a 21 1b Enter the number of forms W2G included in line 1a. Enter 0- if not applicable 1b 0 0 Did the organization comply with backpu withholding rules for reportable gamming (gambing) withings to prize womens? 11 2a Enter the number of forms W2G included in line 1a. Enter 0- if not applicable 11 b It a least one is reported on line 2a, did the organization line all required to feed and mpoyment tax returns? 2b X Note, if the sum of lines 1a and 2a is gracter than 250, your myb to required to a-file (see instructions) 3a 3a 3a 3a X 16 If the organization have uncluted business gross income of \$1,000 or more during the year? 3a 3a X 3b If the organization fare form 0000T for this year? 3a X 3b 3a 16 If see, sind ford for the organization have sind the organization in the schedue O 3a 3a X 16 If see, sind the organization have short fractocont of Foreign Bank and Financial Accounts? 5a X 16 If see, sind the organization have short fractocont any tree during the tax shelf the transaction? 5a X 1	Par	t V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V					
a Enter the number eported in Box 3 of Form 108. Enter -0 ¹ not applicable 1a 21 b Enter the number of Forms W26 included in the 1a. Enter -0 ¹ not applicable 1b 0 c Bit the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gamthing) winnings to prize winnes? 1c X 2 Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements. 2a 11 1 fait least on is reported on ine 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>c-file</i> (see instructions) 3a X 3 Did the organization have unrelated business gons incore of 51 tollo 000 rmore during the year? 3a X 4 A any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a tinancial account? 4a X b If Yea, ' nume the num of the foreign country (such as a bank account, securities account, or other financial accounts (FBAF). 5a X b Did any taxable party notify the organization have an interest in, or a signature or other authority over, a tinancial accounts in file organization have annual gross neceptry to a prohibited tax shelter transaction? 5a X b Did any taxable party notif the organization have an interes						Yes	No
b Enter the number of Forms W-2G included in line 1a. Enter 0- if not applicable 11 0 c D04 the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambing) winnings to pitze winners? 1c X 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements. 2a 11 b If at least one is reported on line 2a, did the organization file all required fedaral employment tax returns? 2b X Note. If the sum of lines 1 and 2 is greater than 250, you may be required to <i>c</i> -file (see instructions) 3a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? 3a X b If **es, * instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X b If **es, * instructions for ling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X b If **es, * instructions for ling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X b If **es, * in the organization near sub during the tax seator. 5c 5c 5c b If **es,	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	21		100	110
gambling wrinings to prize wrines? 1c X 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, inter the calendar year ending with or within the year covered by this return. 2a 11 2b X 2a Inter the calendar year ending with or within the year covered by this return. 2a 11 2b X 3a Id the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 3b If 'Yes, 'Has till id a Form BOD Tor this year? 3a X 4a Any time during the calendar year, idd the organization have an interest in, or a signature or other authority over, a financial account; or prohibited tax sheer transaction? 4a X b If 'Yes, 'I' to are stop, and the organization and ymain during that xyear? 5a X b Wast for organization a party to a prohibited tax sheer transaction? 5b X b Did any taxable party notify the organization that it was or is a party to a prohibited tax sheer transaction? 5a X c I' Yes, 'i' did the organization and the form BBBC? 5a X c Did any taxable party notify the organization that if was or is a party to a prohibited tax sheer transaction? 5b X				0			
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return 11 2a 11 b If at least one is reported on line 2a, did the organization line all required to <i>e-file</i> (see instructions) 3a X B Did the organization have underabled business gross income of 51,000 or more during the year? 3a X b If Yes, 'has it filed a form 900.1 for this year? If Y/N,' to <i>line 3b, provide an explanation in Schedule O</i> 3a X d At any time during the calendary year, did the organization have an interest, no, a signature or other auth-rity over, a 4a X b If Yes,' enter the name of the foreign country P See instructions for filing requirements for Fining requirement for state bary to a prohibited tax sheler transaction at any time during the tax year? 5a X 6a Did an transition filing requirements for Fining requirement for Fining Fining BB617 See instructions for filing requirement for Sin adpeatity as combibition and path for goods and services provided to the payor? 7a X 6a Did an transition review agamation neither second Fining Requirement for Sin Sin depa trith as combibition and path for goods an services provided	с			ble gaming			
The drop 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 X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 3b Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 4a At any time during the calendar year, did the organization have an interest 1, or a signature or other authority over, a financial account; a coroling country. 4a X 5a Max See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit are ordination include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 6a X 7 Organization factor for the value of the organization that greater than 200,000, and did the organization factor that were or the value of the organization factor thax deductible? 7a X		(gambling) winnings to prize winners?					
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11 Section 501(c)(12) organizations. Enter: Image: section 112 Image: section 2947(a)(1) on the sources (Do not net amounts due or paid to other sources against amounts due or received from them.) Image: section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? Image: section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? Image: section 12b 12a Section 501(c)(29) qualified nonprofit health insurance issuers. Image: section 12b Image: section 12b 13 Section 501(c)(29) qualified nonprofit health plans in more than one state? Image: section 13a Image: section 13a a Is the organization licensed to issue qualified health plans in more than one state? Image: section 13a Image: section 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Image: section 13b Image: section 13b							
a Gross income from members or shareholders 11a 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 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b			100				
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 11b 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note. See the instructions for additional information the organization must report on Schedule O. Image: Section 50 (c) (20) Image: Section 50 (c) (20) Image: Section 50 (c) (20) b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Image: Section 50 (c) (20) Image: Sec			11a				
amounts due or received from them.) 11b 12 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note. See the instructions for additional information the organization must report on Schedule O. Is the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b Image: Comparise true true true true true to issue qualified health plans							
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. Image: Section 50 (c)			11b				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. 5 b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b	12a			?	12a		
a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b							
Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b	а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
organization is licensed to issue qualified health plans		Note. See the instructions for additional information the organization must report on Schedule O.					
	b	Enter the amount of reserves the organization is required to maintain by the states in which the	1	I			
a Enter the amount of reserves on hand			13b				
		Enter the amount of reserves on hand	13c				
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X							X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	<i>le</i> 0			000	(00.17)

Form **990** (2015)

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Form 990 (2015)

HORIZONS FOUNDATION

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HORIZONS FOUNDATION

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

Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management

X

					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	15			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other					
	officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or under the					
	of officers, directors, or trustees, or key employees to a management company or other person?			3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form			4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		Х
6	Did the organization have members or stockholders?			6		Х
7a						
	more members of the governing body?			7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s					
	persons other than the governing body?			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye					
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ached	at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenu	e Code.)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such c	hapte	rs, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes? \dots			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ly befo	ore filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to cor	nflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	′es," a	lescribe			
	in Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approv	al by i	ndependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment \	with a			
_	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga					
600	exempt status with respect to such arrangements?			16b		
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright CA.		tion $EO1(a)(2)a$ only)	wailah		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	I (Sec	tion 501(c)(3)\$ only) a	avallap	le	
	for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain)	in C-	hadula ()			
10	LX Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and				cial	
19		n milit (or interest policy, and	a mian	udi	
20	statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's bo	oks a	nd records:			
20	LIZ HOADLEY - 415-398-2333	ons d				
	550 MONTGOMERY STREET, SAN FRANCISCO, CA 94111					
532004	5 12-16-15			Form	990	(2015)
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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compe	ensated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Comple	ete this table for all persons required to be listed. Report compensation for the calendar year ending with o	r within the organization	's tax year.
• 1 :et e			1:

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	(do		Pos	itior	ا than than	000	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week		cer an	ıd a d	irecto	or/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			sated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trust		ee	upens		(W-2/1099-MISC)		organization and related
	below	dual ti	tiona		nploy	st cor yee	5			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationo
(1) DAN C. QUIGLEY	3.00									
BOARD CHAIR EMERITUS		Х						0.	0.	Ο.
(2) RICHARD T. DAVIS-LOWELL	3.00									
BOARD TREASURER		Х		Х				0.	0.	Ο.
(3) OLGA TALAMANTE	2.00									
BOARD SECRETARY		Х		Х				0.	0.	0.
(4) ROSIO ALVAREZ	2.00									
BOARD MEMBER		Х						0.	0.	0.
(5) ANNE STERLING DORMAN	2.00								_	_
BOARD MEMBER		Х						0.	0.	0.
(6) AUDREY KOH	5.00									
BOARD CHAIR		Х		Х				0.	0.	0.
(7) JOHN CLAY LEONARD	2.00									•
BOARD MEMBER		Х						0.	0.	0.
(8) MICHAEL RABANAL	2.00									•
BOARD MEMBER	0.00	Х						0.	0.	0.
(9) BEV SCOTT	2.00								0	0
BOARD MEMBER	2 00	Х						0.	0.	0.
(10) PETER SCOTT	2.00	37						0	0	0
BOARD MEMBER	2 00	Х				<u> </u>		0.	0.	0.
(11) IRENE WHITE	2.00	v						0.	0.	0.
BOARD MEMBER	2.00	Х						0.	0.	0.
(12) TOM BURKE	2.00	х						0.	0.	0.
BOARD MEMBER (13) ERIN FLYNN	2.00	Λ						0.	0.	0.
BOARD MEMBER	2.00	x						0.	0.	0.
(14) TERRY MICHEAU	2.00	23							•	0.
BOARD MEMBER	2100	х						0.	0.	0.
(15) RACHEL ROBASCIOTTI	2.00					1				
BOARD MEMBER		х						0.	0.	0.
(16) ROGER DOUGHTY	40.00					1				
EXECUTIVE DIRECTOR				х				156,796.	Ο.	15,559.
(17) DEB STALLINGS	40.00									
DEVELOPMENT DIRECTOR						х		131,471.	0.	16,796.
532007 12-16-15						-				Form 990 (2015)

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Form 990 (2015) HORIZONS									94-26	586	530	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	vees			ghe	st C	Compensated Employee	es (continued)			
(A) Name and title	(B) (C) Average Position hours per (do not check more than or box, unless person is both officer and a director/truster (list any 2						h an	from	(E) Reportable compensation from related		oth	nated unt of ner
	hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		comper from organi and re organiz	n the ization elated
(18) LIZ HOADLEY FINANCE DIRECTOR	32.00					x		113,445.		Ο.	21,	,026.
(19) FRANCISCO BUCHTING DIRECTOR OF GRANTMAKING	40.00					x		123,416.		0.		,341.
		_										
		-										
		_										
		-						505 100		0	65	
1b Sub-total c Total from continuation sheets to Part V								525,128. 0.		0.	65,	,722. 0.
 d Total (add lines 1b and 1c) 2 Total number of individuals (including but n 							► no r	525,128.	.000 of reportable	0.	65,	,722.
compensation from the organization											Ye	4 es No
3 Did the organization list any former officer,												
 line 1a? <i>If "Yes," complete Schedule J for s</i> For any individual listed on line 1a, is the su 	um of reportab	le co	omp	ensa	ition	n and	d ot	her compensation from t	he organization		3	X
and related organizations greater than \$15 5 Did any person listed on line 1a receive or a											4 Σ	
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Schedul	e J i	for s	uch į	pers	son .					5	X
1 Complete this table for your five highest co										pensa	ation fror	n
the organization. Report compensation for (A)	the calendar y	ear	endi	ng w	/ith (or w	ithi	n the organization's tax y	/ear.		(C)	
Name and business	address							Description of s		Co	ompensa	ation
MICHAEL J. ADEE 1919 HOPI ROAD, SANTA FE	, NM 87	50!	5					CONSULTANT T FAITH PROJEC			123,	, <u>217.</u>
2 Total number of independent contractors (i	ncluding but n	not li	mite	d to	tho	se lis	steo	d above) who received m	ore than			
\$100,000 of compensation from the organi	•	-			1	1					- 00	0 (0.5.1.5.
532008 12-16-15										I	orm 99	0 (2015)

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art V	/111	Statement of Rever	nue					-
		Check if Schedule O cont	ains a response	or note to any line	e in this Part VIII (A) Total revenue	(B) Related or exempt function	(C) Unrelated business	(D) Revenue exclu from tax und
						revenue	revenue	sections 512 - 514
2 1	а	Federated campaigns	1a					
	b	Membership dues	1b					
	с	Fundraising events	1c	165,229.				
	d	Related organizations	1d					
	е	Government grants (contribut	tions) 1e					
זי	f	All other contributions, gifts, gran						
		similar amounts not included abo	-	4,116,679.				
		Noncash contributions included in lines		-				
σ	h	Total. Add lines 1a-1f			4,281,908.			
				Business Code				
2 aniianau								
anı	b							
i A	c d							
Ĕ	u e		<u> </u>					
		All other program service reve	enue					
		Total. Add lines 2a-2f						
3	21	Investment income (including						
		other similar amounts)			349,694.			349,6
4		Income from investment of ta						
5		Royalties		►				
			(i) Real	(ii) Personal				
6	а	Gross rents						
	b	Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
7	а	Gross amount from sales of	(i) Securities					
		assets other than inventory	3,748,536.					
	b	Less: cost or other basis						
	_	and sales expenses						
		Gain or (loss)			000.054			0.00
		Net gain or (loss) Gross income from fundraisin			820,354.			820,3
8	a	including \$165	•					
		contributions reported on line						
		Part IV, line 18	,	208,818.				
	b	Less: direct expenses		-				
		Net income or (loss) from fund			-1,520.			-1,5
		Gross income from gaming ad						
		Part IV, line 19	а					
	b	Less: direct expenses	b					
	с	Net income or (loss) from gan	ning activities	🕨				
10	а	Gross sales of inventory, less						
		and allowances						
		Less: cost of goods sold						
-	С	Net income or (loss) from sale						
		Miscellaneous Revenu	ie	Business Code	<i>c</i>			
		FEE INCOME		900099	6,264.			6,2
	b			<u> </u>				
	с С	All other revenue		<u> </u>				+
		Total. Add lines 11a-11d			6,264.			
12		Total revenue. See instructions.			5,456,700.	0.	0	. 1,174,7
14		-15		F	5, ± 50, 700.	0.1	0	Form 990 (2

Form 990 (2015)

HORIZONS FOUNDATION Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a reasonable or pate to any line in this Bart IX

	Check if Schedule O contains a respon		this Part IX		
	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	3,176,234.	3,176,234.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	162,750.	162,750.		
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	590,850.	308,112.	134,471.	148,267.
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	293,533.	31,464.	191,681.	70,388.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)			. –	
9	Other employee benefits	34,198.	7,613.	17,884.	8,701.
10	Payroll taxes	60,175.	23,901.	20,749.	15,525.
11	Fees for services (non-employees):				
а	Management				
b	Legal	547.			547.
с	Accounting	21,850.		21,850.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	90,789.	88,969.	1,820.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	457,133.	405,675.	25,052.	26,406.
12	Advertising and promotion	25,125.	24,620.		505.
13	Office expenses	132,356.	15,189.	53,251.	63,916.
14	Information technology	52,514.	6,375.	36,729.	9,410.
15	Royalties				
16	Occupancy	76,557.		76,557.	
17	Travel	113,246.	99,354.	2,067.	11,825.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	77,857.	22,015.	7,272.	48,570.
20	Interest	1,275.		1,275.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	36,791.		36,791.	
23	Insurance	5,276.		5,276.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	BOARD SUPPORT	8,651.	500.	8,151.	
b	STAFF DEVELOPMENT	6,830.	973.	1,076.	4,781.
2	RECRUITING	710.	2131	±,0,0•	710.
d	ALLOCATION OF COMMUNICA	0.	105,776.	-105,776.	, 200
	All other expenses		71,616.	-140,526.	68,910.
25	Total functional expenses. Add lines 1 through 24e	5,425,247.	4,551,136.	395,650.	478,461.
26	Joint costs. Complete this line only if the organization		,,,		,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
_	Check here if following SOP 98-2 (ASC 958-720)				
53201) 12-16-15				Form 990 (2015)
			10		()

HORIZONS FOUNDATION

1 01	17	Dalance Sheet					
		Check if Schedule O contains a response or not	e to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			320,414.	1	657,685.
	2	Savings and temporary cash investments			236,508.	2	165,188.
	3	Pledges and grants receivable, net			202,534.	3	95,000.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and for	ormer of	ficers, directors,			
		trustees, key employees, and highest compensation	ated em	ployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali	fied pers	sons (as defined under			
		section 4958(f)(1)), persons described in section	1 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sec					
ets		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net			7		
4	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges		·····	40,954.	9	25,464.
	10a	Land, buildings, and equipment: cost or other		0.4.0.0.0.0			
		basis. Complete Part VI of Schedule D	10a	242,261.	1.4.0 . 4.0.0		104 450
	b	Less: accumulated depreciation		117,809.	140,498.	10c	124,452.
	11	Investments - publicly traded securities	22,268,769.	11	21,068,901.		
	12	Investments - other securities. See Part IV, line -				12	
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets	70 000	14	E0 21E		
	15	Other assets. See Part IV, line 11			70,899. 23,280,576.	15	<u>59,315.</u>
	16	Total assets. Add lines 1 through 15 (must equ				16	22,196,005.
	17	Accounts payable and accrued expenses			<u>114,631.</u> 222,975.	17	<u>148,510.</u> 98,500.
	18	Grants payable			18	90,500.	
	19 20	Deferred revenue		19			
	20 21	Tax-exempt bond liabilitiesEscrow or custodial account liability. Complete				20 21	
	21	Loans and other payables to current and former				21	
Liabilities	22	key employees, highest compensated employee					
iliq		Complete Part II of Schedule L				22	
Lia	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines					
		Schedule D	-	-	474,844.	25	576,848.
	26	Total liabilities. Add lines 17 through 25			812,450.	26	823,858.
		Organizations that follow SFAS 117 (ASC 958	s), check	k here ▶ X and			
ŝ		complete lines 27 through 29, and lines 33 an					
nce	27	Unrestricted net assets			14,305,208.	27	13,691,352.
3ala	28	Temporarily restricted net assets	2,045,345.	28	1,550,335.		
ğ	29	Permanently restricted net assets	6,117,573.	29	6,130,460.		
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (A					
ŗ		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building, or ec	quipmen	t fund		31	
let	32	Retained earnings, endowment, accumulated in				32	
2	33	Total net assets or fund balances			22,468,126.	33	21,372,147.
	34	Total liabilities and net assets/fund balances			23,280,576.	34	22,196,005. Form 990 (2015)

Form **990** (2015)

532011 12-16-15

Form	1990 (2015) HORIZONS FOUNDATION	94-26	586530	Pag	_{ae} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,456		
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,425		
3	Revenue less expenses. Subtract line 2 from line 1	3		.,4!	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	22,468		
5	Net unrealized gains (losses) on investments	5	-1,127	,43	32.
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	21,372	2,14	<u>47.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2a	.		2a	_	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l 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?		2 b	Х	
	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?		2c	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	-			
	Act and OMB Circular A-133?		<u>3a</u>		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form S	990 (2	2015)

(For Depart	m 99	DULE A 0 or 990-EZ) f the Treasury	Co	omplete if the organ 494 ►	Public Charity Status and Public Support mplete 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.							
		nue Service		on about Schedule A	(Form 990 or 990-EZ) and	its instructi	ons is at W	ww.irs.gov/fo		Inspection		
Nam	e of t	he organizati								identification number		
D		Deserve		ZONS FOUND					9	4-2686530		
Pa	πι	Reason	for Public (Charity Status (All organizations must co	omplete th	is part.) Se	ee instruction	S.			
The o	organ	ization is not a	ı private found	lation because it is: (For lines 1 through 11, o	check only	one box.)					
1		A church, cor	nvention of ch	urches, or association	on of churches describe	d in sectio	n 170(b)(1	I)(A)(i).				
2		A school dese	cribed in sect i	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forr	n 990 or 99	90-EZ).)					
3		A hospital or	a cooperative	hospital service org	anization described in s	ection 170	(b)(1)(A)(ii	ii).				
4		A medical res	earch organiz	ation operated in co	njunction with a hospita	l described	d in sectio	n 170(b)(1)(A	.)(iii). Enter	the hospital's name,		
		city, and state	e:									
5		An organizati	on operated fo	or the benefit of a co	llege or university owne	d or operat	ted by a go	overnmental	unit describ	ed in		
		section 170	(b)(1)(A)(iv). (C	Complete Part II.)								
6		A federal, sta	te, or local gov	vernment or governr	nental unit described in	section 17	70(b)(1)(A)	(v).				
7	X	An organizati	on that norma	Ily receives a substa	intial part of its support	from a gov	ernmental	unit or from	the general	public described in		
		section 170(I	b)(1)(A)(vi). (C	omplete Part II.)								
8		A community	trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)						
9		An organizati	on that norma	Ily receives: (1) more	e than 33 1/3% of its sup	oport from	contributio	ons, member	ship fees, a	nd gross receipts from		
		activities relat	ted to its exen	npt functions - subje	ct to certain exceptions,	, and (2) no	more tha	n 33 1/3% of	its support	from gross investment		
		income and u	inrelated busir	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	ired by the o	rganization	after June 30, 1975.		
		See section \$	509(a)(2). (Cor	mplete Part III.)								
10		An organizati	on organized a	and operated exclus	ively to test for public sa	afety. See	section 50)9(a)(4).				
11		An organizati	on organized a	and operated exclus	ively for the benefit of, t	o perform t	the functio	ons of, or to c	arry out the	purposes of one or		
		more publicly	supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2). S	See section	509(a)(3). C	heck the box in		
		lines 11a thro	ugh 11d that	describes the type o	of supporting organization	n and com	nplete lines	s 11e, 11f, an	d 11g.			
а		Type I. A su	upporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	anization(s),	typically by	giving		
		the support	ted organizatio	on(s) the power to re	gularly appoint or elect	a majority o	of the dired	ctors or trust	ees of the s	upporting		
		organizatio	n. You must c	complete Part IV, Se	ections A and B.							
b		Type II. A s	supporting org	anization supervised	d or controlled in connec	tion with it	s supporte	ed organizatio	on(s), by ha	ving		
		control or n	nanagement o	f the supporting org	anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported		
		organizatio	n(s). You mus	t complete Part IV,	Sections A and C.							
с		Type III fun	nctionally inte	grated. A supportin	g organization operated	in connec	tion with, a	and functiona	Illy integrate	ed with,		
		its supporte	ed organizatio	n(s) (see instructions	s). You must complete	Part IV, Se	ections A,	D, and E.				
d		Type III no	n-functionally	integrated. A supp	orting organization oper	rated in co	nnection v	vith its suppo	rted organiz	zation(s)		
			-		zation generally must sa				-			
		requiremen	t (see instruct	ions). You must cor	nplete Part IV, Section	s A and D,	and Part	v.				
е		Check this	box if the orga	anization received a	written determination fro	om the IRS	that it is a	. Туре I, Туре	II, Type III			
		functionally	integrated, or	r Type III non-functio	nally integrated support	ing organiz	zation.					
f	Ente	er the number of			, , , , , , , , , , , , , , , , , , , ,							
g	Pro	vide the followi	ing information	about the supporte								
		i) Name of supp		(ii) EIN	(iii) Type of organization		rganization	(v) Amount o	f monetary	(vi) Amount of		
		organization	ı		(described on lines 1-9 above (see instructions))	listed i governing d		suppor		other support (see		
						Yes	No	instruct	lions)	instructions)		

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Form 990 or 990-EZ. 532021 09-23-15

LHA For Paperwork Reduction Act Notice, see the Instructions for

<u>Total</u>

Schedule A (Form 990 or 990-EZ) 2015

	edule A (Form 990 or 990 EZ) 2015 H	ORIZONS F	OUNDATION			94-268	6530 Page 2
Pa	art II Support Schedule for	-					•
	(Complete only if you checke			-	n failed to qualify	under Part III. If the	organization
	fails to qualify under the tests	s listed below, plea	se complete Part I	11.)			
Se	ction A. Public Support						
	endar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Gifts, grants, contributions, and	((0) =	((0) = 2 + 2	
•	membership fees received. (Do not						
	include any "unusual grants.")	2,426,946.	15,621,610.	3,288,465.	3,863,251.	4,281,908.	29,482,180.
2	Tax revenues levied for the organ-	2,420,940.	15,021,010.	5,200,405.	5,005,251.	4,201,900.	29,402,100.
2	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						
	Total. Add lines 1 through 3	2,426,946.	15,621,610.	3,288,465.	3,863,251.	4,281,908.	29,482,180.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						11,947,897.
6	Public support. Subtract line 5 from line 4.						17 534 283.
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 4	2,426,946.	15,621,610.	3,288,465.	3,863,251.	4,281,908.	29,482,180.
	Gross income from interest,		,,		, ,		
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	109,050.	237,708.	248,009.	318.147.	349,694.	1,262,608.
q	Net income from unrelated business		20171000	210,0001	010/11/0	01070910	<u> </u>
Ŭ	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.)	210 351	208,274.	226 222	203 368	215,083.	1 000 401
			200,274.	230,322.	203,300.	213,003.	1,082,401.
11	Total support. Add lines 7 through 10		````				31,827,189.
12	Gross receipts from related activities,						
13	First five years. If the Form 990 is for	-			•		
80	organization, check this box and stor	<u>o here</u>	roontogo				▶∟_
	ction C. Computation of Publ						
14							<u>55.09 %</u>
15	Public support percentage from 2014						51.64 %
16a	a 33 1/3% support test - 2015. If the o						
	stop here. The organization qualifies						
k	o 33 1/3% support test - 2014. If the o	organization did no	ot check a box on I	ine 13 or 16a, and	l line 15 is 33 1/3%	6 or more, check th	is box
	and stop here. The organization qual						
17a	a 10% -facts-and-circumstances tes	t - 2015. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization	-	
t	0 10% -facts-and-circumstances tes						
-	more, and if the organization meets th						
	organization meets the "facts-and-cire				-		
18	Private foundation. If the organization						
			<u></u>			dule A (Form 990	

Schedule A (Form 990 or 990-EZ) 2015

532022 09-23-15

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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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						
U	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						
ł	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						
Ċ	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		•				
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
k	• Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is						
12	regularly carried on Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						<u> </u>
	First five years. If the Form 990 is fo		s first, second, thir	d, fourth or fifth t	ax vear as a section	n 501(c)(3) or	ganization
••	-				•		
Se	ction C. Computation of Publ						
	Public support percentage for 2015 (column (f))		15	%
	Public support percentage from 2014					16	%
	ction D. Computation of Inve						
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from					18	%
	a 33 1/3% support tests - 2015. If the						
	more than 33 1/3%, check this box a						
ł	33 1/3% support tests - 2014. If the	-					
•	line 18 is not more than 33 $1/3\%$, che						
20	Private foundation. If the organization		-				
	23 09-23-15			,			n 990 or 990-EZ) 2015

Schedule A (Form 990 or 990 EZ) 2015 HORIZONS FOUNDATION

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 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 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in Part VI.*
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "*Yes*," *provide detail in Part VI.*
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2015

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1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		
000 or 00	0 E7	2015

Schedule A (Form 990 or 990 EZ) 2015 HORIZONS FOUNDATION Part IV Supporting Organizations (continued)

			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		
Sec	tion B. Type I Supporting Organizations			

	such a support of gameatorie			
			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		

Section 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							
	the supported organization(s).	1						

Section D. All Type III Supporting Organizations

			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, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	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? If "No," explain in Part VI how			
	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			
	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	2		

Section E. Type III Functionally-Integrated Supporting Organizations

The organization satisfied the Activities Test. *Complete line 2* below. а

)	The organization is	s the parent of	each of its su	oported organiza	ations. Complete line	3 below.

b	L 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 insti	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 Part VI.
- 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.

532025 09-23-15

11460707 769114 0601805

17 2015.04010 HORIZONS FOUNDATION

Schedule A (Form 990 or 990-EZ) 2015

3a

3b

	edule A (Form 990 or 990-EZ) 2015 HORIZONS FOUNDATION rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	q Orqan		94-2686530 Pag
1	Check here if the organization satisfied the Integral Part Test as a qualifyin			uctions. All
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions A through E.	-
Sec	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sec	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 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-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
-	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly-integrate	d Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2015

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15 HORTZONS FOUNDATION

Pa	t V Type III Non-Functionally Integrated 509			<u>4-2000530 Page 7</u>
	on D - Distributions			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 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
с				
d	From 2013			
е	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
-	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
-	and 4c.			
8	Breakdown of line 7:			
a				
 b				
-	Excess from 2013			
	Excess from 2014			
	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

532027 09-23-15

Part VI	(Form 990 or 990-EZ) 2015 HORI Supplemental Information	Provide the explanations required by Bod	U line 10: Part II line 17a or 174	4-2686530 Pag
	Part IV, Section A, lines 1, 2, 3b, 3c line 1; Part IV, Section D, lines 2 and Section D, lines 5, 6, and 8: and Pa	Provide the explanations required by Part , 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 1 d 3; Part IV, Section E, lines 1c, 2a, 2b, 3a rt V, Section E, lines 2, 5, and 6. Also com	and 3b; Part IV, Section B, lines 1 and and 3b; Part V, line 1; Part V, Section B, lines 1 and and 3b; Part V, line 1; Part V, Sectional i	2; Part II, IIIe 12; 2; Part IV, Section C, ction B, line 1e; Part V, nformation.
	(See instructions.)		siste the part of any additional	
2028 09-23-1	15		Schedule A	(Form 990 or 990-EZ)
50707	769114 0601805	20 2015.04010 HORIZON		060180
10101	109TT# 000T003	ZUIJ.U4UIU HURIZUI	NO LOONDAITON	000100

HORIZONS FOUNDATION

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

94-2686530

2015

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
ANONYMOUS DONOR	8,017,945.	7,381,401.
ANONYMOUS DONOR	646,859.	10,315.
JOSEPH ROSENTHAL ESTATE	5,192,725.	4,556,181.
Total Excess Contributions to Schedule A, Part II, Line 5	I	11,947,897

(Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2015 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organizatio

vam	e of the organization <u>HORIZONS_FOUNDATI</u>	ON	Em	ployer identification numb 94-2686530
Pa		sed Funds or Other Similar Funds of	or Acco	unts. Complete if the
	organization answered "Yes" on Form 990, Part IV,			
		(a) Donor advised funds	(b) Fu	nds and other accounts
1	Total number at end of year	104		
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors i		d funds	
	are the organization's property, subject to the organization			X Yes
6	Did the organization inform all grantees, donors, and donor			
	for charitable purposes and not for the benefit of the dono			
	impermissible private benefit?		-	X Yes
Pai	t II Conservation Easements. Complete if the c	organization answered "Yes" on Form 990, Pa	rt IV, line	
1	Purpose(s) of conservation easements held by the organization	ation (check all that apply).		
	Preservation of land for public use (e.g., recreation of		ically impo	ortant land area
	Protection of natural habitat	Preservation of a certific		
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qua	alified conservation contribution in the form of	a conserv	vation easement on the las
	day of the tax year.			Held at the End of the Tax \
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements			
с	Number of conservation easements on a certified historic s			
d	Number of conservation easements included in (c) acquired			
	listed in the National Register			
3	Number of conservation easements modified, transferred,			on during the tax
	year ►		0	C C
4	Number of states where property subject to conservation e	easement is located		
5	Does the organization have a written policy regarding the p			
	violations, and enforcement of the conservation easements			Yes 🗌
6	Staff and volunteer hours devoted to monitoring, inspectin			
	▶	-		
7	Amount of expenses incurred in monitoring, inspecting, ha	ndling of violations, and enforcing conservation	on easeme	ents during the year
	▶\$			
8	Does each conservation easement reported on line 2(d) ab	ove satisfy the requirements of section 170(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes
9	In Part XIII, describe how the organization reports conservation			and balance sheet, and
	include, if applicable, the text of the footnote to the organiz	zation's financial statements that describes th	e organiza	ation's accounting for
	conservation easements.		Ū	· ·
Pai	t III Organizations Maintaining Collections	of Art, Historical Treasures, or Oth	ner Simi	lar Assets.
	Complete if the organization answered "Yes" on For	rm 990, Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue stateme	ent and ba	lance sheet works of art,
	historical treasures, or other similar assets held for public e	exhibition, education, or research in furtherand	e of publi	c service, provide, in Part >
	the text of the footnote to its financial statements that des	cribes these items.		
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement a	nd balanc	e sheet works of art, histor
	treasures, or other similar assets held for public exhibition,			
	relating to these items:		,	-
	(i) Revenue included on Form 990, Part VIII, line 1		►	\$
	(ii) Assets included in Form 990, Part X			\$
2	If the organization received or held works of art, historical t			
	the following amounts required to be reported under SFAS			
а	Revenue included on Form 990, Part VIII, line 1		▶	\$
			•	
	For Paperwork Reduction Act Notice, see the Instruction			Schedule D (Form 990) 2
3205 1-02-	15			
. 02-		27		
60	707 769114 0601805 2015.	04010 HORIZONS FOUNDAT	TON	060180

		S FOUNDATIO) Page 2
Pa	rt III Organizations Maintaining C							
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that are a s	significant	use of its	collection	ı items
	(check all that apply):							
а	Public exhibition	d		hange programs				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co					ose in Par	t XIII.	
5	During the year, did the organization solicit o						-	
D	to be sold to raise funds rather than to be ma					L	Yes	No
Pa	rt IV Escrow and Custodial Arran reported an amount on Form 990, Par		te if the organizatio	n answered "Yes" o	n Form 990), Part IV,	line 9, or	
- 10			ion for contribution	a ar athar assats no	tipoludod			
Ia	Is the organization an agent, trustee, custodi						Yes	
L	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII					L	l res	
a		and complete the for	iowing table.				Amount	
-	Reginning belance				10		Amount	
-	Additions during the year							
d e	Additions during the year Distributions during the year							
f	Ending balance							
	Did the organization include an amount on Fe						Yes	No
	If "Yes," explain the arrangement in Part XIII.				• • • • • • • • • • • • • • • • • • • •			
	rt V Endowment Funds. Complete i					<u></u>		
		(a) Current year	(b) Prior year	(c) Two years back		/ears back	(e) Four	years back
1a	Beginning of year balance	7,197,271.	6,994,104.	6,180,247.		02,805.		921,759.
b	Contributions	12,888.	6,935.	94,827.		10,085.		205,000.
с	Net investment earnings, gains, and losses	-25,594.	463,983.	943,661.		86,879.		66,972.
d	Grants or scholarships	,	, ,	,		, ,		
е	Other expenditures for facilities							
	and programs	341,867.	267,751.	224,631.	2	19,522.		190,926.
f	Administrative expenses	, .		,				
g	End of year balance	6,842,698.	7,197,271.	6,994,104.	6,1	80,247.	4.	002,805.
2	Provide the estimated percentage of the cur	rent year end balance	e (line 1g, column (a	l)) held as:				
а	Board designated or quasi-endowment	-	%					
b	Permanent endowment	%						
с	Temporarily restricted endowment	%						
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.						
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held a	nd administered for	the organiz	zation	_	
	by:							Yes No
	(i) unrelated organizations						3a(i)	Х
	(ii) related organizations						3a(ii)	Х
b	If "Yes" on line 3a(ii), are the related organiza						3b	
4	Describe in Part XIII the intended uses of the		wment funds.					
Pa	rt VI Land, Buildings, and Equipm							
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	See Form 990, Part X	(, line 10.			
	Description of property	(a) Cost or ot	• •	• • •			(d) Book	value
		basis (investm	nent) basis	(other) de	epreciation			
	Land							
	Buildings							
	Leasehold improvements		300.		1,6			177.
d	Equipment				52,1			7,287.
	Other		070.		64,0	82.		<u>5,988.</u>
Tota	I. Add lines 1a through 1e. (Column (d) must e	gual Form 990, Part J	X, column (B), line 1	0c.)			124	1,452.

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Complete if the organization answered "Yes" on 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" on 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.

Other Liabilities.

Complete if the organization answered "Yes" on 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

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

1.	(a) Description of liability	(b) Book value
(1) Federa	al income taxes	
(2) AGE	NCY FUNDS	571,924.
(3) DEF	ERRED RENT	4,924.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total (Column	(b) must equal Form 990, Part X, col. (B) line 25.)	576 848.

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 🚺

Schedule D (Form 990) 2015

532053 09-21-15 Schedule D (Form 990) 2015 HORIZONS FOUNDATION

Pa	rt XI	Reconciliation of Revenue per Audited Financial Statemer	nts With Revenue per F	Retur	<u>n.</u>
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total re	evenue, gains, and other support per audited financial statements		1	4,329,269.
2	Amoun	ts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unr	realized gains (losses) on investments	2a -1,127,431		
b	Donate	d services and use of facilities	2b		
с	Recove	eries of prior year grants	2c		
d	Other (I	Describe in Part XIII.)	2d		
е	Add line	es 2a through 2d		2e	-1,127,431.
3	Subtrac	ct line 2e from line 1		3	5,456,700.
4	Amoun	ts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investm	nent expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (I	Describe in Part XIII.)	4b		
с	Add line	es 4a and 4b		4c	0.
5		evenue. Add lines 3 and 4c. (<i>This must equal Form</i> 990, Part I, line 12.)		5	5,456,700.
Pa		Reconciliation of Expenses per Audited Financial Stateme	ents With Expenses per	Retu	urn.
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total ex	xpenses and losses per audited financial statements		1	5,425,247.
2		ts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donate	d services and use of facilities	2a		
b	Prior ye	ear adjustments	2b		
С	Other lo	DSSES	2c		
d	Other (I	Describe in Part XIII.)	2d		_
е		es 2a through 2d		2e	0.
3	Subtrac	ct line 2e from line 1		3	5,425,247.
4	Amoun	ts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а	Investr	nent expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (I	Describe in Part XIII.)	4b		_
С		es 4a and 4b		4c	0.
5		xpenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	5,425,247.
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.

Schedule D (Form 990) 2015

532054 09-21-15

			Schedule D (Form 990)
2055 -21-15			
²⁰⁵⁵ - ²¹⁻¹⁵ 50707 769114 0601805	31	FOUNDATION	060180

Department of the Treasury Internal Revenue Service Organization entered more than \$15,000 on Form 990-EZ, line 6a.	SCHEDULE G	Summlana	ntal Information Description	. E	draic	ing or Coming	<u>ل</u> م ۸	ivitics	OMB No. 1545-0047
Department of the Treasury Winnin Revues Service Open to Fublic Information about Schedule G (Form 990 cr 280-EZ) and its instructions is at www.is.gov/form.800. Open to Fublic Inspection Name of the organization and the organization about Schedule G (Form 990 cr 280-EZ) and its instructions is at www.is.gov/form.800. The fublic inspection Dept to Fublic inspection Immediate whether the organization raised funds through any of the following activities. Check all that apply. a Dept to Fublic inspection Dept to Fublic inspection Dept to Fublic inspection I inflicate whether the organization raised funds through any of the following activities. Check all that apply. a Dept to Fublic inspection Dept to Fublic inspection Dept to Fublic inspection I inflicate whether the organization activity I inflicate whether the organization in preson solicitations g is Special fundraising services? Yes N I in fundraiser I inflicate in form 990, Part VI in ornitic in organization If	(Form 990 or 990-EZ)			-					2015
Internation about Schedule Q Grow 990 or 990-E2 and its instructions is at www.irs.gov/tom990. Inspection Name of the organization Employer identification update is instructions is at www.irs.gov/tom990. Part I is instructions is at www.irs.gov/tom990. Employer identification Index whether the organization asset funds through any of the following activities. Check all that apply. Index whether the organization raised funds through any of the following activities. Check all that apply. Index whether the organization raised funds through any of the following activities. Check all that apply. Index whether the organization raised funds through any of the following activities. Check all that apply. Index whether the organization raised funds through any of the following activities. Check all that apply. Index whether the organization raised funds through any of the following activities. Check all that apply. Index whether the organization raised funds through any of the following activities. Check all that apply. Index whether the organization raised funds through any of the following activities. Check all that apply. Index whether the organization raised funds through any of the following activities. Check all that apply. Index whether the organization raised funds through any of the following activities. Check all that apply. Index whether the organization raised funds through any of the following activities. Check all that apply. Index whether the organization raised funds through any of the following activities. Check all fund the fund raiser is to be complexed the fast following activity in connection with professional fund raiser is to be context and thease of indiv	Department of the Treasury	•	organization entered more than \$1	15,000	on Fo	rm 990-EZ, line 6a.			
HORIZONS FOUNDATION 94-2686530 Part1 Fundraising Activities. Complete the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations e b Internet and email solicitations g c Phone solicitations g d Increases advictation of oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part IVI) or entity in connection with professional fundraising services? Yes N b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (ii) Activity (iii) Activity (iii) Activity (iii) Activity (iii) Activity (iv) Gross receipts in the originization or entity fundraiser is to be combining at the internation of addition of a set of the organization or entity (fundraiser) (iii) Activity (iv) Gross receipts in the originization or entity for an activity is addition of organization organization or entity (fundraiser) (iv) Amount paid in col. (i) (iv) Name and address of individual or entities (fundraisers) (iv) Activity (iv) Activity (iv) Activity (iv) Activity (iv) Activity </td <td>Internal Revenue Service</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>gov/f</td> <td></td> <td>Inspection</td>	Internal Revenue Service						gov/f		Inspection
Part Fundraising Activities. Complete in the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations e b Internet and email solicitations f c Phone solicitations g d Inperson solicitations g d Investeweints Investeweints (it) Namount fail Investeweints	Name of the organization								
Image: the complete this part. 1	Bart Fundrais			ered "Y	'es" or	n Form 990. Part IV.	line ⁻		
a Mail solicitations e Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events d Inperson solicitations g Special fundraising services? Ves N 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, frustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Ves N b If "Yes," is the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (ii) Name and address of individual or entities (fundraiser) from activity (v) Amount paid for retainee by individual for oretainee by individual or entities (fundraiser) (v) Amount paid for retainee by individual or entities (fundraiser) (v) Amount paid for retainee by individual or entities (fundraiser) (v) Amount paid for retainee by individual or entities (fundraiser) (v) Amount paid for retainee by individual for entities (fundraiser) (v) Amount paid for retainee by individual for entities (fundraiser) (v) Amount paid for retainee by individual for entities (fundraiser) (v) Amount paid for entities (fundraiser) (v) Amount paid for entities (fundraiser) (v) Amount paid for entity in contretainee by indit (fundraiser)	required to	complete this par	t.						
b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events d In person solicitations g Special fundraising events 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Ves N b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual (ii) Activity (iii) Activity (iv) Gross receipts to (or retained by) to (or entity (fundraiser)) (v) Amount to (or retained by) to (or entity) from activity (v) Amount paid to (or retained by) to (or entity) from activity (v) Amount paid to (or retained by) to (or entity) from activity (v) Amount paid to (or retained by) to (or entity) from activity (v) Amount paid to (or entity) from activ		•	° ,	•		,			
d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundralising services? Yes N b If "Yes," list the ten highest paid individuals or entities (fundralisers) pursuant to agreements under which the fundraliser is to be compensated at least \$5,000 by the organization. (ii) Name and address of individual or entity (fundraliser) (iii) Activity (iii) Constrained by fundraliser is to be compensated at least \$5,000 by the organization. (iv) Amount paid to or retained by fundraliser is to be compensated at least \$5,000 by the organization. (iv) Amount paid to or retained by fundraliser is to be compensated at least \$5,000 by the organization. (iv) Amount paid to organization is registered on inclusion is registered on licensed to solicit contributions (iv) Amount paid to organization is registered on licensed to solicit contributions or has been notified it is exempt from registration									
2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes N b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual or entities (fundraisers) pursuant to agreements under which the fundraiser bit (fundraiser) or entity (fundraiser) (ii) Activity (iii) Activity (iii) Activity (iii) Activity (iv) Gross receipts from activity for retained by to (or retained by contribution? (v) Amount paid to (or retained by contribute bo (or retained by contribute bo (or retained by contribute bo			g 🗔 Specia	l fundra	aising	events			
key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes N b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (ii) Date of the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Date of the fundraiser is to be compensated at least \$5,000 by the organization. (iv) Amount paid for retained by fundraiser is to be compensated at least \$5,000 by the organization. (iv) Amount paid for retained by fundraiser is to be compensated at least \$5,000 by the organization. (iv) Amount paid for retained by fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid for retained by fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid for retained by fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid for retained by fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid for retained by fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid for retained by fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid for retained by fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid for retained by fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid for retained by fundraiser is to be compensated at least \$5,000 by the organization. u Yes No (v) Amount paid for retained by fundraiser is to be compensate at least \$5,000 by t			or oral agreement with any individua	ul (inclui	dina o	fficers directors tru	staa	sor	
compensated at least \$5,000 by the organization. (i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) hord individual to control of the organization. (iv) Gross receipts from activity (v) Amount paid to (or retained by) fundraiser is the organization. Yes No Image: state in col. (i) (vi) Amount paid (or retained by) fundraiser is the organization. (vi) Gross receipting to control of the organization. Yes No Image: state in col. (i) (vi) Amount paid (or retained by) fundraiser is the organization. (vi) Gross receipting to control of the organization. Yes No Image: state in col. (ii) (vii) Amount to (or retained by) fundraiser is the organization. (vi) Gross receipting to control of the organization. Yes No Image: state in col. (ii) Yes No Image: state in col. (ii) (vii) Amount to (or retained by) fundraiser is the organization. (vii) Gross receipting to control of the organization. Yes No Image: state in col. (iii) Image: state in col. (iii) (vii) Amount col. (iii) (vii) Amount col. (iii) (vii) Amount col. (iii) (vii) Amount col. (iii) Yes No Image: state in col. (iii) Image: state in col. (iii) (vii) Amount col. (iii) (vii) Amount col. (iiiiiiiii) (viii) Amount col. (iiiiiiiiiiii)<	e e		• •	•	•				es 🗌 No
(i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Activity (iv) Gross receipts from activity (v) Amount paid to (or retained by) fundraiser listed in col. (i) (vi) Amount bit (or retained by) fundraiser listed in col. (i) (vi) Amount bit (or retained by) fundraiser listed in col. (i) (vi) Amount bit (or retained by) fundraiser listed in col. (i) (vi) Amount bit (or retained by) fundraiser listed in col. (ii) (vi) Amount bit (or retained by) fundraiser listed in col. (ii) (vi) Amount bit (or retained by) fundraiser listed in col. (ii) (vi) Amount bit (or retained by) fundraiser listed in col. (ii) (vi) Amount bit (or retained by) fundraiser listed in col. (ii) (vi) Amount bit (or retained by) fundraiser listed in col. (ii) (vi) Amount bit (or retained by) fundraiser listed in col. (ii) (vi) Amount bit (or retained by) fundraiser listed in col. (ii) Image: State of the sta				suant to	o agre	ements under which	the	fundraiser is t	o be
(i) Name and address of individual or entity (fundraiser) (ii) Activity Image address of individual from activity (iii) Cross receipts from activity (ii) Cross receipts from activity (iii) Cross from activity (iiiiii) Cross from activity (iiii) Cross from activity				(iii)	Did		(v)	Amount paic	
Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration	.,		(ii) Activity	have c or con	ustody itrol of	• •	tò (or retained by fundraiser	
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration				Yes	No				
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration									
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3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration									
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration	Total								
or licensing.				contrib	outions	s or has been notified	l d it is	s exempt from	registration
	or licensing.								
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule G (Form 990 or 990-EZ	HA For Paperwork P	eduction Act Not	ice see the Instructions for Form	990 or	990.1	=7 (Scho	dule G (Form	990 or 990-E7) 2015
	-			200 01	550-1		20110		

Schedule G (Form 990 or 990-EZ) 2015 HORIZONS FOUNDATION

94-2686530 Page 2

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

		of fundraising event contributions and gro	oss income on Form 990	-EZ, lines 1 and 6b. List	events with gross receip	ots greater than \$5,000.		
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events		
				GOLF		(add col. (a) through		
			DINNER GALA	TOURNAMENT	1	col. (c)		
a)			(event type)	(event type)	(total number)	coi. (cj)		
Revenue								
eve	1	Gross receipts	283,307.	41,155.	49,584.	374,046.		
н			-		•			
	2	Less: Contributions	150,729.	14,500.		165,229.		
	3	Gross income (line 1 minus line 2)	132,578.	26,655.	49,584.	208,817.		
	4	Cash prizes						
	5	Noncash prizes						
ses								
ens	6	Rent/facility costs	177,132.	18,507.	14,698.	210,337.		
Direct Expenses								
∋ct	7	Food and beverages						
Dire		-						
	8	Entertainment						
	9	Other direct expenses	58,517.	2,715.		61,232.		
	10	Direct expense summary. Add lines 4 through	9 in column (d)			271,569.		
						-62,752.		
Pa	rt I	II Gaming. Complete if the organization a	answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than			
		\$15,000 on Form 990-EZ, line 6a.						
Ð			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add		
Revenue			(=) =	bingo/progressive bingo	(0)	col. (a) through col. (c))		
Rev								
-	1	Gross revenue						
es	2	Cash prizes						
sue								
Direct Expenses	3	Noncash prizes						
ctE								
Dire	4	Rent/facility costs						
	5	Other direct expenses						
	_		└── Yes %	└── Yes %	└── Yes %			
	6	Volunteer labor	└── No	└── No	No No			
	_		5 in a channe (cl)		•			
	1	Direct expense summary. Add lines 2 through	1 5 in column (a)					
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)							
	8	Net gaming income summary. Subtract line 7	from line 1, column (a)					
0	Ent	ter the state(s) in which the organization condu	icte aamina activitiee:					
			· · ·	statos?		Yes No		
a Is the organization licensed to conduct gaming activities in each of these states? Yes Yes Yes								
b		тю, съргант.						
10a	We	ere any of the organization's gaming licenses re	woked, suspended or te	rminated during the tax	vear?	Yes No		
		Yes," explain:						
		· · · ·						

532082 09-14-15

Schedule G (Form 990 or 990-EZ) 2015

Sch	edule G (Form 990 or 990-EZ) 2015 HORIZONS FOUNDATION	94-268	36530) 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	1:	Ba	%
	An outside facility		Bb	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and record			-
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	[Yes	🗌 No
b	o If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amou	nt		
~	of gaming revenue retained by the third party \triangleright \$			
c	: If "Yes," enter name and address of the third party:			
	Name			
	Address 🕨			
10				
16	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 \$			
	Description of services provided 🕨			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	_	_	
	retain the state gaming license?	L	Yes	No No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent ir	ı the		
	organization's own exempt activities during the tax year 🕨 \$			
Pa	ITT IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and (v); and (v); and (v); and (v); and (v	art III, lines	9, 9b, 1	0b, 15b,
_				
5320	83 09-14-15 Schedule C	Form 99) à	0 or 990	0- EZ) 201 5

⁵³²⁰⁸⁴ ⁹⁴⁻⁰¹⁻¹⁵ 60707 769114 0601805	35 2015.04010 HORIZONS FOUNDATI	
592084		Schedule G (Form 990 or 990

SCHEDULE I (Form 990)	Go	Grants and Oth overnments, ar lete if the organizatio	nd Individua	ls in the Ŭn i ' on Form 990, Pa	ted States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	► Informat	ion about Schedule I	Attach to For (Form 990) and its		t www.irs.gov/form99	90	Open to Public Inspection
Name of the organization							Employer identification number
	FOUNDATIC	DN					94-2686530
Part I General Information on Grants a							
1 Does the organization maintain records							
criteria used to award the grants or ass	stance?						Yes X No
2 Describe in Part IV the organization's pr							
Part II Grants and Other Assistance to					anization answered "	Yes" on Form 990, Pa	t IV, line 21, for any
recipient that received more than		· ·			(f) Method of		
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	valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADVOCATES FOR INFORMED CHOICE P.O. BOX 676							
COTATI, CA 94931	27-2947576	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
<u>COTATI, CA 94931</u>	27-2947576	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
ALEXANDER VALLEY FILM SOCIETY							
121 EAST 1ST ST							
CLOVERDALE, CA 95425	47-2085577	501(C)(3)	9,500.	0.			GENERAL OPERATING SUPPORT
AMERICAN CIVIL LIBERTIES UNION FOUNDATION - 125 BROAD STREET,							
18TH FLOOR - NEW YORK, NY 10004	13-6213516	501(C)(3)	10,000.	0.			LGBT AND HIV PROJECT
AMERICAN CIVIL LIBERTIES UNION							
FOUNDATION OF NORTHERN CALIFORNIA							
- 39 DRUMM STREET - SAN FRANCISCO,							FOR THE 2015 FRONTLINE
<u>CA 94111</u>	94-0279770	501(C)(3)	50,000.	0.			CAMPAIGN
ASIAN AMERICANS FOR COMMUNITY							
INVOLVEMENT - 2400 MOORPARK AVE.							COLECTIVO ACCIØN LATINA
SUITE 3001 - SAN JOSE, CA 95128	94-2292491	501(C)(3)	5,000.	0.			DE AMBIENTE
							TO FUND LEGAL SERVICES
ASIAN PACIFIC ISLANDER LEGAL							AND ADVOCACY TO ENSURE
OUTREACH - 1121 MISSION ST SAN							THE CIVIL AND HUMAN
FRANCISCO, CA 94103	94-2583284		5,000.	0.			RIGHTS OF LGBT PEOPLE,
2 Enter total number of section 501(c)(3) a	and government o	rganizations listed in th	ne line 1 table				▶ <u>125.</u>
3 Enter total number of other organization	is listed in the line	1 table					
LHA For Paperwork Reduction Act Notice	-						Schedule I (Form 990) (2015)
532101 SEE PART	IV FOR CO	DLUMN (H) DE	SCRIPTION	S			

(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
ASPIRANET							
400 OYSTER POINT BLVD., SUITE 501							
SOUTH SAN FRANCISCO, CA 94080	94-2442955	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT
	51 2112500	501(0)(0)	5,000.				
ASTRAEA LESBIAN FOUNDATION FOR							CONTRIBUTION TO THE
JUSTICE - 116 EAST 16TH STREET,							FUELING THE FRONT LINES
7TH FLOOR - NEW YORK, NY 10003	13-2992977	501(C)(3)	5,000.	0.			CAMPAIGN
···· · · · · · · · · · · · · · · · · ·			-,	•			
AUBURN THEOLOGICAL SEMINARY							
475 RIVERSIDE DRIVE, SUITE 1800							
NEW YORK, NY 10115	15-0532053	501(C)(3)	432,000.	0.			MY HEART WAS SOFTENED
BAYVIEW HUNTERS-POINT FOUNDATION							
150 EXECUTIVE PARKWAY, #2800							
SAN FRANISCO, CA 94124	94-1747575	501(C)(3)	10,000.	0.			DIMENSIONS CLINIC
BREAST CANCER ACTION							
55 NEW MONTGOMERY STREET, SUITE 3	2						
SAN FRANCISCO, CA 94105	94-3138992	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
BREAST CANCER FUND							
1388 SUTTER STREET, SUITE 400							
SAN FRANCISCO, CA 94109	94-3155886	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
			-				
CALIFORNIA PACIFIC MEDICAL CENTER							
FOUNDATION - 2015 STEINER STREET -							
SAN FRANCISCO, CA 94115	94-2728423	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT
			-				
CAMP IT UP							
3500 VICTOR AVE							
OAKLAND, CA 94619	26-2733972	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT
-							TO COUNTER U.S. ANTI-GAY
CENTER FOR CONSTITUTIONAL RIGHTS							EXTREMISTS IN THEIR
666 BROADWAY, 7TH FLOOR							EFFORTS TO STRIP AWAY
NEW YORK, NY 10012	22-6082880	501(C)(3)	125,000.	0.			RIGHTS FROM LGBTQI

(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
CRISIS SUPPORT SERVICES OF ALAMEDA							
COUNTY - P.O. BOX 3120 - OAKLAND							TO FUND LGBT SUICIDE
CA 94609	94-1635658	501(C)(3)	5,000.	0.			PREVENTION
CURRY SENIOR CENTER							
315 TURK							
SAN FRANCISCO, CA 94102	23-7362588	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
DANCER'S GROUP							
44 GOUGH STREET, SUITE 201							
SAN FRANISCO, CA 94103	94-2879185	501(C)(3)	10,000.	0.			SINS INVALID
SAN FRANISCO, CA 94103	94-2079105	501(0)(3)	10,000.	0.			
DANCER'S GROUP							
44 GOUGH STREET, SUITE 201							
SAN FRANISCO, CA 94103	94-2879185	501(C)(3)	5,000.	0.			SINS INVALID
			-				
DIGICOM							
1775 E PALM CANYON DR							
PALM SPRINGS, CA 92262	90-0926324	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
ENGENDER/BAY AREA RAINBOW DAY CAMP							
#603 1563 SOLANO AVENUE							
BERKELEY, CA 94707	47-1433049	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
FAMILY & CHILDREN SERVICES OF							
SILICON VALLEY (FCS) - 375							
CAMBRIDGE AVENUE - PALO ALTO, CA 94306	94-1167408	E01(0)(2)	8,000.	0.			FOR THE LGBTQ YOUTH SPACE IMPROV PROJECT
94506	94-110/400	501(C)(3)	8,000.	υ.			FOR COUNTYWIDE DELIVERY
FOOD FOR THOUGHT							PROGRAM HOMEBOUND
PO BOX 1608							INDIVIDUALS IN SONOMA
FORESTVILLE, CA 95436	68-0181095	501(C)(3)	10,000.	0.			COUNTY AFFECTED BY
,,							
FRAMELINE							
145 9TH STREET, SUITE 300							
SAN FRANCISCO, CA 94103	94-2775772	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT

(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
FRAMELINE							
145 9TH STREET, SUITE 300							
SAN FRANCISCO, CA 94103	94-2775772	501(C)(3)	10,000.	0.			GAYUSA PROJECT
<i>i</i>							
FRAMELINE							
145 9TH STREET, SUITE 300							THE HORMEL CENTER
SAN FRANCISCO, CA 94103	94-2775772	501(C)(3)	10,000.	0.			DIGITIZATION PROJECT
FREEDOM TO MARRY							
155 WEST 19TH ST, 2ND FLOOR							
NEW YORK, NY 10011	04-3525324	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
FRESH MEAT PRODUCTIONS							
375 27TH STREET #A							SAN FRANCISCO TRANSGENDER
SAN FRANCISCO, CA 94131	80-0225836	501(C)(3)	5,000.	0.			FILM FESTIVAL
FRIENDS OF THE CAMEO							
1340 MAIN ST							
ST. HELENA, CA 94574	46-1215228	501(C)(3)	7,000.	0.			GENERAL OPERATING SUPPORT
FRIENDSHIP PLACE							
4713 WISCONSIN AVE NW							
WASHINGTON, DC 20016	52-1925494	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT
GAY, LESBIAN & STRAIGHT EDUCATION							
NETWORK - NY - 90 BROAD STREET,							
2ND FLOOR - NEW YORK, NY 10004	04-3234202	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
GAY, LESBIAN & STRAIGHT EDUCATION							
NETWORK - NY - 90 BROAD STREET,							
2ND FLOOR - NEW YORK, NY 10004	04-3234202	501(C)(3)	27,000.	0.			GENERAL OPERATING SUPPORT
GAY-STRAIGHT ALLIANCE NETWORK							
1611 TELEGRAPH AVENUE, STE 1002							INCREASE THE NUMBER OF
OAKLAND, CA 94612	20-5367752	501(C)(3)	15,000.	0.			MILLENNIAL/ALUMNI DONORS

(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
GENDER SPECTRUM							
1271 WASHINGTON AVE. #834							
SAN LEANDRO, CA 94577	41-2253091	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
DAN HEADING, CA 94377	41 2233091	501(0/(3/	10,000.				SEMERAL OF EXATING BUTTORT
GEORGIA EQUALITY							
1530 DEKALB AVENUE NE, SUITE							
ATLANTA, GA 30307	58-2190883	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
	30 2190003	501(0)(0)					
GIRLS INC.							
120 WALL STREET, 3RD FLOOR							
NEW YORK, NY 10005	13-1915124	501(C)(3)	7,500.	0.			GENERAL OPERATING SUPPORT
			, .				
GLADSTONE FOUNDATION							
1650 OWENS STREET							
SAN FRANCISCO, CA 94158	80-0688001	501(C)(3)	100,000.	0.			GENERAL OPERATING SUPPORT
GOLDEN GATE PERFORMING ARTS/SAN							
FRANCISCO GAY MEN'S CHORUS - 398							
11TH STREET, SUITE 300 - SAN							
FRANCISCO, CA 94103	94-2576101	501(C)(3)	16,182.	0.			GENERAL OPERATING SUPPORT
GOLDEN GATE PERFORMING ARTS/SAN							
FRANCISCO GAY MEN'S CHORUS - 398							
11TH STREET, SUITE 300 - SAN							
FRANCISCO, CA 94103	94-2576101	501(C)(3)	6,300.	0.			GENERAL OPERATING SUPPORT
GOLDEN GATE PERFORMING ARTS/SAN							
FRANCISCO GAY MEN'S CHORUS - 398							
11TH STREET, SUITE 300 - SAN							2015 SFGMC HOLIDAY CD
FRANCISCO, CA 94103	94-2576101	501(C)(3)	5,000.	0.			FUND.
HARTLEY FILM FOUNDATION							
49 RICHMONDVILLE AVENUE							
WESTPORT, CT 06880	06-0950982	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT
HUMAN RIGHTS CAMPAIGN FOUNDATION							
1640 RHODE ISLAND AVENUE NW							
WASHINGTON, DC 20036	52-1481896	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT

(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
HUMAN RIGHTS CAMPAIGN FOUNDATION							
1640 RHODE ISLAND AVENUE NW							
WASHINGTON, DC 20036	52-1481896	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT
	01 1101070			••			
INTERNATIONAL RESCUE COMMITTEE							
405 14TH ST. #1415							REFUGEE WORK AND CURRENT
OAKLAND, CA 94612	13-5660870	501(C)(3)	5,000.	0.			CRISIS IN EUROPE
,,			-,	•			TO SUPPORT THE GLOBAL
IPAS							MONITORING PROJECT, WHICH
300 MARKET STREET, SUITE 200							SEEKS TO REDUCE THE
CHAPEL HILL, NC 27516	56-1071085	501(C)(3)	75,000.	0.			IMPACT OF THE GLOBAL
,	00 10/1000		,	••			
JEWISH FAMILY & COMMUNITY SERVICES							
EAST BAY - 2484 SHATTUCK AVE. #210							LGBTI REFUGEE/ASYLEE
- BERKELEY, CA 94705	94-3250304	501(C)(3)	9,000.	0.			SERVICES
	21 0200001		5,000.	••			
JUSTICE NOW							
1322 WEBSTER STREET, SUITE 210							TO SUPPORT THE GENDER
OAKLAND, CA 94612	42-1559699	501(C)(3)	5,000.	0.			JUSTICE CAMPAIGN
	42 1339099	501(0)(3)	5,000.				
JUSTICE NOW							TRANSGENDER, GENDER
1322 WEBSTER STREET, SUITE 210							, VARIANT & INTERSEX
OAKLAND, CA 94612	42-1559699	501(C)(3)	5,000.	0.			JUSTICE PROJECT
	12 2007077			••			
KESHET							
284 AMORY STREET							
JAMAICA PLAIN, MA 02130	48-1278664	501(C)(3)	5 000.	0.			GENERAL OPERATING SUPPORT
	10 11/0001	501(0)(5)	5,000.				
LAMBDA LEGAL DEFENSE & EDUCATION							
FUND - 120 WALL STREET, 19TH							
FLOORS - NEW YORK, NY 10005	23-7395681	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT
LOOKS MENTONIC, MI 10005	25 , 595001	551(0)(5)	5,000.	0.			SERENCE OF ENALING DOFFORT
LARKIN STREET YOUTH SERVICES							
134 GOLDEN GATE AVENUE							TO SUPPORT CASTRO YOUTH
SAN FRANCISCO, CA 94102	94-2917999		5,000.	0.			HOUSING INITIATIVE.

(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
LIFE ELDERCARE							
3300 CAPITOL AVE.							LAVENDER SENIORS OF THE
FREMONT, CA 94538	23-7455567	501(C)(3)	7,000.	0.			EAST BAY
LIGHT OPERA OF NEW YORK INC							
PO BOX 1943							
NEW YORK, NY 10101	20-5086861	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT
LYRIC							
127 COLLINGWOOD ST.							EL/LA PROGRAM PARA
SAN FRANCISCO, CA 94114	94-3227296	501(C)(3)	10,000.	0.			TRANSLATINAS
LYRIC							
127 COLLINGWOOD ST.			5 000				
SAN FRANCISCO, CA 94114	94-3227296	501(C)(3)	5,000.	0.			MAVEN
MIAMI-DADE GAY & LESBIAN CHAMBER OF COMMERCE - 1130 WASHINGTON AVE							TO SUPPORT LGBT EXECUTIVE
							DIRECTOR CONVENINGS IN THE MIAMI-DADE COUNTY
D 1ST FLOOR NORTH - MIAMI BEACH, FL 33139	65-0997245	501(C)(3)	7 000.	0.			AREA
	05-0557245	501(0)(3)	7,000.	0.			AREA
MOVEMENT STRATEGY CENTER							
436 14TH STREET, 5TH FLOOR							
OAKLAND, CA 94612	20-1037643	501(C)(3)	5,000.	0.			BROWN BOI PROJECT
NATIONAL CENTER FOR LESBIAN RIGHTS							
870 MARKET ST., SUITE 370							
SAN FRANCISCO, CA 94102	94-3086885	501(C)(3)	60,000.	0.			GENERAL OPERATING SUPPORT
NATIONAL CENTER FOR LESBIAN RIGHTS							
870 MARKET ST., SUITE 370							RUTH ELLIS WOMEN OF COLOR
SAN FRANCISCO, CA 94102	94-3086885	501(C)(3)	10,000.	0.			GIVING CIRCLE
NATIONAL CENTER FOR LESBIAN RIGHTS							
870 MARKET ST., SUITE 370							
SAN FRANCISCO, CA 94102	94-3086885	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT

(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
NATIONAL CENTER FOR LESBIAN RIGHTS							
870 MARKET ST., SUITE 370							
SAN FRANCISCO, CA 94102	94-3086885	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT
			,				
NATIONAL CENTER FOR LESBIAN RIGHTS							
870 MARKET ST., SUITE 370							
SAN FRANCISCO, CA 94102	94-3086885	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT
NATIONAL CENTER FOR LESBIAN RIGHTS							
870 MARKET ST., SUITE 370							
SAN FRANCISCO, CA 94102	94-3086885	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT
NATIONAL CENTER FOR LESBIAN RIGHTS							
870 MARKET ST., SUITE 370							
SAN FRANCISCO, CA 94102	94-3086885	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT
NATIONAL CENTER FOR LESBIAN RIGHTS							
870 MARKET ST., SUITE 370							
SAN FRANCISCO, CA 94102	94-3086885	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT
NATIONAL GAY AND LESBIAN TASK							TO DEVELOP AND EXECUTE
FORCE - 1325 MASSACHUSETTS AVE.							THE BE YOU, BE WELCOMING:
NW, SUITE 600 - WASHINGTON, DC							FAMILY & FAITH POWER
20005	52-1624852	501(C)(3)	125,914.	0.			SUMMIT IN SALT LAKE CITY
NATIONAL GAY AND LESBIAN TASK							CHANGING THE FAITH
FORCE - 1325 MASSACHUSETTS AVE.							NARRATIVE BY MOBILIZING
NW, SUITE 600 - WASHINGTON, DC							FAITH ORGANIZERS TO
20005	52-1624852	501(C)(3)	75,000.	0.			DEFEAT RELIGIOUS
NATIONAL GAY AND LESBIAN TASK							TO DEVELOP AND EXECUTE
FORCE - 1325 MASSACHUSETTS AVE.							THE BE YOU, BE WELCOMING:
NW, SUITE 600 - WASHINGTON, DC							FAMILY & FAITH POWER
20005	52-1624852	501(C)(3)	25,000.	0.			SUMMIT IN SALT LAKE CITY
OAKLAND PEACE CENTER							
111 FAIRMOUNT AVE	46 2242605	E01/(0)/(2)	E 000	_			
OAKLAND, CA 94611	46-3342685	DUT(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT

(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 PUBLIC EDUCATION FUND							FOR FUNDING THE
P.O. BOX 27148							ELEMENTARY LITERACY
OAKLAND, CA 94602	43-2014630	501(C)(3)	5,000.	0.			COLLABORATIVE
OLD FIRST PRESBYTERIAN CHURCH							
1751 SACRAMENTO	04 1156050	F01 (g) (2)	F 000	0.			
SAN FRANCISCO, CA 94109	94-1156852	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT
ON THE MOVE							TO SUPPORT LGBTQ
780 LINCOLN AVE.							CONNECTION Q*YOUTH GROUP
NAPA, CA 94558	75-3149095	501(C)(3)	10,000.	0.			IN NAPA COUNTY
OPENHOUSE							
1800 MARKET ST., PMB 93							THE ONGOING EXPANSION
SAN FRANCISCO, CA 94102	94-3337955	501(C)(3)	50,000.	0.			CAMPAIGN
OPENHOUSE							
1800 MARKET ST., PMB 93							
SAN FRANCISCO, CA 94102	94-3337955	501(C)(3)	22,500.	0.			GENERAL OPERATING SUPPORT
	51 0007500	501(0)(5)					
OPENHOUSE							
1800 MARKET ST., PMB 93							
SAN FRANCISCO, CA 94102	94-3337955	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT
OUR FAMILY COALITION							
1385 MISSION STREET, SUITE 340	04 2061 506	501 (3) (2)	15 000	0			
SAN FRANCISCO, CA 94103	94-3261786	501(C)(3)	15,000.	0.			INCREASING GIVING SUPPORT
OUR FAMILY COALITION							
1385 MISSION STREET, SUITE 340							
SAN FRANCISCO, CA 94103	94-3261786	501(C)(3)	10,000.	0.			SOMOS FAMILIA
,,				· · ·			BUILDING THE CAPACOTY OF
PLANNED PARENTHOOD FEDERATION OF							PARTNERS IN AFRICA TO
AMERICA, INC 434 WEST 33RD							MONTIOR US-BASED
STREET - NEW YORK, NY 10001	13-1644147	501(C)(3)	75,000.	0.			OPPOSITION TO LGBT AND

(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
POINT FOUNDATION							
5055 WILSHIRE BLVD, STE 501							
LOS ANGELES, CA 90036	84-1582086	501 (C) (3)	5,000.	0.			GENERAL OPERATING SUPPORT
	01 1502000	501(0)(0)	5,000,				
POLITICAL RESEARCH ASSOCIATES							
1310 BROADWAY, #201							STOP THE EXPORTATION OF
SOMERVILLE, MA 12144	36-3193323	501(C)(3)	150,000.	0.			US STYLE CULTURAL WARS
			, .				
POLITICAL RESEARCH ASSOCIATES							STOP THE EXPORTATIN OF US
1310 BROADWAY, #201							STYLE CULTURAL WARS -
SOMERVILLE, MA 12144	36-3193323	501(C)(3)	75,000.	0.			FINANCIAL FORENSICS
PRESCOTT COLLEGE							
220 GROVE AVE							
PRESCOTT, AZ 86301	86-0294012	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
PROTEUS FUND							
15 RESEARCH DRIVE #B							FOR THE CIVIL MARRIAGE
AMHERST, MA 01002	04-3243004	501(C)(3)	36,000.	0.			COLLABORATIVE
QUEER CULTURAL CENTER							
762 FULTON STREET	04 2005000	F01 (g) (2)		0			
SAN FRANISCO, CA 94102	94-3227296	501(C)(3)	7,500.	0.			TOPSY TURVY QUEER CIRCUS
QUEER CULTURAL CENTER							
762 FULTON STREET							
SAN FRANISCO, CA 94102	94-3227296	501(C)(3)	5,000.	0.			BLACK GIRL DANGEROUS
	54 5227250	501(0/(5/	5,000.				BENCK GINE DIMOBILOOD
QUEER CULTURAL CENTER							
762 FULTON STREET							
SAN FRANISCO, CA 94102	94-3227296	501(C)(3)	5,000.	0.			QUEER REBELS PRODUCTIONS
				·			
QUEER CULTURAL CENTER							
762 FULTON STREET							
SAN FRANISCO, CA 94102	94-3227296	501(C)(3)	5,000.	0.			SAN FRANCISCO TRANS MARCH

(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
OUEER CULTURAL CENTER							
762 FULTON STREET							
SAN FRANISCO, CA 94102	94-3227296	501(C)(3)	5,000.	0.			STILL HERE
QUEER LIFESPACE							
2275 MARKET ST.							
SAN FRANCISCO, CA 94114	45-2451077	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT
RAISING A READER OF SAN FRANCISCO							
AND ALAMEDA COUNTIES - 470 THIRD							
STREET, SUITE 102 - SAN							
FRANCISCO, CA 94107	27-1584676	501(C)(3)	7,500.	0.			GENERAL OPERATING SUPPORT
RYSE							TO SUPPORT ALPHABET
205 41ST STREET							GROUP, A SPACE FOR LGBTQQ
RICHMOND, CA 94805	26-0692904	501(C)(3)	5,000.	0.			чоитн
SAN FRANCISCO AIDS FOUNDATION							
1035 MARKET STREET, SUITE 400							
SAN FRANCISCO, CA 94103	942927405	501(C)(3)	6,000.	0.			GENERAL OPERATING SUPPORT
SAN FRANCISCO AIDS FOUNDATION							
1035 MARKET STREET, SUITE 400							CAMPAIGN FOR HEALTH &
SAN FRANCISCO, CA 94103	942927405	501(C)(3)	5,000.	0.			WELLNESS
SAN FRANCISCO COMMUNITY LAND TRUST							
PO BOX 420982	44 0500400		10.000				
SAN FRANCISCO, CA 94142	11-3700403	501(C)(3)	10,000.	0.			MARTY'S PLACE
CAN EDANGIGO EOOD DAW							
SAN FRANCISCO FOOD BANK							
900 PENNSYLVANIA AVE	04 2041515	E01(0)(2)	F 000	~			CENERAL ODERATING SUFFERE
SAN FRANCISCO, CA 94107	94-3041517	DUI(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT
SAN FRANCISCO LGBT COMMUNITY							
CENTER - 1800 MARKET STREET - SAN							TO BE USED FOR THE NEW
FRANCISCO, CA 94102	94-3236718		10,000.	0.			COMMUNICATIONS POSITION.

(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 OPERA							
301 VAN NESS AVE							
SAN FRANCISCO, CA 94102	94-0836240	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
SAN FRANCISCO WOMEN'S CENTERS/THE	54 0030240	501(0)(3)	10,000.				
WOMEN'S BUILDING - 3543 18TH							
STREET #8 - SAN FRANCISCO, CA							
94110	94-1730620	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
<u>, , , , , , , , , , , , , , , , , , , </u>	51 1750020	501(0)(5)	10,000.				
SAPLING FOUNDATION							
250 HUDSON ST RM 1002							
NEW YORK, NY 10013	94-3235545	501(C)(3)	14,500.	0.			GENERAL OPERATING SUPPORT
			,				
SAVE CENTER FOR COMMUNITY CHANGE							
AND EMPOWERMENT - 896 ISABELLA ST							
- OAKLAND, CA 94607	46-4192181	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT
SAVE MOUNT DIABLO							
1901 OLYMPIC BLVD., SUITE 220							
WALNUT CREEK, CA 94596	94-2681735	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT
			, .				
SEVENTH GENERATION FUND FOR							
INDIGENOUS PEOPLES, INC - PO BOX							BAY AREA AMERICAN INDIAN
, 4569 - ARCATA, CA 95518	68-0027427	501(C)(3)	6,630.	0.			TWO-SPIRITS
SHANESTAR PRODUCTIONS							PRODUCTION OF SHORT
31 28TH ST.							NARRATIVE FILM "DOUBLE
SAN FRANCISCO, CA 94110	20-4812996	501(C)(3)	5,604.	0.			SECRET"
- ·							
SITAR ARTS CENTER							
1700 KALORAMA RD, NW, SUITE 101							
WASHINGTON, DC 20009	52-2113471	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT
SLOW FOOD USA INC							
20 JAY STREET SUITE M04							
BROOKLYN, NY 10024	13-4100161	501(C)(3)	8,000.	0.			GENERAL OPERATING SUPPORT

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SLOW FOOD USA INC							
20 JAY STREET SUITE M04							
BROOKLYN, NY 10024	13-4100161	501(C)(3)	7,500.	0.			GENERAL OPERATING SUPPORT
	15 1100101	501(0)(5)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
SONOMA LAND TRUST							
966 SONOMA AVENUE							40TH ANNIVERSARY
SANTA ROSA, CA 95404	51-0197006	501(C)(3)	10,000.	0.			CHALLENGE
biwin Robit, Ch 99404	51 0157000	501(0)(3)	10,000.				
SOULFORCE							PULLING THE PLUG ON
P.O. BOX 2499							NATIONAL RELIGIOUS
ABILENE TX 79604	33-0782888	501(C)(3)	75,000.	0.			BROADCASTERS
	33 0702000	501(0)(3)	13,000.				BROMBENDTERD
SOUTHERN POVERTY LAW CENTER							
400 WASHINGTON AVENUE - PO BOX 5632	b						STOPPING THE EXPORT OF
MONTGOMERY, AL 36177	63-0598743	501(C)(3)	75,000.	0.			HATE
MONIGOMERI, AL 301/7	03-0398743	501(C)(3)	75,000.	υ.			
SOUTHERN POVERTY LAW CENTER							
							EVPORTNE CONTRACTON
400 WASHINGTON AVENUE - PO BOX 5632		F01 (g) ())	25 000				EXPOSING CONVERSION
MONTGOMERY, AL 36177	63-0598743	501(C)(3)	35,000.	0.			THERAPY PROVIDERS
SPECIAL OLYMPICS KANSAS, INC							
5280 FOXRIDGE DRIVE							BENEFIT FOR DOUGLAS
MISSION, KS 66202	48-0890981	501(C)(3)	5,000.	0.			COUNTY SPECIAL OLYMPICS
MISSION, NS 00202	40-0090901	501(C/(3/	5,000.	0.			TRANSGENDER ADVOCATES FOR
ST. JAMES INFIRMARY							JUSTICE AND
1732 MISSION STREET							ACCOUNTABILITY (TAJAOS)
	94-3330568	F01(a)(2)	10,000.	0.			COALITION
SAN FRANCISCO, CA 94103	94-3330500	501(C)(3)	10,000.	0.			COALITION
THE DREAMCATCHER FOUNDATION							
5401 S HYDE PARK BLVD STE 302							
	FC 0C4001C	F01(a)(2)	10.000	0			
CHICAGO, IL 60615	56-2640816	DUI(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
TIDES CENTER							
PO BOX 29907, BLDG. 1014	04 2012100	F01 (g) ())	10.000				
SAN FRANCISCO, CA 94129	94-3213100	pu1(C)(3)	10,000.	0.		1	HOMELESS YOUTH ALLIANCE

(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
TIDES CENTER							
PO BOX 29907, BLDG. 1014							ADOLESCENT HEALTH WORKING
SAN FRANCISCO, CA 94129	94-3213100	501(C)(3)	5,000.	0.			GROUP
	54 5215100	501(0)(3)	5,000.				51(001
TRANSGENDER LAW CENTER							
1692 TELEGRAPH AVE., SUITE 400							GIVE OUT DAY PRIZE AWARD
OAKLAND, CA 94612	05-0544006	501(C)(3)	5,000.	0.			GRANT
OARDAND, CA 94012	05 0544000	501(0)(3)	5,000.	0.			SIGNI
TURTLE BAY EXPLORATION PARK							
1335 ARBORETUM DR STE A							
REDDING, CA 96003	68-0236299	501(C)(3)	14,000.	0.			EARTHSTONE/OESTREICHER
REDDING, CR 90003	00-0250299	501(0)(3)	14,000.	0.			EARTHSTONE/ DESTRETCHER
TURTLE BAY EXPLORATION PARK							
1335 ARBORETUM DR STE A							
REDDING, CA 96003	68-0236299	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
REDDING, CA 90003	00-0230299	501(0)(3)	10,000.	0.			SENERAL OFERATING SUFFORT
UCLA FOUNDATION/WILLIAMS INSTITUTE							
UCLA LAW BOX 951476							WILLIAMS INSTITUTE UCLA
LOS ANGELES, CA 90095	95-2250801	501(C)(3)	25,000.	0.			LAW SCHOOL ONLY
UNIVERSITY OF CALIFORNIA SAN	95-2250001	501(0)(3)	25,000.	0.			
FRANCISCO FOUNDATION - 220							
							IN GUDDODE OF HAGE
MONTGOMERY STREET, 5TH FLOOR -	04 0000014	F01(a)(2)	F 000	0			IN SUPPORT OF UCSF
SAN FRANCISCO, CA 94104	94-2829914	501(C)(3)	5,000.	0.			MEDICAL CENTER
UNIVERSITY OF CALIFORNIA SAN							
FRANCISCO FOUNDATION - 220							
MONTGOMERY STREET, 5TH FLOOR -							IN SUPPORT OF UCSF
SAN FRANCISCO, CA 94104	94-2829914	501(C)(3)	5,000.	0.			HOSPITAL AT MISSION BAY
WOMAN VISION - WOMEN'S MUSIC							
PROJECT - 3570 CLAY STREET - SAN							
FRANCISCO, CA 94118	76-0406964	501(C)(3)	22,500.	0.			UNRESTRICTED
WOMEN IN MEDICINE, INC							FOR THE
P.O. BOX 107				-			GARTRELL-MOSBACHER WOMEN
COLCHESTER, VT 05446	31-1705206	501(C)(3)	5,000.	0.			IN MEDICINE SCHOLARSHIP

(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
OMEN'S FOUNDATION OF CALIFORNIA							
300 FRANK H. OGAWA PLAZA, SUITE 4	2						
AKLAND, CA 94612	23-7395681	501(C)(3)	35,000.	0.			GENERAL OPERATING SUPPOR
				•			
ALE UNIVERSITY							SUMMER INTERNSHIP /
.O. BOX 2038							FELLOWSHIP IN SUPPORT OF
EW HAVEN, CT 06521	06-0646973	501(C)(3)	6,000.	0.			GLBQT NON-PROFIT WORK
				·			
		1	1			1	

Page 2

 Part III
 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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
					SCHOLARSHIP FOR PLYMOUTH HIGH SCHOOL GRADUATING SENIOR NADIA
BALL STATE UNIVERSITY	1	1,000.	٥.		BACA
BRANDON ISHIKATA - GAPA SCHOLARSHIP WINNER	1	1,000.	0.		GAPA SCHOLARSHIP WINNER
					EQUALITY SCHOLARSHIP SCHOLAR
CALIFORNIA STATE UNIVERSITY, SAN MARCOS	1	6,000.	0.		JASMINE RIVERA
DIABLO VALLEY COLLEGE	1	5,000.	0.		EQUALITY SCHOLARSHIP SCHOLAR THECKLA "ALEXA" LOPEZ
FRESNO CITY COLLEGE	1	2,200.	0.		EQUALITY SCHOLARSHIP SCHOLAR CASSIE CONTRERAS
Part IV Supplemental Information. Provide the information rec	uired in Part I, lin	e 2, Part III, column	(b), and any other a	dditional information.	
PART II, LINE 1, COLUMN (H):					
NAME OF ORGANIZATION OR GOVERNMENT	: ASIAN	PACIFIC IS	LANDER LEG	AL OUTREACH	
(H) PURPOSE OF GRANT OR ASSISTANCE	E: TO FUN	D LEGAL SE	RVICES AND	ADVOCACY	
TO ENSURE THE CIVIL AND HUMAN RIGH	ITS OF LG	BT PEOPLE,	WITH A FO	CUS ON	
IMMIGRANTS AND PEOPLE WITH DISABII					
NAME OF ORGANIZATION OR GOVERNMENT	CENTER	FOR CONST	TTUTIONAL	RIGHTS	
(H) PURPOSE OF GRANT OR ASSISTANCE					
· ·					
IN THEIR EFFORTS TO STRIP AWAY RIG	HTS FROM	<u>LGBTQI CO</u> 51	MMUNITIES,	INCLUDING	
532102 10-28-15 SEE PART IV FOR COLU	JMN (F) D	• =	IS		Schedule I (Form 990) (2015)

Schedule I (Form 990) HORIZONS FOUND					94-2686530 Pag
Part III Continuation of Grants and Other Assistance to Indiv	viduals in the Unite	ed States (Schedul	e I (Form 990), Part III.)		1
(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
ATIONAL CENTER FOR YOUTH LAW	1.	15,000.	0.		PRIDE LAW FUND'S THOMAS H. STEEL FELLOWSHIP AWARDEE RAUL ARROYO-MENDOZA
EGENTS OF THE UNIVERSITY OF CALIFORNIA, DAVIS	1.	6,000.	0.		EQUALITY SCHOLARSHIP SCHOLAR CHRISTINA BOYER
EGENTS OF THE UNIVERSITY OF CALIFORNIA, DAVIS	1,	6,000.	0.		EQUALITY SCHOLARSHIP SCHOLAR VINCENT LEE
AMUEL MERRITT UNIVERSITY	1.	6,000.	0.		EQUALITY SCHOLARSHIP SCHOLAR ESTEBAN RODRIGUEZ
AN FRANCISCO STATE UNIVERSITY	1.	4,000.	0.		EQUALITY SCHOLAR JOEMAE SANTOS
AN FRANCISCO STATE UNIVERSITY	1.	3,000.	0.		EQUALITY SCHOLAR WINLEY SCHOOLER
AN FRANCISCO STATE UNIVERSITY FINANCIAL AID FFICE	1.	4,000.	0.		FOR MARKOWSKI LEACH SCHOLARS: GILLIAN NGUBANE; CARIDA WARD
AN JOSE STATE UNIVERSITY	1.	6,000.	0.		EQUALITY SCHOLARSHIP SCHOLAR KYLE NORMAN
AN JOSE STATE UNIVERSITY	1.	6,000.	0.		EQUALITY SCHOLARSHIP SCHOLAR MIRANDA CARAVAHLO

Schedule I (Form 990) HORIZONS FOUND Part III Continuation of Grants and Other Assistance to Individual Individual Individual		d States (Schedul	e I (Form 990) Part III))	94-2686530 Page
(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
SMITH COLLEGE	1.	3,250.	. 0.		EQUALITY SCHOLARSHIP SCHOLAR LAURA JACOBS FOR MARKOWSKI LEACH SCHOLARS:
TANFORD UNIVERSITY FINANCIAL AID	4.	8,000.	. 0.		FOR MARROWSKI LEACH SCHOLARS: LAILA AL-SHAMMA; MEASHA FERGUSON SMITH; BRENDAN HAMEL-BISSELL, BRIAN KAPLUN
TANFORD UNIVERSITY FINANCIAL AID	6.	16,500.	. 0.		TO THE GRADUATE SCHOOL OF BUSINESS, FOR RICH CHICOTEL MEMORIAL SCHOLARSHIP RECIPIENTS: 1. KATE KRAFT -
TANFORD UNIVERSITY FINANCIAL AID	1.	1,000.	. 0.		TO THE GRADUATE SCHOOL OF BUSINESS, FOR NEW ROAD SCHOLARSHIP AWARDEE STEPHANIE YOUNG
TANFORD UNIVERSITY SCHOOL OF MEDICINE	1.	6,000.	. 0.		EQUALITY SCHOLARSHIP SCHOLAR MICHAEL MEDELMAN
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN	1.	6,000.	. 0.		EQUALITY SCHOLARSHIP SCHOLAR JEROME CHELLIAH
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN	1.	6,000.	. 0.		EQUALITY SCHOLARSHIP SCHOLAR GREG ZAHNER
COURO UNIVERSITY	1.	6,000.	. 0.		EQUALITY SCHOLARSHIP SCHOLAR VIVIAN PARTIDA
TRUSTEES OF UNIVERSITY OF PENNSYLVANIA	1.	3,000.	. 0.		EQUALITY SCHOLARSHIP SCHOLAR BARBARA "AIDEN" CASTELLANOS Schedule I (Form 99

Part III Continuation of Grants and Other Assistance to Individ					
(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 assistanc
IVERSITY OF CALIFORNIA BERKELEY - FINANCIAL AID	1	1,000,	0.		FOR MARKOWSKI LEACH SCHOLAR SHIRLINDA ACKER
IVERSITI OF CALIFORNIA DERREDET FINANCIAL AID	<u>+</u> .	1,000.			FOR MARKOWSKI LEACH SCHOLARS:
					VANESSA COE; PAUL
					MONGE-RODRIGUEZ; SARAH
VERSITY OF CALIFORNIA BERKELEY - FINANCIAL AID	8.	16,000.	. 0.		VERNALLIS; KATRINA CRATON;
					FOR MARKOWSKI LEACH SCHOLARS
IVERSITY OF CALIFORNIA BERKELEY - FINANCIAL AID	1.	2,000.	. 0.		ANTHONY WILLIAMS
IVERSITY OF CALIFORNIA HAAS SCHOOL OF BUSINESS	1	2.000	0.		FOR MARKOWSKI LEACH SCHOLAR
IVERSITY OF CALIFORNIA HAAS SCHOOL OF BUSINESS	<u> </u>	2,000,			TARA BENESCH
					FOR EQUALITY SCHOLARSHIP
IVERSITY OF CALIFORNIA, MERCED	1.	3,000.	. 0.		STUDENT NARINA JONES
					FOR MARKOWSKI LEACH SCHOLARS:
					HANNAN BRAUN; JEROME CHELLIAH
IVERSITY OF CALIFORNIA, SAN FRANCISCO	3.	6,000.	. 0.		MICHAEL LIU
					FOR MARKOWSKI LEACH SCHOLAR
					TESS VEUTHEY, UCSF GRADUATE
IVERSITY OF CALIFORNIA, SAN FRANCISCO	1.	2,000.	. 0.		DIVISION
					EQUALITY SCHOLARSHIP SCHOLAR
SSAR COLLEGE	1.	3,800.	. 0.		SAMUEL BLANCHARD

Schedule I (Form 990) HORIZONS FOUNDATION

Part IV Supplemental Information

LITIGATION IN THE CASE SEXUAL MINORITIES UGANDA (SMUG) V. SCOTT LIVELY,

AND RELATED ADVOCACY, PUBLIC EDUCATION AND OUTREACH.

NAME OF ORGANIZATION OR GOVERNMENT: FOOD FOR THOUGHT

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR COUNTYWIDE DELIVERY PROGRAM

HOMEBOUND INDIVIDUALS IN SONOMA COUNTY AFFECTED BY HIV/AIDS.

NAME OF ORGANIZATION OR GOVERNMENT: IPAS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE GLOBAL MONITORING

PROJECT, WHICH SEEKS TO REDUCE THE IMPACT OF THE GLOBAL OPPOSITION TO

SEXUAL AND REPRODUCTIVE HEALTH RIGHTS.

NAME OF ORGANIZATION OR GOVERNMENT: NATIONAL GAY AND LESBIAN TASK FORCE

(H) PURPOSE OF GRANT OR ASSISTANCE: CHANGING THE FAITH NARRATIVE BY

MOBILIZING FAITH ORGANIZERS TO DEFEAT RELIGIOUS EXEMPTIONS

NAME OF ORGANIZATION OR GOVERNMENT:

PLANNED PARENTHOOD FEDERATION OF AMERICA, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: BUILDING THE CAPACOTY OF PARTNERS IN

AFRICA TO MONTIOR US-BASED OPPOSITION TO LGBT AND REPRODUCTIVE RIGHTS

(F) DESCRIPTION OF NON-CASH ASSISTANCE: TO THE GRADUATE SCHOOL OF BUSINESS, FOR RICH CHICOTEL MEMORIAL SCHOLARSHIP RECIPIENTS: 1. KATE KRAFT - \$4,500 2. MARK MOEREMANS - \$4,000 3. WENDY HUA - \$2,500 4. SAM BYKER - \$2,500 5. LIVIA VIDAL - \$1,500 6. KATHERINE MARTINO - \$1,500

(F) DESCRIPTION OF NON-CASH ASSISTANCE: FOR MARKOWSKI LEACH SCHOLARS:

55

Schedule I	(Form 990)	HORIZONS	FOUNDATION
Part IV	Supplemental	Information	

VANESSA COE; PAUL MONGE-RODRIGUEZ; SARAH VERNALLIS; KATRINA CRATON; JOHN

EARL DIO ; ALEXA GROENKE ; JINOH RYU; TESSVEUTHEY

Schedule I (Form 990)

532291 04-01-15

SC	HEDULE J Compensation Information	OMB No.	1545-00	47				
(Fo	rm 990) For certain Officers, Directors, Trustees, Key Employees, and Highest	20	2015					
	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.	20						
Depa	tment of the Treasury Attach to Form 990.		Open to Public					
	al Revenue Service Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form9	30.). Inspection					
man	-	• •						
Da	HORIZONS FOUNDATION	94-268653	0					
10			Yes	No				
19	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 99	10	165	NO				
ia	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	,						
	First-class or charter travel Housing allowance or residence for personal	use						
	Travel for companions							
	Tax indemnification and gross-up payments							
	Discretionary spending account	f)						
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or							
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b						
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,							
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2						
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization	n'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 committee Written employment contract							
	Independent compensation consultant							
	Form 990 of other organizations	imittee						
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing							
	organization or a related organization:			37				
	Receive a severance payment or change-of-control payment?			X X				
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?			X				
С	c Participate in, or receive payment from, an equity-based compensation arrangement?							
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.							
	Only continue $E(1/2)/2$, $E(1/2)/4$, and $E(1/2)/20$, argonizations must complete lines E. 0.							
5	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation							
U	contingent on the revenues of:							
а	The organization?	5a		х				
h	b Any related organization?							
	If "Yes" to line 5a or 5b, describe in Part III.	<u>5b</u>		X				
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation							
•	contingent on the net earnings of:							
а	The organization?	6a		х				
b	Any related organization?	6b		Х				
	If "Yes" on line 6a or 6b, describe in Part III.							
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments							
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х				
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the							
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III			Х				
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in							
	Regulations section 53.4958-6(c)?			Ĺ				
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule J (For	n 990) 2015				

532111 10-14-15

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 on 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.

(A) Name and Title		(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)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denenta		reported as deferred on prior Form 990
(1) ROGER DOUGHTY	(i)	156,796.	0.	0.	6,272.	9,287.		0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(i) (ii)							
	(i)							
	(i) (ii)							
	(i)							
	(i) (ii)							

Page 3

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.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047				
2015				
Open To Public				

Inspection

Department of the Treasury Internal Revenue Service Name of the organization Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

HORIZONS FOUNDATION

Employer identification number
94-2686530

Pa	rt I Types of Property							
		(a) Check if applicable		(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1	(d) Method of de noncash contribu	etermini	•	s
1	Art - Works of art		items contributed	Form 990, Part VIII, line T				
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	48	629,782	.FAIR MARKET	' VA	LUE	
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
10	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 ()							
		I						
29								
	for which the organization completed Form 82	83, Part IV, I	Donee Acknowledg	gement 29			V.	N
200	During the year did the organization receive h	v contributic	n any proporty ro	ortod in Part L linos 1 thro	uch 28 that it		res	No
30a								
						202		Х
h	exempt purposes for the entire holding period?							- 23
							x	
	32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash							
			0			32a	х	
b						524		
33		column (c) f	or a type of prope	rty for which column (a) is	checked,			
	describe in Part II.							
22 23 24 25 26 27 28 29 30a 31 32a b	Taxidermy Historical artifacts Scientific specimens Archeological artifacts Other () Number of Forms 8283 received by the organization receive b must hold for at least three years from the dat exempt purposes for the entire holding period If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance Does the organization hire or use third parties contributions? If "Yes," describe in Part II. If the organization did not report an amount in	83, Part IV, y contributio e of the initia ? policy that ro or related or	Donee Acknowled on any property rep al contribution, and equires the review rganizations to soli	gement	e used for butions?h	30a 31 32a	Yes X X	

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

Schedule M (Form 990) (2015)

532141 08-21-15

11460707 769114 0601805

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):

48 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) (2015)

532142 08-21-15

11460707 769114 0601805

SCHEDULE O

(Form 990 or 990-EZ) Department of the Treasury Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

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

Internal Revenue Service Name of the organization

HORIZONS FOUNDATION

Employer identification number 94 - 2686530

OMB No. 1545-0047

Open to Public

Inspection

15

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

FUNDS, SCHOLARSHIP FUNDS, AND FIELD OF INTEREST FUNDS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

C)PHILANTHROPIC ADVOCACY: HORIZONS SERVES AS A PRINCIPAL VOICE FOR THE

LGBT COMMUNITY WITHIN THE PHILANTHROPIC WORLD, ACTIVELY PROMOTING

FOUNDATION FUNDING OF LGBT CAUSES.

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

THE BOARD APPROVED A POLICY THAT DELEGATES THE PRE-FILING REVIEW AND

APPROVAL TO THE EXECUTIVE COMMITTEE OF THE BOARD. THE EXECUTIVE COMMITTEE

MEETS WITH THE FINANCE DIRECTOR AND EXECUTIVE DIRECTOR TO REVIEW AND

APPROVE THE 990 PRIOR TO FILING. AN ELECTRONIC VERSION OF THE 990 IS

DISTRIBUTED TO THE FULL BOARD PRIOR TO FILING.

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

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

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

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

WRITING BY THE CHAIR.

Schedule O (Form 990 or 990-EZ) (2015)	Page 2		
Name of the organization	Employer identification number		
HORIZONS FOUNDATION	94-2686530		

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.

Schedule O (Form 990 or 990-EZ) (2015)