

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

OMB No. 1545-0047

2015
 Open to Public Inspection

▶ 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.

A For the 2015 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization HORIZONS FOUNDATION Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 550 MONTGOMERY STREET 700 City or town, state or province, country, and ZIP or foreign postal code SAN FRANCISCO, CA 94111 F Name and address of principal officer: ROGER DOUGHTY SAME AS C ABOVE	D Employer identification number 94-2686530 E Telephone number 415-398-2333 G Gross receipts \$ 8,595,220. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.HORIZONSFUNDATION.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1980 M State of legal domicile: CA

Part I Summary

1	Briefly describe the organization's mission or most significant activities: FUEL THE LGBT MOVEMENT BY INCREASING SUPPORT FOR DIVERSE SF/BAY AREA NONPROFITS.		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	15
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	11
6	Total number of volunteers (estimate if necessary)	6	75
7 a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	3,863,251.	4,281,908.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	994,243.	1,170,048.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	30,831.	4,744.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,888,325.	5,456,700.
14	Benefits paid to or for members (Part IX, column (A), line 4)	1,822,411.	3,338,984.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	816,010.	978,756.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 478,461.	0.	0.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	807,182.	1,107,507.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,445,603.	5,425,247.
19	Revenue less expenses. Subtract line 18 from line 12	1,442,722.	31,453.
20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26)	23,280,576.	22,196,005.
22	Net assets or fund balances. Subtract line 21 from line 20	812,450.	823,858.
		22,468,126.	21,372,147.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

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

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO ENCOURAGE PHILANTHROPIC ACTIVISM WITHIN AND FOR THE LGBT COMMUNITY AND TO PROVIDE FINANCIAL AND TECHNICAL ASSISTANCE FOR NONPROFIT ORGANIZATIONS SERVING THE LGBT COMMUNITY.

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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 3,886,693. including grants of \$ 3,266,984.) (Revenue \$)

HORIZONS FOUNDATION PROVIDED DIRECT FINANCIAL SUPPORT TO NONPROFIT ORGANIZATIONS THROUGH 648 GRANTS TOTALING \$3,266,984 IN 2015. GRANTS SUPPORTED A BROAD RANGE OF PROJECTS AND ORGANIZATIONS ADVOCATING FOR AND SERVING THE LGBT COMMUNITY, INCLUDING IN THE AREAS OF HEALTH, HIV/AIDS, YOUTH, ARTS, ELDER, COMMUNITY-BUILDING, COMMUNITIES OF COLOR, TRANSGENDER RIGHTS, LEGAL RIGHTS, PUBLIC EDUCATION, ADVOCACY, AND STEMMING THE EXPORTATION OF ANTI-LGBT MESSAGES AND PRACTICES FROM THE UNITED STATES AROUND THE WORLD. MANY GRANTS PROVIDED MUCH-NEEDED GENERAL OPERATING SUPPORT TO NONPROFIT ORGANIZATIONS, WHILE OTHERS FUNDED SPECIFIC PROJECTS. GRANTS WERE MADE IN THE BAY AREA AND NATIONALLY, RANGED FROM \$250 TO \$432,000, AND WERE FUNDED BY THE FOUNDATION'S ENDOWMENT, SPECIFIC GRANTING PROGRAMS, DONOR-ADVISED

4b (Code:) (Expenses \$ 596,176. including grants of \$ 65,000.) (Revenue \$)

A) BUILDING LGBT PHILANTHROPY: HORIZONS PROMOTED GIVING BY LGBT PEOPLE, OFFERING EXPERT SEMINARS TO EDUCATE HUNDREDS OF DONORS AND FINANCIAL AND LEGAL ADVISORS SERVING THE LGBT COMMUNITY. HORIZONS HELPED INDIVIDUAL DONORS TO DEFINE THEIR PHILANTHROPIC GOALS AND DEVELOP GIVING STRATEGIES FOR BOTH LIFE-TIME AND LEGACY GIFTS. THE FOUNDATION ALSO CO-LED AN UNPRECEDENTED NATIONAL RESEARCH PROJECT TO DEVELOP STRATEGIES TO INCREASE PHILANTHROPIC GIVING AMONG LGBT PEOPLE.

B) DEVELOPING COMMUNITY ENDOWMENT: HORIZONS FOUNDATION'S LGBT COMMUNITY ENDOWMENT FUND PROVIDES PERMANENT RESOURCES FOR PROMOTING THE RIGHTS AND WELL-BEING OF LGBT PEOPLE. THE ENDOWMENT IS BEING BUILT PRINCIPALLY THROUGH ESTATE GIFTS. MORE THAN 300 PEOPLE HAVE INFORMED HORIZONS THAT THEY HAVE INCLUDED THE FOUNDATION IN THEIR ESTATES.

4c (Code:) (Expenses \$ 68,267. including grants of \$ 7,000.) (Revenue \$)

RECOGNIZING THAT STRONG LEADERSHIP IS CRUCIAL TO THE LGBT COMMUNITY, HORIZONS HAS LONG BEEN COMMITTED TO DEVELOPING COMMUNITY LEADERSHIP. IN 2015, THE FOUNDATION CONTINUED TO CONVENE THE EXECUTIVE DIRECTORS OF LGBT ORGANIZATIONS THROUGHOUT THE LGBT COMMUNITY TO DISCUSS AND ACT ON ISSUES FACING THE COMMUNITY. HORIZONS ALSO CONTINUED ITS PROJECT CONVENING LEADERS OF BOARDS OF DIRECTORS OF LGBT NONPROFITS, PROVIDING THEM WITH SKILLS AND TRAINING OPPORTUNITIES.

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 4,551,136.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Main form table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical input fields. Includes questions about Form 1096, Form W-2G, Form W-3, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, and 501(c)(7), (12), (29) organizations.

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

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

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	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 O.			
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		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 Did the organization have members or stockholders?	6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	X	
b Each committee with authority to act on behalf of the governing body?	8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X

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

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

Section C. Disclosure

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DAN C. QUIGLEY BOARD CHAIR EMERITUS	3.00	X						0.	0.	0.
(2) RICHARD T. DAVIS-LOWELL BOARD TREASURER	3.00	X		X				0.	0.	0.
(3) OLGA TALAMANTE BOARD SECRETARY	2.00	X		X				0.	0.	0.
(4) ROSIO ALVAREZ BOARD MEMBER	2.00	X						0.	0.	0.
(5) ANNE STERLING DORMAN BOARD MEMBER	2.00	X						0.	0.	0.
(6) AUDREY KOH BOARD CHAIR	5.00	X		X				0.	0.	0.
(7) JOHN CLAY LEONARD BOARD MEMBER	2.00	X						0.	0.	0.
(8) MICHAEL RABANAL BOARD MEMBER	2.00	X						0.	0.	0.
(9) BEV SCOTT BOARD MEMBER	2.00	X						0.	0.	0.
(10) PETER SCOTT BOARD MEMBER	2.00	X						0.	0.	0.
(11) IRENE WHITE BOARD MEMBER	2.00	X						0.	0.	0.
(12) TOM BURKE BOARD MEMBER	2.00	X						0.	0.	0.
(13) ERIN FLYNN BOARD MEMBER	2.00	X						0.	0.	0.
(14) TERRY MICHEAU BOARD MEMBER	2.00	X						0.	0.	0.
(15) RACHEL ROBASCIOTTI BOARD MEMBER	2.00	X						0.	0.	0.
(16) ROGER DOUGHTY EXECUTIVE DIRECTOR	40.00			X				156,796.	0.	15,559.
(17) DEB STALLINGS DEVELOPMENT DIRECTOR	40.00				X			131,471.	0.	16,796.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) LIZ HOADLEY FINANCE DIRECTOR	32.00					X		113,445.	0.	21,026.
(19) FRANCISCO BUCHTING DIRECTOR OF GRANTMAKING	40.00					X		123,416.	0.	12,341.
1b Sub-total								525,128.	0.	65,722.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								525,128.	0.	65,722.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **4**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
MICHAEL J. ADEE 1919 HOPI ROAD, SANTA FE, NM 87505	CONSULTANT TO GLOBAL FAITH PROJECT	123,217.

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	165,229.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4,116,679.				
	g Noncash contributions included in lines 1a-1f: \$		629,782.				
	h Total. Add lines 1a-1f		4,281,908.				
	Program Service Revenue	2 a _____ Business Code					
b _____							
c _____							
d _____							
e _____							
f All other program service revenue							
g Total. Add lines 2a-2f							
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)		349,694.			349,694.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		3,748,536.					
		b Less: cost or other basis and sales expenses		2,928,182.			
		c Gain or (loss)		820,354.			
	d Net gain or (loss)		820,354.			820,354.	
	8 a Gross income from fundraising events (not including \$ 165,229. of contributions reported on line 1c). See Part IV, line 18	a	208,818.				
		b Less: direct expenses	b	210,338.			
		c Net income or (loss) from fundraising events		-1,520.			-1,520.
	9 a Gross income from gaming activities. See Part IV, line 19	a					
		b Less: direct expenses	b				
		c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a FEE INCOME	900099	6,264.			6,264.		
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d		6,264.					
12 Total revenue. See instructions.		5,456,700.	0.	0.	1,174,792.		

Part IX Statement of Functional Expenses

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

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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):				
a Management				
b Legal	547.			547.
c Accounting	21,850.		21,850.	
d Lobbying				
e 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 O.)	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 O.)				
a BOARD SUPPORT	8,651.	500.	8,151.	
b STAFF DEVELOPMENT	6,830.	973.	1,076.	4,781.
c RECRUITING	710.			710.
d ALLOCATION OF COMMUNICA	0.	105,776.	-105,776.	
e 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)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	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 former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	40,954.	9	25,464.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 242,261.		
	b Less: accumulated depreciation	10b 117,809.	10c	124,452.
	11 Investments - publicly traded securities	22,268,769.	11	21,068,901.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	70,899.	15	59,315.
16 Total assets. Add lines 1 through 15 (must equal line 34)	23,280,576.	16	22,196,005.	
Liabilities	17 Accounts payable and accrued expenses	114,631.	17	148,510.
	18 Grants payable	222,975.	18	98,500.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	474,844.	25	576,848.
	26 Total liabilities. Add lines 17 through 25	812,450.	26	823,858.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	14,305,208.	27	13,691,352.
	28 Temporarily restricted net assets	2,045,345.	28	1,550,335.
	29 Permanently restricted net assets	6,117,573.	29	6,130,460.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	22,468,126.	33	21,372,147.	
34 Total liabilities and net assets/fund balances	23,280,576.	34	22,196,005.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,456,700.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,425,247.
3	Revenue less expenses. Subtract line 2 from line 1	3	31,453.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	22,468,126.
5	Net unrealized gains (losses) on investments	5	-1,127,432.
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	21,372,147.

Part XII Financial Statements and Reporting

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

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

Form 990 (2015)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

HORIZONS FOUNDATION

Employer identification number

94-2686530

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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.")	2,426,946.	15,621,610.	3,288,465.	3,863,251.	4,281,908.	29,482,180.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2,426,946.	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.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	2,426,946.	15,621,610.	3,288,465.	3,863,251.	4,281,908.	29,482,180.
8 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.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	219,354.	208,274.	236,322.	203,368.	215,083.	1,082,401.
11 Total support. Add lines 7 through 10						31,827,189.
12 Gross receipts from related activities, etc. (see instructions)					12	

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	55.09 %
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	51.64 %
16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests - 2015.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests - 2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV 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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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		
c 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		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

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.		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a 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.		
a 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 .		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net 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	

Section 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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	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	

Section 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2015

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year		
1	Amounts paid to supported organizations to accomplish exempt purposes			
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of supported organizations			
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 the organization is responsive (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			
Section 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:			
a				
b				
c				
d	From 2013			
e	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
c	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				
c	Excess from 2013			
d	Excess from 2014			
e	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for supplemental information.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

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

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: (a) Donor advised funds, (b) Funds and other accounts, and questions 1-6 regarding donor advised funds.

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

Form for Part II Conservation Easements, including questions 1-9 and a table for held at the end of the tax year.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions 1a-1b and 2.

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

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

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	7,197,271.	6,994,104.	6,180,247.	4,002,805.	3,921,759.
b Contributions	12,888.	6,935.	94,827.	2,010,085.	205,000.
c Net investment earnings, gains, and losses	-25,594.	463,983.	943,661.	386,879.	66,972.
d Grants or scholarships					
e Other expenditures for facilities and programs	341,867.	267,751.	224,631.	219,522.	190,926.
f Administrative expenses					
g End of year balance	6,842,698.	7,197,271.	6,994,104.	6,180,247.	4,002,805.

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

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Temporarily restricted endowment _____ %

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(ii) related organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	<input type="checkbox"/>	<input type="checkbox"/>

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements	1,800.		1,623.	177.
d Equipment	169,391.		52,104.	117,287.
e Other	71,070.		64,082.	6,988.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				124,452.

Part VII Investments - Other Securities.

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.

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 Other Liabilities.

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) Federal income taxes	
(2) AGENCY FUNDS	571,924.
(3) DEFERRED 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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	4,329,269.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-1,127,431.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	-1,127,431.
3	Subtract line 2e from line 1	3	5,456,700.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	5,456,700.

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

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

1	Total expenses and losses per audited financial statements	1	5,425,247.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	5,425,247.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	5,425,247.

Part XIII Supplemental Information.

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

PART X, LINE 2:

EFFECTIVE JANUARY 1, 2009 THE FOUNDATION ADOPTED FASB GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. THE FOUNDATION TAKES THE POSITION THAT ITS ACTIVITIES CONTINUE TO BE DIRECTLY RELATED TO ITS TAX EXEMPT PURPOSE, AND IT CONSEQUENTLY DID NOT RECOGNIZE ANY INCREASE OR DECREASE IN LIABILITY FOR UNRECOGNIZED TAX BENEFITS TAKEN IN THE CURRENT OR PRIOR PERIODS. THE FOUNDATION'S TAX RETURNS ARE GENERALLY SUBJECT TO EXAMINATION BY FEDERAL AND STATE TAXING AUTHORITIES FOR THREE AND FOUR YEARS RESPECTIVELY.

Part 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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		DINNER GALA (event type)	GOLF TOURNAMENT (event type)	1 (total number)	
Revenue	1 Gross receipts	283,307.	41,155.	49,584.	374,046.
	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.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	177,132.	18,507.	14,698.	210,337.
	7 Food and beverages				
	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.
11 Net income summary. Subtract line 10 from line 3, column (d)				-62,752.	

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____ .

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

HORIZONS FOUNDATION

Employer identification number

94-2686530

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADVOCATES FOR INFORMED CHOICE P.O. BOX 676 COTATI, CA 94931	27-2947576	501(C)(3)	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, CA 94111	94-0279770	501(C)(3)	50,000.	0.			FOR THE 2015 FRONTLINE CAMPAIGN
ASIAN AMERICANS FOR COMMUNITY INVOLVEMENT - 2400 MOORPARK AVE. SUITE 3001 - SAN JOSE, CA 95128	94-2292491	501(C)(3)	5,000.	0.			COLECTIVO ACCIØN LATINA DE AMBIENTE
ASIAN PACIFIC ISLANDER LEGAL OUTREACH - 1121 MISSION ST. - SAN FRANCISCO, CA 94103	94-2583284	501(C)(3)	5,000.	0.			TO FUND LEGAL SERVICES AND ADVOCACY TO ENSURE THE CIVIL AND HUMAN RIGHTS OF LGBT PEOPLE,

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 125.
- 3** Enter total number of other organizations listed in the line 1 table ▶ 0.

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

Schedule I (Form 990) (2015)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASPIRANET 400 OYSTER POINT BLVD., SUITE 501 SOUTH SAN FRANCISCO, CA 94080	94-2442955	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT
ASTRAEA LESBIAN FOUNDATION FOR JUSTICE - 116 EAST 16TH STREET, 7TH FLOOR - NEW YORK, NY 10003	13-2992977	501(C)(3)	5,000.	0.			CONTRIBUTION TO THE FUELING THE FRONT LINES 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 FRANCISCO, CA 94124	94-1747575	501(C)(3)	10,000.	0.			DIMENSIONS CLINIC
BREAST CANCER ACTION 55 NEW MONTGOMERY STREET, SUITE 32 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
CENTER FOR CONSTITUTIONAL RIGHTS 666 BROADWAY, 7TH FLOOR NEW YORK, NY 10012	22-6082880	501(C)(3)	125,000.	0.			TO COUNTER U.S. ANTI-GAY EXTREMISTS IN THEIR EFFORTS TO STRIP AWAY RIGHTS FROM LGBTQI

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CRISIS SUPPORT SERVICES OF ALAMEDA COUNTY - P.O. BOX 3120 - OAKLAND, CA 94609	94-1635658	501(C)(3)	5,000.	0.			TO FUND LGBT SUICIDE 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 FRANCISCO, CA 94103	94-2879185	501(C)(3)	10,000.	0.			SINS INVALID
DANCER'S GROUP 44 GOUGH STREET, SUITE 201 SAN FRANCISCO, 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	501(C)(3)	8,000.	0.			FOR THE LGBTQ YOUTH SPACE IMPROV PROJECT
FOOD FOR THOUGHT PO BOX 1608 FORESTVILLE, CA 95436	68-0181095	501(C)(3)	10,000.	0.			FOR COUNTYWIDE DELIVERY PROGRAM HOMEBOUND INDIVIDUALS IN SONOMA COUNTY AFFECTED BY
FRAMELINE 145 9TH STREET, SUITE 300 SAN FRANCISCO, CA 94103	94-2775772	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT

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FRAMELINE 145 9TH STREET, SUITE 300 SAN FRANCISCO, CA 94103	94-2775772	501(C)(3)	10,000.	0.			GAYUSA PROJECT
FRAMELINE 145 9TH STREET, SUITE 300 SAN FRANCISCO, CA 94103	94-2775772	501(C)(3)	10,000.	0.			THE HORMEL CENTER 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, CA 94131	80-0225836	501(C)(3)	5,000.	0.			SAN FRANCISCO TRANSGENDER 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 OAKLAND, CA 94612	20-5367752	501(C)(3)	15,000.	0.			INCREASE THE NUMBER OF MILLENNIAL/ALUMNI DONORS

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GENDER SPECTRUM 1271 WASHINGTON AVE. #834 SAN LEANDRO, CA 94577	41-2253091	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
GEORGIA EQUALITY 1530 DEKALB AVENUE NE, SUITE ATLANTA, GA 30307	58-2190883	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
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 FRANCISCO, CA 94103	94-2576101	501(C)(3)	5,000.	0.			2015 SFGMC HOLIDAY CD 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

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HUMAN RIGHTS CAMPAIGN FOUNDATION 1640 RHODE ISLAND AVENUE NW WASHINGTON, DC 20036	52-1481896	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT
INTERNATIONAL RESCUE COMMITTEE 405 14TH ST. #1415 OAKLAND, CA 94612	13-5660870	501(C)(3)	5,000.	0.			REFUGEE WORK AND CURRENT CRISIS IN EUROPE
IPAS 300 MARKET STREET, SUITE 200 CHAPEL HILL, NC 27516	56-1071085	501(C)(3)	75,000.	0.			TO SUPPORT THE GLOBAL MONITORING PROJECT, WHICH SEEKS TO REDUCE THE IMPACT OF THE GLOBAL
JEWISH FAMILY & COMMUNITY SERVICES EAST BAY - 2484 SHATTUCK AVE. #210 - BERKELEY, CA 94705	94-3250304	501(C)(3)	9,000.	0.			LGBTI REFUGEE/ASYLEE SERVICES
JUSTICE NOW 1322 WEBSTER STREET, SUITE 210 OAKLAND, CA 94612	42-1559699	501(C)(3)	5,000.	0.			TO SUPPORT THE GENDER JUSTICE CAMPAIGN
JUSTICE NOW 1322 WEBSTER STREET, SUITE 210 OAKLAND, CA 94612	42-1559699	501(C)(3)	5,000.	0.			TRANSGENDER, GENDER VARIANT & INTERSEX JUSTICE PROJECT
KESHET 284 AMORY STREET JAMAICA PLAIN, MA 02130	48-1278664	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT
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
LARKIN STREET YOUTH SERVICES 134 GOLDEN GATE AVENUE SAN FRANCISCO, CA 94102	94-2917999	501(C)(3)	5,000.	0.			TO SUPPORT CASTRO YOUTH HOUSING INITIATIVE.

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LIFE ELDERCARE 3300 CAPITOL AVE. FREMONT, CA 94538	23-7455567	501(C)(3)	7,000.	0.			LAVENDER SENIORS OF THE 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. SAN FRANCISCO, CA 94114	94-3227296	501(C)(3)	10,000.	0.			EL/LA PROGRAM PARA TRANSLATINAS
LYRIC 127 COLLINGWOOD ST. SAN FRANCISCO, CA 94114	94-3227296	501(C)(3)	5,000.	0.			MAVEN
MIAMI-DADE GAY & LESBIAN CHAMBER OF COMMERCE - 1130 WASHINGTON AVE D 1ST FLOOR NORTH - MIAMI BEACH, FL 33139	65-0997245	501(C)(3)	7,000.	0.			TO SUPPORT LGBT EXECUTIVE DIRECTOR CONVENINGS IN THE MIAMI-DADE COUNTY AREA
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 SAN FRANCISCO, CA 94102	94-3086885	501(C)(3)	10,000.	0.			RUTH ELLIS WOMEN OF COLOR 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

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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 FORCE - 1325 MASSACHUSETTS AVE. NW, SUITE 600 - WASHINGTON, DC 20005	52-1624852	501(C)(3)	125,914.	0.			TO DEVELOP AND EXECUTE THE BE YOU, BE WELCOMING: FAMILY & FAITH POWER SUMMIT IN SALT LAKE CITY
NATIONAL GAY AND LESBIAN TASK FORCE - 1325 MASSACHUSETTS AVE. NW, SUITE 600 - WASHINGTON, DC 20005	52-1624852	501(C)(3)	75,000.	0.			CHANGING THE FAITH NARRATIVE BY MOBILIZING FAITH ORGANIZERS TO DEFEAT RELIGIOUS
NATIONAL GAY AND LESBIAN TASK FORCE - 1325 MASSACHUSETTS AVE. NW, SUITE 600 - WASHINGTON, DC 20005	52-1624852	501(C)(3)	25,000.	0.			TO DEVELOP AND EXECUTE THE BE YOU, BE WELCOMING: FAMILY & FAITH POWER SUMMIT IN SALT LAKE CITY
OAKLAND PEACE CENTER 111 FAIRMOUNT AVE OAKLAND, CA 94611	46-3342685	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT

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OAKLAND PUBLIC EDUCATION FUND P.O. BOX 27148 OAKLAND, CA 94602	43-2014630	501(C)(3)	5,000.	0.			FOR FUNDING THE ELEMENTARY LITERACY COLLABORATIVE
OLD FIRST PRESBYTERIAN CHURCH 1751 SACRAMENTO SAN FRANCISCO, CA 94109	94-1156852	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT
ON THE MOVE 780 LINCOLN AVE. NAPA, CA 94558	75-3149095	501(C)(3)	10,000.	0.			TO SUPPORT LGBTQ CONNECTION Q*YOUTH GROUP IN NAPA COUNTY
OPENHOUSE 1800 MARKET ST., PMB 93 SAN FRANCISCO, CA 94102	94-3337955	501(C)(3)	50,000.	0.			THE ONGOING EXPANSION CAMPAIGN
OPENHOUSE 1800 MARKET ST., PMB 93 SAN FRANCISCO, CA 94102	94-3337955	501(C)(3)	22,500.	0.			GENERAL OPERATING SUPPORT
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 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
PLANNED PARENTHOOD FEDERATION OF AMERICA, INC. - 434 WEST 33RD STREET - NEW YORK, NY 10001	13-1644147	501(C)(3)	75,000.	0.			BUILDING THE CAPACITY OF PARTNERS IN AFRICA TO MONITOR US-BASED OPPOSITION TO LGBT AND

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POINT FOUNDATION 5055 WILSHIRE BLVD, STE 501 LOS ANGELES, CA 90036	84-1582086	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT
POLITICAL RESEARCH ASSOCIATES 1310 BROADWAY, #201 SOMERVILLE, MA 12144	36-3193323	501(C)(3)	150,000.	0.			STOP THE EXPORTATION OF US STYLE CULTURAL WARS
POLITICAL RESEARCH ASSOCIATES 1310 BROADWAY, #201 SOMERVILLE, MA 12144	36-3193323	501(C)(3)	75,000.	0.			STOP THE EXPORTATION OF US STYLE CULTURAL WARS - 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 AMHERST, MA 01002	04-3243004	501(C)(3)	36,000.	0.			FOR THE CIVIL MARRIAGE COLLABORATIVE
QUEER CULTURAL CENTER 762 FULTON STREET SAN FRANCISCO, CA 94102	94-3227296	501(C)(3)	7,500.	0.			TOPSY TURVY QUEER CIRCUS
QUEER CULTURAL CENTER 762 FULTON STREET SAN FRANCISCO, CA 94102	94-3227296	501(C)(3)	5,000.	0.			BLACK GIRL DANGEROUS
QUEER CULTURAL CENTER 762 FULTON STREET SAN FRANCISCO, CA 94102	94-3227296	501(C)(3)	5,000.	0.			QUEER REBELS PRODUCTIONS
QUEER CULTURAL CENTER 762 FULTON STREET SAN FRANCISCO, CA 94102	94-3227296	501(C)(3)	5,000.	0.			SAN FRANCISCO TRANS MARCH

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QUEER CULTURAL CENTER 762 FULTON STREET SAN FRANCISCO, 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 205 41ST STREET RICHMOND, CA 94805	26-0692904	501(C)(3)	5,000.	0.			TO SUPPORT ALPHABET GROUP, A SPACE FOR LGBTQQ YOUTH
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 SAN FRANCISCO, CA 94103	942927405	501(C)(3)	5,000.	0.			CAMPAIGN FOR HEALTH & WELLNESS
SAN FRANCISCO COMMUNITY LAND TRUST PO BOX 420982 SAN FRANCISCO, CA 94142	11-3700403	501(C)(3)	10,000.	0.			MARTY'S PLACE
SAN FRANCISCO FOOD BANK 900 PENNSYLVANIA AVE SAN FRANCISCO, CA 94107	94-3041517	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT
SAN FRANCISCO LGBT COMMUNITY CENTER - 1800 MARKET STREET - SAN FRANCISCO, CA 94102	94-3236718	501(C)(3)	10,000.	0.			TO BE USED FOR THE NEW COMMUNICATIONS POSITION.

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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 WOMEN'S BUILDING - 3543 18TH STREET #8 - SAN FRANCISCO, CA 94110	94-1730620	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
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 4569 - ARCATA, CA 95518	68-0027427	501(C)(3)	6,630.	0.			BAY AREA AMERICAN INDIAN TWO-SPIRITS
SHANESTAR PRODUCTIONS 31 28TH ST. SAN FRANCISCO, CA 94110	20-4812996	501(C)(3)	5,604.	0.			PRODUCTION OF SHORT NARRATIVE FILM "DOUBLE 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
SONOMA LAND TRUST 966 SONOMA AVENUE SANTA ROSA, CA 95404	51-0197006	501(C)(3)	10,000.	0.			40TH ANNIVERSARY CHALLENGE
SOULFORCE P.O. BOX 2499 ABILENE, TX 79604	33-0782888	501(C)(3)	75,000.	0.			PULLING THE PLUG ON NATIONAL RELIGIOUS BROADCASTERS
SOUTHERN POVERTY LAW CENTER 400 WASHINGTON AVENUE - PO BOX 5632 MONTGOMERY, AL 36177	63-0598743	501(C)(3)	75,000.	0.			STOPPING THE EXPORT OF HATE
SOUTHERN POVERTY LAW CENTER 400 WASHINGTON AVENUE - PO BOX 5632 MONTGOMERY, AL 36177	63-0598743	501(C)(3)	35,000.	0.			EXPOSING CONVERSION THERAPY PROVIDERS
SPECIAL OLYMPICS KANSAS, INC 5280 FOXRIDGE DRIVE MISSION, KS 66202	48-0890981	501(C)(3)	5,000.	0.			BENEFIT FOR DOUGLAS COUNTY SPECIAL OLYMPICS
ST. JAMES INFIRMARY 1732 MISSION STREET SAN FRANCISCO, CA 94103	94-3330568	501(C)(3)	10,000.	0.			TRANSGENDER ADVOCATES FOR JUSTICE AND ACCOUNTABILITY (TAJAOS) COALITION
THE DREAMCATCHER FOUNDATION 5401 S HYDE PARK BLVD STE 302 CHICAGO, IL 60615	56-2640816	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
TIDES CENTER PO BOX 29907, BLDG. 1014 SAN FRANCISCO, CA 94129	94-3213100	501(C)(3)	10,000.	0.			HOMELESS YOUTH ALLIANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TIDES CENTER PO BOX 29907, BLDG. 1014 SAN FRANCISCO, CA 94129	94-3213100	501(C)(3)	5,000.	0.			ADOLESCENT HEALTH WORKING GROUP
TRANSGENDER LAW CENTER 1692 TELEGRAPH AVE., SUITE 400 OAKLAND, CA 94612	05-0544006	501(C)(3)	5,000.	0.			GIVE OUT DAY PRIZE AWARD GRANT
TURTLE BAY EXPLORATION PARK 1335 ARBORETUM DR STE A REDDING, CA 96003	68-0236299	501(C)(3)	14,000.	0.			EARTHSTONE/OESTREICHER
TURTLE BAY EXPLORATION PARK 1335 ARBORETUM DR STE A REDDING, CA 96003	68-0236299	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
UCLA FOUNDATION/WILLIAMS INSTITUTE UCLA LAW BOX 951476 LOS ANGELES, CA 90095	95-2250801	501(C)(3)	25,000.	0.			WILLIAMS INSTITUTE UCLA LAW SCHOOL ONLY
UNIVERSITY OF CALIFORNIA SAN FRANCISCO FOUNDATION - 220 MONTGOMERY STREET, 5TH FLOOR - SAN FRANCISCO, CA 94104	94-2829914	501(C)(3)	5,000.	0.			IN SUPPORT OF UCSF MEDICAL CENTER
UNIVERSITY OF CALIFORNIA SAN FRANCISCO FOUNDATION - 220 MONTGOMERY STREET, 5TH FLOOR - SAN FRANCISCO, CA 94104	94-2829914	501(C)(3)	5,000.	0.			IN SUPPORT OF UCSF 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 P.O. BOX 107 COLCHESTER, VT 05446	31-1705206	501(C)(3)	5,000.	0.			FOR THE GARTRELL-MOSBACHER WOMEN IN MEDICINE SCHOLARSHIP

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOMEN'S FOUNDATION OF CALIFORNIA 300 FRANK H. OGAWA PLAZA, SUITE 42 OAKLAND, CA 94612	23-7395681	501(C)(3)	35,000.	0.			GENERAL OPERATING SUPPORT
YALE UNIVERSITY P.O. BOX 2038 NEW HAVEN, CT 06521	06-0646973	501(C)(3)	6,000.	0.			SUMMER INTERNSHIP / FELLOWSHIP IN SUPPORT OF GLBQT NON-PROFIT WORK

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
BALL STATE UNIVERSITY	1	1,000.	0.		SCHOLARSHIP FOR PLYMOUTH HIGH SCHOOL GRADUATING SENIOR NADIA BACA
BRANDON ISHIKATA - GAPA SCHOLARSHIP WINNER	1	1,000.	0.		GAPA SCHOLARSHIP WINNER
CALIFORNIA STATE UNIVERSITY, SAN MARCOS	1	6,000.	0.		EQUALITY SCHOLARSHIP SCHOLAR 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 required in Part I, line 2, Part III, column (b), and any other additional information.**PART II, LINE 1, COLUMN (H):**

NAME OF ORGANIZATION OR GOVERNMENT: ASIAN PACIFIC ISLANDER LEGAL OUTREACH

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

TO ENSURE THE CIVIL AND HUMAN RIGHTS OF LGBT PEOPLE, WITH A FOCUS ON

IMMIGRANTS AND PEOPLE WITH DISABILITIES.

NAME OF ORGANIZATION OR GOVERNMENT: CENTER FOR CONSTITUTIONAL RIGHTS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO COUNTER U.S. ANTI-GAY EXTREMISTS

IN THEIR EFFORTS TO STRIP AWAY RIGHTS FROM LGBTQI COMMUNITIES, INCLUDING

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

(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
NATIONAL CENTER FOR YOUTH LAW	1.	15,000.	0.		PRIDE LAW FUND'S THOMAS H. STEEL FELLOWSHIP AWARDEE RAUL ARROYO-MENDOZA
REGENTS OF THE UNIVERSITY OF CALIFORNIA, DAVIS	1.	6,000.	0.		EQUALITY SCHOLARSHIP SCHOLAR CHRISTINA BOYER
REGENTS OF THE UNIVERSITY OF CALIFORNIA, DAVIS	1.	6,000.	0.		EQUALITY SCHOLARSHIP SCHOLAR VINCENT LEE
SAMUEL MERRITT UNIVERSITY	1.	6,000.	0.		EQUALITY SCHOLARSHIP SCHOLAR ESTEBAN RODRIGUEZ
SAN FRANCISCO STATE UNIVERSITY	1.	4,000.	0.		EQUALITY SCHOLAR JOEMAE SANTOS
SAN FRANCISCO STATE UNIVERSITY	1.	3,000.	0.		EQUALITY SCHOLAR WINLEY SCHOOLER
SAN FRANCISCO STATE UNIVERSITY FINANCIAL AID OFFICE	1.	4,000.	0.		FOR MARKOWSKI LEACH SCHOLARS: GILLIAN NGUBANE; CARIDA WARD
SAN JOSE STATE UNIVERSITY	1.	6,000.	0.		EQUALITY SCHOLARSHIP SCHOLAR KYLE NORMAN
SAN JOSE STATE UNIVERSITY	1.	6,000.	0.		EQUALITY SCHOLARSHIP SCHOLAR MIRANDA CARAVAHLO

Schedule I (Form 990)

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

(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
STANFORD UNIVERSITY FINANCIAL AID	4.	8,000.	0.		FOR MARKOWSKI LEACH SCHOLARS: LAILA AL-SHAMMA; MEASHA FERGUSON SMITH; BRENDAN HAMEL-BISSELL, BRIAN KAPLUN
STANFORD UNIVERSITY FINANCIAL AID	6.	16,500.	0.		TO THE GRADUATE SCHOOL OF BUSINESS, FOR RICH CHICOTEL MEMORIAL SCHOLARSHIP RECIPIENTS: 1. KATE KRAFT -
STANFORD UNIVERSITY FINANCIAL AID	1.	1,000.	0.		TO THE GRADUATE SCHOOL OF BUSINESS, FOR NEW ROAD SCHOLARSHIP AWARDEE STEPHANIE YOUNG
STANFORD UNIVERSITY SCHOOL OF MEDICINE	1.	6,000.	0.		EQUALITY SCHOLARSHIP SCHOLAR MICHAEL MEDELMAN
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO	1.	6,000.	0.		EQUALITY SCHOLARSHIP SCHOLAR JEROME CHELLIAH
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO	1.	6,000.	0.		EQUALITY SCHOLARSHIP SCHOLAR GREG ZAHNER
TOURO 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 990)

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

(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
UNIVERSITY OF CALIFORNIA BERKELEY - FINANCIAL AID	1.	1,000.	0.		FOR MARKOWSKI LEACH SCHOLAR SHIRLINDA ACKER
UNIVERSITY OF CALIFORNIA BERKELEY - FINANCIAL AID	8.	16,000.	0.		FOR MARKOWSKI LEACH SCHOLARS: VANESSA COE; PAUL MONGE-RODRIGUEZ; SARAH VERNALLIS; KATRINA CRATON;
UNIVERSITY OF CALIFORNIA BERKELEY - FINANCIAL AID	1.	2,000.	0.		FOR MARKOWSKI LEACH SCHOLARS ANTHONY WILLIAMS
UNIVERSITY OF CALIFORNIA HAAS SCHOOL OF BUSINESS	1.	2,000.	0.		FOR MARKOWSKI LEACH SCHOLAR TARA BENESCH
UNIVERSITY OF CALIFORNIA, MERCED	1.	3,000.	0.		FOR EQUALITY SCHOLARSHIP STUDENT NARINA JONES
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO	3.	6,000.	0.		FOR MARKOWSKI LEACH SCHOLARS: HANNAN BRAUN; JEROME CHELLIAH; MICHAEL LIU
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO	1.	2,000.	0.		FOR MARKOWSKI LEACH SCHOLAR TESS VEUTHEY, UCSF GRADUATE DIVISION
VASSAR COLLEGE	1.	3,800.	0.		EQUALITY SCHOLARSHIP SCHOLAR SAMUEL BLANCHARD

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 CAPACITY OF PARTNERS IN
AFRICA TO MONITOR 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:

Part IV Supplemental Information

VANESSA COE; PAUL MONGE-RODRIGUEZ; SARAH VERNALLIS; KATRINA CRATON; JOHN
EARL DIO ; ALEXA GROENKE ; JINOH RYU; TESSVEUTHEY

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

HORIZONS FOUNDATION

Employer identification number

94-2686530

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes 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'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. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment?	4a	X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" to line 5a or 5b, describe in Part III.		
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: a The organization?	6a	X
b Any related organization?	6b	X
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	X
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	8	X
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2015

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-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ROGER DOUGHTY EXECUTIVE DIRECTOR	(i)	156,796.	0.	0.	6,272.	9,287.	172,355.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2015

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Inspection

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

Name of the organization

HORIZONS FOUNDATION

Employer identification number

94-2686530

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	48	629,782.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

29

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

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

Schedule M (Form 990) (2015)

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 O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

HORIZONS FOUNDATION

Employer identification number

94-2686530

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.

Name of the organization

HORIZONS FOUNDATION

Employer identification number

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.