

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2016**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

**A For the 2016 calendar year, or tax year beginning and ending**

<b>B</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	<b>C Name of organization</b> 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 <b>F Name and address of principal officer:</b> ROGER DOUGHTY SAME AS C ABOVE	<b>D Employer identification number</b> 94-2686530 <b>E Telephone number</b> 415-398-2333 <b>G Gross receipts \$</b> 13,080,606. <b>H(a) Is this a group return for subordinates?</b> ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c) Group exemption number</b> ▶
<b>I Tax-exempt status:</b> <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		
<b>J Website:</b> ▶ WWW.HORIZONSFUNDATION.ORG		
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L Year of formation:</b> 1980 <b>M State of legal domicile:</b> CA

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>FUEL THE LGBTQ MOVEMENT BY INCREASING SUPPORT FOR DIVERSE SF/BAY AREA NONPROFITS.</b>		
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>13</b>
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>13</b>
<b>5</b>	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	<b>5</b>	<b>12</b>
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>75</b>
<b>7 a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>
<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
<b>9</b>	Program service revenue (Part VIII, line 2g)	4,281,908.	8,051,735.
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,170,048.	697,891.
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,744.	-58,375.
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,456,700.	8,691,251.
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	3,338,984.	2,531,158.
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	978,756.	1,088,887.
<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ 545,941.	0.	0.
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,107,507.	1,268,779.
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,425,247.	4,888,824.
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	31,453.	3,802,427.
<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
<b>21</b>	Total liabilities (Part X, line 26)	22,196,005.	26,961,496.
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	823,858.	1,075,695.
		21,372,147.	25,885,801.

**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.

<b>Sign Here</b>	Signature of officer ROGER DOUGHTY, PRESIDENT Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name EDWARD FAHEY Preparer's signature EDWARD FAHEY Date	Check <input type="checkbox"/> if self-employed PTIN P00194561
	Firm's name ▶ RINA ACCOUNTANCY CORPORATION Firm's address ▶ 625 MARKET STREET, 15TH FLOOR SAN FRANCISCO, CA 94105	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

1 Briefly describe the organization's mission:

TO SUPPORT NONPROFITS SERVING AND ADVOCATING FOR THE LGBTQ COMMUNITY THROUGH GRANTMAKING AND PROGRAMS; TO INCREASE GIVING TO LGBTQ CAUSES; AND TO PROVIDE FOR THE COMMUNITY'S LONG-TERM FUTURE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

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 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 \$ 3,024,242. including grants of \$ 2,360,908.) (Revenue \$ )

HORIZONS FOUNDATION PROVIDED DIRECT FINANCIAL SUPPORT TO NONPROFIT ORGANIZATIONS THROUGH 661 GRANTS TOTALING \$2,360,908 IN 2016. GRANTS ADDRESSED MULTIPLE ISSUES AND POPULATIONS, INCLUDING HEALTH, HIV/AIDS, YOUTH, ARTS, ELDERLY, COMMUNITIES OF COLOR, TRANSGENDER RIGHTS, COMMUNITY BUILDING, AND CIVIL AND HUMAN RIGHTS IN THE SAN FRANCISCO BAY AREA AND OTHER PARTS OF THE UNITED STATES AND THE WORLD. GRANTS WERE ALSO MADE FROM DONOR-ADVISED FUNDS, FIELD OF INTEREST FUNDS, AND SCHOLARSHIP FUNDS. GRANTS RANGED FROM \$250 TO \$125,000, PROVIDED BOTH OPERATING SUPPORT AND PROJECT SUPPORT, AND INCLUDED NON-LGBTQ-SPECIFIC GRANTS THROUGH THE DONOR-ADVISED AND OTHER GRANT PROGRAMS.

4b (Code: ) (Expenses \$ 852,978. including grants of \$ 155,250.) (Revenue \$ )

INCREASED LGBTQ COMMUNITY RESOURCES: A) PROMOTED GIVING BY AND FOR LGBTQ CAUSES USING SEMINARS FOR DONORS AND FINANCIAL AND LEGAL ADVISORS SERVING THE LGBTQ COMMUNITY AND BY WORKING WITH INDIVIDUAL DONORS TO DEFINE AND DEVELOP THEIR PHILANTHROPIC GOALS AND STRATEGIES. B) ASSUMED LEADERSHIP OF NATIONAL GIVE OUT DAY, A ONE-DAY SOCIAL MEDIA-DRIVEN EVENT THAT RAISED OVER \$550K FOR LGBTQ ORGANIZATIONS. C) LED INNOVATIVE RESEARCH AND TESTING TO STRENGTHEN THE FUNDRAISING CAPABILITIES OF LGBTQ NONPROFITS. D) CONTINUED TO BUILD THE LGBTQ ENDOWMENT FUND, PRIMARILY THROUGH ESTATE GIFTS, TO PROVIDE PERMANENT RESOURCES FOR PROMOTING RIGHTS AND WELL-BEING OF LGBTQ PEOPLE. E) ADVOCATED FOR LGBTQ CAUSES AND NONPROFITS WITHIN THE FOUNDATION WORLD, ENCOURAGING GRANTMAKING TO ADDRESS LGBTQ PEOPLE'S NEEDS AND ISSUES.

4c (Code: ) (Expenses \$ 56,857. including grants of \$ 15,000.) (Revenue \$ )

LEADERSHIP DEVELOPMENT: RECOGNIZING THAT STRONG LEADERSHIP IS CRUCIAL TO THE LGBTQ COMMUNITY, HORIZONS HAS LONG BEEN COMMITTED TO DEVELOPING COMMUNITY LEADERSHIP. IN 2016, THE FOUNDATION CONTINUED TO CONVENE THE EXECUTIVE DIRECTORS OF LGBTQ ORGANIZATIONS THROUGHOUT THE LGBTQ COMMUNITY TO DISCUSS AND ACT ON ISSUES FACING THE COMMUNITY.

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

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

4e Total program service expenses 3,934,077.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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> .....	<b>X</b>	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i> .....	<b>X</b>	
<b>3</b> 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> .....		<b>X</b>
<b>4 Section 501(c)(3) organizations.</b> 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> .....		<b>X</b>
<b>5</b> 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> .....		<b>X</b>
<b>6</b> 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> .....	<b>X</b>	
<b>7</b> 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> .....		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		<b>X</b>
<b>9</b> 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> .....		<b>X</b>
<b>10</b> 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> .....	<b>X</b>	
<b>11</b> 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.		
<b>a</b> 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> .....	<b>X</b>	
<b>b</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> .....		<b>X</b>
<b>c</b> 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> .....		<b>X</b>
<b>d</b> 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> .....		<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>X</b>	
<b>f</b> 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> .....	<b>X</b>	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<b>X</b>	
<b>b</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> .....		<b>X</b>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		<b>X</b>
<b>b</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> .....		<b>X</b>
<b>15</b> 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> .....		<b>X</b>
<b>16</b> 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> .....		<b>X</b>
<b>17</b> 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> .....		<b>X</b>
<b>18</b> 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> .....	<b>X</b>	
<b>19</b> 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> .....		<b>X</b>

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> 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	
<b>22</b> 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
<b>23</b> 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	
<b>24a</b> 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>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>b</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
<b>26</b> 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
<b>27</b> 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
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</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
<b>c</b> 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
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> 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
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> 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
<b>33</b> 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
<b>34</b> 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
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</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> .....		
<b>36</b> <b>Section 501(c)(3) organizations.</b> 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
<b>37</b> 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
<b>38</b> 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 deductible contributions.

**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
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	1a		
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.	13		
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	1b		
	13		
<b>2</b> 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
<b>3</b> 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
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
<b>6</b> Did the organization have members or stockholders?	6		X
<b>7a</b> 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>b</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
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body?	8a	X	
<b>b</b> Each committee with authority to act on behalf of the governing body?	8b	X	
<b>9</b> 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
<b>10a</b> Did the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>10b</b>		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>11a</b>		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>12b</b>	X	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>12c</b>	X	
<b>13</b> Did the organization have a written whistleblower policy?	X	
<b>13</b>	X	
<b>14</b> Did the organization have a written document retention and destruction policy?	X	
<b>14</b>	X	
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official	X	
<b>15a</b>	X	
<b>b</b> Other officers or key employees of the organization	X	
<b>15b</b>	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>16a</b>		X
<b>b</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?		
<b>16b</b>		

**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) AUDREY KOH CHAIR PERSON	5.00	X		X				0.	0.	0.
(2) DAN QUIGLEY CHAIR EMERITUS	3.00	X		X				0.	0.	0.
(3) TERRY MICHEAU TREASURER	5.00	X		X				0.	0.	0.
(4) RACEL ROBASCIOTTI SECRETARY	4.00	X		X				0.	0.	0.
(5) RICHARD DAVIS-LOWELL BOARD MEMBER	3.00	X						0.	0.	0.
(6) TOM BURKE BOARD MEMBER	3.00	X						0.	0.	0.
(7) ANNE DORMAN BOARD MEMBER	3.00	X						0.	0.	0.
(8) ERIN FLYNN BOARD MEMBER	3.00	X						0.	0.	0.
(9) OLGA TELAMANTE BOARD MEMBER	3.00	X						0.	0.	0.
(10) MICHAEL RABANAL BOARD MEMBER	3.00	X						0.	0.	0.
(11) IRENE WHITE BOARD MEMBER	3.00	X						0.	0.	0.
(12) ANTHONY TANSIMORE BOARD MEMBER	3.00	X						0.	0.	0.
(13) ADAM BLUM BOARD MEMBER	3.00	X						0.	0.	0.
(14) ROGER DOUGHTY PRESIDENT	40.00			X				170,000.	0.	19,008.
(15) LIZ HOADLEY CFO	32.00			X				116,943.	0.	22,927.

**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			
<b>1b Sub-total</b> .....							286,943.	0.	41,935.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> .....							286,943.	0.	41,935.	

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

	Yes	No
3 Did the organization list any <b>former</b> 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 87505-3310	CONSULTING SERVICES FOR GLOBAL FAITH PRO	126,911.

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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	143,255.				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	7,908,480.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		1,711,159.				
	<b>h Total.</b> Add lines 1a-1f		8,051,735.				
	<b>Program Service Revenue</b>	<b>2 a</b> _____ <b>Business Code</b>					
<b>b</b> _____							
<b>c</b> _____							
<b>d</b> _____							
<b>e</b> _____							
<b>f</b> All other program service revenue							
<b>g Total.</b> Add lines 2a-2f							
<b>Other Revenue</b>		<b>3</b> Investment income (including dividends, interest, and other similar amounts)		354,058.			354,058.
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses					
		<b>c</b> Rental income or (loss)					
		<b>d</b> Net rental income or (loss)					
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		4,512,348.					
		<b>b</b> Less: cost or other basis and sales expenses		4,168,515.			
		<b>c</b> Gain or (loss)		343,833.			
	<b>d</b> Net gain or (loss)		343,833.			343,833.	
	<b>8 a</b> Gross income from fundraising events (not including \$ 143,255. of contributions reported on line 1c). See Part IV, line 18	<b>a</b>	155,715.				
		<b>b</b> Less: direct expenses	<b>b</b>	220,840.			
		<b>c</b> Net income or (loss) from fundraising events		-65,125.			-65,125.
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>						
	<b>b</b> Less: direct expenses	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities						
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>						
	<b>b</b> Less: cost of goods sold	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> FEE INCOME	900099	6,750.			6,750.		
<b>b</b> _____							
<b>c</b> _____							
<b>d</b> All other revenue							
<b>e Total.</b> Add lines 11a-11d		6,750.					
<b>12 Total revenue.</b> See instructions.		8,691,251.	0.	0.	639,516.		

**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  X

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,531,158.	2,531,158.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	328,878.	189,008.	139,870.	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	625,646.	172,079.	184,496.	269,071.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	13,762.	3,283.	5,426.	5,053.
<b>9</b> Other employee benefits	51,266.	15,813.	11,688.	23,765.
<b>10</b> Payroll taxes	69,335.	26,100.	22,949.	20,286.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	6,017.	1,993.	315.	3,709.
<b>c</b> Accounting	22,250.		22,250.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	91,103.	90,825.	158.	120.
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	569,636.	460,318.	60,749.	48,569.
<b>12</b> Advertising and promotion	26,688.	26,588.		100.
<b>13</b> Office expenses	71,678.	15,502.	41,151.	15,025.
<b>14</b> Information technology	61,202.	11,372.	40,269.	9,561.
<b>15</b> Royalties				
<b>16</b> Occupancy	99,980.		99,980.	
<b>17</b> Travel	100,435.	82,244.	8,511.	9,680.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	99,129.	44,746.	13,115.	41,268.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	45,686.		45,686.	
<b>23</b> Insurance	8,351.		8,351.	
<b>24</b> 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.)				
<b>a</b> <u>PRINTING</u>	45,217.	5,893.	21,518.	17,806.
<b>b</b> <u>TELEPHONE</u>	12,337.	633.	11,223.	481.
<b>c</b> <u>BOARD SUPPORT</u>	3,842.		3,842.	
<b>d</b> <u>STAFF DEVELOPMENT</u>	3,811.	1,922.	544.	1,345.
<b>e</b> All other expenses	1,417.	254,600.	-333,285.	80,102.
<b>25</b> Total functional expenses. Add lines 1 through 24e	4,888,824.	3,934,077.	408,806.	545,941.
<b>26</b> 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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	657,685.	<b>1</b>	653,130.
	<b>2</b> Savings and temporary cash investments .....	165,188.	<b>2</b>	217,307.
	<b>3</b> Pledges and grants receivable, net .....	95,000.	<b>3</b>	2,388,227.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> 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 .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	25,464.	<b>9</b>	60,129.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 252,620.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 162,197.	<b>10c</b>	90,423.
	<b>11</b> Investments - publicly traded securities .....	21,068,901.	<b>11</b>	23,513,871.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	59,315.	<b>15</b>	38,409.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	22,196,005.	<b>16</b>	26,961,496.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	148,510.	<b>17</b>	177,678.
	<b>18</b> Grants payable .....	98,500.	<b>18</b>	314,055.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	576,848.	<b>25</b>	583,962.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	823,858.	<b>26</b>	1,075,695.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	13,691,352.	<b>27</b>	15,459,156.
	<b>28</b> Temporarily restricted net assets .....	1,550,335.	<b>28</b>	2,466,736.
	<b>29</b> Permanently restricted net assets .....	6,130,460.	<b>29</b>	7,959,909.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	21,372,147.	<b>33</b>	25,885,801.	
<b>34</b> Total liabilities and net assets/fund balances .....	22,196,005.	<b>34</b>	26,961,496.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	8,691,251.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	4,888,824.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	3,802,427.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	21,372,147.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	711,227.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	25,885,801.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? 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		X
<b>b</b>	Were the organization's financial statements audited by an independent accountant? 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	X	
<b>c</b>	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
<b>3a</b>	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>b</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 (2016)

**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

**2016**

**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](http://www.irs.gov/form990).

Name of the organization <b>HORIZONS FOUNDATION</b>	Employer identification number <b>94-2686530</b>
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  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.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - 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 1-10 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		
<b>Total</b>						

**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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	15,621,610.	3,288,465.	3,863,251.	4,281,908.	8,051,735.	35,106,969.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	15,621,610.	3,288,465.	3,863,251.	4,281,908.	8,051,735.	35,106,969.
<b>5</b> 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) .....						13,027,999.
<b>6 Public support.</b> Subtract line 5 from line 4.						22,078,970.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>7</b> Amounts from line 4 .....	15,621,610.	3,288,465.	3,863,251.	4,281,908.	8,051,735.	35,106,969.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	237,708.	248,009.	318,147.	349,694.	354,058.	1,507,616.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	208,274.	236,322.	203,368.	215,083.	162,465.	1,025,512.
<b>11 Total support.</b> Add lines 7 through 10						37,640,097.
<b>12</b> 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**

<b>14</b> Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	58.66 %
<b>15</b> Public support percentage from 2015 Schedule A, Part II, line 14 .....	<b>15</b>	55.09 %
<b>16a 33 1/3% support test - 2016.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2015.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2016.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2015.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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 10 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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2015 Schedule A, Part III, line 17 .....	<b>18</b>	%

- 19a 33 1/3% support tests - 2016.** 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 - 2015.** 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 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>b</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>		
<b>c</b> 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>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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>		
<b>8</b> 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>		
<b>9a</b> 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>b</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>		
<b>c</b> 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>		
<b>10a</b> 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>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		
<b>11a</b>		
<b>b</b> A family member of a person described in (a) above?		
<b>11b</b>		
<b>c</b> 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.		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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.		
<b>1</b>		
<b>2</b> 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.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> 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).		
<b>2</b>		
<b>3</b> 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.		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> 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.		
<b>2a</b>		
<b>b</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.		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
<b>3a</b>		
<b>b</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.		
<b>3b</b>		

**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 (explain in Part VI.) 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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> 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) 2016

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

Section D - Distributions		Current Year		
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes			
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity			
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations			
<b>4</b>	Amounts paid to acquire exempt-use assets			
<b>5</b>	Qualified set-aside amounts (prior IRS approval required)			
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions			
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6			
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions			
<b>9</b>	Distributable amount for 2016 from Section C, line 6			
<b>10</b>	Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
<b>1</b>	Distributable amount for 2016 from Section C, line 6			
<b>2</b>	Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
<b>3</b>	Excess distributions carryover, if any, to 2016:			
<b>a</b>				
<b>b</b>				
<b>c</b>	From 2013			
<b>d</b>	From 2014			
<b>e</b>	From 2015			
<b>f</b>	<b>Total</b> of lines 3a through e			
<b>g</b>	Applied to underdistributions of prior years			
<b>h</b>	Applied to 2016 distributable amount			
<b>i</b>	Carryover from 2011 not applied (see instructions)			
<b>j</b>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b>	Distributions for 2016 from Section D, line 7:			
	\$			
<b>a</b>	Applied to underdistributions of prior years			
<b>b</b>	Applied to 2016 distributable amount			
<b>c</b>	Remainder. Subtract lines 4a and 4b from 4			
<b>5</b>	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
<b>6</b>	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
<b>7</b>	<b>Excess distributions carryover to 2017.</b> Add lines 3j and 4c			
<b>8</b>	Breakdown of line 7:			
<b>a</b>				
<b>b</b>	Excess from 2013			
<b>c</b>	Excess from 2014			
<b>d</b>	Excess from 2015			
<b>e</b>	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

**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 A

Identification of Excess Contributions  
Included on Part II, Line 5

2016

\*\* Do Not File \*\*

\*\*\* Not Open to Public Inspection \*\*\*

Contributor's Name	Total Contributions	Excess Contributions
ANONYMOUS DONOR	8,017,945.	7,265,143.
JOSEPH ROSENTHAL ESTATE	5,192,725.	4,439,923.
ESTATE OF ROBERT FULLER	2,075,735.	1,322,933.
Total Excess Contributions to Schedule A, Part II, Line 5 .....		13,027,999.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2016

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: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values for contributions, grants, and end of year, and two yes/no questions regarding donor advisement.

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

Form for Part II Conservation Easements. Includes checkboxes for types of easements, a table for tracking easements held at the end of the tax year (rows 2a-2d), and questions about monitoring, expenses, and reporting.

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. Includes questions about reporting works of art and historical treasures, and a table for reporting revenue and assets.

**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	<b>1c</b>
d Additions during the year	<b>1d</b>
e Distributions during the year	<b>1e</b>
f Ending balance	<b>1f</b>

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	6,842,698.	7,197,271.	6,994,104.	6,180,247.	4,002,805.
b Contributions	1,905,448.	12,888.	6,935.	94,827.	2,010,085.
c Net investment earnings, gains, and losses	490,423.	-25,594.	463,983.	943,661.	386,879.
d Grants or scholarships					
e Other expenditures for facilities and programs	346,496.	341,867.	267,751.	224,631.	219,522.
f Administrative expenses					
g End of year balance	8,892,073.	6,842,698.	7,197,271.	6,994,104.	6,180,247.

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 checked="" type="checkbox"/>
(ii) related organizations		<input checked="" type="checkbox"/>
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	<b>3b</b>	

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.		1,800.	0.
d Equipment	169,392.		90,212.	79,180.
e Other	81,428.		70,185.	11,243.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				90,423.

**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)		
<b>Total.</b> (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)		
<b>Total.</b> (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)	
<b>Total.</b> (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) <b>AGENCY FUNDS</b>	<b>583,864.</b>
(3) <b>DEFERRED RENT</b>	<b>98.</b>
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	<b>583,962.</b>

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements .....	<b>1</b>	9,402,479.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments .....	<b>2a</b>	711,228.
<b>b</b>	Donated services and use of facilities .....	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	711,228.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	8,691,251.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) .....	<b>5</b>	8,691,251.

**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.

<b>1</b>	Total expenses and losses per audited financial statements .....	<b>1</b>	4,888,824.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities .....	<b>2a</b>	
<b>b</b>	Prior year adjustments .....	<b>2b</b>	
<b>c</b>	Other losses .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	4,888,824.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) .....	<b>5</b>	4,888,824.

**Part XIII Supplemental Information.**

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

**PART X, LINE 2:**

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



**SCHEDULE G**  
**(Form 990 or 990-EZ)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

**2016**

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

**▶ Attach to Form 990 or Form 990-EZ.**

**Open to Public Inspection**

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

Department of the Treasury  
Internal Revenue Service

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

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

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

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

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

**b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

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

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**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)	SCHOLARSHIP AWARDS DINNE (event type)	1 (total number)		
Revenue	1	Gross receipts	243,366.	15,637.	39,967.	298,970.
	2	Less: Contributions	129,855.		13,400.	143,255.
	3	Gross income (line 1 minus line 2)	113,511.	15,637.	26,567.	155,715.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	182,894.	15,784.	22,162.	220,840.
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Subtract line 10 from line 3, column (d)					-65,125.

**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	<b>13a</b>	%
b An outside facility	<b>13b</b>	%
- 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

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 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
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 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Part IV** Supplemental Information *(continued)*

Blank lined area for supplemental information.

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/form990).

Name of the organization

**HORIZONS FOUNDATION**

Employer identification number

**94-2686530**

**Part I General Information on Grants and Assistance**

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

**Part II Grants and Other Assistance to 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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
826 VALENCIA 826 VALENCIA ST. SAN FRANCISCO, CA 94110	04-3694151	501 C(3)	2,500.	0.			UNRESTRICTED
ACCESS INSTITUTE 110 GOUGH STREET #301 SAN FRANCISCO, CA 94102	01-0595862	501 C(3)	1,750.	0.			UNRESTRICTED
ADOLESCENT COUNSELING SERVICES 643 BAIR ISLAND ROAD, SUITE 301 REDWOOD CITY, CA 94063	51-0192551	501 C(3)	10,500.	0.			FOR OUTLET PROGRAM SERVING OVER 500 LGBTQ YOUTH AND STRAIGHT ALLIES
AEGIS FOUNDATION INC 528 HENNEPIN AVE STE 304 MINNEAPOLIS, MN 55403	30-0460765	501 C(3)	5,000.	0.			ALTURI
AIDS EMERGENCY FUND 12 GRACE STREET SAN FRANCISCO, CA 94103	94-2922039	501 C(3)	500.	0.			UNRESTRICTED
AIDS HEALTHCARE FOUNDATION 6255 W. SUNSET BLVD. 21ST FL. LOS ANGELES, CA 90028	95-4112121	501 C(3)	250.	0.			UNRESTRICTED

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **415.**

**3** Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2016)

**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
AIDS LEGAL REFERRAL PANEL 1663 MISSION STREET, SUITE 500 SAN FRANCISCO, CA 94103	94-3111738	501 C(3)	500.	0.			UNRESTRICTED
ALAMEDA COUNTY COMMUNITY FOOD BANK, INC. - PO BOX 2599 - OAKLAND, CA 94621	94-2960297	501 C(3)	4,500.	0.			UNRESTRICTED
ALAMEDA COUNTY MEALS ON WHEELS 6955 FOOTHILL BLVD, STE 300 OAKLAND, CA 94605	94-2651065	501 C(3)	500.	0.			UNRESTRICTED
ALEXANDER VALLEY FILM SOCIETY 121 EAST 1ST ST CLOVERDALE, CA 95425	47-2085577	501 C(3)	1,000.	0.			UNRESTRICTED
ALLIANCE FOR SMILES 2565 3RD STREET #237 SAN FRANCISCO, CA 94107	80-0119414	501 C(3)	500.	0.			UNRESTRICTED
ALONZO KING LINES BALLET 26 7TH STREET, 5TH FLOOR SAN FRANCISCO, CA 94103	94-2933309	501 C(3)	250.	0.			UNRESTRICTED
AMERICA SCORES 1610 HARRISON STREET SAN FRANCISCO, CA 94103	48-1272959	501 C(3)	1,000.	0.			UNRESTRICTED
AMERICAN ASSOCIATION OF PHYSICIANS FOR HUMAN RIGHTS - 1326 18TH ST NW, SUITE 22 - WASHINGTON, DC 20036	94-2901694	501 C(3)	250.	0.			LESBIAN HEALTH FUND
AMERICAN BAPTIST HOMES FOUNDATION OF THE WEST INC - 6120 STONERIDGE MALL ROAD 3RD FL - PLEASANTON, CA 94588	23-7039408	501 C(3)	16,000.	0.			GRAND LAKE GARDENS RESIDENT BENEVOLENCE

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
AMERICAN CIVIL LIBERTIES UNION FOUNDATION - 125 BROAD STREET, 18TH FLOOR - NEW YORK, NY 10004	13-6213516	501 C(3)	17,500.	0.			LGBT AND HIV PROJECT (\$12.5K), MIDWEST REGION, AND GENERAL SUPPORT
AMERICAN CIVIL LIBERTIES UNION FOUNDATION OF NORTHERN CALIFORNIA - 39 DRUMM STREET - SAN FRANCISCO, CA 94111	94-0279770	501 C(3)	101,000.	0.			2016 FRONTLINE CAMPAIGN (\$100K) AND GENERAL SUPPORT
AMERICAN CONSERVATORY THEATER 30 GRANT AVENUE, 6TH FLOOR SAN FRANCISCO, CA 94108	94-6135772	501 C(3)	6,000.	0.			UNRESTRICTED
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVENUE DALLAS, TX 75231-4596	13-5613797	501 C(3)	250.	0.			UNRESTRICTED
AMERICAN RED CROSS - BAY AREA CHAPTER - 85 SECOND STREET, 8TH FLOOR - SAN FRANCISCO, CA 94105	94-3045430	501 C(3)	750.	0.			UNRESTRICTED
AMERICAN SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS DBA ASPCA - 520 EIGHTH AVENUE, 7TH FLOOR - NEW YORK, NY 10018	13-1623829	501 C(3)	250.	0.			UNRESTRICTED
AMERICANS FOR RESPONSIBLE SOLUTIONS FOUNDATION - PO BOX 15642 - WASHINGTON, DC 20003	46-4638549	501 C(3)	250.	0.			LAW CENTER TO PREVENT GUN VIOLENCE SAN FRANCISCO, CA
AMIGOS DE LAS AMERICAS 5901 J WYOMING NE 118 ALBUQUERQUE, NM 87109	23-7065954	501 C(3)	500.	0.			UNRESTRICTED
AMNESTY INTERNATIONAL USA 5 PENN PLAZA NEW YORK, NY 10001	52-0851555	501 C(3)	500.	0.			UNRESTRICTED

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARC OF SAN FRANCISCO 1500 HOWARD STREET SAN FRANCISCO, CA 94103	94-1415287	501 C(3)	2,000.	0.			UNRESTRICTED
ASIAN & PACIFIC ISLANDER WELLNESS CENTER - 730 POLK STREET, 4TH FLOOR - SAN FRANCISCO, CA 94109-7813	94-3096109	501 C(3)	2,090.	0.			UNRESTRICTED
ASIAN AMERICANS ADVANCING JUSTICE - LOS ANGELES - 1145 WILSHIRE BLVD., 2ND FLOOR - LOS ANGELES, CA 90017	95-3854152	501 C(3)	5,000.	0.			FOR API EQUALITY LOS ANGELES
ASIAN AMERICANS/PACIFIC ISLANDERS IN PHILANTHROPY - 2201 BROADWAY, SUITE 210 - OAKLAND, CA 94612	94-3150064	501 C(3)	1,000.	0.			API LGBT GIVING CIRCLE PROJECT
ASIAN ART MUSEUM FOUNDATION OF SAN FRANCISCO - 200 LARKIN STREET - SAN FRANCISCO, CA 94102	94-1704765	501 C(3)	500.	0.			FOR LGBTQ ARTS AND CULTURE SHOWCASE IN MARCH 2017
ASIAN WOMEN'S SHELTER 3543 18TH STREET, #19 SAN FRANCISCO, CA 94110	94-3030212	501 C(3)	500.	0.			UNRESTRICTED
ASPIRANET 400 OYSTER POINT BLVD., SUITE 501 - SOUTH SAN FRANCISCO, CA 94080-1904	94-2442955	501 C(3)	6,000.	0.			FOR GENERATIONS OF SUCCESS AND EXPERIENCE CORPS BAY AREA
ASTRAEA LESBIAN FOUNDATION FOR JUSTICE - 116 EAST 16TH STREET, 7TH FLOOR - NEW YORK, NY 10003	13-2992977	501 C(3)	6,600.	0.			FOR THE FUNDING QUEERLY GIVING CIRCLE AND GENERAL SUPPORT
ATHLETIC SCHOLARS ADVANCEMENT PROGRAM - 3750 18TH ST - SAN FRANCISCO, CA 94114	90-0629388	501 C(3)	250.	0.			UNRESTRICTED

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AURORA THEATRE COMPANY 2081 ADDISON ST BERKELEY, CA 94704-1103	94-3168663	501 C(3)	250.	0.			UNRESTRICTED
AUTISM SPEAKS 1 EAST 33RD STREET, 4TH FLOOR NEW YORK, NY 10016	20-2329938	501 C(3)	2,500.	0.			UNRESTRICTED
AXIS DANCE COMPANY 1428 ALICE ST., SUITE 200 OAKLAND, CA 94612	94-3124377	501 C(3)	250.	0.			UNRESTRICTED
BAY AREA RIDGE TRAIL COUNCIL 1007 GENERAL KENNEDY AVENUE, SUITE SAN FRANCISCO, CA 94129	94-3148503	501 C(3)	500.	0.			UNRESTRICTED
BEYOND EMANCIPATION 675 HEGENBERGER ROAD, SUITE 100 OAKLAND, CA 94621	94-3219520	501 C(3)	500.	0.			UNRESTRICTED
BILLY DEFRANK LGBT COMMUNITY CENTER - 938 THE ALAMEDA - SAN JOSE, CA 95126	92-2850498	501 C(3)	7,500.	0.			UNRESTRICTED
BOARD OF TRUSTEES OF THE GLIDE FOUNDATION - 330 ELLIS STREET - SAN FRANCISCO, CA 94102	94-1156481	501 C(3)	2,500.	0.			UNRESTRICTED
BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY / STANFORD UNIVE - 326 GALVEZ STREET - STANFORD, CA 94305	94-1156365	501 C(3)	2,000.	0.			FOR LGBT COMMUNITY RESOURCES CENTER, FEMINIST STUDIES PROGRAM AND INSTITUTE FOR GENDER
BRADY CENTER TO PREVENT GUN VIOLENCE - 1225 I" ST NW", SUITE 1100 - WASHINGTON, DC 20005	52-1285097	501 C(3)	250.	0.			UNRESTRICTED

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BREAD & ROSES PRESENTS 233 TAMALPAIS DR STE 100 CORTE MADERA, CA 94925	94-2260301	501 C(3)	3,000.	0.			FOR MUSAIC
BREAST CANCER ACTION 55 NEW MONTGOMERY STREET, SUITE 323 SAN FRANCISCO, CA 94105	94-3138992	501 C(3)	22,000.	0.			UNRESTRICTED
BREAST CANCER FUND 1388 SUTTER STREET, SUITE 400 SAN FRANCISCO, CA 94109-5400	94-3155886	501 C(3)	20,000.	0.			UNRESTRICTED
CA STATE UNIVERSITY, NORTHRIDGE 18111 NORTHRIDGE NORTHRIDGE, CA 91330	95-4358670	501 C(3)	6,000.	0.			EQUALITY SCHOLARSHIP FOR BOBBY GRIFFITH SCHOLAR
CALIFORNIA ACADEMY OF SCIENCE 55 MUSIC CONCOURSE DRIVE SAN FRANCISCO, CA 94118	94-1156258	501 C(3)	1,500.	0.			UNRESTRICTED
CALIFORNIA ARTS EDUCATION ASSOCIATION - 80 W. SIERRA MADRE BOULEVARD #373 - SIERRA MADRE, CA 91024	94-1663056	501 C(3)	1,000.	0.			FOR 2016 JUAN MARQUEZ SCHOLARSHIP
CALIFORNIA COURT APPOINTED SPECIAL ADVOCATE ASSOCIATION - 660 13TH ST STE 300 - OAKLAND, CA 94612	68-0163010	501 C(3)	1,000.	0.			UNRESTRICTED
CALIFORNIA PACIFIC MEDICAL CENTER FOUNDATION - 2015 STEINER STREET - SAN FRANCISCO, CA 94115	94-2728423	501 C(3)	5,000.	0.			UNRESTRICTED
CALIFORNIA SHAKESPEARE THEATER 701 HEINZ AVE BERKELEY, CA 94710	51-0169452	501 C(3)	500.	0.			UNRESTRICTED

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

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CAMP WINNARAINBOW 1301 HENRY STREET BERKELEY, CA 94709	94-2869998	501 C(3)	500.	0.			UNRESTRICTED
CARE 151 ELLIS STREET, NE ATLANTA, GA 30303	13-1685039	501 C(3)	250.	0.			ALEPPO RELIEF
CAREER TECHNICAL EDUCATION FOUNDATION SONOMA COUNTY - PO BOX 2306 - HEALDSBURG, CA 95448	46-5607272	501 C(3)	1,000.	0.			UNRESTRICTED
CARINGKIND, THE HEART OF ALZHEIMER'S CAREGIVING (AKA ALZHEIMER'S ASSOCIATIO - 360 LEXINGTON AVE, 4TH FLOOR - NEW	13-3277408	501 C(3)	10,000.	0.			UNRESTRICTED
CENTER FOR ANIMAL RESEARCH AND EDUCATION INC. - 245 COUNTY ROAD 3422 - BRIDGEPORT, TX 76426	03-0520301	501 C(3)	2,500.	0.			GEOFFREY STEINBERG'S SUPPORT OF SLADE
CENTER FOR COMMUNITY CHANGE 1536 U STREET NW WASHINGTON, DC 20009	52-0888113	501 C(3)	250.	0.			UNRESTRICTED
CENTER FOR CONSTITUTIONAL RIGHTS 666 BROADWAY, 7TH FLOOR NEW YORK, NY 10012	22-6082880	501 C(3)	125,000.	0.			GLOBAL FAITH & EQUALITY FUND SUPORTING SCOTT LIVELY TRIAL
CENTER FOR IMMIGRATION PROTECTION 315 MONTGOMERY ST., SUITE 915 SAN FRANCISCO, CA 94104	47-5301730	501 C(3)	250.	0.			UNRESTRICTED
CENTER FOR INDEPENDENT DOCUMENTARY 1300 SOLDIERS FIELD ROAD, SUITE #4 BOSTON, MA 02135	04-2738458	501 C(3)	10,000.	0.			SUPPORT FOR FROM BAGHDAD TO THE BAY, A FULL-LENGTH DOCUMENTARY

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CENTER FOR JUSTICE AND ACCOUNTABILITY - 870 MARKET STREET, SUITE 684 - SAN FRANCISCO, CA 94102	94-3299686	501 C(3)	250.	0.			UNRESTRICTED
CENTER FOR REPRODUCTIVE RIGHTS 199 WATER STREET 22ND FLOOR NEW YORK, NY 10038	13-3669731	501 C(3)	2,000.	0.			UNRESTRICTED
CENTERLINK P.O. BOX 24490 FORT LAUDERDALE, FL 33307	52-2292725	501 C(3)	10,000.	0.			FOR LGBT COMMUNITY CENTERS FUNDRAISING TRAINING
CHABAD OF COLE VALLEY 1336 WILLARD ST APT D SAN FRANCISCO, CA 94117	27-4238237	501 C(3)	600.	0.			UNRESTRICTED
CHARIS CIRCLE 1189 EUCLID AVE. NE ATLANTA, GA 30307	58-2200054	501 C(3)	3,000.	0.			UNRESTRICTED
CHICANA/LATINA FOUNDATION 1419 BURLINGAME AVENUE, SUITE N BURLINGAME, CA 94010	94-2923423	501 C(3)	1,500.	0.			UNRESTRICTED
CHILD ADVOCATES OF SILICON VALLEY 509 VALLEY WAY MILPITAS, CA 95035	77-0250773	501 C(3)	10,000.	0.			UNRESTRICTED
CHILDREN OF LESBIANS AND GAYS EVERYWHERE - 4509 INTERLAKE AVENUE N #180 - SEATTLE, WA 98103-6782	94-3316616	501 C(3)	1,000.	0.			UNRESTRICTED
CHINESE FOR AFFIRMATIVE ACTION 17 WALTER U. LUM PLACE SAN FRANCISCO, CA 94108	94-2161304	501 C(3)	18,500.	0.			API QUEER JUSTICE LEADERSHIP AND API EQUALITY OF NO. CALIFORNIA

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

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CHINESE PROGRESSIVE ASSOCIATION 1042 GRANT AVE, 5TH FLOOR SAN FRANCISCO, CA 94133	23-7404756	501 C(3)	2,000.	0.			HE(ART) BEAT MOVEMENT - LAI WA WU/RAYRAY EBORA
CLASSICAL PUBLIC RADIO NETWORK LLC 3551 TROUSDALE PARKWAY ADM 352 LOS ANGELES, CA 90039	84-1474681	501 C(3)	750.	0.			KDFC AND GENERAL SUPPORT
CLEARITY FOUNDATION 4365 EXECUTIVE DRIVE, SUITE 1500 SAN DIEGO, CA 92121	26-1095856	501 C(3)	250.	0.			UNRESTRICTED
COASTSIDE JEWISH COMMUNITY PO BOX 1729 EL GRANADA, CA 94018	94-3307213	501 C(3)	2,000.	0.			UNRESTRICTED
CODEPINK: WOMEN FOR PEACE 2010 LINDEN AVE VENICE, CA 90291	95-4658841	501 C(3)	1,000.	0.			UNRESTRICTED
COLUMBIA COLLEGE FUND 622 WEST 113TH STREET, MAILCODE 453 NEW YORK, NY 10025	13-5598093	501 C(3)	250.	0.			UNRESTRICTED
COMMUNITY FOUNDATION OF SONOMA COUNTY - 250 D STREET, SUITE 205 - SANTA ROSA, CA 95404	68-0003212	501 C(3)	1,500.	0.			\$1,000 TO DAVIS-LOWELL LGBTQ GIVING, \$500 UNRESTRICTED
COMMUNITY INITIATIVES 354 PINE STREET, SUITE 700 SAN FRANCISCO, CA 94104-3229	94-3255070	501 C(3)	22,525.	0.			FOR EL/LA PARA TRANSLATINAS
COMMUNITY MUSIC CENTER 544 CAPP STREET SAN FRANCISCO, CA 94110	94-1156270	501 C(3)	250.	0.			UNRESTRICTED

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COMMUNITY UNITED AGAINST VIOLENCE 427 SOUTH VAN NESS AVENUE SAN FRANCISCO, CA 94103	94-2758154	501 C(3)	250.	0.			UNRESTRICTED
COMPASSION & CHOICES PO BOX 101810 DENVER, CO 80250	84-1328829	501 C(3)	250.	0.			UNRESTRICTED
COURT 13 ARTS 720 MANDEVILLE ST NEW ORLEANS, LA 70117	46-3310690	501 C(3)	1,000.	0.			UNRESTRICTED
CREATIVE GROWTH ART CENTER AKA CREATIVE GROWTH INC. - 355 24TH ST - OAKLAND, CA 94612	23-7319028	501 C(3)	500.	0.			UNRESTRICTED
CULTURAL LANDSCAPE FOUNDATION 1711 CONNECTICUT AVENUE NW SUITE 20 WASHINGTON, DC 20009	52-2092229	501 C(3)	500.	0.			UNRESTRICTED
CULTURAL ODYSSEY PO BOX 156680 SAN FRANCISCO, CA 94115	94-2955032	501 C(3)	10,000.	0.			AFROSOLO THEATRE COMPANY
CURTIS INSTITUTE OF MUSIC 1726 LOCUST ST PHILADELPHIA, PA 19103	23-1585611	501 C(3)	250.	0.			UNRESTRICTED
DANCER'S GROUP 44 GOUGH STREET, SUITE 201 SAN FRANCISCO, CA 94103	94-2879185	501 C(3)	17,500.	0.			FOR DETOUR DANCE GROUP AND FOR SINS INVALID
DC PRESERVATION LEAGUE 1221 CONNECTICUT AVENUE NW SUITE 5A WASHINGTON, DC 20036	52-1038849	501 C(3)	250.	0.			UNRESTRICTED

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DE MARILLAC ACADEMY 175 GOLDEN GATE AVENUE SAN FRANCISCO, CA 94102	94-3390330	501 C(3)	250.	0.			UNRESTRICTED
DELANCEY STREET FOUNDATION 600 EMBARCADERO SAN FRANCISCO, CA 94107	23-7102690	501 C(3)	1,000.	0.			UNRESTRICTED
DESIGN INDUSTRIES FOUNDATION FIGHTING AIDS - 74 NEW MONTGOMERY, SUITE 5059 - SAN FRANCISCO, CA 94105	13-3224150	501 C(3)	2,200.	0.			DINING BY DESIGN
DESTINY ARTS CENTER 970 GRACE AVENUE OAKLAND, CA 94608	94-3176726	501 C(3)	10,000.	0.			FUNDING FOR THE QUEER EMERGING ARTIST RESIDENCY
DISABILITY RIGHTS EDUCATION & DEFENSE FUND - 3075 ADELINE STREET, SUITE 210 - BERKELEY, CA 94703	94-2620758	501 C(3)	500.	0.			UNRESTRICTED
DIVERSITY CENTER PO BOX 8280 SANTA CRUZ, CA 95061	77-0212967	501 C(3)	3,000.	0.			FOR SPONSORSHIP OF NPR RADIO STATIONS COVERING OF LGBT ISSUES
DOCTORS WITHOUT BORDERS USA 333 7TH AVE FL 2 NEW YORK, NY 10001-5089	13-3433452	501 C(3)	8,000.	0.			UNRESTRICTED
EARNED ASSET RESOURCE NETWORK, INC. - 235 MONTGOMERY ST., SUITE 470 - SAN FRANCISCO, CA 94104	91-2172676	501 C(3)	2,500.	0.			UNRESTRICTED
EAST BAY SANCTUARY COVENANT 2362 BANCROFT WAY BERKELEY, CA 94704	94-3249753	501 C(3)	10,000.	0.			FOR LGBT AFFIRMATIVE ASYLUM APPLICANTS

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EAST BAY SPCA 8323 BALDWIN STREET OAKLAND, CA 94621	94-1322202	501 C(3)	1,000.	0.			UNRESTRICTED
ELLA BAKER CENTER FOR HUMAN RIGHTS 344 40TH STREET OAKLAND, CA 94609	94-3252009	501 C(3)	3,000.	0.			UNRESTRICTED
ELSIE PUBLISHING INSTITUTE PO BOX 811 EAST LANSING, MI 48826	38-2310325	501 C(3)	250.	0.			UNRESTRICTED
EMPIRE RECOVERY CENTER 1237CALIFORNIA ST REDDING, CA 96001	94-2326975	501 C(3)	1,000.	0.			UNRESTRICTED
ENCAMPENT FOR CITIZENSHIP 65 MARYLAND AVE BERKELEY, CA 94707	30-0694938	501 C(3)	250.	0.			UNRESTRICTED
ENGENDER/BAY AREA RAINBOW DAY CAMP 1563 SOLANO AVENUE #603 BERKELEY, CA 94707	47-1433049	501 C(3)	23,500.	0.			DEVELOPMENTAL TRAINING AND GENERAL SUPPORT
ENVIRONMENTAL DEFENSE FUND INCORPORATED - 257 PARK AVE S - NEW YORK, NY 10010	11-6107128	501 C(3)	1,500.	0.			UNRESTRICTED
EPISCOPAL DIOCESE OF SAN FRANCISCO 1055 TAYLOR STREET SAN FRANCISCO, CA 94108	94-1156840	501 C(3)	5,000.	0.			FOR SOJOURN CHAPLAINCY
EQUAL RIGHTS ADVOCATES 1663 MISSION STREET SAN FRANCISCO, CA 94103	23-7217027	501 C(3)	250.	0.			UNRESTRICTED

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EQUALITY CALIFORNIA INSTITUTE 202 W 1ST STREET, SUITE 3-0130 LOS ANGELES, CA 90012	68-0438008	501 C(3)	3,750.	0.			UNRESTRICTED
EQUALITY CASE FILES PO BOX 5053 PASADENA, CA 91117	47-2246661	501 C(3)	250.	0.			UNRESTRICTED
EQUALITY FEDERATION INSTITUTE 818 SW 3RD AVE. #141 PORTLAND, OR 97204-2405	81-0670151	501 C(3)	5,000.	0.			UNRESTRICTED
EQUALITY FLORIDA INSTITUTE P.O. BOX 13184 ST. PETERSBURG, FL 33733	59-3435235	501 C(3)	1,000.	0.			UNRESTRICTED
EQUALITY NORTH CAROLINA FOUNDATION PO BOX 28768 RALEIGH, NC 27611	58-1374041	501 C(3)	15,000.	0.			UNRESTRICTED
EQUALITY VIRGINIA PO BOX 17860 RICHMOND, VA 23226	54-1950205	501 C(3)	3,000.	0.			UNRESTRICTED
ESPERANZA PEACE AND JUSTICE CENTER 922 SAN PEDRO SAN ANTONIO, TX 78212	74-2419582	501 C(3)	250.	0.			UNRESTRICTED
FACE TO FACE: SONOMA COUNTY AIDS NETWORK - 873 SECOND STREET - SANTA ROSA, CA 95404	68-0052664	501 C(3)	10,000.	0.			TO INCREASE DEVELOPMENT CAPACITY
FAMILIES & FRIENDS OF LOUISIANA'S INCARCERATED CHILDREN - 1600 ORETHA C. HALEY BLVD. - NEW ORLEANS, LA 70113	20-5924561	501 C(3)	250.	0.			UNRESTRICTED

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FAMILIES AGAINST MANDATORY MINIMUMS FOUNDATION - 1100 H STREET NW, SUITE 1000 - WASHINGTON, DC 20005	52-1750246	501 C(3)	2,500.	0.			UNRESTRICTED
FAMILY & CHILDREN SERVICES OF SILICON VALLEY (FCS) - 375 CAMBRIDGE AVENUE - PALO ALTO, CA 94306	94-1167408	501 C(3)	9,000.	0.			FOR THE LGBTQ YOUTH SPACE
FAMILY LINK 317 CASTRO STREET SAN FRANCISCO, CA 94114	94-2985217	501 C(3)	500.	0.			UNRESTRICTED
FEDERATION OF COMMUNITY CONTROLLED CENTERS OF ALABAMA FOR CHILD CARE - PO BOX 214 - MONTGOMERY, AL 36101	23-7205238	501 C(3)	500.	0.			UNRESTRICTED
FELLOWSHIP OF RECONCILIATION 521 N BROADWAY NYACK, NY 10960-0271	13-3792144	501 C(3)	40,000.	0.			GRANT FROM THE GLOBAL FAITH AND EQUALITY FUND
FILIPINO AMERICAN DEVELOPMENT FUND 1010 MISSION STREET, STE. B SAN FRANCISCO, CA 94103	94-3300090	501 C(3)	1,000.	0.			SARIMANOK: CREATIVE EMBODIMENT - RANI LACSA MARCOS
FINCA INTERNATIONAL INC. 1101 14TH ST N.W., 11TH FLOOR WASHINGTON, DC 20005	13-3240109	501 C(3)	1,500.	0.			UNRESTRICTED
FINE ARTS MUSEUMS OF SAN FRANCISCO 50 HAGIWARA TEA GARDEN DRIVE SAN FRANCISCO, CA 94118	94-3045948	501 C(3)	500.	0.			THE ACHENBACH COLLECTION
FLORIDA SCHOOL OF HOLISTIC LIVING 1109 E CONCORD STREET ORLANDO, FL 32803	20-5047949	501 C(3)	1,000.	0.			UNRESTRICTED

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FOOD OF GOD FOR THE PEOPLE OF GOD 1319 ROSE ST APT D BERKELEY, CA 94702	27-5348142	501 C(3)	1,000.	0.			UNRESTRICTED
FOUNDATION FOR SANTA BARBARA CITY COLLEGE - 721 CLIFF DRIVE - SANTA BARBARA, CA 93109	95-3234551	501 C(3)	600.	0.			ART SCHOLARSHIPS
FRACTURED ATLAS PRODUCTIONS, INC 248 W. 35TH ST, 10TH FLOOR NEW YORK, NY 10001	11-3451703	501 C(3)	1,000.	0.			CONTEMPO PRODUCTIONS
FRAMELINE 145 9TH STREET SUITE 300 SAN FRANCISCO, CA 94103	94-2775772	501 C(3)	2,625.	0.			UNRESTRICTED
FREEDOM ARCHIVES 522 VALENCIA ST SAN FRANCISCO, CA 94110	94-3408339	501 C(3)	500.	0.			UNRESTRICTED
FREEDOM FOR ALL AMERICANS EDUCATION FUND - 1775 PENNSYLVANIA AVE NW - WASHINGTON, DC 20006	47-4166556	501 C(3)	1,000.	0.			UNRESTRICTED
FRIENDS OF ADAMS FARM, INC PO BOX 725 WALPOLE, MA 02081	04-3584489	501 C(3)	250.	0.			UNRESTRICTED
FRIENDS OF THE SAN FRANCISCO PUBLIC LIBRARY - 710 VAN NESS AVENUE - SAN FRANCISCO, CA 94102	94-6085452	501 C(3)	3,000.	0.			UNRESTRICTED
FRIENDS OF THE URBAN FOREST PO BOX 29456 PRESIDIO OF SAN FRANCISCO, BUILDING 1007 - SAN FRANCISCO, CA 94	94-2699528	501 C(3)	250.	0.			UNRESTRICTED

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FRIENDSHIP PLACE 4713 WISCONSIN AVE NW WASHINGTON, DC 20016	52-1925494	501 C(3)	500.	0.			LGBT YOUTH PILOT PROGRAM
GAY & LESBIAN ADVOCATES & DEFENDERS - 30 WINTER STREET, STE 800 - BOSTON, MA 02108	04-2660498	501 C(3)	2,250.	0.			UNRESTRICTED
GAY & LESBIAN COMMUNITY CENTER OF GREATER FORT LAUDERDALE INC - 2040 N. DIXIE HIGHWAY - WILTON MANNERS, FL 33305	65-0431045	501 C(3)	50,000.	0.			LGBT GIVING PROJECT GRANT
GAY, LESBIAN & STRAIGHT EDUCATION NETWORK - NY - 90 BROAD STREET, 2ND FLOOR - NEW YORK, NY 10004	04-3234202	501 C(3)	2,000.	0.			UNRESTRICTED
GENDER SPECTRUM 1271 WASHINGTON AVE, #834 SAN LEANDRO, CA 94577	41-2253091	501 C(3)	7,500.	0.			UNRESTRICTED
GENDERS & SEXUALITIES ALLIANCE NETWORK - 1611 TELEGRAPH AVENUE, STE 1002 - OAKLAND, CA 94612	20-5367752	501 C(3)	21,000.	0.			FOR INCREASING FUNDRAISING CAPACITY (\$15K) AND GENERAL SUPPORT
GIRLS INC. 120 WALL STREET, 3RD FLOOR NEW YORK, NY 10005-3902	13-1915124	501 C(3)	10,000.	0.			UNRESTRICTED
GIRLS INCORPORATED OF ALAMEDA COUNTY - 510 16TH ST - OAKLAND, CA 94612	94-1558073	501 C(3)	1,500.	0.			UNRESTRICTED
GLADSTONE FOUNDATION 1650 OWENS STREET SAN FRANCISCO, CA 94158	80-0688001	501 C(3)	50,000.	0.			UNRESTRICTED

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GLAUCOMA RESEARCH FOUNDATION 251 POST STREET, SUITE 600 SAN FRANCISCO, CA 94108	94-2495035	501 C(3)	500.	0.			UNRESTRICTED
GLBT HISTORICAL SOCEITY 989 MARKET STREET, LOWER LEVEL SAN FRANCISCO, CA 94103	94-2989004	501 C(3)	5,250.	0.			UNRESTRICTED
GLBT NATIONAL HELP CENTER INC. 2261 MARKET STREET, #296 SAN FRANCISCO, CA 94114	13-3850982	501 C(3)	500.	0.			UNRESTRICTED
GLIDE FOUNDATION 330 ELLIS STREET SAN FRANCISCO, CA 94102	94-1156648	501 C(3)	5,500.	0.			UNRESTRICTED
GLOBAL EXCHANGE 2017 MISSION STREET, #303 SAN FRANCISCO, CA 94110	94-3066686	501 C(3)	1,000.	0.			UNRESTRICTED
GLOBAL FUND FOR WOMEN 222 SUTTER STREET, SUITE 500 SAN FRANCISCO, CA 94108	77-0155782	501 C(3)	500.	0.			UNRESTRICTED
GOLDEN GATE PERFORMING ARTS/SAN FRANCISCO GAY MEN'S CHORUS - 526 CASTRO STREET - SAN FRANCISCO, CA 94114	94-2576101	501 C(3)	19,250.	0.			FOR INCREASING FUNDRAISING CAPACITY, LAVENDER PEN TOUR
GRADUATE THEOLOGICAL UNION 2400 RIDGE RD BERKELEY, CA 94709	94-1581707	501 C(3)	2,500.	0.			UNRESTRICTED
GROUNDSPARK 4104 24TH STREET #2013 SAN FRANCISCO, CA 94114	83-0498854	501 C(3)	500.	0.			UNRESTRICTED

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GROUNDSWELL INSTITUTE 18500 HIGHWAY 128 YORKVILLE, CA 95494	47-4485343	501 C(3)	2,500.	0.			UNRESTRICTED
HABITAT FOR HUMANITY GREATER SAN FRANCISCO - 645 HARRISON STREET - SAN FRANCISCO, CA 94107	94-3088881	501 C(3)	2,900.	0.			UNRESTRICTED
HAIGHT ASHBURY PSYCHOLOGICAL SERVICES - 2166 HAYES ST STE 308 - SAN FRANCISCO, CA 94117	94-2924358	501 C(3)	1,000.	0.			UNRESTRICTED
HARRIET HANCOCK CENTER FOUNDATION 1108 WOODROW STREET COLUMBIA, SC 29205	57-0836466	501 C(3)	10,000.	0.			UNRESTRICTED
HARVARD-WESTLAKE SCHOOL 3700 COLDWATER CANYON STUDIO CITY, CA 91604	95-1644019	501 C(3)	1,000.	0.			UNRESTRICTED
HEALING WATERS WILDERNESS ADVENTURES - 167 FELL STREET - SAN FRANCISCO, CA 94102	84-1705456	501 C(3)	1,000.	0.			UNRESTRICTED
HEALTHRIGHT 360 1735 MISSION ST, SAN FRANCISCO, CA SAN FRANCISCO, CA 94103	94-6129071	501 C(3)	1,000.	0.			FOR WALDEN HOUSE
HEARING AND SPEECH CENTER OF NORTHERN CALIFORNIA - 1234 DIVISADERO ST - SAN FRANCISCO, CA 94115	94-1322198	501 C(3)	500.	0.			UNRESTRICTED
HEART CONSCIOUSNESS CHURCH INC PO BOX 82 MIDDLETOWN, CA 95461	23-7422390	501 C(3)	400.	0.			FOR HARBIN HOT SPRINGS

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

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HIGHLANDER RESEARCH & EDUCATION CENTER - 1959 HIGHLANDER WAY - NEW MARKET, TN 37820	62-0646373	501 C(3)	3,250.	0.			TO SUPPORT SURJ, ESPECIALLY THE BAY AREA (CA) CHAPTER AND GENERAL SUPPORT
HOMELESS PRENATAL PROGRAM, INC. 2500 18TH ST SAN FRANCISCO, CA 94110	94-3146280	501 C(3)	5,000.	0.			UNRESTRICTED
HONOR THE EARTH 607 MAIN AVE CALLAWAY, MN 56521	45-4714238	501 C(3)	500.	0.			UNRESTRICTED
HUCKLEBERRY YOUTH PROGRAM 3310 GEARY BLVD. SAN FRANCISCO, CA 94118	94-1687559	501 C(3)	500.	0.			UNRESTRICTED
HUMAN RIGHTS CAMPAIGN FOUNDATION 1640 RHODE ISLAND AVENUE NW WASHINGTON, DC 20036-3278	52-1481896	501 C(3)	9,000.	0.			UNRESTRICTED
HUMAN RIGHTS WATCH 350 5TH AVE FL 34 NEW YORK, NY 10118	13-2875808	501 C(3)	250.	0.			PROTECT FAMILIES FLEEING VIOLENCE AND PERSECUTION
INDEPENDENT ARTS & MEDIA P. O. BOX 420442 SAN FRANCISCO, CA 94142	94-3355076	501 C(3)	500.	0.			UNRESTRICTED
INNOCENCE PROJECT OF TEXAS 300 BURNETT STREET, SUITE 160 FORT WORTH, TX 76102	20-5992659	501 C(3)	2,750.	0.			UNRESTRICTED
INSTITUTE FOR DEMOCRATIC EDUCATION AND CULTURE - PO BOX 22748 - OAKLAND, CA 94609	94-3292755	501 C(3)	2,000.	0.			\$1000 FOR SURJ, \$1000 FOR APTP

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INSTITUTO FAMILIAR DE LA RAZA 2919 MISSION STREET SAN FRANCISCO, CA 94110	94-2523608	501 C(3)	10,000.	0.			UNRESTRICTED
INTERNATIONAL DEVELOPMENT EXCHANGE 333 VALENCIA STREET, SUITE 250 SAN FRANCISCO, CA 94103-3521	77-0071852	501 C(3)	5,000.	0.			BLACK LIVES MATTER (\$1K) AND GENERAL SUPPORT
INTERNATIONAL DOCUMENTARY ASSOCIATION - 1201 WEST 5TH STREET - LOS ANGELES, CA 90017	95-3911227	501 C(3)	1,000.	0.			FREEDOM TO MARRY
INTERNATIONAL GAY & LESBIAN HUMAN RIGHTS COMMISSION - 80 MAIDEN LANE, SUITE 1505 - NEW YORK, NY 10038	94-3139952	501 C(3)	1,200.	0.			UNRESTRICTED
INTERNATIONAL PLANNED PARENTHOOD FEDERATION - WESTERN HEMISPHERE REGION INC - 120 WALL ST., 9TH FL. - NEW YORK, NY 10005	13-1845455	501 C(3)	3,000.	0.			UNRESTRICTED
IPAS 300 MARKET STREET, SUITE 200 CHAPEL HILL, NC 27516	56-1071085	501 C(3)	50,000.	0.			GRANT OF THE GLOBAL FAITH AND EQUALITY FUND
JDC AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE - P.O. BOX 4124 - NEW YORK CITY, NY 10163	13-1656634	501 C(3)	1,000.	0.			HAITI
JEWISH COMMUNITY FEDERATION 121 STEUART STREET SAN FRANCISCO, CA 94105	94-1156533	501 C(3)	250.	0.			UNRESTRICTED
JEWISH FAMILY & COMMUNITY SERVICES EAST BAY - 2484 SHATTUCK AVENUE, SUITE 210 - BERKELEY, CA 94704	94-3250304	501 C(3)	10,500.	0.			FOR LGBTI REFUGEE/ASYLEE SERVICES

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JEWISH VOICE FOR PEACE 1611 TELEGRAPH AVE., SUITE 1020 OAKLAND, CA 94612	90-0018359	501 C(3)	500.	0.			UNRESTRICTED
JUSTICE NOW 1322 WEBSTER STREET, SUITE 210 OAKLAND, CA 94612	42-1559699	501 C(3)	12,125.	0.			TRANSGENDER VARIANT AND INTERSEX JUSTICE PROJECT (\$11,875) AND GENERAL SUPPORT
KALW PUBLIC RADIO 500 MANSELL STREET, C/O SAN FRANCISCO UNIFIED SCHOOL DISTRICT - SAN FRANCISCO	94-6000416	501 C(3)	500.	0.			UNRESTRICTED
KEHILLAT ISRAEL 16019 W. SUNSET BLVD. PACIFIC PALISADES, CA 90272	95-2056645	501 C(3)	2,315.	0.			KI COMMEMORATIVE YEARBOOK, AND MITZVAH CIRCLE
KESHET 284 AMORY STREET JAMAICA PLAIN, MA 02130	48-1278664	501 C(3)	2,800.	0.			UNRESTRICTED
LA PENA CULTURAL CENTER 3105 SHATTUCK AVE. BERKELEY, CA 94705	94-2459560	501 C(3)	250.	0.			UNRESTRICTED
LA RAZA CENTRO LEGAL - SAN FRANCISCO - 474 VALENCIA ST STE 295 - SAN FRANCISCO, CA 94103	94-2295723	501 C(3)	1,000.	0.			UNRESTRICTED
LAMBDA LEGAL DEFENSE & EDUCATION FUND - 120 WALL STREET, 19TH FLOORS - NEW YORK, NY 10005	23-7395681	501 C(3)	11,100.	0.			UNRESTRICTED
LAMBDA LITERARY FOUNDATION 5482 WILSHIRE BLVD, #1595 LOS ANGELES, CA 90036	52-1996380	501 C(3)	2,000.	0.			UNRESTRICTED

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LAMBERT HOUSE PO BOX 23111 SEATTLE, WA 98102	94-3036815	501 C(3)	500.	0.			UNRESTRICTED
LAOS LITERACY PROJECT 10 TREMONT ST., SUITE 200 BOSTON, MA 02108	32-0285330	501 C(3)	1,000.	0.			UNRESTRICTED
LARKIN STREET YOUTH SERVICES 134 GOLDEN GATE AVENUE SAN FRANCISCO, CA 94102	94-2917999	501 C(3)	13,000.	0.			NIGHT OF COMPASSION AND GENERAL SUPPORT
LAS POSITAS COLLEGE 3000 CAMPUS HILL DRIVE BLDG 1600, R LIVERMORE, CA 94554	94-1670563	501 C(3)	5,590.	0.			EQUALITY SCHOLARSHIP
LEFT COAST CHAMBER ENSEMBLE 1 TOPAZ WAY SAN FRANCISCO, CA 94131	94-3233472	501 C(3)	900.	0.			UNRESTRICTED
LEGAL SERVICES FOR CHILDREN 1254 MARKET STREET, 3RD FLOOR SAN FRANCISCO, CA 94102	51-0169463	501 C(3)	11,000.	0.			FOR HOMELESS YOUTH PROJECT (\$10K) AND GENERAL SUPPORT
LEGAL SERVICES FOR PRISONERS WITH CHILDREN - 1540 MARKET STREET #490 - SAN FRANCISCO, CA 94102	94-3080408	501 C(3)	1,000.	0.			UNRESTRICTED
LESLIE LOHMAN MUSEUM OF GAY AND LESBIAN ART - 26 WOOSTER ST - NEW YORK, NY 10013	46-1245243	501 C(3)	1,000.	0.			MUSEUM EXPANSION FUND
LGBT DETROIT 41 BURROUGHS ST., # 109 DETROIT, MI 48202	56-2393981	501 C(3)	1,000.	0.			UNRESTRICTED

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LIBERTY HILL FOUNDATION 6420 WILSHIRE BOULEVARD, SUITE 700 LOS ANGELES, CA 90048	51-0181191	501 C(3)	500.	0.			DESIGNATED TO THE OUT FUND 2016-2017
LIFE ELDERCARE 3300 CAPITAL AVE. FREMONT, CA 94538	23-7455567	501 C(3)	500.	0.			UNRESTRICTED
LINDENWOLD HIGH SCHOOL 801 EGG HARBOR RD. LINDENWOLD, NJ 08021	21-6000222	501 C(3)	2,000.	0.			SENIOR TRIP FUND-MEANT TO BE 2015 AND GENERAL SUPPORT
LOCO BLOCO 3543 18TH STREET #20 SAN FRANCISCO, CA 94119	16-1678034	501 C(3)	1,000.	0.			UNRESTRICTED
LOWCOUNTRY AIDS SERVICES 3547 MEETING STREET RD N CHARLESTON, SC 29405	57-0905550	501 C(3)	500.	0.			UNRESTRICTED
LUTHERAN WORLD RELIEF 700 LIGHT STREET BALTIMORE, MD 21230	13-2574963	501 C(3)	1,250.	0.			UNRESTRICTED
LYRIC 127 COLLINGWOOD STREET SAN FRANCISCO, CA 94114	94-3227296	501 C(3)	11,000.	0.			TO SUPPORT INCREASING FUNDRAISING CAPACITY (\$10K) AND GENERAL SUPPORT
MADRE 121 W 27TH STREET #301 NEW YORK, NY 10117	13-3280194	501 C(3)	1,000.	0.			UNRESTRICTED
MAKING CONTACT / INTERNATIONAL MEDIA PROJECT - 1714 FRANKLIN ST., #100-251 - OAKLAND, CA 94612	94-3239511	501 C(3)	500.	0.			UNRESTRICTED

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MARIN AIDS PROJECT 910 IRWINE STREET SAN RAFAEL, CA 94901	68-0072470	501 C(3)	500.	0.			SPECTRUM LGBT CENTER AND GENERAL SUPPORT
MARIN WALDORF SCHOOL ASSN INC 755 IDYLBERRY RD SAN RAFAEL, CA 94903	94-2161819	501 C(3)	750.	0.			UNRESTRICTED
MARINE MAMMAL CENTER PO BOX 1928 SAUSALITO, CA 94966-1928	51-0144434	501 C(3)	250.	0.			UNRESTRICTED
MEDIA ALLIANCE 1904 FRANKLIN STREET, SUITE 500 OAKLAND, CA 94612	94-2563400	501 C(3)	1,000.	0.			UNRESTRICTED
MEDIA MATTERS FOR AMERICA 455 MASSACHUSETTS AVE., NW WASHINGTON, DC 02001	47-0928008	501 C(3)	40,000.	0.			GRANT FROM THE GLOBAL FAITH FUND
MENTAL HEALTH AMERICA OF HAWAI'I 1124 FORT STREET MALL, STE 205 HONOLULU, HI 96813	99-0076458	501 C(3)	250.	0.			UNRESTRICTED
MERRITT COLLEGE 12500 CAMPUS DRIVE OAKLAND, CA 94612	94-1590799	501 C(3)	6,000.	0.			SCHOLARHIP AWARD
METROPOLITAN OPERA GUILD INC 70 LINCOLN CENTER PLZ FL 6 NEW YORK, NY 10023	13-1681983	501 C(3)	250.	0.			TO SUPPORT HD LIVE IN SCHOOLS
MIAMI-DADE GAY & LESBIAN CHAMBER OF COMMERCE - 1130 WASHINGTON AVE 1ST FLOOR NORTH - MIAMI BEACH, FL 33139	65-0997245	501 C(3)	10,000.	0.			FOR ED LEADERSHIP PROGRAM

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MIDDLE EAST CHILDREN'S ALLIANCE 901 PARKER STREET BERKELEY, CA 94710	94-3074600	501 C(3)	1,500.	0.			UNRESTRICTED
MILLS COLLEGE 5000 MACARTHUR BLVD OAKLAND, CA 94613	94-1156566	501 C(3)	500.	0.			UNRESTRICTED
MINNESOTA BRASS INC. P.O. BOX 7341 ST. PAUL, MN 55107	23-7209331	501 C(3)	2,000.	0.			NEW INSTRUMENTS •BUGLES—
MOMS AGAINST POVERTY P.O. BOX 4212 BURLINGAME, CA 94011	20-8865521	501 C(3)	1,000.	0.			GENERAL SUPPORT, AND FOR THE HOPE CHILDREN'S HOME IN CAMBODIA.
MONO LAKE FOUNDATION PO BOX 29 LEE VINING, CA 93541	77-0051124	501 C(3)	1,000.	0.			UNRESTRICTED
MONTEFIORE MEDICAL CENTER 111 EAST 210TH STREET BRONX, NY 10467	13-1740114	501 C(3)	250.	0.			THE RETT CENTER
MS MAGAZINE/FEMINIST MAJORITY FOUNDATION - 1600 WILSON BLVD, SUITE 801 - ARLINGTON, VA 22209	54-1426440	501 C(3)	500.	0.			UNRESTRICTED
MUIR HERITAGE LAND TRUST PO BOX 2452 MARTINEZ, CA 94553	68-0194652	501 C(3)	250.	0.			UNRESTRICTED
MUJERES UNIDAS Y ACTIVAS 3543 18TH STREET #23 SAN FRANCISCO, CA 94110	20-2986926	501 C(3)	1,000.	0.			UNRESTRICTED

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MUSLIM ADVOCATES P.O. BOX 71080 OAKLAND, CA 94612	30-0298794	501 C(3)	2,250.	0.			UNRESTRICTED
NAACP LEGAL DEFENSE & EDUCATION FUND INC. - 40 RECTOR STREET, 5TH FLOOR - NEW YORK, NY 10006	13-1655255	501 C(3)	500.	0.			UNRESTRICTED
NARAL PRO-CHOICE AMERICA FOUNDATION - 1156 15TH ST, SUITE 700 - WASHINGTON, DC 20005	52-1100361	501 C(3)	4,000.	0.			UNRESTRICTED
NARAL PRO-CHOICE CALIFORNIA FOUNDATION - 1156 15TH ST NW STE 700 - WASHINGTON, DC 20005	94-3031085	501 C(3)	10,000.	0.			UNRESTRICTED
NATIONAL ADVOCATES FOR PREGNANT WOMEN - 15 W 36TH ST RM 901 - NEW YORK, NY 10018-7126	52-2282183	501 C(3)	250.	0.			UNRESTRICTED
NATIONAL CENTER FOR LESBIAN RIGHTS 870 MARKET ST., SUITE 370 SAN FRANCISCO, CA 94102	94-3086885	501 C(3)	146,000.	0.			FOR TRANSGENDER YOUTH PROJECT, AND GENERAL SUPPORT
NATIONAL CLEARINGHOUSE FOR THE DEFENSE OF BATTERED WOMEN - 125 S 9TH STREET, SUITE 302 - PHILADELPHIA, PA 19107	23-2473361	501 C(3)	250.	0.			UNRESTRICTED
NATIONAL COUNCIL OF JEWISH WOMEN INCORPORATED - 70 S ORANGE AVE STE 120 - LIVINGSTON, NJ 07039	22-1687993	501 C(3)	5,000.	0.			UNRESTRICTED
NATIONAL GAY AND LESBIAN TASK FORCE - 1325 MASSACHUSETTS AVE. NW, SUITE 600 - WASHINGTON, DC 20005	52-1624852	501 C(3)	10,000.	0.			GRANT FOR GLENN MAGPANTAY OF NQAPIA AND GENERAL SUPPORT

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NATIONAL LAWYERS GUILD FOUNDATION 132 NASSAU NEW YORK, NY 10038	13-3336640	501 C(3)	500.	0.			UNRESTRICTED
NATIONAL NETWORK OF ABORTION FUNDS 42 SEAVERNS AVE BOSTON, MA 02130	04-3236982	501 C(3)	250.	0.			UNRESTRICTED
NATIONAL PARK TRUST 401 E. JEFFERSON STREET, SUITE 203 ROCKVILLE, MD 20850	52-1691924	501 C(3)	250.	0.			UNRESTRICTED
NATIONAL QUEER ASIAN PACIFIC ISLANDER ALLIANCE INC - 233 5TH AVE RM 4A - NEW YORK, NY 10016	27-2114866	501 C(3)	550.	0.			\$500 FOR VAYLA, \$50 FOR NQAPIA FISCAL SPONSORSHIP FEE.
NATIONAL RADIO PROJECT 1714 FRANKLIN STREET #100-251 OAKLAND, CA 94612	94-3239511	501 C(3)	500.	0.			UNRESTRICTED
NATIONAL TROPICAL BOTANICAL GARDEN 3530 PAPALINA HIGHWAY KALAHEO, HI 96741	52-6057064	501 C(3)	500.	0.			UNRESTRICTED
NATIONAL TRUST FOR HISTORIC PRESERVATION IN THE US - 2600 VIRGINIA AVE NW - WASHINGTON, DC 20037	53-0210807	501 C(3)	750.	0.			UNRESTRICTED
NATIONAL WOMEN'S HEALTH NETWORK INC - 1413 K STREET, NW, 4TH FLOOR - WASHINGTON, DC 20005	52-1081261	501 C(3)	1,000.	0.			UNRESTRICTED
NATIONAL WOMEN'S LAW CENTER 11 DUPONT CIRCLE N.W., STE 800 WASHINGTON, DC 20036	52-1213010	501 C(3)	500.	0.			TO SUPPORT WORK ON EQUAL PAY AND THE WAGE GAP FOR AFRICAN AMERICAN WOMEN.

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NATIONAL WOMEN'S LAW CENTER ACTION FUND - 11 DUPONT CIR NW STE 800 - WASHINGTON, DC 20036	46-0639645	501 C(3)	500.	0.			TO SUPPORT WORK ON EQUAL PAY AND THE WAGE GAP FOR AFRICAN AMERICAN WOMEN.
NATURAL RESOURCES DEFENSE COUNCIL INC - 40 WEST 20TH STREET - NEW YORK, NY 10011	13-2654926	501 C(3)	10,750.	0.			UNRESTRICTED
NEW CONSERVATORY THEATRE CENTER 25 VAN NESS AVENUE, LL SAN FRANCISCO, CA 94102	94-2778856	501 C(3)	19,750.	0.			FOR DEVELOPMENT WORK (\$10K), RENOVATION FUND (\$5.5K), AND GENERAL SUPPORT
NEW ISRAEL FUND 6 E. 39TH STREET, SUITE 301 NEW YORK, NY 10016	94-2607722	501 C(3)	500.	0.			ISHA L'ISHA FOR GUN FREE KITCHEN TABLES
NOGLSTP (NATIONAL ORGANIZATION OF GAY AND LESBIAN SCIENTISTS AND TECHNICAL - PO BOX 91803 - PASADENA, CA 91109	95-4358685	501 C(3)	2,000.	0.			UNRESTRICTED
NORTHERN CALIFORNIA EDUCATIONAL TELEVISION ASSN INC - 603 N MARKET ST - REDDING, CA 96003	94-1569300	501 C(3)	1,648.	0.			KIXE-TV
NORTHERN CALIFORNIA PUBLIC BROADCASTING INC (KQED) - 2601 MARIPOSA STREET - SAN FRANCISCO, CA 94110	94-1241309	501 C(3)	1,500.	0.			UNRESTRICTED
OAKLAND EAST BAY SYMPHONY 1440 BROADWAY SUITE 405 OAKLAND, CA 94612	94-3081554	501 C(3)	500.	0.			UNRESTRICTED
OAKLAND INSTITUTE PO BOX 18978 OAKLAND, CA 94619	42-1626352	501 C(3)	500.	0.			UNRESTRICTED

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OAKLAND PEACE CENTER 111 FAIRMOUNT AVE OAKLAND, CA 94611	46-3342685	501 C(3)	5,000.	0.			UNRESTRICTED
OAKLAND PUBLIC EDUCATION FUND P.O. BOX 27148 OAKLAND, CA 94602	43-2014630	501 C(3)	5,000.	0.			UNRESTRICTED
ODYSSEY 2020 ACADEMY INC. 2412 61ST ST GALVESTON, TX 77551	76-0577257	501 C(3)	1,900.	0.			UNRESTRICTED
OLD FIRST CENTER FOR THE ARTS 1751 SACRAMENTO STREET SAN FRANCISCO, CA 94109	94-2898233	501 C(3)	500.	0.			UNRESTRICTED
OLD FIRST PRESBYTERIAN CHURCH 1751 SACRAMENTO SAN FRANCISCO, CA 94109	94-1156852	501 C(3)	3,000.	0.			UNRESTRICTED
OLOC, INC. P. O. BOX 5853 ATHENS, OH 45701	76-0393649	501 C(3)	7,000.	0.			BAY AREA OLAC AND GENERAL SUPPORT
ON THE MOVE 780 LINCOLN AVE. NAPA, CA 94558	75-3149095	501 C(3)	10,000.	0.			FOR LGBTQ CONNECTION'S Q-YOUTH AND TRANSGENDER SUPPORT GROUPS
ONE ARCHIVES FOUNDATION 909 WEST ADAMS BOULEVARD LOS ANGELES, CA 90007	95-3660779	501 C(3)	1,000.	0.			UNRESTRICTED
ONE NATIONAL GAY & LESBIAN ARCHIVES - 909 W ADAMS BLVD - LOS ANGELES, CA 90007	95-3660779	501 C(3)	500.	0.			UNRESTRICTED

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ONE SPIRIT PO BOX 3209 RAPID CITY, SD 57709	26-3592983	501 C(3)	500.	0.			UNRESTRICTED
OPENHOUSE 65 LAGUNA SAN FRANCISCO, CA 94102	94-3337955	501 C(3)	23,830.	0.			SPRING FLING GALA AND GENERAL SUPPORT
OPERA PARALLLE 50 OAK ST SAN FRANCISCO, CA 94102	72-1584393	501 C(3)	2,000.	0.			OPERA PARALI@LE-CHAMPION AND GENERAL SUPPORT
OPERATION ACCESS 1119 MARKET STREET, SUITE 400 SAN FRANCISCO, CA 94103	94-3180356	501 C(3)	250.	0.			UNRESTRICTED
ORAM - ORGANIZATION FOR REFUGE ASYLUM & MIGRATION - 2443 FILLMORE ST #380-6489 - SAN FRANCISCO, CA 94115	26-3748676	501 C(3)	1,500.	0.			UNRESTRICTED
OUR FAMILY COALITION 1385 MISSION STREET, SUITE 340 SAN FRANCISCO, CA 94103	94-3261786	501 C(3)	17,500.	0.			FOR THE 1ST API TRANSMASCULINE RETREAT, TO SUPPORT LATINO LGBTQ YOUTH AND THEIR FAMILIES,
OUR FUND, INC. 1600 NE 26TH STREET WILTON MANORS, FL 33305	27-4734125	501 C(3)	1,500.	0.			ORLANDO LGBTQ FUND AND GENERAL SUPPORT
OUT AND EQUAL WORKPLACE ADVOCATES 155 SANSOME STREET, SUITE 450 SAN FRANCISCO, CA 94104	02-0681855	501 C(3)	5,000.	0.			UNRESTRICTED
OUTRIGHT ACTION INTERNATIONAL 80 MAIDEN LANE, SUITE 1505 NEW YORK, NY 10038	94-3139952	501 C(3)	6,750.	0.			UNRESTRICTED

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OUTWARD BOUND CALIFORNIA 1539 PERSHING DR SAN FRANCISCO, CA 94129	26-4206241	501 C(3)	1,500.	0.			UNRESTRICTED
OVERNIGHT PRODUCTIONS, INC. P.O. BOX 38327 LOS ANGELES, CA 90038-0327	95-3786721	501 C(3)	1,000.	0.			TO SUPPORT "THIS WAY OUT"
PACIFIC CENTER FOR HUMAN GROWTH 2712 TELEGRAPH AVE BERKELEY, CA 94705	94-2287492	501 C(3)	14,300.	0.			FOR SERVICES TO SURVIVORS OF GHOSTSHIP FIRE AND GENERAL SUPPORT
PACIFIC SCHOOL OF RELIGION 1798 SCENIC AVENUE BERKELEY, CA 94709	94-1186179	501 C(3)	1,000.	0.			UNRESTRICTED
PACIFICA FOUNDATION DBA KPFA RADIO 644 GREEN STREET SAN FRANCISCO, CA 94133	94-1347046	501 C(3)	2,000.	0.			KPFA RADIO
PALM SPRINGS ART MUSEUM 101 MUSEUM DRIVE P.O. BOX 2310 PALM SPRINGS, CA 92263	95-1809576	501 C(3)	500.	0.			UNRESTRICTED
PARENTS AND FRIENDS OF LESBIANS AND GAYS - NATIONAL - 1726 M STREET, NW SUITE 400 - WASHINGTON, DC 20036	95-3750694	501 C(3)	500.	0.			UNRESTRICTED
PEN AMERICAN CENTER INC. 588 BROADWAY RM 303 NEW YORK, NY 10012	13-3447888	501 C(3)	2,500.	0.			UNRESTRICTED
PINE UNITED METHODIST CHURCH 426 33RD AVENUE SAN FRANCISCO, CA 94121	94-1254647	501 C(3)	2,000.	0.			ADRIFT IN SUNSET - NARISSA LEE/KAR YIN THAM

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
PKD FOUNDATION 8330 WARD PARKWAY, SUITE 501 KANSAS CITY, MO 64114	43-1266906	501 C(3)	2,500.	0.			UNRESTRICTED
PLANNED PARENTHOOD FEDERATION OF AMERICA, INC. - 434 WEST 33RD STREET - NEW YORK, NY 10001	13-1644147	501 C(3)	64,500.	0.			GRANT FROM THE GLOBAL FAITH AND EQUALITY FUND (\$60K) AND GENERAL SUPPORT
POINT BLUE CONSERVATION SCIENCE 3820 CYPRESS DR. #11 PETALUMA, CA 94954	94-1594250	501 C(3)	500.	0.			UNRESTRICTED
POINT FOUNDATION 5055 WILSHIRE BLVD, STE 501 LOS ANGELES, CA 90036	84-1582086	501 C(3)	1,500.	0.			UNRESTRICTED
POLITICAL RESEARCH ASSOCIATES 1310 BROADWAY, #201 SOMERVILLE, MA 12144	36-3193323	501 C(3)	50,250.	0.			GRANT FROM THE GLOBAL FAITH AND EQUALITY FUND (\$50K) AND GENERAL SUPPORT
PORTLAND STATE UNIVERSITY PO BOX 908, PSU CASHIER'S OFFICE PORTLAND, OR 97207	36-4776757	501 C(3)	6,000.	0.			EQUALITY SCHOLARSHIP
PORTOLA FAMILY CONNECTION CENTER INC - 2565 SAN BRUNO AVE - SAN FRANCISCO, CA 94134	94-3213689	501 C(3)	2,500.	0.			UNRESTRICTED
POSITIVE RESOURCE CENTER 785 MARKET STREET, 10TH FLOOR SAN FRANCISCO, CA 94103	94-3078431	501 C(3)	1,500.	0.			UNRESTRICTED
PRESIDENT & FELLOWS OF HARVARD COLLEGE - 124 MOUNT AUBURN STREET - CAMBRIDGE, MA 02138-5795	04-2103580	501 C(3)	1,200.	0.			UNRESTRICTED

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PREVENTION INTERNATIONAL NO CERVICAL CANCER PINCC INC - P.O. BOX 13081 - OAKLAND, CA 94661	30-0331861	501 C(3)	1,000.	0.			UNRESTRICTED
PRIDE FOUNDATION 2014 E. MADISON ST, SUITE 300 SEATTLE, WA 98122	91-1325007	501 C(3)	500.	0.			UNRESTRICTED
PRIDE LAW FUND 4 EMBARCADERO CENTER SAN FRANCISCO, CA 94111	94-2607153	501 C(3)	1,000.	0.			UNRESTRICTED
PRISON UNIVERSITY PROJECT PO BOX 492 SAN QUENTIN, CA 94964	20-5606926	501 C(3)	250.	0.			UNRESTRICTED
PROJECT OPEN HAND 730 POLK STREET SAN FRANCISCO, CA 94109	94-3023551	501 C(3)	2,400.	0.			UNRESTRICTED
PROVIDE, INC. PO BOX 410164 CAMBRIDGE, MA 02141	04-3298538	501 C(3)	250.	0.			UNRESTRICTED
PURDUE UNIVERSITY 127 SCHWARZ HALL 1401 S. US HWY 421 WESTVILLE, IN 46391	35-6002041	501 C(3)	1,000.	0.			JUAN MARQUEZ SCHOLARSHIP AWARD
QUEER CULTURAL CENTER 762 FULTON ST SAN FRANCISCO, CA 94102	94-3227839	501 C(3)	23,500.	0.			SUPPORT FOR STILL HERE PRODUCTIONS AND QUEER REBEL PRODUCTIONS, AND GENERAL SUPPORT
QUEER CULTURAL CENTER 762 FULTON ST SAN FRANCISCO, CA 94102	94-3227839	501 C(3)	5,000.	0.			UNRESTRICTED

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QUEER CULTURAL CENTER 762 FULTON ST SAN FRANCISCO, CA 94102	94-3227839	501 C(3)	7,500.	0.			FOR TOPSY TURVY QUEER CIRCUS
QUEER LIFESPACE 2275 MARKET ST. SAN FRANCISCO, CA 94114	45-2451077	501 C(3)	10,000.	0.			UNRESTRICTED
QWOCMAP - QUEER WOMEN OF COLOR MEDIA ARTS PROJECT - 59 COOK STREET - SAN FRANCISCO, CA 94118	80-0094746	501 C(3)	4,500.	0.			JEWELLE GOMEZ DOCUMENTARY PROJECT AND GENERAL SUPPORT
RACE FORWARD 32 BROADWAY, SUITE 1801 NEW YORK, NY 10004	94-2759879	501 C(3)	500.	0.			UNRESTRICTED
RAINBOW COMMUNITY CENTER OF CONTRA COSTA COUNTY - 2118 WILLOW PASS ROAD, STE 500 - CONCORD, CA 94520	68-0375857	501 C(3)	6,000.	0.			UNRESTRICTED
RAINBOW WOMEN'S CHORUS 14938 CAMDEN AVENUE SAN JOSE, CA 95124	77-0559726	501 C(3)	4,000.	0.			UNRESTRICTED
RAINBOW WORLD FUND PO BOX 14480 SAN FRANCISCO, CA 94114	94-3372560	501 C(3)	250.	0.			IN SUPPORT OF THE ORLANDO VICTIMS
RAINFOREST ACTION NETWORK 425 BUSH ST, STE 300 SAN FRANCISCO, CA 94108	94-3045180	501 C(3)	1,000.	0.			REVEL
RAISING A READER OF SAN FRANCISCO AND ALAMEDA COUNTIES - 470 THIRD STREET, SUITE 102 - SAN FRANCISCO, CA 94107	94-3390149	501 C(3)	10,000.	0.			UNRESTRICTED

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REDWOOD EMPIRE FOOD BANK 3320 INDUSTRIAL DRIVE SANTA ROSA, CA 95403	68-0121855	501 C(3)	250.	0.			UNRESTRICTED
REED COLLEGE 3202 SE WOODSTOCK BLVD., FINANCIAL PORTLAND, OR 97202	93-0386908	501 C(3)	6,000.	0.			EQUALITY SCHOLARSHIP
REGENTS OF UNIVERSITY OF CALIFORNIA AT BERKELEY - S545 STUDENT BUILDING, MC 1900 - BERKELEY, CA 94720-1900	94-6002123	501 C(3)	9,000.	0.			UNRESTRICTED
RESTORE MASS AVE 2500 MASSACHUSETTS AVE NW WASHINGTON, DC 20008	43-2112744	501 C(3)	500.	0.			UNRESTRICTED
RICHMOND-ERMET FOUNDATION 942 DIVISADERO ST, SUITE 201 SAN FRANCISCO, CA 94115	94-3232222	501 C(3)	500.	0.			UNRESTRICTED
ROOM TO READ 465 CALIFORNIA ST., SUITE 1000 SAN FRANCISCO, CA 94104	91-2003533	501 C(3)	500.	0.			UNRESTRICTED
ROOTS OF PEACE 1299 FOURTH STREET, SUITE 200 SAN RAFAEL, CA 94901	68-0442399	501 C(3)	250.	0.			UNRESTRICTED
ROSENBERG FUND FOR CHILDREN 116 PLEASANT STREET #3312 EASTHAMPTON, MA 01027	04-3095890	501 C(3)	1,000.	0.			UNRESTRICTED
ROTARY FOUNDATION OF ROTARY INTERNATIONAL - 1560 SHERMAN AVE - EVANSTON, IL 60201	36-3245072	501 C(3)	1,250.	0.			FOR ROTAPLAST TRIP TO PHILIPPINES IN DECEMBER 2016 AND GENERAL SUPPORT

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RYSE 205 41ST STREET RICHMOND, CA 94805	26-0692904	501 C(3)	10,500.	0.			SUPPORT FOR RYSE'S TO PROVIDE EXPLICIT LGBTQ SAFE SPACE (\$10K) AND GENERAL SUPPORT
SAN FRANCISCO AIDS FOUNDATION 1035 MARKET STREET, SUITE 400 SAN FRANCISCO, CA 94103	94-2927405	501 C(3)	34,500.	0.			FOR CAMPAIGN FOR HEALTH & WELLNESS, AIDS/LIFECYCLE, AND GENERAL SUPPORT
SAN FRANCISCO BICYCLE COALITION EDUCATION FUND - 833 MARKET STREET, 10TH FLOOR - SAN FRANCISCO, CA 94103	20-5182730	501 C(3)	1,980.	0.			UNRESTRICTED
SAN FRANCISCO CHRONICLE SEASON OF SHARING FUND - 901 MISSION STREET - SAN FRANCISCO, CA 94103	94-3019992	501 C(3)	800.	0.			UNRESTRICTED
SAN FRANCISCO CONSERVATORY OF MUSIC - 1201 OAK STREET - SAN FRANCISCO, CA 94102-6011	94-1156610	501 C(3)	1,250.	0.			UNRESTRICTED
SAN FRANCISCO FOOD BANK 900 PENNSYLVANIA AVE SAN FRANCISCO, CA 94107	94-3041517	501 C(3)	14,700.	0.			UNRESTRICTED
SAN FRANCISCO GENERAL HOSPITAL FOUNDATION - 2789 25TH STREET, SUITE 2028 - SAN FRANCISCO, CA 94110	94-3189424	501 C(3)	10,250.	0.			FOR HEROES & HEARTS (\$10K) AND GENERAL SUPPORT
SAN FRANCISCO JEWISH FILM FESTIVAL 145 NINTH STREET SAN FRANCISCO, CA 94103	94-2854068	501 C(3)	2,500.	0.			UNRESTRICTED
SAN FRANCISCO LGBT COMMUNITY CENTER - 1800 MARKET STREET - SAN FRANCISCO, CA 94102	94-3236718	501 C(3)	40,550.	0.			FOR DEVELOPMENT WORK (\$10K) AND GENERAL SUPPORT

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SAN FRANCISCO OPERA 301 VAN NESS AVE SAN FRANCISCO, CA 94102	94-0836240	501 C(3)	10,000.	0.			UNRESTRICTED
SAN FRANCISCO PARKS ALLIANCE P.O. BOX 170160 SAN FRANCISCO, CA 94117-0160	23-7131784	501 C(3)	7,500.	0.			UNRESTRICTED
SAN FRANCISCO PLANNING AND URBAN RESEARCH ASSOCIATION - 654 MISSION ST - SAN FRANCISCO, CA 94105-4015	94-1498232	501 C(3)	3,000.	0.			UNRESTRICTED
SAN FRANCISCO SPCA 2500 16TH STREET SAN FRANCISCO, CA 94141-0490	94-0836580	501 C(3)	250.	0.			UNRESTRICTED
SAN FRANCISCO STATE UNIVERSITY 1600 HOLLOWAY AVENUE SAN FRANCISCO, CA 94132	93-1137247	501 C(3)	6,000.	0.			EQUALITY SCHOLARSHIP
SAN FRANCISCO STATE UNIVERSITY FINANCIAL AID OFFICE - 1600 HOLLOWAY AVENUE - SAN FRANCISCO, CA 94132	94-1384645	501 C(3)	4,000.	0.			FOR MARKOWSKI LEACH SCHOLARS:
SAN FRANCISCO STATE UNIVERSITY FOUNDATION - 1600 HOLLOWAY AVE, ADMINISTRATION BUILDING ROOM 454C - SAN FRANCISCO, CA 94132	26-1169717	501 C(3)	1,000.	0.			GUARDIAN SCHOLARS PROGRAM
SAN FRANCISCO UNIFIED SCHOOL DISTRICT - 500 MANSELL STREET - SAN FRANCISCO, CA 94134	94-6000416	501 C(3)	500.	0.			KALW RADIO
SAN FRANCISCO WOMEN AGAINST RAPE 3543 18TH STREET, 3RD FLOOR, BOX #7 SAN FRANCISCO, CA 94110	94-2756753	501 C(3)	500.	0.			UNRESTRICTED

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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.			UNRESTRICTED
SAPLING FOUNDATION 250 HUDSON ST RM 1002 NEW YORK, NY 10013	94-3235545	501 C(3)	14,500.	0.			UNRESTRICTED
SAVE MOUNT DIABLO 1901 OLYMPIC BLVD., SUITE 220 WALNUT CREEK, CA 94596	94-2681735	501 C(3)	5,000.	0.			UNRESTRICTED
SECOND HARVEST FOOD BANK OF SANTA CLARA AND SAN MATEO COUNTIES - PO BOX 213 - SAN MATEO, CA 94401	94-2614101	501 C(3)	250.	0.			UNRESTRICTED
SELF-HEALING RESEARCH CENTER 2218 48TH AVE SAN FRANCISCO, CA 94116	94-2795928	501 C(3)	1,000.	0.			THE SCHOOL FOR SELF-HEALING
SEMINARY OF THE STREET 2806 EASTMAN AVE OAKLAND, CA 94619	26-3325297	501 C(3)	5,000.	0.			UNRESTRICTED
SENIOR COASTSIDERS P.O. BOX 859 HALF MOON BAY, CA 94019	94-3119310	501 C(3)	250.	0.			UNRESTRICTED
SERVICES & ADVOCACY FOR GAY LESBIAN BISEXUAL & TRANSGENDER ELDERS INC. - 305 SEVENTH AVE, 15TH FLOOR - NEW YORK, NY 10001	13-2947657	501 C(3)	3,000.	0.			UNRESTRICTED
SHANTI BHAVAN CHILDRENS PROJECT 121 HAWKINS PL PMB 192 BOONTON, NJ 07005	26-4188445	501 C(3)	2,100.	0.			FOR VIJAY KUMAR PRAKASH, 2016-2017 SPONSORSHIP AND GIVING TUESDAY

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SHASTA COUNTY ARTS COUNCIL 1313 MARKET ST REDDING, CA 96001	94-2791667	501 C(3)	8,000.	0.			SUPPORT FOR THE EVENING WITH DAVID STULL EVENT
SHASTA TRINITY TEHAMA HIV FOOD BANK - PO BOX 493283 - REDDING, CA 96049	20-1931988	501 C(3)	1,000.	0.			UNRESTRICTED
SHOGA FILMS FOUNDATION 4300 TOMPKINS AVE OAKLAND, CA 94619	30-0805365	501 C(3)	20,000.	0.			UNRESTRICTED
SIERRA CLUB FOUNDATION 85 SECOND ST., SUITE 750 SAN FRANCISCO, CA 94105	94-6069890	501 C(3)	250.	0.			UNRESTRICTED
SILICON VALLEY GAY MEN'S CHORUS 1100 SHASTA AVE. SAN JOSE, CA 95126	02-0773503	501 C(3)	10,000.	0.			TO PRODUCE THREE CONCERTS AS WELL AS COMMUNITY APPEARANCES
SLOW FOOD USA INC 20 JAY STREET SUITE M04 BROOKLYN, NY 10024	13-4100161	501 C(3)	7,000.	0.			\$2,000 UNRESTRICTED AND \$5,000 RESTRICTED FOR THE 2015 STRATEGIC PLAN
SOCIAL SERVICE LEAGUE OF COHASSET INC - PO BOX 603 - COHASSET, MA 02025	04-2105740	501 C(3)	1,000.	0.			UNRESTRICTED
SONRISAS COMMUNITY DENTAL CENTER 210 SAN MATEO RD., SUITE 104 HALF MOON BAY, CA 94019	94-3390196	501 C(3)	250.	0.			UNRESTRICTED
SOUTH CAROLINA EQUALITY COALITION PO BOX 544 COLUMBIA, SC 29201	01-0712524	501 C(3)	1,000.	0.			UNRESTRICTED

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SOUTHERN POVERTY LAW CENTER 400 WASHINGTON AVENUE - PO BOX 5632 MONTGOMERY, AL 36177-7459	63-0598743	501 C(3)	54,000.	0.			GRANT FROM THE GLOBAL FAITH AND EQUALITY FUND (\$50K) AND GENERAL SUPPORT
SPECIAL OLYMPICS KANSAS, INC 5280 FOXRIDGE DRIVE MISSION, KS 66202	48-0890981	501 C(3)	5,000.	0.			DOUGLAS COUNTY SPECIAL OLYMPICS
SPIRIT ROCK MEDITATION CENTER PO BOX 169 WOODACRE, CA 94973	94-2971001	501 C(3)	1,000.	0.			UNRESTRICTED
ST. JAMES INFIRMARY 1372 MISSION STREET SAN FRANCISCO, CA 94103	94-3330568	501 C(3)	10,000.	0.			FOR TRANSGENDER ADVOCATES FOR JUSTICE AND ACCOUNTABILITY (TAJAOS) COALITION
ST. JOHN THE EVANGELIST 61 POPLAR ST NEWPORT, RI 02840	05-6008874	501 C(3)	250.	0.			FOR THE ORGAN RESTORATION OR UPKEEP
STANFORD UNIVERSITY FINANCIAL AID 355 GALVEZ STREET STANFORD, CA 94305-3021	94-1156365	501 C(3)	10,000.	0.			FOR MARKOWSKI LEACH SCHOLARS
SUNDANCE ASSOCIATION FOR COUNTRY WESTERN DANCING - 2261 MARKET ST, PMB 225 - SAN FRANICSCO, CA 94114	94-3336172	501 C(3)	1,200.	0.			UNRESTRICTED
SUNSHINE SOCIAL SERVICES INC. 2312 WILTON DRIVE WILTON MANORS, FL 33305	01-0582371	501 C(3)	500.	0.			SEND A KID TO CAMP
SYLVIA RIVERA LAW PROJECT 147 WEST 24TH STREET, 5TH FLOOR NEW YORK, NY 10011	81-0640342	501 C(3)	875.	0.			UNRESTRICTED

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T A G TREATMENT ACTION GROUP INC. 90 BROAD STREET, SUITE 2503 NEW YORK, NY 10004	13-3624785	501 C(3)	1,000.	0.			UNRESTRICTED
TAUNG PULU KABA AYE DHAMMA CENTER 1035 CHENERY ST SAN FRANCISCO, CA 94131	94-2502217	501 C(3)	250.	0.			TAUNG PULU KABA-AYE MONASTERY
TENDERLOIN NEIGHBORHOOD DEVELOPMENT CORPORATION - 201 EDDY STREET - SAN FRANCISCO, CA 94102	94-2761808	501 C(3)	250.	0.			UNRESTRICTED
TENNESSEE EQUALITY PROJECT FOUNDATION - P.O. BOX 330895 - NASHVILLE, TN 37203	20-3518536	501 C(3)	1,000.	0.			UNRESTRICTED
THE AUDRE LORDE PROJECT 85 SOUTH OXFORD BROOKLYN, NY 11217	06-1502452	501 C(3)	1,875.	0.			UNRESTRICTED
THE CORAL REEF ALLIANCE 1330 BROADWAY, SUITE 16-2 OAKLAND, CA 94612	94-3211245	501 C(3)	250.	0.			UNRESTRICTED
THE FISTULA FOUNDATION 1900 THE ALAMEDA, SUITE 500 SAN JOSE, CA 95126	77-0547201	501 C(3)	250.	0.			UNRESTRICTED
THE NATURE CONSERVANCY OF HAWAII 923 NU'UANU AVENUE HONOLULU, HI 96817-5115	53-0242652	501 C(3)	4,000.	0.			UNRESTRICTED
THE PROGRESSIVE 409 E MAIN STREET MADISON, WI 53703	39-0773233	501 C(3)	250.	0.			UNRESTRICTED

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THE ROGER BALDWIN FOUNDATION OF THE ACLU OF ILLINOIS - 180 N MICHIGAN AVE, SUITE 2300 - CHICAGO, IL 60601	36-2682569	501 C(3)	15,000.	0.			FOR THOMAS H. STEEL FELLOWSHIP RECIPIENT
THE SF PLAYHOUSE 588 SUTTER ST SUITE 318 SAN FRANCISCO, CA 94102	86-1089699	501 C(3)	500.	0.			UNRESTRICTED
THE SPAHR CENTER 910 IRWIN STREET SAN RAFAEL, CA 94901	68-0072470	501 C(3)	300.	0.			UNRESTRICTED
THE TREVOR PROJECT 9056 SANTA MONICA BLVD., SUITE 208 WEST HOLLYWOOD, CA 90069	95-4681287	501 C(3)	2,750.	0.			UNRESTRICTED
THE UNIVERSITY CORPORATION: SAN FRANCISCO STATE - 1600 HOLLOWAY AVENUE - SAN FRANCISCO, CA 94132-4028	94-1384645	501 C(3)	6,000.	0.			GUARDIAN SCHOLARS PROGRAM AND GENERAL SUPPORT
THEATRE RHINOCEROS 1 SANSOME ST., STE. 3500 SAN FRANCISCO, CA 94104-4448	94-2568273	501 C(3)	10,300.	0.			SUPPORT UPCOMING PRODUCTION OF EQUUS AND GENERAL SUPPORT
TIDES CENTER PO BOX 29907, BLDG. 1014 SAN FRANCISCO, CA 94129	94-3213100	501 C(3)	36,400.	0.			FOR NATIONAL AIDS MEMORIAL GROVE, HOMELESS YOUTH ALLIANCE, LAVA MAE
TIDES FOUNDATION P.O. BOX 29198 SAN FRANCISCO, CA 94129-0198	51-0198509	501 C(3)	15,800.	0.			FOR UNSETTLED, A DOCUMENTARY, ALL OUT ACTION FUND, AND NATIONAL AIDS MEMORIAL GROVE
TRANS LIFELINE 2443 FILLMORE ST #380-9468 SAN FRANCISCO, CA 94115	47-2097494	501 C(3)	31,875.	0.			FOR LOCAL RESPONSE SYSTEMS IN EACH AREA IT SERVES, LEADERSHIP DEVELOPMENT, AND GENERAL

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TRANS STUDENT EDUCATIONAL RESOURCES - 1050 N MILLS AVE - CLAREMONT, CA 91711	46-1860104	501 C(3)	875.	0.			UNRESTRICTED
TRANS UNITED 1741 LANIER PLACE NW WASHINGTON, DC 20009	26-3728794	501 C(3)	875.	0.			UNRESTRICTED
TRANSFORM 436 14TH STREET, SUITE 600 OAKLAND, CA 94612	72-1521579	501 C(3)	250.	0.			UNRESTRICTED
TRANSGENDER ASSISTANCE PROGRAM OF VIRGINIA - 5906 BEECHWALK DR. - VIRGINIA BEACH, VA 23464	47-4938459	501 C(3)	875.	0.			UNRESTRICTED
TRANSGENDER LAW CENTER PO BOX 70976 OAKLAND, CA 94612	05-0544006	501 C(3)	42,250.	0.			TLC@SONG AND GENERAL SUPPORT
TREASURE ISLAND MUSEUM ASSOCIATION 1 AVENUE OF THE PALMS, ROOM 111 SAN FRANCISCO, CA 94130	51-0196386	501 C(3)	250.	0.			UNRESTRICTED
TREES FOUNDATION PO BOX 2202 REDWAY, CA 95560	68-0259810	501 C(3)	250.	0.			WOMEN'S FOREST SANCTUARY
TRUE COLORS FUND 630 NINTH STREET, SUITE 409 NEW YORK, NY 10036	45-2489069	501 C(3)	1,000.	0.			UNRESTRICTED
TRUSTEES OF UNIVERSITY OF PENNSYLVANIA - PO BOX 70259 - PHILADELPHIA, PA 19176-9885	23-1352685	501 C(3)	1,000.	0.			THE WHARTON FUND

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
TRUTHOUT P.O. BOX 276414 SACRAMENTO, CA 95827	20-0031641	501 C(3)	500.	0.			UNRESTRICTED
UC BERKELEY - FINANCIAL AID & SCHOLARSHIP OFFICE - 18 SPROUL HALL - BERKELEY, CA 94720	94-6002123	501 C(3)	4,400.	0.			EQUALITY SCHOLARSHIP
UCLA FOUNDATION/WILLIAMS INSTITUTE BOX 951476, UCLA LAW LOS ANGELES, CA 90095-1476	95-2250801	501 C(3)	25,000.	0.			UNRESTRICTED
UCSF ALLIANCE HEALTH PROJECT PO BOX 0884 SAN FRANCISCO, CA 94143	94-6036493	501 C(3)	1,000.	0.			ART FOR AIDS
UCSF FOUNDATION INVESTMENT COMPANY BOX 0248, UCSF SAN FRANCISCO, CA 94104	47-3599471	501 C(3)	500.	0.			ALLIANCE HEALTH PROJECT
UNITED NATIONS FOUNDATION 1225 CONNECTICUT AVENUE, NW, 4TH FL WASHINGTON, DC 20036	58-2368165	501 C(3)	250.	0.			GIRL UP, A PROJECT OF THE UNITED NATIONS FOUNDATION
UNITED STATES FUND FOR UNICEF 125 MAIDEN LANE NEW YORK, NY 10038	13-1760110	501 C(3)	1,000.	0.			UNRESTRICTED
UNIVERSITY OF CALIFORNIA BERKELEY - FINANCIAL AID - 201 SPROUL HALL, # 1960 - BERKELEY, CA 94720-4422	94-6090626	501 C(3)	10,000.	0.			FOR MARKOWSKI LEACH SCHOLARS
UNIVERSITY OF CALIFORNIA HAAS SCHOOL OF BUSINESS - 2001 ADDISON ST, 1ST FLOOR - BERKELEY, CA 94270	94-6090626	501 C(3)	400.	0.			UNRESTRICTED

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF CALIFORNIA SAN FRANCISCO FOUNDATION - 220 MONTGOMERY STREET, 5TH FLOOR - SAN FRANCISCO, CA 94104	94-2829914	501 C(3)	11,200.	0.			FOR SYMPTOM MANAGEMENT SERVICES PROGRAM AND GENERAL SUPPORT
UNIVERSITY OF CALIFORNIA, RIVERSIDE - FINANCIAL AID OFFICE - 900 UNIVERSITY AVE. 92521-0209 - RIVERSIDE, CA 92521-0209	95-6006142	501 C(3)	6,000.	0.			EQUALITY SCHOLARSHIP
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - 500 PARNASSUS AVENUE MU-201W - SAN FRANCISCO, CA 94143-0246	94-6036493	501 C(3)	6,000.	0.			FOR MARKOWSKI LEACH SCHOLARS
UNIVERSITY OF SOUTHERN CALIFORNIA 3720 S. FLOWER ST. LOS ANGELES, CA 90089	95-1642394	501 C(3)	6,250.	0.			EQUALITY SCHOLARSHIP AND KDFC CLASSICAL RADIO
UNIVERSITY OF WASHINGTON FOUNDATION - 407 GERBERDING HALL - SEATTLE, WA 98195	94-3079432	501 C(3)	1,500.	0.			FOR SAUF Q CENTER , RAN HENNES FUND, FRIENDS OF COMPARATIVE HISTORY OF IDEAS.
UNIVERSTIY OF THE PACIFIC 3601 PACIFIC AVE STOCKTON, CA 95211-0110	94-1156266	501 C(3)	6,000.	0.			EQUALITY SCHOLARSHIP
URBAN JUSTICE CENTER 123 WILLIAM STREET, 16TH FLOOR NEW YORK, NY 10038	13-3442022	501 C(3)	2,000.	0.			GENERAL SUPPORT AND IRAP
URGE 1317 F ST NW, SUITE 501 WASHINGTON, DC 20004	52-1772575	501 C(3)	250.	0.			UNRESTRICTED
URGENT ACTION FUND FOR WOMENS HUMAN RIGHTS - 333 VALENCIA STREET, SUITE 250 - SAN FRANCISCO, CA 94103-3521	03-0419743	501 C(3)	3,500.	0.			UNRESTRICTED

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEST EDGE OPERA 1700 SHATTUCK AVENUE NO 312 BERKELEY, CA 94709	94-2739808	501 C(3)	500.	0.			UNRESTRICTED
WESTMINISTER COLLEGE 840 SOUTH 1300 EAST SALT LAKE CITY, UT 84105	87-0212470	501 C(3)	3,000.	0.			EQUALITY SCHOLARSHIP
WIKIMEDIA FOUNDATION, INC. P.O. BOX 98204 WASHINGTON, DC 20090	20-0049703	501 C(3)	500.	0.			UNRESTRICTED
WILDWOOD CONSERVATION FOUNDATION P.O. BOX 78 GUERNEVILLE, CA 95446	94-3323073	501 C(3)	250.	0.			UNRESTRICTED
WOMEN AGAINST GUN VIOLENCE 8800 VENICE BLVD. LOS ANGELES, CA 90034	95-4738754	501 C(3)	250.	0.			UNRESTRICTED
WOMEN IN MEDICINE, INC P.O. BOX 107 COLCHESTER, VT 05446	31-1705206	501 C(3)	5,000.	0.			FOR A WOMEN IN MEDICINE LEADERSHIP SCHOLARSHIP
WOMEN'S CANCER RESOURCE CENTER 5741 TELEGRAPH AVENUEUE OAKLAND, CA 94609	94-3131204	501 C(3)	3,250.	0.			UNRESTRICTED
WOMEN'S FOUNDATION OF CALIFORNIA 300 FRANK H. OGAWA PLAZA, SUITE 420 OAKLAND, CA 94612	94-2752421	501 C(3)	62,750.	0.			WOMENGO! AND GENERAL SUPPORT
YALE UNIVERSITY P.O. BOX 2038 NEW HAVEN, CT 06521	06-0646973	501 C(3)	22,075.	0.			GALA FELLOWSHIP, PARENTS ANNUAL FUND, GALA SUMMER FELLOWSHIP, AND EQUALITY 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
YERBA BUENA CENTER FOR THE ARTS 1615 LA LOMA ROAD PASADENA, CA 91105-2137	94-3042571	501 C(3)	1,000.	0.			FOR THE DIRECTOR'S FORUM
YUBA COLLEGE 2088 NORTH BEALE ROAD MARYSVILLE, CA 95901	68-0447767	501 C(3)	6,000.	0.			EQUALITY SCHOLARSHIP
YVETTE A. FLUNDER FOUNDATION 8400 ENTERPRISE WAY OAKLAND, CA 94621	32-0095516	501 C(3)	90,000.	0.			GRANT FROM THE GLOBAL FAITH AND EQUALITY FUND
Z SPACE STUDIO 499 ALABAMA ST #450 SAN FRANCISCO, CA 94110-2064	94-3177230	501 C(3)	1,000.	0.			WORD FOR WORD'S SUPPORT OF LGBT THEATER

**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 noncash assistance

**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:**

BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY / STANFORD UNIVE

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR LGBT COMMUNITY RESOURCES CENTER,

FEMINIST STUDIES PROGRAM AND INSTITUTE FOR GENDER RESEARCH

**NAME OF ORGANIZATION OR GOVERNMENT:** OUR FAMILY COALITION

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE 1ST API TRANSMASCULINE

RETREAT, TO SUPPORT LATINO LGBTQ YOUTH AND THEIR FAMILIES, GENERAL

**Part IV** Supplemental Information

SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: TRANS LIFELINE

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR LOCAL RESPONSE SYSTEMS IN EACH AREA IT SERVES, LEADERSHIP DEVELOPMENT, AND GENERAL SUPPORT

**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Open to Public Inspection

Name of the organization

**HORIZONS FOUNDATION**

Employer identification number

**94-2686530**

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> 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 (such as, maid, chauffeur, chef)		
<b>b</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 .....	<b>1b</b>	
<b>2</b> 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 on line 1a? .....	<b>2</b>	
<b>3</b> 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		
<b>4</b> 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: <b>a</b> Receive a severance payment or change-of-control payment? .....	<b>4a</b>	<b>X</b>
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....	<b>4b</b>	<b>X</b>
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....	<b>4c</b>	<b>X</b>
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> 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: <b>a</b> The organization? .....	<b>5a</b>	<b>X</b>
<b>b</b> Any related organization? .....	<b>5b</b>	<b>X</b>
If "Yes" on line 5a or 5b, describe in Part III.		
<b>6</b> 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: <b>a</b> The organization? .....	<b>6a</b>	<b>X</b>
<b>b</b> Any related organization? .....	<b>6b</b>	<b>X</b>
If "Yes" on line 6a or 6b, describe in Part III.		
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....	<b>7</b>	<b>X</b>
<b>8</b> 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 .....	<b>8</b>	<b>X</b>
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....	<b>9</b>	

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

Schedule J (Form 990) 2016



**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 aren't 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 PRESIDENT	(i)	170,000.	0.	0.	0.	19,008.	189,008.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

OMB No. 1545-0047

**2016**

Open To Public  
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](http://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 .....	<b>X</b>	<b>48</b>	<b>1,711,159.</b>	<b>FAIR MARKET VALUE</b>
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 isn't required to be used for exempt purposes for the entire holding period? .....		<b>X</b>
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....	<b>X</b>	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....	<b>X</b>	
b If "Yes," describe in Part II.		
33 If the organization didn't 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) (2016)

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

SCHEDULE M, LINE 32B:

THE ORGANIZATION USED A BROKERAGE FIRM TO SELL DONATED SECURITIES.

SCHEDULE M, LINE 33:

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

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2016**

Open to Public  
Inspection

Name of the organization

**HORIZONS FOUNDATION**

Employer identification number

**94-2686530**

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

**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.**

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

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

**FORM 990, PART IX, LINE 11G, OTHER FEES:**

**PROFESSIONAL SERVICES:**

**PROGRAM SERVICE EXPENSES** **460,318.**

**MANAGEMENT AND GENERAL EXPENSES** **60,749.**

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

Schedule O (Form 990 or 990-EZ) (2016)

632211 08-25-16

Name of the organization <b>HORIZONS FOUNDATION</b>	Employer identification number <b>94-2686530</b>
--	---

**FUNDRAISING EXPENSES** 48,569.

**TOTAL EXPENSES** 569,636.

**TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A** 569,636.

990, PART XII, LINE 2C

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868) .**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile), click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number
<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>HORIZONS FOUNDATION</b>	Employer identification number (EIN) or <b>94-2686530</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>550 MONTGOMERY STREET, NO. 700</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>SAN FRANCISCO, CA 94111</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**LIZ HOADLEY**

- The books are in the care of ▶ **550 MONTGOMERY STREET - SAN FRANCISCO, CA 94111**  
Telephone No. ▶ **415-398-2333** Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **NOVEMBER 15, 2017**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year **2016** or
- ▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

2016

# California Exempt Organization Annual Information Return

199

Calendar Year 2016 or fiscal year beginning (mm/dd/yyyy) \_\_\_\_\_, and ending (mm/dd/yyyy) \_\_\_\_\_

Corporation/Organization name: **HORIZONS FOUNDATION**

California corporation number: **1000176**

FEIN: **94-2686530**

Street address (suite or room): **550 MONTGOMERY STREET, NO. 700**

PMB no.:

City: **SAN FRANCISCO** State: **CA** ZIP code: **94111**

Foreign country name: Foreign province/state/county: Foreign postal code:

**A** First Return  Yes  No

**B** Amended Return  Yes  No

**C** IRC Section 4947(a)(1) trust  Yes  No

**D** Final Information Return?  Dissolved  Surrendered (Withdrawn)  Merged/Reorganized

Enter date: (mm/dd/yyyy) \_\_\_\_\_

**E** Check accounting method: (1)  Cash (2)  Accrual (3)  Other

**F** Federal return filed? (1)  990T (2)  990-PF (3)  Sch H (990) (4)  Other 990 series

**G** Is this a group filing? See instructions  Yes  No

**H** Is this organization in a group exemption  Yes  No  
If "Yes," what is the parent's name? \_\_\_\_\_

**I** Did the organization have any changes to its guidelines not reported to the FTB? See instructions  Yes  No

**J** If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions.  Yes  No

**K** Is the organization exempt under R&TC Section 23701g?  Yes  No  
If "Yes," enter the gross receipts from nonmember sources \$ \_\_\_\_\_

**L** If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required.

**M** Is the organization a Limited Liability Company?  Yes  No

**N** Did the organization file Form 100 or Form 109 to report taxable income?  Yes  No

**O** Is the organization under audit by the IRS or has the IRS audited in a prior year?  Yes  No

**P** Is a federal Form 1023/1024 pending?  Yes  No  
Date filed with IRS \_\_\_\_\_

**Part I Complete Part I unless not required to file this form. See General Instructions B and C.**

<b>Receipts and Revenues</b>	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	5,028,871.00
	2	Gross dues and assessments from members and affiliates	2	00
	3	Gross contributions, gifts, grants, and similar amounts received <b>STMT 1</b>	3	8,051,735.00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Instruction B <b>STMT 2</b>	4	13,080,606.00
	5	Cost of goods sold	5	00
	6	Cost or other basis, and sales expenses of assets sold	6	4,168,515.00
	7	Total costs. Add line 5 and line 6	7	4,168,515.00
	8	Total gross income. Subtract line 7 from line 4	8	8,912,091.00
<b>Expenses</b>	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	5,067,729.00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	3,844,362.00
<b>Filing Fee</b>	11	Total payments	11	00
	12	Use tax. See General Instruction K	12	00
	13	Payment balance. If line 11 is more than line 12, subtract line 12 from line 11	13	00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14	00
	15	Filing fee \$10 or \$25. See General Instruction F	15	N/A 00
16	Penalties and Interest. See General Instruction J	16	00	
17	<b>Balance due.</b> Add line 12, line 15, and line 16. Then subtract line 11 from the result	17	00	

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 taxpayer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer: \_\_\_\_\_ Title: **PRESIDENT** Date: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Paid Preparer's Use Only**

Preparer's signature: **EDWARD FAHEY** Date: \_\_\_\_\_ Check if self-employed:  PTIN: **P00194561**

Firm's name (or yours, if self-employed) and address: **RINA ACCOUNTANCY CORPORATION** Telephone: **94-3158857**  
**625 MARKET STREET, 15TH FLOOR**  
**SAN FRANCISCO, CA 94105** Telephone: **(415) 777-4488**

May the FTB discuss this return with the preparer shown above? See instructions  Yes  No



**Part II** Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

628951 11-30-16

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions	•	1	155,715.00		
	2	Interest	•	2	123,011.00		
	3	Dividends	•	3	231,047.00		
	4	Gross rents	•	4	00		
	5	Gross royalties	•	5	00		
	6	Gross amount received from sale of assets (See Instructions)	STATEMENT 3	•	6	4,512,348.00	
	7	Other income	SEE STATEMENT 4	•	7	6,750.00	
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		•	8	5,028,871.00	
	9	Contributions, gifts, grants, and similar amounts paid	STATEMENT 5	•	9	2,531,158.00	
	10	Disbursements to or for members		•	10	00	
	11	Compensation of officers, directors, and trustees	SEE STATEMENT 6	•	11	286,943.00	
	12	Other salaries and wages		•	12	625,646.00	
	<b>Expenses and Disbursements</b>	13	Interest	•	13	00	
		14	Taxes	•	14	69,335.00	
		15	Rents	•	15	99,980.00	
		16	Depreciation and depletion (See instructions)	•	16	45,686.00	
		17	Other Expenses and Disbursements	SEE STATEMENT 7	•	17	1,408,981.00
		18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		•	18	5,067,729.00

<b>Schedule L Balance Sheet</b>		Beginning of taxable year		End of taxable year	
Assets		(a)	(b)	(c)	(d)
1	Cash		822,873.		• 870,437.
2	Net accounts receivable				•
3	Net notes receivable				•
4	Inventories				•
5	Federal and state government obligations				•
6	Investments in other bonds				•
7	Investments in stock				•
8	Mortgage loans				•
9	Other investments	STMT 8	21,068,901.		• 23,513,871.
10 a	Depreciable assets	242,261.		252,619.	
b	Less accumulated depreciation	( 117,809. )	124,452.	( 162,196. )	90,423.
11	Land				•
12	Other assets	STMT 9	179,779.		• 2,486,765.
13	<b>Total assets</b>		22,196,005.		26,961,496.
<b>Liabilities and net worth</b>					
14	Accounts payable		148,510.		• 177,678.
15	Contributions, gifts, or grants payable		98,500.		• 314,055.
16	Bonds and notes payable				•
17	Mortgages payable				•
18	Other liabilities	STMT 10	576,848.		583,962.
19	Capital stock or principal fund				•
20	Paid-in or capital surplus. Attach reconciliation				•
21	Retained earnings or income fund		21,372,147.		• 25,885,801.
22	<b>Total liabilities and net worth</b>		22,196,005.		26,961,496.

<b>Schedule M-1 Reconciliation of income per books with income per return</b>					
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.					
1	Net income per books	• 4,513,654.	7	Income recorded on books this year not included in this return. STMT 11	• 711,227.
2	Federal income tax	•	8	Deductions in this return not charged against book income this year	•
3	Excess of capital losses over capital gains	•	9	Total. Add line 7 and line 8	711,227.
4	Income not recorded on books this year	•	10	Net income per return.	
5	Expenses recorded on books this year not deducted in this return	•		Subtract line 9 from line 6	3,802,427.
6	Total. Add line 1 through line 5	4,513,654.			