

Form **990**

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

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2017 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization HORIZONS FOUNDATION Doing business as		D Employer identification number 94-2686530
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 550 MONTGOMERY STREET 700	E Telephone number 415-398-2333	
	City or town, state or province, country, and ZIP or foreign postal code SAN FRANCISCO, CA 94111		G Gross receipts \$ 20,952,137.
	F Name and address of principal officer: ROGER DOUGHTY SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶

J Website: ▶ WWW.HORIZONSFOUNDATION.ORG

K Form of organization: Corporation Trust Association Other ▶ **L Year of formation:** 1980 **M State of legal domicile:** CA

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: FUEL THE LGBTQ MOVEMENT BY INCREASING SUPPORT FOR DIVERSE SF/BAY AREA NONPROFITS.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	16
	6 Total number of volunteers (estimate if necessary)	6	75
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	8,051,735.	10,507,656.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	697,891.	1,100,622.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-58,375.	-123,434.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,691,251.	11,484,844.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,531,158.	2,508,908.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,088,887.	1,205,499.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 591,592.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,268,779.	1,612,269.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,888,824.	5,326,676.
19 Revenue less expenses. Subtract line 18 from line 12	3,802,427.	6,158,168.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 26,961,496.	End of Year 34,727,062.
	21 Total liabilities (Part X, line 26)	1,075,695.	889,734.
	22 Net assets or fund balances. Subtract line 21 from line 20	25,885,801.	33,837,328.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	ROGER DOUGHTY, PRESIDENT Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name EDWARD FAHEY	Preparer's signature EDWARD FAHEY	Date 08/23/18	Check if self-employed <input type="checkbox"/>	PTIN P00194561
	Firm's name ▶ RINA ACCOUNTANCY CORPORATION	Firm's address ▶ 150 POST STREET, SUITE 200 SAN FRANCISCO, CA 94108	Firm's EIN ▶ 94-3158857	Phone no. (415) 777-4488	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO 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 [X] No

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

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

4a (Code:) (Expenses \$ 3,312,722. including grants of \$ 2,416,408.) (Revenue \$) GRANTMAKING: HORIZONS FOUNDATION PROVIDED DIRECT FINANCIAL SUPPORT TO NONPROFIT ORGANIZATIONS THROUGH 700 GRANTS TOTALING \$2,416,408 IN 2017. 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, 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 \$100,000; PROVIDED BOTH OPERATING SUPPORT AND PROJECT SUPPORT; AND INCLUDED NON-LGBT-SPECIFIC GRANTS THROUGH THE DONOR-ADVISED AND OTHER GRANT PROGRAMS.

4b (Code:) (Expenses \$ 849,711. including grants of \$ 92,500.) (Revenue \$) INCREASED LGBT COMMUNITY RESOURCES: A) HORIZONS PROMOTED GIVING BY LGBTQ PEOPLE FOR LGBT CAUSES BY OFFERING EXPERT SEMINARS TO EDUCATE HUNDREDS OF DONORS AND FINANCIAL AND LEGAL ADVISORS SERVING THE LGBT COMMUNITY AND BY WORKING WITH INDIVIDUAL DONORS TO DEFINE THEIR PHILANTHROPIC GOALS AND DEVELOP GIVING STRATEGIES FOR BOTH LIFE-TIME AND LEGACY GIFTS; B) HORIZONS LED NATIONAL GIVE OUT DAY, A ONE-DAY SOCIAL MEDIA-DRIVEN EVENT THAT RAISED OVER \$750,000 FOR LGBTQ ORGANIZATIONS ACROSS THE COUNTRY; C) THE FOUNDATION LED INNOVATIVE RESEARCH AND TESTING EFFORTS TO STRENGTHEN THE FUNDRAISING CAPABILITIES OF LGBT NONPROFITS IN THE BAY AREA AND BEYOND; D) HORIZONS CONTINUED TO BUILD THE LGBT COMMUNITY ENDOWMENT FUND TO PROVIDE PERMANENT RESOURCES FOR PROMOTING RIGHTS AND WELL-BEING OF LGBT PEOPLE. THE ENDOWMENT IS

4c (Code:) (Expenses \$ 75,145. including grants of \$) (Revenue \$) LEADERSHIP DEVELOPMENT: RECOGNIZING THAT STRONG LEADERSHIP IS CRUCIAL TO THE LGBTQ COMMUNITY, HORIZONS HAS LONG BEEN COMMITTED TO DEVELOPING COMMUNITY LEADERSHIP. IN 2017, THE FOUNDATION HELD A UNIQUE FULL-DAY "BOOT CAMP" FOR LEADERS ON BOARDS OF DIRECTORS OF LGBTQ ORGANIZATIONS AND CONTINUED TO CONVENE THE EXECUTIVE DIRECTORS OF LGBT 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 4,237,578.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O

Table with columns for question numbers (1a-14b), Yes, and No. Contains various tax compliance questions and their corresponding 'Yes' or 'No' responses.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a 13		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 13		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **▶**
JOHN MARVUGLIO - 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) RICHARD DAVIS-LOWELL CHAIR PERSON	5.00	X		X				0.	0.	0.
(2) AUDREY KOH CHAIR EMERITUS	3.00	X		X				0.	0.	0.
(3) TERRY MICHEAU TREASURER	5.00	X		X				0.	0.	0.
(4) OLGA TELAMANTE SECRETARY	4.00	X		X				0.	0.	0.
(5) TOM BURKE BOARD MEMBER	3.00	X						0.	0.	0.
(6) ANNE DORMAN BOARD MEMBER	3.00	X						0.	0.	0.
(7) ERIN FLYNN BOARD MEMBER	3.00	X						0.	0.	0.
(8) ADAM BLUM BOARD MEMBER	3.00	X						0.	0.	0.
(9) CRAIG ZODIKOFF BOARD MEMBER	3.00	X						0.	0.	0.
(10) ASH MCNEELY BOARD MEMBER	3.00	X						0.	0.	0.
(11) TIM MURRAY BOARD MEMBER	3.00	X						0.	0.	0.
(12) JILL FEDERICO BOARD MEMBER	3.00	X						0.	0.	0.
(13) JUAN BARAJAS BOARD MEMBER	3.00	X						0.	0.	0.
(14) ROGER DOUGHTY PRESIDENT	40.00			X				184,364.	0.	18,156.
(15) LIZ HOADLEY CFO	32.00			X				122,290.	0.	20,363.
(16) JOHN MARVUGLIO CFO	40.00			X				21,423.	0.	0.
(17) DEB STALLINGS VP OF DEVELOPMENT	40.00				X			143,007.	0.	13,047.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) FRANCISCO BUCHTING VP OF GRANTS, PROGRAMS, & STRATEGIC	40.00					X		135,935.	0.	13,640.
1b Sub-total								607,019.	0.	65,206.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								607,019.	0.	65,206.

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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		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? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such person		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	129,857.

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	259,900.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	10,247,756.				
	g Noncash contributions included in lines 1a-1f: \$		3,087,643.				
	h Total. Add lines 1a-1f		10,507,656.				
	Program Service Revenue	2 a _____	Business Code				
b _____							
c _____							
d _____							
e _____							
f All other program service revenue							
g Total. Add lines 2a-2f							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		436,210.			436,210.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		9,923,781.					
		b Less: cost or other basis and sales expenses		9,259,369.			
		c Gain or (loss)		664,412.			
	d Net gain or (loss)			664,412.		664,412.	
	8 a Gross income from fundraising events (not including \$ 259,900. of contributions reported on line 1c). See Part IV, line 18	a	71,295.				
		b Less: direct expenses	b	207,924.			
		c Net income or (loss) from fundraising events			-136,629.		-136,629.
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a FEE INCOME		900099	13,195.			13,195.	
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d			13,195.				
12 Total revenue. See instructions.			11,484,844.	0.	0.	977,188.	

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,508,908.	2,508,908.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	366,596.	176,709.	182,512.	7,375.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	683,110.	202,758.	200,231.	280,121.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	14,086.	2,522.	6,144.	5,420.
9 Other employee benefits	62,637.	20,733.	16,850.	25,054.
10 Payroll taxes	79,070.	28,419.	28,360.	22,291.
11 Fees for services (non-employees):				
a Management				
b Legal	115.			115.
c Accounting	22,250.		22,250.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	85,755.	83,459.	2,051.	245.
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	841,967.	756,309.	61,702.	23,956.
12 Advertising and promotion	35,768.	26,987.	7,544.	1,237.
13 Office expenses	86,920.	11,318.	55,973.	19,629.
14 Information technology	50,858.	9,334.	27,979.	13,545.
15 Royalties				
16 Occupancy	133,303.		133,303.	
17 Travel	125,634.	113,132.	3,587.	8,915.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	119,696.	51,058.	17,161.	51,477.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	44,163.	591.	43,572.	
23 Insurance	5,704.		5,704.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PRINTING	60,136.	10,018.	17,299.	32,819.
b ALLOCATION OF COMMUNICA	0.	132,569.	-132,569.	
c ALLOCATION OF SHARED EX	0.	102,754.	-202,147.	99,393.
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	5,326,676.	4,237,578.	497,506.	591,592.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	653,130.	1	784,870.
	2 Savings and temporary cash investments	217,307.	2	20,468.
	3 Pledges and grants receivable, net	2,388,227.	3	328,807.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	60,129.	9	29,431.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 272,476.		
	b Less: accumulated depreciation	10b 206,360.		
	11 Investments - publicly traded securities	23,513,871.	11	33,472,009.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	38,409.	15	25,361.
16 Total assets. Add lines 1 through 15 (must equal line 34)	26,961,496.	16	34,727,062.	
Liabilities	17 Accounts payable and accrued expenses	177,678.	17	193,755.
	18 Grants payable	314,055.	18	51,500.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	583,962.	25	644,479.
	26 Total liabilities. Add lines 17 through 25	1,075,695.	26	889,734.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	15,459,156.	27	21,682,738.
	28 Temporarily restricted net assets	2,466,736.	28	3,103,279.
	29 Permanently restricted net assets	7,959,909.	29	9,051,311.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	25,885,801.	33	33,837,328.	
34 Total liabilities and net assets/fund balances	26,961,496.	34	34,727,062.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,484,844.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,326,676.
3	Revenue less expenses. Subtract line 2 from line 1	3	6,158,168.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	25,885,801.
5	Net unrealized gains (losses) on investments	5	1,793,359.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	33,837,328.

Part XII Financial Statements and Reporting

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

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

Form 990 (2017)

Public Charity Status and Public Support

2017

Department of the Treasury
Internal Revenue Service

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.
► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name of the organization

HORIZONS FOUNDATION

Employer identification number

94-2686530

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

The organization is not a private foundation because it is: (For lines 1 through 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		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,288,465.	3,863,251.	4,281,908.	8,051,735.	10,507,656.	29,993,015.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3	3,288,465.	3,863,251.	4,281,908.	8,051,735.	10,507,656.	29,993,015.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						5,581,366.
6 Public support. Subtract line 5 from line 4.						24,411,649.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	3,288,465.	3,863,251.	4,281,908.	8,051,735.	10,507,656.	29,993,015.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	248,009.	318,147.	349,694.	354,058.	436,210.	1,706,118.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	236,322.	203,368.	215,083.	162,465.	91,685.	908,923.
11 Total support. Add lines 7 through 10						32,608,056.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	74.86 %
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	58.66 %
16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2017. 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 - 2016. 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
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
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.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
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.		

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	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Part VI

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

Multiple horizontal lines for supplemental information.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2017

Open to Public Inspection

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	136	
2 Aggregate value of contributions to (during year)	7,308,960.	
3 Aggregate value of grants from (during year)	2,212,745.	
4 Aggregate value at end of year	19,383,787.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2017

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

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

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

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

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

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	8,892,073.	6,842,698.	7,197,271.	6,994,104.	6,180,247.
b Contributions	1,091,402.	1,905,448.	12,888.	6,935.	94,827.
c Net investment earnings, gains, and losses	1,296,873.	490,423.	-25,594.	463,983.	943,661.
d Grants or scholarships					
e Other expenditures for facilities and programs	358,805.	346,496.	341,867.	267,751.	224,631.
f Administrative expenses					
g End of year balance	10,921,543.	8,892,073.	6,842,698.	7,197,271.	6,994,104.

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" 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	3,976.		1,872.	2,104.
d Equipment	99,109.		76,612.	22,497.
e Other	169,391.		127,876.	41,515.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				66,116.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) AGENCY FUNDS	644,185.
(3) DEFERRED RENT	294.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	644,479.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 13,278,203, adjusted to 11,484,844.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 5,326,676, adjusted to 5,326,676.

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.

Series of horizontal lines for providing supplemental information.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" 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.**
▶ Go to www.irs.gov/Form990 for the latest instructions.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization HORIZONS FOUNDATION	Employer identification number 94-2686530
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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 <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional 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			
Total	▶					

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
-
-
-
-
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-
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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
		DINNER GALA	SCHOLARSHIP AWARDS DINNE	1	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	269,879.	11,391.	49,925.	331,195.
	2 Less: Contributions	221,504.	471.	37,925.	259,900.
	3 Gross income (line 1 minus line 2)	48,375.	10,920.	12,000.	71,295.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	148,685.	11,892.	17,681.	178,258.
	7 Food and beverages				
	8 Entertainment	2,800.	500.	1,225.	4,525.
	9 Other direct expenses	20,431.	50.	4,660.	25,141.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				207,924.
11 Net income summary. Subtract line 10 from line 3, column (d)				-136,629.	

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

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

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

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

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

Name ► _____

Address ► _____

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

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

Part IV Supplemental Information *(continued)*

Lined area for supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2017

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AMERICAN CIVIL LIBERTIES UNION FOUNDATION OF NORTHERN CALIFORNIA - 870 MARKET ST., SUITE 370 - SAN FRANCISCO, CA 94102	94-0279770	501 C(3)	100,000.	0.			FRONTLINE CAMPAIGN
POLITICAL RESEARCH ASSOCIATES PO BOX 1321 FORT BRAGG, CA 95437	36-3193323	501 C(3)	75,000.	0.			SUPPORT AFRICS PROJECTS
CASTRO UPPER MARKET COMMUNITY BENEFIT DISTRICT - 5 PENN PLAZA - NEW YORK, NY 10001	20-3417247	501 C(3)	72,548.	0.			FRIENDS OF HARVEY MILK PLAZA PROJECT SUPPORT
IPAS 1833 FILLMORE STREET, 3RD FLOOR SAN FRANCISCO, CA 94115	56-1071085	501 C(3)	50,000.	0.			SRHR AND LGBTQ RIGHTS PROJECT
PLANNED PARENTHOOD FEDERATION OF AMERICA, INC. - 30 GRANT AVENUE, 6TH FLOOR - SAN FRANCISCO, CA 94108	13-1644147	501 C(3)	50,000.	0.			SRHR AND LGBTQ RIGHTS PROJECT
YVETTE A. FLUNDER FOUNDATION 20 JAY STREET SUITE M04 BROOKLYN, NY 10024	32-0095516	501 C(3)	50,000.	0.			THE FELLOWSHIP GLOBAL

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **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) (2017)

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
OUTRIGHT ACTION INTERNATIONAL 942 DIVISADERO ST, SUITE 201 SAN FRANCISCO, CA 94115	94-3139952	501 C(3)	40,000.	0.			FELLOWSHIPS
MEDIA MATTERS FOR AMERICA 24 ARMORY PLACE BOSTON, MA 02460	47-0928008	501 C(3)	40,000.	0.			LGBT MEDIA PROGRAM
GAY, LESBIAN & STRAIGHT EDUCATION NETWORK - NY - 45 W 36TH ST, 6TH FLOOR - NEW YORK, NY 10018	04-3234202	501 C(3)	36,500.	0.			UNRESTRICTED
NATIONAL CENTER FOR LESBIAN RIGHTS 1315 SPRUCE STREET PHILADELPHIA, PA 19107	94-3086885	501 C(3)	35,000.	0.			JUSTICE CIRCLE
HUMAN RIGHTS CAMPAIGN FOUNDATION 630 NINTH STREET, SUITE 409 NEW YORK, NY 10036	52-1481896	501 C(3)	25,000.	0.			UNRESTRICTED
NOYO CENTER FOR MARINE SCIENCE 104 N MAIN ST SEBASTOPOL, CA 95472	46-5359631	501 C(3)	25,000.	0.			UNRESTRICTED
HEALTHRIGHT 360 125 BROAD STREET 17TH FL NEW YORK, NY 10004	94-6129071	501 C(3)	25,000.	0.			UNRESTRICTED
3RD STREET YOUTH CENTER AND CLINIC 400 WASHINGTON AVENUE - PO BOX 5632 MONTGOMERY, AL 36177-7459	47-4047803	501 C(3)	25,000.	0.			UNRESTRICTED
UCLA FOUNDATION 1501 BROADWAY, SUITE 518 NEW YORK, NY 10036	95-6006143	501 C(3)	25,000.	0.			UNRESTRICTED

Schedule I (Form 990)

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OPENHOUSE 5482 WILSHIRE BLVD, #1595 LOS ANGELES, CA 90036	94-3337955	501 C(3)	24,000.	0.			UNRESTRICTED
SAPLING FOUNDATION 57 POST ST STE 604 SAN FRANCISCO, CA 94104	94-3235545	501 C(3)	22,000.	0.			UNRESTRICTED
NATIONAL CENTER FOR TRANSGENDER EQUALITY - 3543 18TH ST STE 24 - SAN FRANCISCO, CA 94110	41-2090291	501 C(3)	20,000.	0.			UNRESTRICTED
YVETTE A. FLUNDER FOUNDATION 1728 BANCROFT AVE SAN FRANCISCO, CA 94124	32-0095516	501 C(3)	20,000.	0.			THE FELLOWSHIP OF AFFIRMING MINISTRIES
KEYS TO CANAAN 721 CLIFF DRIVE SANTA BARBARA, CA 93109	33-1081920	501 C(3)	16,500.	0.			UNRESTRICTED
AMERICAN CONSERVATORY THEATER 90 BROAD STREET, 2ND FLOOR NEW YORK, NY 10004	94-6135772	501 C(3)	15,500.	0.			UNRESTRICTED
RAINBOW COMMUNITY CENTER OF CONTRA COSTA COUNTY - 333 HAYES STREET, SUITE 202 - SAN FRANCISCO, CA 94102	68-0375857	501 C(3)	15,000.	0.			UNRESTRICTED
KEYS TO CANAAN 740 FRONT ST, SUITE 240 SANTA CRUZ, CA 95060	33-1081920	501 C(3)	15,000.	0.			UNRESTRICTED
GIRLS INC. 2323 BROADWAY OAKLAND, CA 94612	13-1915124	501 C(3)	15,000.	0.			UNRESTRICTED

Schedule I (Form 990)

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YOUTH REPRESENT 125 MAIDEN LANE NEW YORK, NY 10038	20-8034010	501 C(3)	15,000.	0.			JESSIE WORKMAN'S PROJECT
LAMBDA LITERARY FOUNDATION PO BOX 97089 WASHINGTON, DC 20090	52-1996380	501 C(3)	12,500.	0.			LAMBDA LITERARY
SLOW FOOD USA INC 1798 SCENIC AVENUE BERKELEY, CA 94709	13-4100161	501 C(3)	11,500.	0.			UNRESTRICTED
TOGETHER FOR TRANSFORMATION PROJECT - P.O. BOX 141167 - CLEVELAND, OH 44114	13-3792144	501 C(3)	10,000.	0.			MEETING AT UN
QUEER CULTURAL CENTER CHAPMAN UNIVERSITY ATTN: CASHIER'S ORANGE, CA 92866	94-3227839	501 C(3)	10,000.	0.			UNRESTRICTED
RYSE 2323 BROADWAY OAKLAND, CA 94612	26-0692904	501 C(3)	10,000.	0.			SUPPORT FOR RYSE'S TO PROVIDE EXPLICIT LGBTQQ SAFE SPACE
CALIFORNIANS FOR JUSTICE 762 FULTON STREET SAN FRANCISCO, CA 94102	94-3256009	501 C(3)	10,000.	0.			SCHOOLS BASED PROJECTS
OASIS LEGAL SERVICES 3543 18TH ST #4 SAN FRANCISCO, CA 94110	82-0696739	501 C(3)	10,000.	0.			LEGAL PROGRAM SUPPORT
YOUNG WOMEN'S FREEDOM CENTER 3219 23RD STREET #10 SAN FRANCISCO, CA 94110	94-3227681	501 C(3)	10,000.	0.			UNRESTRICTED

Schedule I (Form 990)

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POSITIVE RESOURCE CENTER 1001 POTRERO AVENUE SAN FRANCISCO, CA 94110	94-3078431	501 C(3)	10,000.	0.			UNRESTRICTED
BAY AREA AMERICAN INDIAN TWO-SPIRITS - 2400 MOORPARK AVE #207 - REDWOOD CITY, CA 95128	68-0027247	501 C(3)	10,000.	0.			UNRESTRICTED
SAN FRANCISCO TRANS MARCH C/O TRANSGENDER LAW CENTER, 300 FRANK OGAWA PLAZA, #9 - OAKLAND, CA 94612	94-3227839	501 C(3)	10,000.	0.			UNRESTRICTED
SUNNY HILLS SERVICES 86 PIERMONT AVE. NYACK, NY 10960	94-1156301	501 C(3)	10,000.	0.			OUR SPACE SUPPORT
JEWISH FAMILY & COMMUNITY SERVICES EAST BAY - 77 VAN NESS, SUITE 101, BOX 1043 - SAN FRANCISCO, CA 94102	94-3250304	501 C(3)	10,000.	0.			LGBTI REFUGEE/ASYLEE SERVICES
ON THE MOVE 485 PRINCE STREET OAKLAND, CA 94610	75-3149095	501 C(3)	10,000.	0.			LGBTQ YOUTH PROGRAMS
MOVIMIENTO DE ARTE Y CULTURA LATINO AMERICANA - 355 GALVEZ STREET - STANFORD, CA 94305-3021	77-0251774	501 C(3)	10,000.	0.			WE CAN BE HEROES PRODUCTION
LYRIC 5055 WILSHIRE BLVD, STE 501 LOS ANGELES, CA 90036	94-3227296	501 C(3)	10,000.	0.			UNRESTRICTED
COLECTIVO ACCIN LATINA DE AMBIENTE 201 SPROUL HALL, # 1960 BERKELEY, CA 94720-4422	94-2292491	501 C(3)	10,000.	0.			UNRESTRICTED

Schedule I (Form 990)

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UPTOWN TENDERLOIN, INC. (DBA TENDERLOIN MUSEUM) - 1600 HOLLOWAY AVENUE - SAN FRANCISCO, CA 94132	36-4643665	501 C(3)	10,000.	0.			COMPTON'S CAFETERIA RIOT PRODUCTION
ARCHIVE PRODUCTIONS INC. 80 W. SIERRA MADRE BOULEVARD #373 SIERRA MADRE, CA 91024	27-0229925	501 C(3)	10,000.	0.			UNRESTRICTED
CURRY SENIOR CENTER PO BOX 2599 OAKLAND, CA 94621	23-7362588	501 C(3)	10,000.	0.			SENIORS PROGRAM
EL/LA PARA TRANSLATINAS PO BOX 214 MONTGOMERY, AL 36101	94-3255070	501 C(3)	10,000.	0.			UNRESTRICTED
API EQUALITY - NORTHERN CALIFORNIA 123 WILLIAM STREET, 16TH FLOOR NEW YORK, NY 10038	08-6427643	501 C(3)	10,000.	0.			UNRESTRICTED
PEACOCK REBELLION 734 15TH ST NW STE 800 WASHINGTON, DC 20005-1016	94-3227839	501 C(3)	10,000.	0.			UNRESTRICTED
SOMOS FAMILIA 1419 BURLINGAME AVENUE, SUITE N BURLINGAME, CA 94010	81-4019488	501 C(3)	10,000.	0.			UNRESTRICTED
GLBT HISTORICAL SOCIETY 643 BAIR ISLAND ROAD, SUITE 301 REDWOOD CITY, CA 94063	94-2989004	501 C(3)	10,000.	0.			UNRESTRICTED
CHRYSALIS PRINTMAKING STUDIO 2000 BUNKER RD SAUSALITO, CA 94965-2619	94-2655955	501 C(3)	10,000.	0.			THE QUEER ANCESTORS PROJECT

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PACIFIC CENTER FOR HUMAN GROWTH 1536 U STREET NW WASHINGTON, DC 20009	94-2287492	501 C(3)	10,000.	0.			UNRESTRICTED
SOJOURN CHAPLAINCY 125 S 9TH STREET, SUITE 302 PHILADELPHIA, PA 19107	94-1156840	501 C(3)	10,000.	0.			CURRICULUM DEVELOPMENT
WOMEN'S AUDIO MISSION 3543 18TH STREET #8 SAN FRANCISCO, CA 94110	54-2105425	501 C(3)	10,000.	0.			LGBTQ WOMEN OF COLOR ARTIST RESIDENCY PROGRAM
SONOMA LAND TRUST 333 VALENCIA STREET, SUITE 250 SAN FRANCISCO, CA 94103-3521	51-0197006	501 C(3)	10,000.	0.			UNRESTRICTED
GOLDEN GATE PERFORMING ARTS/SAN FRANCISCO GAY MEN'S CHORUS - 702 H STREET NW, SUITE 300 - WASHINGTON, DC 20001	94-2576101	501 C(3)	10,000.	0.			UNRESTRICTED
ENGENDER/BAY AREA RAINBOW DAY CAMP P.O. BOX 71080 OAKLAND, CA 94612	47-1433049	501 C(3)	10,000.	0.			UNRESTRICTED
SLOW FOOD USA INC PO BOX 22748 OAKLAND, CA 94609	13-4100161	501 C(3)	10,000.	0.			UNRESTRICTED
TIDES FOUNDATION 1419 BURLINGAME AVENUE, SUITE N BURLINGAME, CA 94010	51-0198509	501 C(3)	10,000.	0.			ALL OUT ACTION FUND
RICHMOND-ERMET FOUNDATION PO BOX 3886 NEW YORK, NY 10163	94-3232222	501 C(3)	10,000.	0.			UNRESTRICTED

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THE CENTER (NYC) 434 W CEDAR ST STE 300 SAN DIEGO, CA 92101-2904	13-3217805	501 C(3)	10,000.	0.			CYCLE FOR THE CAUSE
COMMUNITY FOUNDATION OF SONOMA COUNTY - 622 WEST 113TH STREET, MAILCODE 4530 - NEW YORK, NY 10025	68-0003212	501 C(3)	10,000.	0.			SONOMA COUNTY RESILIENCE FUND
SAN FRANCISCO OPERA P.O. BOX 5181 EUGENE, OR 97405	94-0836240	501 C(3)	10,000.	0.			UNRESTRICTED
NATIONAL CENTER FOR LESBIAN RIGHTS POST OFFICE BOX 60225 PALO ALTO, CA 94306	94-3086885	501 C(3)	10,000.	0.			UNRESTRICTED
SAN FRANCISCO AIDS FOUNDATION 8400 ENTERPRISE WAY OAKLAND, CA 94621	94-2927405	501 C(3)	10,000.	0.			UNRESTRICTED
SAN FRANCISCO ART INSTITUTE 542-544 NATOMA ST., #C-1 SAN FRANCISCO, CA 94103	94-1196211	501 C(3)	10,000.	0.			UNRESTRICTED
STANFORD UNIVERSITY FINANCIAL AID 65 LAGUNA STREET SAN FRANCISCO, CA 94102	94-1156365	501 C(3)	10,000.	0.			SCHOLARSHIP
UNIVERSITY OF CALIFORNIA BERKELEY - FINANCIAL AID - 989 MARKET STREET, LOWER LEVEL - SAN FRANCISCO, CA 94103	94-6090626	501 C(3)	10,000.	0.			SCHOLARSHIP
SOUTHERNERS ON NEW GROUND 16019 W. SUNSET BLVD. PACIFIC PALISADES, CA 90272	61-1274170	501 C(3)	10,000.	0.			UNRESTRICTED

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TRANS LIFELINE 1800 MARKET STREET SAN FRANCISCO, CA 94102	47-2097494	501 C(3)	10,000.	0.			UNRESTRICTED
FREEDOM OKLAHOMA 248 W. 35TH ST, 10TH FLOOR NEW YORK, NY 10001	45-5405020	501 C(3)	10,000.	0.			UNRESTRICTED
ADOLESCENT COUNSELING SERVICES 17 WALTER U . LUM PLACE SAN FRANCISCO, CA 94108	51-0192551	501 C(3)	9,630.	0.			LEADESHIP PROGRAMS
CAMINAR (FAMILY & CHILDREN SERVICES OF SILICON VALLEY DIVISION) - 1714 FRANKLIN ST., #100-404 - OAKLAND, CA 94612	94-1639389	501 C(3)	9,000.	0.			THE LGBTQ YOUTH SPACE
YALE UNIVERSITY 80 MAIDEN LANE, SUITE 1505 NEW YORK, NY 10038	06-0646973	501 C(3)	9,000.	0.			UNRESTRICTED
KESHET 2120 UNIVERSITY AVE BERKELEY, CA 94704-1026	48-1278664	501 C(3)	9,000.	0.			UNRESTRICTED
ASIAN & PACIFIC ISLANDER WELLNESS CENTER - 989 MARKET STREET, LOWER LEVEL - SAN FRANCISCO, CA 94103	94-3096109	501 C(3)	8,738.	0.			UNRESTRICTED
DISABILITY RIGHTS EDUCATION & DEFENSE FUND - 831 4TH ST. - SANTA ROSA, CA 95404	94-2620758	501 C(3)	8,738.	0.			UNRESTRICTED
FRIENDSHIP HOUSE ASSOCIATION OF AMERICAN INDIANS INC., OF SAN FRANCISCO - 520 8TH AVENUE, #331 - NEW YORK, NY 10018	23-7097915	501 C(3)	8,738.	0.			UNRESTRICTED

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LA RAZA CENTRO LEGAL - SAN FRANCISCO - 123 WILLIAM ST FL 9 - NEW YORK, NY 10038-3812	94-2295723	501 C(3)	8,738.	0.			UNRESTRICTED
MUSLIM ADVOCATES 526 CASTRO STREET SAN FRANCISCO, CA 94114	30-0298794	501 C(3)	8,738.	0.			UNRESTRICTED
NATIONAL CENTER FOR LESBIAN RIGHTS PO BOX 29 LEE VINING, CA 93541	94-3086885	501 C(3)	8,738.	0.			UNRESTRICTED
NATIONAL IMMIGRATION LAW CENTER 196 RIPLEY ST SAN FRANCISCO, CA 94110	95-4539765	501 C(3)	8,738.	0.			UNRESTRICTED
PLANNED PARENTHOOD FEDERATION OF AMERICA, INC. - 3317 26TH STREET - SAN FRANCISCO, CA 94110	13-1644147	501 C(3)	8,738.	0.			UNRESTRICTED
NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF COLORED PEOPLE - 870 MARKET ST., SUITE 370 - SAN FRANCISCO, CA 94102	13-1084135	501 C(3)	8,738.	0.			UNRESTRICTED
JEWISH COMMUNITY CENTER OF SAN FRANCISCO - 1700 SHATTUCK AVENUE NO 312 - BERKELEY, CA 94709	94-3227260	501 C(3)	8,738.	0.			UNRESTRICTED
SAN FRANCISCO LGBT COMMUNITY CENTER - 2440 W. EL CAMINO REAL, SUITE 300 - MOUNTAIN VIEW, CA 94040	94-3236718	501 C(3)	8,738.	0.			UNRESTRICTED
SOUTHERN POVERTY LAW CENTER 401 E JEFFERSON ST STE 207 ROCKVILLE, MD 20850-2627	63-0598743	501 C(3)	8,738.	0.			UNRESTRICTED

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TRANSGENDER LAW CENTER 257 PARK AVE S NEW YORK, NY 10010	05-0544006	501 C(3)	8,738.	0.			UNRESTRICTED
TOPSY TURVY QUEER CIRCUS 70 YOSEMITE AVENUE #105 OAKLAND, CA 94611-5323	94-3227839	501 C(3)	8,500.	0.			UNRESTRICTED
Z SPACE STUDIO 38 MASON ST SAN FRANCISCO, CA 94102-2806	94-3177230	501 C(3)	8,500.	0.			THE BROTHER(S) PRODUCTION
PKD FOUNDATION PO BOX 22455 OAKLAND, CA 94609	43-1266906	501 C(3)	7,600.	0.			GRATITUDE SPONSORSHIP
COMMUNITY FOUNDATION OF SONOMA COUNTY - 326 GALVEZ STREET - STANFORD, CA 94305	68-0003212	501 C(3)	7,500.	0.			RESILIENCE FUND
FROM BAGHDAD TO THE BAY (DOCUMENTARY) - 2014 E. MADISON ST, SUITE 300 - SEATTLE, WA 98122	04-2738458	501 C(3)	7,000.	0.			FILM DOCUMENTARY
HOMOBILES 1136 UNION MALL STE 510 HONOLULU, HI 96813-2711	46-0991187	501 C(3)	7,000.	0.			UNRESTRICTED
THEATRE RHINOCEROS 145 9TH STREET SUITE 300 SAN FRANCISCO, CA 94103	94-2568273	501 C(3)	7,000.	0.			PRISCILLA QUEEN OF THE DESERT PLAY PRODUCTION
WISCONSIN PRESERVATION FUND INC. 40 BURGOYNE CT SAN MATEO, CA 94402	39-1657657	501 C(3)	7,000.	0.			UNRESTRICTED

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PACIFIC CENTER FOR HUMAN GROWTH 300 FRANK OGAWA PLAZA, #9 OAKLAND, CA 94612	94-2287492	501 C(3)	7,000.	0.			UNRESTRICTED
BOARD OF TRUSTEES OF THE GLIDE FOUNDATION - P.O. BOX 2038 - NEW HAVEN, CT 06521	94-1156481	501 C(3)	6,100.	0.			UNITED METHODIST CHURCH FILMING SUPPORT
QUEER REBELS PRODUCTIONS 2323 BROADWAY OAKLAND, CA 94612	94-3227839	501 C(3)	6,000.	0.			UNRESTRICTED
LGBTQ BLACK IMMIGRANT JUSTICE 870 MARKET ST., SUITE 370 SAN FRANCISCO, CA 94102	05-0544006	501 C(3)	6,000.	0.			UNRESTRICTED
CHILD ADVOCATES OF SILICON VALLEY 354 PINE STREET, SUITE 700 SAN FRANCISCO, CA 94104	77-0250773	501 C(3)	6,000.	0.			CASA PROJECT
OLD FIRST PRESBYTERIAN CHURCH 400 WASHINGTON AVENUE - PO BOX 5632 MONTGOMERY, AL 36177-7459	94-1156852	501 C(3)	6,000.	0.			UNRESTRICTED
DESERT AIDS PROJECT 1375 FAIRFAX AVENUE SAN FRANCISCO, CA 94124	33-0068583	501 C(3)	6,000.	0.			UNRESTRICTED
IMPACT FUND 330 ELLIS STREET SAN FRANCISCO, CA 94102	94-3161863	501 C(3)	6,000.	0.			UNRESTRICTED
WOMAN VISION - WOMEN'S MUSIC PROJECT - PO BOX 3267 128 MARKET ST. SUITE 3E - STATELINE, NV 89449	76-0406964	501 C(3)	6,000.	0.			UNRESTRICTED

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DAVID GEFLEN SCHOOL OF MEDICINE AT UCLA - 57 POST ST STE 604 - SAN FRANCISCO, CA 94104	95-6006143	501 C(3)	6,000.	0.			SCHOLARSHIP
UNIVERSITY OF CALIFORNIA BERKELEY - FINANCIAL AID - 1455 MANDALAY BEACH RD - OXNARD, CA 93035	94-6090626	501 C(3)	6,000.	0.			SCHOLARSHIP
UNIVERSITY OF CALIFORNIA BERKELEY - FINANCIAL AID - 833 MARKET STREET, 10TH FLOOR - SAN FRANCISCO, CA 94103	94-6090626	501 C(3)	6,000.	0.			SCHOLARSHIP
UNIVERSITY OF CALIFORNIA BERKELEY - FINANCIAL AID - 80 MAIDEN LANE, SUITE 1505 - NEW YORK, NY 10038	94-6090626	501 C(3)	6,000.	0.			SCHOLARSHIP
UCLA 1711 CONNECTICUT AVENUE NW SUITE 20 WASHINGTON, DC 20009	95-6006143	501 C(3)	6,000.	0.			SCHOLARSHIP
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - 1221 CONNECTICUT AVENUE NW SUITE 5A - WASHINGTON, DC 20036	94-6036493	501 C(3)	6,000.	0.			SCHOLARSHIP
PACE UNIVERSITY 559 NATHAN ABBOTT WAY STANFORD, CA 94305-8610	13-5562314	501 C(3)	6,000.	0.			SCHOLARSHIP
UC DAVIS OFFICE OF UNIVERSITY DEVELOPMENT- UNIV.. OF MICHIGAN DEPT. CH 10189 - PALATI	94-6036494	501 C(3)	6,000.	0.			SCHOLARSHIP
UNIVERSITY OF ILLINOIS AT CHICAGO P.O. BOX 2038 NEW HAVEN, CT 06521	37-6000511	501 C(3)	6,000.	0.			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
SARAH LAWRENCE COLLEGE 873 SECOND STREET SANTA ROSA, CA 95404	23-7223216	501 C(3)	6,000.	0.			SCHOLARSHIP
THEATRE RHINOCEROS 170 ALAMEDA DE LAS PULGAS REDWOOD CITY, CA 94062	94-2568273	501 C(3)	5,500.	0.			UNRESTRICTED
CONGREGATION SHA'AR ZAHAV 145 9TH STREET SUITE 300 SAN FRANCISCO, CA 94103	94-2477006	501 C(3)	5,400.	0.			UNRESTRICTED
KEHILLAT ISRAEL 1300 GRAND AVE PIEDMONT, CA 94610	95-2056645	501 C(3)	5,180.	0.			UNRESTRICTED
BAY AREA OLD LESBIANS ORGANIZING FOR CHANGE (OLOC) - PO BOX 1486 - WATSONVILLE, CA 95077	76-0393649	501 C(3)	5,000.	0.			UNRESTRICTED
OAKLAND LGBTQ COMMUNITY CENTER 17 WALTER U . LUM PLACE SAN FRANCISCO, CA 94108	82-2258008	501 C(3)	5,000.	0.			UNRESTRICTED
THEATRE RHINOCEROS 2940 16TH STREET #319 SAN FRANCISCO, CA 94103	94-2568273	501 C(3)	5,000.	0.			UNRESTRICTED
Q FOUNDATION- DBA AIDS HOUSING ALLIANCE - PO BOX 410164 - CAMBRIDGE, MA 02141	20-0548954	501 C(3)	5,000.	0.			UNRESTRICTED
THE SPAHR CENTER 65 MARYLAND AVE BERKELEY, CA 94707	68-0072470	501 C(3)	5,000.	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
CENTER FOR SEX AND CULTURE 32 BROADWAY, SUITE 1801 NEW YORK, NY 10004	91-2153691	501 C(3)	5,000.	0.			UNRESTRICTED
THE NATURE CONSERVANCY OF HAWAII 3543 18TH STREET #20 SAN FRANCISCO, CA 94119	53-0242652	501 C(3)	5,000.	0.			UNRESTRICTED
GLBT HISTORICAL SOCIETY 1201 CONNECTICUT AVE. NW SUITE 300 WASHINGTON, DC 20036	94-2989004	501 C(3)	5,000.	0.			UNRESTRICTED
SEMINARY OF THE STREET 1400 16TH STREET NW WASHINGTON, DC 20036	26-3325297	501 C(3)	5,000.	0.			UNRESTRICTED
UNIVERSITY OF CALIFORNIA SAN FRANCISCO FOUNDATION - 3 INTERNATIONAL DR STE 200 - PORT CHESTER, NY 10573-7501	94-2829914	501 C(3)	5,000.	0.			UNRESTRICTED
SPECIAL OLYMPICS KANSAS, INC. 3286 ADELINE STREET, #8 BERKELEY, CA 94703-2485	48-0890981	501 C(3)	5,000.	0.			UNRESTRICTED
SAN FRANCISCO LGBT COMMUNITY CENTER - PO BOX 29174 - SAN FRANCISCO, CA 94129	94-3236718	501 C(3)	5,000.	0.			UNRESTRICTED
LAMBDA LEGAL DEFENSE & EDUCATION FUND - 121 GOLDEN GATE AVE. - SAN FRANCISCO, CA 94102	23-7395681	501 C(3)	5,000.	0.			UNRESTRICTED
OUTRIGHT ACTION INTERNATIONAL 1440 BROADWAY SUITE 405 OAKLAND, CA 94612	94-3139952	501 C(3)	5,000.	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
EQUALITY CALIFORNIA INSTITUTE 1313 WEST EIGHTH ST LOS ANGELES, CA 90017	68-0438008	501 C(3)	5,000.	0.			UNRESTRICTED
NATIONAL CENTER FOR LESBIAN RIGHTS 120 WALL STREET, 19TH FLOORS NEW YORK, NY 10005	94-3086885	501 C(3)	5,000.	0.			UNRESTRICTED
WOMEN OF THE WORLD 30 WINTER STREET, STE 800 BOSTON, MA 02108	27-3826125	501 C(3)	5,000.	0.			UNRESTRICTED
NATIONAL CENTER FOR LESBIAN RIGHTS 60 29TH STREET # 614 SAN FRANCISCO, CA 94110	94-3086885	501 C(3)	5,000.	0.			UNRESTRICTED
NORTH CAROLINA OUTWARD BOUND SCHOOL - 1042 GRANT AVE, 5TH FLOOR - SAN FRANCISCO, CA 94133	56-0857708	501 C(3)	5,000.	0.			UNRESTRICTED
DIGICOM 367 VASSAR AVE BERKELEY, CA 94708	90-0926324	501 C(3)	5,000.	0.			UNRESTRICTED
SAN FRANCISCO AIDS FOUNDATION 136 WEST 16 STREET NEW YORK, NY 10011	94-2927405	501 C(3)	5,000.	0.			CAMPAIGN FOR HEALTH & WELLNESS
U M ARMY - NORTHEAST 2201 BROADWAY, SUITE 600 OAKLAND, CA 94612	20-1096917	501 C(3)	5,000.	0.			UNRESTRICTED
GOLDEN GATE PERFORMING ARTS/SAN FRANCISCO GAY MEN'S CHORUS - 870 MARKET ST., SUITE 370 - SAN FRANCISCO, CA 94102	94-2576101	501 C(3)	5,000.	0.			LAVENDER PEN TOUR SUPPORT

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
FRACTURED ATLAS PRODUCTIONS, INC STUDENT ACCOUNTS OFFICE 1 MEAD WAY BRONXVILLE, NY 10708	11-3451703	501 C(3)	5,000.	0.			GARDEN DAYZE SHORT FILM PROJECT
SAN FRANCISCO LGBT COMMUNITY CENTER - 2312 WILTON DRIVE - WILTON MANORS, FL 33305	94-3236718	501 C(3)	5,000.	0.			UNRESTRICTED
MADONNA REHABILITATION HOSPITAL 522 VALENCIA ST SAN FRANCISCO, CA 94110	47-0439599	501 C(3)	5,000.	0.			MADONNA OMAHA CAPITAL CAMPAIGN
GENERATION CITIZEN INC 1751 SACRAMENTO STREET SAN FRANCISCO, CA 94109	27-2039522	501 C(3)	5,000.	0.			BAY AREA GENERATION CITIZEN
PLANNED PARENTHOOD OF THE PACIFIC SOUTHWEST - PO BOX 2599 - OAKLAND, CA 94621	95-6111785	501 C(3)	5,000.	0.			UNRESTRICTED
SEGUNDO RUIZ BELVIS CULTURAL CENTER - 2712 TELEGRAPH AVE - BERKELEY, CA 94705	36-2967052	501 C(3)	5,000.	0.			HURRICANE RELIEF FUND FOR PUERTO RICO
TIDES FOUNDATION 222 SUTTER STREET, SUITE 500 SAN FRANCISCO, CA 94108	51-0198509	501 C(3)	5,000.	0.			ALL OUT ACTION FUND
SHOGA FILMS FOUNDATION 4509 INTERLAKE AVENUE N #180 SEATTLE, WA 98103-6782	30-0805365	501 C(3)	5,000.	0.			UNRESTRICTED
NATIONAL CENTER FOR LESBIAN RIGHTS 1156 15TH ST, SUITE 700 WASHINGTON, DC 20005	94-3086885	501 C(3)	5,000.	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
GRANTMAKERS CONCERNED WITH IMMIGRANTS AND REFUGEES - 1600 HOLLOWAY AVENUE - SAN FRANCISCO, CA 94132	20-2559651	501 C(3)	5,000.	0.			UNDOCUFUND
NATIONAL CENTER FOR LESBIAN RIGHTS 30 WINTER STREET, STE 800 BOSTON, MA 02108	94-3086885	501 C(3)	5,000.	0.			SOCIAL JUSTICE FUND
ALAMEDA FAMILY SERVICES 120 STONY POINT ROAD, SUITE 220 SANTA ROSA, CA 95401	23-7088243	501 C(3)	5,000.	0.			DREAMCATCHER YOUTH SERVICES
GOLDEN GATE NATIONAL PARKS CONSERVANCY - 120 STONY POINT ROAD, SUITE 220 - SANTA ROSA, CA 95401	94-2781708	501 C(3)	5,000.	0.			UNRESTRICTED
PROJECT OPEN HAND 317 MADISON AVENUE, SUITE 607 NEW YORK, NY 10017	94-3023551	501 C(3)	5,000.	0.			UNRESTRICTED
CALL OF THE SEA BOX 1729 EL GRANADA, CA 94018	94-2951488	501 C(3)	5,000.	0.			UNRESTRICTED
LAMBDA LEGAL DEFENSE & EDUCATION FUND - 2565 3RD STREET #237 - SAN FRANCISCO, CA 94107	23-7395681	501 C(3)	5,000.	0.			UNRESTRICTED
ALAMEDA COUNTY COMMUNITY FOOD BANK, INC. - 989 MARKET STREET, LOWER LEVEL - SAN FRANCISCO, CA 94103	94-2960297	501 C(3)	5,000.	0.			UNRESTRICTED
AMERICAN CIVIL LIBERTIES UNION FOUNDATION - 870 MARKET ST., SUITE 370 - SAN FRANCISCO, CA 94102	13-6213516	501 C(3)	5,000.	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
LARKIN STREET YOUTH SERVICES 3299 CLAREMONT WAY, SUITE 2 NAPA, CA 94558	94-2917999	501 C(3)	5,000.	0.			UNRESTRICTED
OAKLAND PEACE CENTER 3299 CLAREMONT WAY, SUITE 2 NAPA, CA 94558	46-3342685	501 C(3)	5,000.	0.			UNRESTRICTED
YEAH! 1645 GRAHAM WAY SAN LEANDRO, CA 94578	20-8433097	501 C(3)	5,000.	0.			UNRESTRICTED
THE TREVOR PROJECT 1035 MARKET STREET, SUITE 400 SAN FRANCISCO, CA 94103	95-4681287	501 C(3)	5,000.	0.			UNRESTRICTED
NATIONAL CENTER FOR LESBIAN RIGHTS 65 BLEECKER STREET, 6TH FLOOR NEW YORK, NY 10012	94-3086885	501 C(3)	5,000.	0.			UNRESTRICTED
CALIFORNIA PACIFIC MEDICAL CENTER FOUNDATION - 4046 W ARMITAGE AVENUE - CHICAGO, IL 60639	94-2728423	501 C(3)	5,000.	0.			UNRESTRICTED
WOMEN IN MEDICINE, INC 1075 CAMINO DEL RIO SOUTH SAN DIEGO, CA 92108	31-1705206	501 C(3)	5,000.	0.			THE MOSBACHER/GARTRELL WOMEN IN MEDICINE LEADERSHIP SCHOLARSHIP
OAKLAND PUBLIC EDUCATION FUND 235 MONTGOMERY ST., SUITE 470 SAN FRANCISCO, CA 94104	43-2014630	501 C(3)	5,000.	0.			UNRESTRICTED
NATIONAL CENTER FOR LESBIAN RIGHTS 50 OAK ST SAN FRANCISCO, CA 94102	94-3086885	501 C(3)	5,000.	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
AMERICAN CIVIL LIBERTIES UNION FOUNDATION - 861 BEDFORD ROAD - PLEASANTVILLE, NY 10570	13-6213516	501 C(3)	5,000.	0.			LGBT AND AIDS PROJECT
SAN FRANCISCO JEWISH FILM FESTIVAL 500 PARNASSUS AVENUE MU-201W SAN FRANCISCO, CA 94143-0246	94-2854068	501 C(3)	5,000.	0.			UNRESTRICTED
GENDERS & SEXUALITIES ALLIANCE NETWORK - 526 CASTRO STREET - SAN FRANCISCO, CA 94114	20-5367752	501 C(3)	5,000.	0.			UNRESTRICTED
EQUALITY VIRGINIA 124 REVEILLE RD CHESTERBROOK, PA 19087	54-1950205	501 C(3)	5,000.	0.			UNRESTRICTED
HARRIET HANCOCK CENTER FOUNDATION 90 BROAD STREET, 2ND FLOOR NEW YORK, NY 10004	57-0836466	501 C(3)	5,000.	0.			UNRESTRICTED
EQUALITY NORTH CAROLINA FOUNDATION 1800 MARKET STREET SAN FRANCISCO, CA 94102	58-1374041	501 C(3)	5,000.	0.			UNRESTRICTED
CAMPUS PRIDE 1301 N PALM CANYON DR. PALM SPRINGS, CA 92262	14-1969456	501 C(3)	5,000.	0.			UNRESTRICTED
THE SOURCE LGBT+ CENTER 201 VAN NESS AVENUE SAN FRANCISCO, CA 94102	81-1907707	501 C(3)	5,000.	0.			UNRESTRICTED
ENGENDER/BAY AREA RAINBOW DAY CAMP 3543 18TH STREET, #19 SAN FRANCISCO, CA 94110	47-1433049	501 C(3)	5,000.	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
ST JAMES INFIRMARY 2600 VIRGINIA AVE NW WASHINGTON, DC 20037	94-3330568	501 C(3)	5,000.	0.			TAJA'S COALITION'S WORK
API EQUALITY - NORTHERN CALIFORNIA 25 VAN NESS AVENUE, LOWER LOBBY SAN FRANCISCO, CA 94102	086427643	501 C(3)	5,000.	0.			UNRESTRICTED
SOCIAL GOOD FUND 801 EGG HARBOR RD. LINDENWOLD, NJ 08021	46-1323531	501 C(3)	5,000.	0.			UNRESTRICTED
SOMOS FAMILIA 3700 COLDWATER CANYON STUDIO CITY, CA 91604	81-4019488	501 C(3)	5,000.	0.			UNRESTRICTED

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.

**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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

HORIZONS FOUNDATION

Employer identification number

94-2686530

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2017

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)	184,364.	0.	0.	0.	18,156.	202,520.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DEB STALLINGS VP OF DEVELOPMENT	(i)	143,007.	0.	0.	0.	13,047.	156,054.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2017

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for the latest information.

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	56	3,087,643.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization 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) 2017

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

HORIZONS FOUNDATION

Employer identification number

94-2686530

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

BEING BUILT PRINCIPALLY THROUGH ESTATE GIFTS. MORE THAN 340 PEOPLE HAVE INFORMED HORIZONS THAT THEY HAVE INCLUDED THE FOUNDATION IN THEIR ESTATES; E) THE FOUNDATION ADVOCATED FOR LGBT CAUSES AND NONPROFITS WITHIN THE FOUNDATION WORLD, ENCOURAGING MORE FOUNDATIONS TO DEVOTE GRANT RESOURCES TO ADDRESS LGBTQ PEOPLE'S NEEDS AND ISSUES.

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

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

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

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

Name of the organization HORIZONS FOUNDATION	Employer identification number 94-2686530
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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	756,309.
MANAGEMENT AND GENERAL EXPENSES	61,702.
FUNDRAISING EXPENSES	23,956.
TOTAL EXPENSES	841,967.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	841,967.

990, PART XII, LINE 2C

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.