

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

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

**A** For the 2018 calendar year, or tax year beginning and ending

<b>B</b> Check if applicable:  Address change Name change Initial return Final return/terminated Amended return Application pending	<b>C</b> Name of organization <b>HORIZONS FOUNDATION</b>		<b>D</b> Employer identification number <b>94-2686530</b>
	Doing business as		<b>E</b> Telephone number <b>415-398-2333</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>14,553,855.</b>
	<b>550 MONTGOMERY STREET</b>	<b>700</b>	<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
City or town, state or province, country, and ZIP or foreign postal code <b>SAN FRANCISCO, CA 94111</b>		<b>H(b)</b> Are all subordinates included? Yes No	
<b>F</b> Name and address of principal officer: <b>ROGER DOUGHTY</b> <b>SAME AS C ABOVE</b>		If "No," attach a list. (see instructions)	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527		<b>H(c)</b> Group exemption number ▶	
<b>J</b> Website: ▶ <b>WWW.HORIZONSFOUNDATION.ORG</b>		<b>L</b> Year of formation: <b>1980</b> <b>M</b> State of legal domicile: <b>CA</b>	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶			

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>FUEL THE LGBTQ MOVEMENT BY INCREASING SUPPORT FOR DIVERSE SF/BAY AREA NONPROFITS.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>15</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>15</b>
	<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>5</b>	<b>13</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>100</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 38	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> <b>10,507,656.</b>	<b>Current Year</b> <b>7,684,998.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>0.</b>	<b>0.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>1,100,622.</b>	<b>1,207,146.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>-123,434.</b>	<b>-188,733.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>11,484,844.</b>	<b>8,703,411.</b>
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>2,508,908.</b>
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0.</b>	<b>0.</b>
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		<b>1,205,499.</b>	<b>1,361,067.</b>
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>0.</b>	<b>0.</b>
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>766,286.</b>			
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		<b>1,612,269.</b>	<b>999,522.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		<b>5,326,676.</b>	<b>7,184,476.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>6,158,168.</b>	<b>1,518,935.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>34,727,062.</b>	<b>End of Year</b> <b>34,206,703.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>889,734.</b>	<b>619,136.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>33,837,328.</b>	<b>33,587,567.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer	Date			
	<b>ROGER DOUGHTY, PRESIDENT</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>TRACY TEALE</b>	Preparer's signature <b>TRACY TEALE</b>	Date <b>11/14/19</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P01290862</b>
	Firm's name ▶ <b>RINA ACCOUNTANCY CORPORATION</b>	Firm's EIN ▶ <b>94-3158857</b>	Phone no. (415) 777-4488		
Firm's address ▶ <b>150 POST STREET, SUITE 200</b>		<b>SAN FRANCISCO, CA 94108</b>			

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.

4a (Code: ) (Expenses \$ 5,212,149. including grants of \$ 4,621,387. ) (Revenue \$ ) GRANTMAKING: HORIZONS FOUNDATION PROVIDED DIRECT FINANCIAL SUPPORT TO NONPROFIT ORGANIZATIONS THROUGH 1,064 GRANTS TOTALING \$4,621,387 IN 2018. 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 \$269,000; PROVIDED BOTH OPERATING SUPPORT AND PROJECT SUPPORT; AND INCLUDED NON-LGBT-SPECIFIC GRANTS THROUGH THE DONOR-ADVISED AND OTHER GRANT PROGRAMS.

4b (Code: ) (Expenses \$ 704,087. including grants of \$ 202,500. ) (Revenue \$ ) INCREASED LGBT COMMUNITY RESOURCES: (A) HORIZONS PROMOTED GIVING BY LGBT 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 \$1,000,000 FOR LGBT 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

4c (Code: ) (Expenses \$ 72,570. 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 THE PAST YEAR, HORIZONS CONTINUED TO SPONSOR AN ON-GOING GROUP OF EXECUTIVE DIRECTORS OF LGBTQ ORGANIZATIONS THAT PROVIDES CONSISTENT SUPPORT AND NETWORKING FOR KEY COMMUNITY LEADERS.

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 5,988,806.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	<input checked="" type="checkbox"/>	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		<input checked="" type="checkbox"/>
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		<input checked="" type="checkbox"/>
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		<input checked="" type="checkbox"/>
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	<input checked="" type="checkbox"/>	
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		<input checked="" type="checkbox"/>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		<input checked="" type="checkbox"/>
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		<input checked="" type="checkbox"/>
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input checked="" type="checkbox"/>	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<input checked="" type="checkbox"/>	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		<input checked="" type="checkbox"/>
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		<input checked="" type="checkbox"/>
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		<input checked="" type="checkbox"/>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		<input checked="" type="checkbox"/>
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<input checked="" type="checkbox"/>	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		<input checked="" type="checkbox"/>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<input checked="" type="checkbox"/>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		<input checked="" type="checkbox"/>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		<input checked="" type="checkbox"/>
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		<input checked="" type="checkbox"/>
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		<input checked="" type="checkbox"/>
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		<input checked="" type="checkbox"/>
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input checked="" type="checkbox"/>	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		<input checked="" type="checkbox"/>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		<input checked="" type="checkbox"/>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<input checked="" type="checkbox"/>	

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

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

**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

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	<b>1a</b> 15		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	<b>1b</b> 15		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

**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 (1024 or 1024-A 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) OLGA TELAMANTE CO-CHAIR	5.00	X		X				0.	0.	0.
(2) ADAM BLUM CO-CHAIR	5.00	X		X				0.	0.	0.
(3) AUDREY KOH CHAIR EMERITA	5.00	X						0.	0.	0.
(4) TERRY MICHEAU TREASURER	5.00	X		X				0.	0.	0.
(5) ERIN FLYNN SECRETARY	5.00	X		X				0.	0.	0.
(6) ANNE DORMAN DIRECTOR	5.00	X						0.	0.	0.
(7) CRAIG ZODIKOFF DIRECTOR	5.00	X						0.	0.	0.
(8) ASH MCNEELY DIRECTOR	5.00	X						0.	0.	0.
(9) TIM MURRAY DIRECTOR	5.00	X						0.	0.	0.
(10) JILL FEDERICO DIRECTOR	5.00	X						0.	0.	0.
(11) JUAN BARAJAS DIRECTOR	5.00	X						0.	0.	0.
(12) DEREK BARNES DIRECTOR	5.00	X						0.	0.	0.
(13) BARRY TAYLOR DIRECTOR	5.00	X						0.	0.	0.
(14) JEFF SOUKUP DIRECTOR	5.00	X						0.	0.	0.
(15) DIPTI GHOSH DIRECTOR	5.00	X						0.	0.	0.
(16) ROGER DOUGHTY PRESIDENT	40.00			X				197,072.	0.	21,799.
(17) JOHN MARVUGLIO CFO	40.00			X				144,155.	0.	1,640.

**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) DEB STALLINGS VP OF DEVELOPMENT	40.00					X		144,274.	0.	15,148.
(19) FRANCISCO BUCHTING VP OF GRANTS, PROGRAMS & STRATEGIC I	40.00					X		135,769.	0.	15,855.
(20) THEARY CHAN DIRECTOR OF PHILANTHROPIC SERVICES	40.00					X		100,028.	0.	8,589.
<b>1b Sub-total</b> .....								721,298.	0.	63,031.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								721,298.	0.	63,031.

**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 **5**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

**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 **0**



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	312,619.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	7,372,379.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....		1,481,326.				
	<b>h Total.</b> Add lines 1a-1f .....		7,684,998.				
<b>Program Service Revenue</b>	<b>2 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		568,144.			568,144.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses .....					
		<b>c</b> Rental income or (loss) .....					
		<b>d</b> Net rental income or (loss) .....					
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses .....					
		<b>c</b> Gain or (loss) .....					
		<b>d</b> Net gain or (loss) .....					
	<b>8 a</b> Gross income from fundraising events (not including \$ 312,619. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>	60,020.				
		<b>b</b> Less: direct expenses .....	<b>b</b>	260,321.			
		<b>c</b> Net income or (loss) from fundraising events .....		-200,301.			-200,301.
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>					
<b>b</b> Less: direct expenses .....		<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	<b>b</b> Less: cost of goods sold .....	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> FEE INCOME .....		900099	11,568.			11,568.	
<b>b</b> _____							
<b>c</b> _____							
<b>d</b> All other revenue .....							
<b>e Total.</b> Add lines 11a-11d .....			11,568.				
<b>12 Total revenue.</b> See instructions .....			8,703,411.	0.	0.	1,018,413.	

**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

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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	4,823,887.	4,823,887.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	364,666.	164,676.	165,502.	34,488.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	818,112.	281,441.	167,021.	369,650.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	27,350.	12,032.	8,433.	6,885.
<b>9</b> Other employee benefits	64,239.	18,791.	10,406.	35,042.
<b>10</b> Payroll taxes	86,700.	31,798.	24,554.	30,348.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	4,294.	966.	2,040.	1,288.
<b>c</b> Accounting	23,000.		23,000.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	267,283.	220,188.	20,967.	26,128.
<b>12</b> Advertising and promotion	42,202.	37,056.	1,139.	4,007.
<b>13</b> Office expenses	85,708.	16,454.	50,113.	19,141.
<b>14</b> Information technology	63,670.	8,954.	25,479.	29,237.
<b>15</b> Royalties				
<b>16</b> Occupancy	145,195.		145,195.	
<b>17</b> Travel	135,488.	120,597.	2,085.	12,806.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	133,751.	69,344.	27,359.	37,048.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	30,266.		30,266.	
<b>23</b> Insurance	9,278.	365.	8,908.	5.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>PRINTING</b>	48,055.	9,738.	12,529.	25,788.
<b>b</b> <b>BAD DEBT EXPENSE</b>	11,132.		132.	11,000.
<b>c</b> <b>MEALS &amp; ENTERTAINMENT</b>	200.	170.	30.	
<b>d</b> <b>ALLOCATION OF COMMUNICA</b>	0.	66,259.	-107,178.	40,919.
<b>e</b> All other expenses		106,090.	-188,596.	82,506.
<b>25</b> Total functional expenses. Add lines 1 through 24e	7,184,476.	5,988,806.	429,384.	766,286.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	784,870.	<b>1</b>	364,061.
	<b>2</b> Savings and temporary cash investments .....	20,468.	<b>2</b>	78,108.
	<b>3</b> Pledges and grants receivable, net .....	328,807.	<b>3</b>	1,146,317.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	0.	<b>7</b>	97,900.
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	29,431.	<b>9</b>	53,781.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 274,638.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 236,626.	<b>10c</b>	38,012.
	<b>11</b> Investments - publicly traded securities .....	33,472,009.	<b>11</b>	32,394,659.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	25,361.	<b>15</b>	33,865.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	34,727,062.	<b>16</b>	34,206,703.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	193,755.	<b>17</b>	191,511.
	<b>18</b> Grants payable .....	51,500.	<b>18</b>	40,000.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	644,479.	<b>25</b>	387,625.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	889,734.	<b>26</b>	619,136.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	21,682,738.	<b>27</b>	21,575,152.
	<b>28</b> Temporarily restricted net assets .....	3,103,279.	<b>28</b>	1,809,752.
	<b>29</b> Permanently restricted net assets .....	9,051,311.	<b>29</b>	10,202,663.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	33,837,328.	<b>33</b>	33,587,567.	
<b>34</b> Total liabilities and net assets/fund balances .....	34,727,062.	<b>34</b>	34,206,703.	

**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	8,703,411.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,184,476.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,518,935.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	33,837,328.
5	Net unrealized gains (losses) on investments	5	-1,768,696.
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	33,587,567.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....
- 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 .....

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2018)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

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		
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	3863251.	4281908.	8051735.	10507656.	7701148.	34405698.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	3863251.	4281908.	8051735.	10507656.	7701148.	34405698.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						6632352.
<b>6 Public support.</b> Subtract line 5 from line 4.						27773346.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4 .....	3863251.	4281908.	8051735.	10507656.	7701148.	34405698.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	318,147.	349,694.	354,058.	436,210.	568,141.	2026250.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	203,368.	215,083.	162,465.	91,685.	55,441.	728,042.
<b>11 Total support.</b> Add lines 7 through 10						37159990.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	74.74 %
<b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 .....	<b>15</b>	74.86 %
<b>16a 33 1/3% support test - 2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2017.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2017.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**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**

<b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2017 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2018.** 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 - 2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

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



**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>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.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>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.</i>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		

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

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

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

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

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

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2018 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013			
<b>b</b> From 2014			
<b>c</b> From 2015			
<b>d</b> From 2016			
<b>e</b> From 2017			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2013 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2018 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2014			
<b>b</b> Excess from 2015			
<b>c</b> Excess from 2016			
<b>d</b> Excess from 2017			
<b>e</b> Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

**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.)

Horizontal lines for supplemental information.

**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Name of the organization

HORIZONS FOUNDATION

Employer identification number

94-2686530

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization  <b>HORIZONS FOUNDATION</b>	Employer identification number  <b>94-2686530</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	 <hr/> <hr/> <hr/>	\$ <u>700,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>2</u>	 <hr/> <hr/> <hr/>	\$ <u>872,460.</u>	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
<u>3</u>	 <hr/> <hr/> <hr/>	\$ <u>214,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>4</u>	 <hr/> <hr/> <hr/>	\$ <u>1,073,891.</u>	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
<u>5</u>	 <hr/> <hr/> <hr/>	\$ <u>450,200.</u>	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
<u>6</u>	 <hr/> <hr/> <hr/>	\$ <u>700,344.</u>	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>HORIZONS FOUNDATION</b>	Employer identification number  <b>94-2686530</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>157,281.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>506,990.</u>	Person Payroll Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ <u>180,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)

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

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
6	<u>MARKETABLE SECURITIES</u> _____ _____	\$ <u>100,344.</u>	<u>04/25/18</u>
7	<u>MARKETABLE SECURITIES</u> _____ _____	\$ <u>95,281.</u>	<u>08/15/18</u>
8	<u>MARKETABLE SECURITIES</u> _____ _____	\$ <u>506,990.</u>	<u>07/10/18</u>
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____



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

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**  
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 .....	151	
2 Aggregate value of contributions to (during year) .....	4,057,977.	
3 Aggregate value of grants from (during year) .....	4,066,595.	
4 Aggregate value at end of year .....	18,871,051.	
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	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	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? .....

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)? .....

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) 2018

**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	10,921,543.	8,892,073.	6,842,698.	7,197,271.	6,994,104.
b Contributions	1,138,448.	1,091,402.	1,905,448.	12,888.	6,935.
c Net investment earnings, gains, and losses	-359,156.	1,296,873.	490,423.	-25,594.	463,983.
d Grants or scholarships					
e Other expenditures for facilities and programs	474,417.	358,805.	346,496.	341,867.	267,751.
f Administrative expenses					
g End of year balance	11,226,418.	10,921,543.	8,892,073.	6,842,698.	7,197,271.

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:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  Yes  No

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.		2,308.	1,668.
d Equipment	101,271.		83,610.	17,661.
e Other	169,391.		150,708.	18,683.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				38,012.

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) AGENCY FUNDS	387,625.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	387,625.

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 for Part XI: Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Includes rows for Total revenue, gains, and other support per audited financial statements and various adjustments.

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 for Part XII: Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Includes rows for Total expenses and losses per audited financial statements and various adjustments.

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.

Horizontal lines for providing descriptions for Part XIII Supplemental Information.

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

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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.

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

**HORIZONS FOUNDATION**

Employer identification number

**94-2686530**

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

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

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

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

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

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		DINNER GALA (event type)	GOLF (event type)	1 (total number)		
Revenue	1	Gross receipts	319,787.	43,836.	9,016.	372,639.
	2	Less: Contributions	276,987.	33,336.	2,296.	312,619.
	3	Gross income (line 1 minus line 2)	42,800.	10,500.	6,720.	60,020.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	198,469.	15,912.	15,132.	229,513.
	7	Food and beverages				
	8	Entertainment	3,000.	1,225.		4,225.
	9	Other direct expenses	24,176.	2,407.		26,583.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				260,321.
11	Net income summary. Subtract line 10 from line 3, column (d)				-200,301.	

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

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

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

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

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

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

\_\_\_\_\_

Director/officer                      Employee                      Independent contractor

17 Mandatory distributions:

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2018**

**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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
ALEXANDER MONTGOMERY FOUNDATION 105 SEMINARY DRIVE SAN ANSELMO, CA 94960	81-3850170	501(C)(3)	339,989.	0.			PROJECT SUPPORT FOR THE GLOBAL FAITH JUSTICE PROJECT
CASTRO UPPER MARKET COMMUNITY BENEFIT DISTRICT - 584 CASTRO ST STE 336 - SAN FRANCISCO, CA 94114	20-3417247	501(C)(3)	269,264.	0.			DESIGN SERVICES RELATED TO THE REIMAGINING OF HARVEY MILK PLAZA LOCATED
NATIONAL CENTER FOR LESBIAN RIGHTS 870 MARKET ST., SUITE 370 SAN FRANCISCO, CA 94102	94-3086885	501(C)(3)	267,720.	0.			SPONSORSHIP OF 2018 GALA
OUTRIGHT ACTION INTERNATIONAL 80 MAIDEN LANE, SUITE 1505 NEW YORK, NY 10038	94-3139952	501(C)(3)	182,450.	0.			UNRESTRICTED
YVETTE A. FLUNDER FOUNDATION 8400 ENTERPRISE WAY OAKLAND, CA 94621	32-0095516	501(C)(3)	159,500.	0.			WOMEN FELLOWSHIP
AMERICAN CIVIL LIBERTIES UNION FOUNDATION OF NORTHERN CALIFORNIA - 39 DRUMM STREET - SAN FRANCISCO, CA 94111	94-0279770	501(C)(3)	154,250.	0.			FOR THE 2018 FRONTLINE CAMPAIGN

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶ 203.**

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

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

Schedule I (Form 990) (2018)

**SEE PART IV FOR COLUMN (H) DESCRIPTIONS**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOMEN'S FOUNDATION OF CALIFORNIA 300 FRANK H. OGAWA PLAZA, SUITE 420 OAKLAND, CA 94612	94-2752421	501(C)(3)	136,000.	0.			UNRESTRICTED
FREEDOM FOR ALL AMERICANS EDUCATION FUND - 1629 K ST. NW, SUITE 300 - WASHINGTON, DC 20006	47-4166556	501(C)(3)	104,000.	0.			UNRESTRICTED
GROUNDSWELL FUND PO BOX 71642 OAKLAND, CA 94612	47-4003615	501(C)(3)	104,000.	0.			BIRTH JUSTICE FUND
UNIVERSITY OF CALIFORNIA SAN FRANCISCO FOUNDATION - 220 MONTGOMERY STREET, 5TH FLOOR - SAN FRANCISCO, CA 94104	94-2829914	501(C)(3)	98,000.	0.			UCSF MEDICAL CENTER
IPAS PO Box 9990 Chapel HILL, NC 27512	56-1071085	501(C)(3)	89,300.	0.			IPAS, A NONPROFIT ORGANIZATION WORKING TO INCREASE SEXUAL AND REPRODUCTIVE HEALTH AND
PLANNED PARENTHOOD FEDERATION OF AMERICA, INC. - 123 WILLIAM ST FL 9 - NEW YORK, NY 10038-3812	13-1644147	501(C)(3)	84,250.	0.			UNRESTRICTED
FELLOWSHIP OF RECONCILIATION 86 PIERMONT AVE. NYACK, NY 10960	13-3792144	501(C)(3)	70,000.	0.			SUPPORT TO HOLD THE SECOND ETHICS OF RECIPROCITY INTERFAITH DIALOGUE, OCTOBER 2018,
MEDIA MATTERS FOR AMERICA 455 MASSACHUSETTS AVE., NW	47-0928008	501(C)(3)	60,000.	0.			UNRESTRICTED
SEXUAL MINORITIES UGANDA - USA DBA SMUG INTERNATIONAL - 22 MORRILL ST. - BOSTON, MA 02125-1937	82-1321263	501(C)(3)	60,000.	0.			PROJECT SUPPORT FOR STRATEGIC PLANNING AND CREATING SAFE SPACES FOR LGBTI INDIVIDUALS.

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
KQED INC. 2601 MARIPOSA STREET SAN FRANCISCO, CA 94110	94-1241309	501(C)(3)	52,600.	0.			UNRESTRICTED
NATIONAL LGBT TASK FORCE 1325 MASSACHUSETTS AVE. NW, SUITE 6 WASHINGTON, DC 20005	52-1624852	501(C)(3)	51,000.	0.			IN LOVING MEMORY OF OUR DEAR AND BELOVED COUSIN AND FRIEND STEWART SOKOL. MAY HE REST IN PEACE AS
CALIFORNIA COMMUNITY FOUNDATION 221 S. FIGUEROA ST., SUITE 400 LOS ANGELES, CA 90012	95-3510055	501(C)(3)	50,000.	0.			UNRESTRICTED
TRANSGENDER LAW CENTER 300 FRANK OGAWA PLAZA, #9 OAKLAND, CA 94612	05-0544006	501(C)(3)	47,750.	0.			UNRESTRICTED
BREAST CANCER ACTION 275 5TH ST #307 SAN FRANCISCO, CA 94103	94-3138992	501(C)(3)	47,250.	0.			UNRESTRICTED
BREAST CANCER FUND 1388 SUTTER STREET, SUITE 400 SAN FRANCISCO, CA 94109-5400	94-3155886	501(C)(3)	45,000.	0.			UNRESTRICTED
OPENHOUSE 65 LAGUNA STREET SAN FRANCISCO, CA 94102	94-3337955	501(C)(3)	42,500.	0.			CHAIN 2018 SPRING FLING SPONSORSHIP
ASTRAEA LESBIAN FOUNDATION FOR JUSTICE - 116 EAST 16TH STREET, 7TH FLOOR - NEW YORK, NY 10003	13-2992977	501(C)(3)	37,350.	0.			UNRESTRICTED
SAN FRANCISCO LGBT COMMUNITY CENTER - 1800 MARKET STREET - SAN FRANCISCO, CA 94102	94-3236718	501(C)(3)	36,950.	0.			SOIREE 2018 SPONSORSHIP

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

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LARKIN STREET YOUTH SERVICES 134 GOLDEN GATE AVENUE SAN FRANCISCO, CA 94102	94-2917999	501(C)(3)	33,000.	0.			UNRESTRICTED
GOLDEN GATE PERFORMING ARTS/SAN FRANCISCO GAY MEN'S CHORUS - 170 VALENCIA STREET - SAN FRANCISCO, CA 94103	94-2576101	501(C)(3)	32,000.	0.			ENDOWMENT DISTRIBUTION GRANT
PROTEUS FUND 15 RESEARCH DRIVE #B AMHERST, MA 01002-2776	04-3243004	501(C)(3)	26,200.	0.			HUMAN RIGHTS FUNDERS - 2018 MEMBER CONTRIBUTIONS
SAN FRANCISCO-MARIN FOOD BANK 900 PENNSYLVANIA AVE SAN FRANCISCO, CA 94107	94-3041517	501(C)(3)	26,200.	0.			UNRESTRICTED
UCLA FOUNDATION 10920 WILSHIRE BOULEVARD, SUITE 110 LOS ANGELES, CA 90095	95-6006143	501(C)(3)	26,000.	0.			FOR WILLIAMS INSTITUTE
THEATRE RHINOCEROS PO BOX 423406 SAN FRANCISCO, CA 94142	94-2568273	501(C)(3)	25,900.	0.			UNRESTRICTED
TIDES FOUNDATION P.O. BOX 29198 SAN FRANCISCO, CA 94129-0198	51-0198509	501(C)(3)	25,500.	0.			SUPPORT FOR FISCALLY SPONSORED PROJECTS
SMITHSONIAN INSTITUTION P. O. BOX 37012, MRC 035 WASHINGTON, DC 20013	53-0206027	501(C)(3)	25,250.	0.			FOR THE BILL TRAYLOR SYMPOSIUM.
NOYO CENTER FOR MARINE SCIENCE PO BOX 1321 FORT BRAGG, CA 95437	46-5359631	501(C)(3)	25,000.	0.			UNRESTRICTED

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OASIS LEGAL SERVICES 1330 BROADWAY SUITE 428 OAKLAND, CA 94612	82-0696739	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT FOR PROGRAMS TO PROVIDE QUALITY LEGAL IMMIGRATION SERVICES TO
PLANNED PARENTHOOD COLUMBIA WILLAMETTE - 3727 NE MARTIN LUTHER KING JR. BLVD. - PORTLAND, OR 97212	93-6031270	501(C)(3)	25,000.	0.			UNRESTRICTED
SHOGA FILMS FOUNDATION 4300 TOMPKINS AVE OAKLAND, CA 94619	30-0805365	501(C)(3)	25,000.	0.			UNRESTRICTED
SAN FRANCISCO AIDS FOUNDATION 1035 MARKET STREET, SUITE 400 SAN FRANCISCO, CA 94103	94-2927405	501(C)(3)	24,250.	0.			UNRESTRICTED
SAPLING FOUNDATION 250 HUDSON ST RM 1002 NEW YORK, NY 10013	94-3235545	501(C)(3)	22,000.	0.			UNRESTRICTED
THE LGBT ASYLUM PROJECT - CENTER FOR IMMIGRANT PROTECTION - 315 MONTGOMERY STREET, SUITE 917 - SAN FRANCISCO, CA 94104	47-5301730	501(C)(3)	21,000.	0.			UNRESTRICTED
API EQUALITY - NORTHERN CALIFORNIA (APIENC) - 17 WALTER U LUM PLACE - SAN FRANCISCO, CA 94108	08-6427643	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT TO BUILD LGBTQ LEADERSHIP AND POWER TO AMPLIFY VOICES AND INCREASE
ASTRAEA LESBIAN FOUNDATION FOR JUSTICE - 116 EAST 16TH STREET, 7TH FLOOR - NEW YORK, NY 10003	13-2992977	501(C)(3)	20,000.	0.			GLOBAL PHILANTHROPY PROJECT
BROADWAY CARES-EQUITY FIGHTS AIDS INC - 165 WEST 46TH ST., SUITE 1300 - NEW YORK, NY 10036	13-3458820	501(C)(3)	20,000.	0.			UNRESTRICTED

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CHARLOTTE MAXWELL COMPLEMENTARY CLINIC - 610 16TH ST STE 426 - OAKLAND, CA 94612	94-3116456	501(C)(3)	20,000.	0.			UNRESTRICTED
STANFORD UNIVERSITY FINANCIAL AID 355 GALVEZ STREET STANFORD, CA 94305-3021	94-1156365	501(C)(3)	20,000.	0.			SIX STUDENTS, \$2,000 EACH
THE UNIVERSITY CORPORATION SAN FRANCISCO STATE - OFFICE OF UNIVERSITY DEVELOPMENT - SAN FRANCISCO, CA 94132-4028	94-1384645	501(C)(3)	20,000.	0.			SFSU GUARDIAN SCHOLARS PROGRAM
AMERICAN CIVIL LIBERTIES UNION FOUNDATION - 125 BROAD STREET, 18TH FLOOR - NEW YORK, NY 10004	13-6213516	501(C)(3)	19,250.	0.			UNRESTRICTED
SAN FRANCISCO PARKS ALLIANCE 1663 MISSION ST #320 SAN FRANCISCO, CA 94103	23-7131784	501(C)(3)	19,000.	0.			UNRESTRICTED
SAN FRANCISCO GENERAL HOSPITAL FOUNDATION - 2789 25TH STREET, SUITE 2028 - SAN FRANCISCO, CA 94110	94-3189424	501(C)(3)	18,500.	0.			UNRESTRICTED
SEVENTH GENERATION FUND FOR INDIGENOUS PEOPLES, INC - 77 VAN NESS, SUITE 101, BOX 1043 - SAN FRANCISCO, CA 94102	68-0027427	501(C)(3)	17,000.	0.			GENERAL OPERATING SUPPORT FOR PROGRAMS THAT RESTORE AND RECOVER THE ROLE OF TWO-SPIRIT PEOPLE WITHIN
SOCIAL GOOD FUND 12651-5473 SAN PABLO AVE RICHMOND, CA 94805	46-1323531	501(C)(3)	16,500.	0.			FOR WOMEN'S MARCH BAY AREA (FISCALLY SPONSORED BY SOCIAL GOOD FUND) - FUNDS ARE TO BE USED
THE LGBT COMMUNITY CENTER OF THE DESERT - 1301 N PALM CANYON DR. - PALM SPRINGS, CA 92262	33-0937301	501(C)(3)	16,500.	0.			UNRESTRICTED

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KESHET 24 ARMORY PLACE BOSTON, MA 02460	48-1278664	501(C)(3)	16,000.	0.			UNRESTRICTED
LYRIC 127 COLLINGWOOD ST. SAN FRANCISCO, CA 94114	94-3227296	501(C)(3)	16,000.	0.			UNRESTRICTED
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - 500 PARNASSUS AVENUE	94-6036493	501(C)(3)	16,000.	0.			ALLIANCE HEALTH PROJECT
OUR FAMILY COALITION 1385 MISSION ST., STE. 340 SAN FRANCISCO, CA 94103	94-3261786	501(C)(3)	15,750.	0.			SPONSORSHIP OF 2018 GALA
GIRLS INC. 120 WALL STREET, 3RD FLOOR NEW YORK, NY 10005-3902	13-1915124	501(C)(3)	15,000.	0.			UNRESTRICTED
ON THE MOVE 780 LINCOLN AVENUE NAPA, CA 94558	75-3149095	501(C)(3)	15,000.	0.			LGBTQ CONNECTION WILL EXPAND LGBTQ YOUTH SERVICES IN NAPA AND SONOMA COUNTIES BY
FRAMELINE 145 9TH STREET SUITE 300 SAN FRANCISCO, CA 94109	94-2775772	501(C)(3)	14,645.	0.			FRAMELINE 42 - SAN FRANCISCO INTERNATIONAL FILM FESTIVAL SPONSORSHIP
CARING CHOICES 1398 RIDGEWOOD DRIVE CHICO, CA 95973	68-0337307	501(C)(3)	14,000.	0.			CAMP FIRE RELIEF
EL/LA PARA TRANSLATINAS 2940 16TH STREET #319 SAN FRANCISCO, CA 94103	94-3255070	501(C)(3)	13,000.	0.			UNRESTRICTED

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LAMBDA LEGAL PO BOX 5070 HAGERSTOWN, MD 21741-5070	23-7395681	501(C)(3)	13,000.	0.			UNRESTRICTED
UNIVERSITY OF CALIFORNIA BERKELEY - FINANCIAL AID - 201 SPROUL HALL, # 1960 - BERKELEY, CA 94720-4422	94-6090626	501(C)(3)	13,000.	0.			EQUALITY SCHOLARSHIP
FRIENDS & FOUNDATION OF THE SAN FRANCISCO PUBLIC LIBRARY - 710 VAN NESS AVENUE - SAN FRANCISCO, CA 94102	94-6085452	501(C)(3)	12,980.	0.			UNRESTRICTED
YALE UNIVERSITY P.O. BOX 2038 NEW HAVEN, CT 06521	06-0646973	501(C)(3)	12,864.	0.			THOMAS STEITZ MEMORIAL LECTURE SERIES #37243
GAY, LESBIAN & STRAIGHT EDUCATION NETWORK - NY - 90 BROAD STREET, 2ND FLOOR - NEW YORK, NY 10004	04-3234202	501(C)(3)	12,500.	0.			UNRESTRICTED
SOMOS FAMILIA 2323 BROADWAY OAKLAND, CA 94612	81-4019488	501(C)(3)	12,500.	0.			GENERAL OPERATING SUPPORT TO CONTINUE BUILDING INTERGENERATIONAL LEADERSHIP TO CREATE
LAMBDA LEGAL DEFENSE & EDUCATION FUND - 120 WALL STREET, 19TH FLOORS - NEW YORK, NY 10005	23-7395681	501(C)(3)	12,100.	0.			UNRESTRICTED
VMC FOUNDATION 2400 MOORPARK AVE #207 REDWOOD CITY, CA 95128	77-0187890	501(C)(3)	11,500.	0.			GENERAL OPERATING SUPPORT FOR COLECTIVE ACCION LATINA DE AMBIENTE, FOR PERFORMANCE ARTS AS WELL
THE SUNDANCE ASSOCIATION FOR COUNTRY-WESTERN DANCING - 2261 MARKET STREET, PMB 225 - SAN FRANCISCO, CA 94114	94-3336172	501(C)(3)	11,200.	0.			INCREASING-GIVING SUPPORT TO DESIGN AND IMPLEMENT INDIVIDUAL AND CORPORATE GIVING STRATEGIES TO

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HUMAN RIGHTS CAMPAIGN FOUNDATION 1640 RHODE ISLAND AVENUE NW WASHINGTON, DC 20036-3278	52-1481896	501(C)(3)	11,083.	0.			UNRESTRICTED
DESERT AIDS PROJECT 1695 N. SUNRISE WAY PALM SPRINGS, CA 92262	33-0068583	501(C)(3)	11,000.	0.			UNRESTRICTED
SERVICES & ADVOCACY FOR GAY LESBIAN BISEXUAL & TRANSGENDER ELDERS INC. - 305 SEVENTH AVE, 15TH FLOOR - NEW YORK, NY 10001	13-2947657	501(C)(3)	11,000.	0.			UNRESTRICTED
ADOLESCENT COUNSELING SERVICES 643 BAIR ISLAND ROAD, SUITE 301 REDWOOD CITY, CA 94063	51-0192551	501(C)(3)	10,750.	0.			UNRESTRICTED
NEW VENTURE FUND 1201 CONNECTICUT AVE. NW SUITE 300 WASHINGTON, DC 20036	20-5806345	501(C)(3)	10,750.	0.			SUPPORT FOR THE HOPE AND HEAL FUND -- FULFILLMENT OF HORIZONS' COMMITMENT
APHASIA CENTER OF CALIFORNIA 3996 LYMAN RD. OAKLAND, CA 94602	94-3244935	501(C)(3)	10,585.	0.			UNRESTRICTED
CHINESE FOR AFFIRMATIVE ACTION 17 WALTER U . LUM PLACE SAN FRANCISCO, CA 94108	94-2161304	501(C)(3)	10,520.	0.			APIENC: API EQUALITY NORTHERN CALIFORNIA
AMERICAN CONSERVATORY THEATER 30 GRANT AVENUE, 7TH FLOOR SAN FRANCISCO, CA 94108	94-6135772	501(C)(3)	10,500.	0.			UNRESTRICTED
ENGENDER/BAY AREA RAINBOW DAY CAMP 1569 SOLANO AVE #603 BERKELEY, CA 94707	47-1433049	501(C)(3)	10,500.	0.			GENERAL OPERATINGSUPPORT FORPROGRAMS THATSUPPORT GENDER DIVERSE YOUTH, AND THEIR FAMILIES AND

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GLBT HISTORICAL SOCIETY 989 MARKET STREET, LOWER LEVEL SAN FRANCISCO, CA 94103	94-2989004	501(C)(3)	10,500.	0.			TO CAPTURE VISION 2020 MATCHING FUNDS
PEACE DEVELOPMENT FUND, INC. P.O. BOX 1280 AMHERST, MA 01004	04-2738794	501(C)(3)	10,500.	0.			THIS GRANT IS FOR THE HEART AND HAND FUND IN HONOR OF MARTA DRURY AND HER VISIONARY LEADERSHIP
SOUTHERNERS ON NEW GROUND PO BOX 11250 ATLANTA, GA 30310	61-1274170	501(C)(3)	10,500.	0.			UNRESTRICTED
THE SPAHR CENTER 910 IRWIN STREET SAN RAFAEL, CA 94901	68-0072470	501(C)(3)	10,500.	0.			UNRESTRICTED
WOMEN'S CANCER RESOURCE CENTER 2908 ELLSWORTH ST BERKELEY, CA 94705	94-3131204	501(C)(3)	10,500.	0.			UNRESTRICTED
AMERICAN JEWISH WORLD SERVICE, INC. - 45 W 36TH ST., 11TH FLOOR - NEW YORK, NY 10018	22-2584370	501(C)(3)	10,250.	0.			100% OF THIS GRANT IS TO BE USED FOR HRAPF IN UGANDA
BOARD OF TRUSTEES OF THE GLIDE FOUNDATION - 330 ELLIS STREET - SAN FRANCISCO, CA 94102	94-1156481	501(C)(3)	10,250.	0.			DIRECTED TO GLIDE LEGACY FUND
AIDS PROJECT OF THE EAST BAY 8400 ENTERPRISE WAY OAKALND, CA 94621	94-3061583	501(C)(3)	10,000.	0.			INCREASING-GIVING SUPPORT TO DESIGN AND IMPLEMENT INDIVIDUAL AND CORPORATE GIVING STRATEGIES TO
BERKELEY COMMUNITY HEALTH PROJECT/BERKELEY FREE CLINIC - 2339 DURANT AVE. - BERKELEY, CA 94704	94-1697002	501(C)(3)	10,000.	0.			OUR WOMEN'S & TRANS* SATURDAY SERVICE PROVIDES TAILORED SERVICES SPECIFICALLY TO WOMEN,

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CAMINAR 2600 S EL CAMINO REAL STE 200 SAN MATEO, CA 94403	94-1639389	501(C)(3)	10,000.	0.			THE LGBTQ YOUTH SPACE HAS CREATED A HUB FOR QUEER YOUTH EXPRESSIVE ARTS IN THE SOUTH BAY. AT THE
DIGICOM 1775 E PALM CANYON DR PALM SPRINGS, CA 92262	90-0926324	501(C)(3)	10,000.	0.			UNRESTRICTED
EAST BAY SANCTUARY COVENANT 2362BANCROFTWAY BERKELEY, CA 94704	94-3249753	501(C)(3)	10,000.	0.			THE LGBTQ ASYLUM PROGRAM OF EAST BAY SANCTUARY COVENANT PROVIDES COMPREHENSIVE LEGAL
FRESH MEAT PRODUCTIONS 375 27TH STREET #A SAN FRANCISCO, CA 94131	80-0225836	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT FOR THE SAN FRANCISCO TRANSGENDER FILM FESTIVAL, THE WORLD'S
GENDERS & SEXUALITIES ALLIANCE NETWORK - 300 FRANK H. OGAWA PLAZA, SUITE 9 - OAKLAND, CA 94612	20-5367752	501(C)(3)	10,000.	0.			UNRESTRICTED
GENERATION CITIZEN INC 110 WALL STREET, 5TH FLOOR NEW YORK, NY 10005	27-2039522	501(C)(3)	10,000.	0.			TO BE CREDITED TO THE SF BAY AREA GENERATION CITIZEN ORGANIZATION.
HEALTH INITIATIVES FOR YOUTH 1540 MARKET ST., STE. 300 SAN FRANCISCO, CA 94102	94-3162876	501(C)(3)	10,000.	0.			HIFY'S LEADERSHIP IN DIVERSITY PROGRAM AND WEST OAKLAND SAFE SPACE PROVIDE SUPPORT.
ISRAAID (US) GLOBAL HUMANITARIAN ASSISTANCE, INC. - PO BOX 61227 - PALO ALTO, CA 94306	46-2118225	501(C)(3)	10,000.	0.			THIS GRANT IS IN HONOR OF AARON AND EMILY LEVINON, THE NEW LIFE THEY ARE BRINGING INTO THIS WORLD,
LAVENDER SENIORS OF THE EAST BAY 4123 BROADWAY #818 OAKLAND, CA 94611	94-3337173	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT FOR PROGRAMS TO IMPROVE THE QUALITY OF LIFE OF LGBTQ SENIORS IN THE EAST

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OAKLAND LGBTQ COMMUNITY CENTER 3207 LAKESHORE AVE OAKLAND, CA 94610	82-2258008	501(C)(3)	10,000.	0.			UNRESTRICTED
QUEER CULTURAL CENTER 762 FULTON ST SAN FRANCISCO, CA 94102	94-3227839	501(C)(3)	10,000.	0.			UNRESTRICTED SUPPORT FOR IN LAK'ECH DANCE ACADEMY
QUEER CULTURAL CENTER 762 FULTON ST SAN FRANCISCO, CA 94102	94-3227839	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT TO PROMOTE SOCIAL JUSTICE AND THE ARTISTIC AND FINANCIAL EVOLUTION OF
QUEER CULTURAL CENTER 762 FULTON ST SAN FRANCISCO, CA 94110	94-3227839	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT FOR THE SAN FRANCISCO TRANS MARCH, TO INSPIRE ALL TRANS AND GENDER
QUEER CULTURAL CENTER 762 FULTON ST SAN FRANCISCO, CA 94102	94-3227839	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT FOR THE SINGING BOIS, AN OAKLAND-BASED QUARTET THAT CELEBRATES THE
QUEER CULTURAL CENTER 762 FULTON STREET SAN FRANCISCO, CA 94102	94-3227839	501(C)(3)	10,000.	0.			TOPSY-TURVY QUEER CIRCUS
RAINBOW COMMUNITY CENTER OF CONTRA COSTA COUNTY - 2118 WILLOW PASS RD. SUITE 500 - CONCORD, CA 94520	68-0375857	501(C)(3)	10,000.	0.			INCREASING-GIVING SUPPORT TO BUILD ORGANIZATIONAL FUNDRAISING CAPACITY IN ORDER TO DEVELOP AND
RYSE 205 41ST STREET RICHMOND, CA 94805	26-0692904	501(C)(3)	10,000.	0.			THE ALPHABET GROUP IS RYSE'S EXPLICIT LGBTQ PROGRAMMING, PROVIDING A SAFE SPACE WHERE
SAN FRANCISCO OPERA 301 VAN NESS AVE SAN FRANCISCO, CA 94102	94-0836240	501(C)(3)	10,000.	0.			UNRESTRICTED

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SIDE BY SIDE 300 SUNNY HILLS DR. SAN ANSELMO, CA 94960	94-1156301	501(C)(3)	10,000.	0.			OUR SPACE PROVIDES AT-RISK LGBTQ YOUTH AFFECTED BY FOSTER CARE, TRAUMA, HOMELESSNESS,
SOCIAL GOOD FUND 12651-5473 SAN PABLO AVE RICHMOND, CA 94805	46-1323531	501(C)(3)	10,000.	0.			UNRESTRICTED SUPPORT FOR PEACOCK REBELLION
ST. JAMES INFIRMARY 730 POLK ST., 4TH FLOOR SAN FRANCISCO, CA 94109	94-3330568	501(C)(3)	10,000.	0.			THE SJI SERVES CURRENT AND FORMER SEX WORKERS OF ALL GENDERS AND SEXUAL ORIENTATIONS.
TANDEM, PARTNERS IN EARLY LEARNING 1275 FAIRFAX AVENUE, SUITE 201 SAN FRANCISCO, CA 94124	27-1584676	501(C)(3)	10,000.	0.			UNRESTRICTED
THE INDIVISIBLE PROJECT PO BOX 43884 WASHINGTON, DC 20010	81-4944067	501(C)(3)	10,000.	0.			SUPPORT TO INDIVISIBLE PROJECT.
THE SISTERS OF PERPETUAL INDULGENCE, INC. - 584 CASTRO ST. #392 - SAN FRANCISCO, CA 94114-2594	94-3032120	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT OF A LEADING-EDGE ORDER OF QUEER NUNS DEVOTED TO COMMUNITY SERVICE,
THE SOURCE LGBT+ CENTER 208 WEST MAIN STREET B VISALIA, CA 93291	81-1907707	501(C)(3)	10,000.	0.			1ST PLACE - GIVE OUT DAY SMALL SIZE ORGANIZATIONS LEADERBOARD WINNER
YOUNG WOMEN'S FREEDOM CENTER 832 FOLSOM ST. SAN FRANCISCO, CA 94107	94-3227681	501(C)(3)	10,000.	0.			QUEER ON THE INSIDE IS A PROJECT RUN BY LGBTQ AND GNC YOUNG SYSTEM INVOLVED PEOPLE OF COLOR WORKING
NEW CONSERVATORY THEATRE CENTER 25 VAN NESS AVE, LOWER LOBBY SAN FRANCISCO, CA 94102	94-2778856	501(C)(3)	9,750.	0.			ENDOWMENT DISTRIBUTION GRANT

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OPERA PARALLE 44 PAGE STREET, SUITE 400 SAN FRANCISCO, CA 94102	72-1584393	501(C)(3)	9,125.	0.			UNRESTRICTED
OLD FIRST PRESBYTERIAN CHURCH 1751 SACRAMENTO SAN FRANCISCO, CA 94109	94-1156852	501(C)(3)	8,750.	0.			UNRESTRICTED
SAN FRANCISCO CONSERVATORY OF MUSIC - 1201 OAK STREET - SAN FRANCISCO, CA 94102-6011	94-1156610	501(C)(3)	8,740.	0.			UNRESTRICTED
PACIFIC CENTER FOR HUMAN GROWTH 2712 TELEGRAPH AVE. BERKELEY, CA 94705	94-2287492	501(C)(3)	8,650.	0.			UNRESTRICTED
UCLA BOX 957089, 1125 MURPHY HALL LOS ANGELES, CA 90095	95-6006143	501(C)(3)	8,500.	0.			EQUALITY SCHOLARSHIP
UNIVERSITY OF CALIFORNIA BERKELEY FOUNDATION - OFFICE OF GIFT PLANNING	94-6090626	501(C)(3)	8,480.	0.			SUPPORT FOR THE JOSEPH A. ROSENTHAL UNIVERSITY LIBRARIAN'S DISCRETIONARY FUND
KEHILLAT ISRAEL 16019 W. SUNSET BLVD. PACIFIC PALISADES, CA 90272	95-2056645	501(C)(3)	7,925.	0.			UNRESTRICTED
HOMELESS PRENATAL PROGRAM, INC. 2500 18TH ST SAN FRANCISCO, CA 94110	94-3146280	501(C)(3)	7,500.	0.			UNRESTRICTED
NATIONAL COUNCIL OF JEWISH WOMEN INCORPORATED - 70 S ORANGE AVE STE 120 - LIVINGSTON, NJ 07039	22-1687993	501(C)(3)	7,500.	0.			ESSEX COUNTY SECTION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TIDES CENTER THE PRESIDIO P.O BOX 29907 SAN FRANCISCO, CA 94129	94-3213100	501(C)(3)	7,500.	0.			GENERAL OPERATING SUPPORT FOR LIFT LOUISIANA - A PROJECT OF TIDES CENTER
DOCTORS WITHOUT BORDERS USA 333 7TH AVE FL 2 NEW YORK, NY 10001-5089	13-3433452	501(C)(3)	7,250.	0.			UNRESTRICTED
NORTH VALLEY COMMUNITY FOUNDATION 240 MAIN STREET, SUITE 260 CHICO, CA 95928	68-0161455	501(C)(3)	7,250.	0.			UNRESTRICTED
MIAMI-DADE GAY & LESBIAN CHAMBER OF COMMERCE - 1130 WASHINGTON AVE 1ST FLOOR NORTH - MIAMI BEACH, FL 33139	65-0997245	501(C)(3)	7,000.	0.			GRANT FROM THE HAAS JR FOUNDATION, WITH INSTRUCTIONS TO RE-GRANT SOME OF THE MONEY TO
QUEER LIFESPACE 2275 MARKET STREET SAN FRANCISCO, CA 94114	45-2451077	501(C)(3)	7,000.	0.			GENERAL SUPPORT FOR THEIR WORK TO PROVIDE LOW-FEE MENTAL HEALTH AND SUBSTANCE ABUSE THERAPY
JEWISH FAMILY & COMMUNITY SERVICES EAST BAY - 2484 SHATTUCK AVE, SUITE 210 - BERKELEY, CA 94704	94-3250304	501(C)(3)	6,541.	0.			PRIDE & JOY GIFT CARDS FOR JFCS' CLIENTS
GAY & LESBIAN ADVOCATES & DEFENDERS - 30 WINTER STREET, STE 800 - BOSTON, MA 02108	04-2660498	501(C)(3)	6,500.	0.			THIS GRANT IS IN HONOR OF ANN LEVINSON AND HER TIRELESS WORK FOR WOMEN, THE LGBTQI AND
ALAMEDA COUNTY COMMUNITY FOOD BANK PO BOX 2599 OAKLAND, CA 94621	94-2960297	501(C)(3)	6,250.	0.			UNRESTRICTED
COMMUNITY INITIATIVES 1000 BROADWAY SUITE #480 OAKLAND, CA 94607	94-3255070	501(C)(3)	6,250.	0.			SF AID TO ANIMALS

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.)

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QUEER CULTURAL CENTER 762 FULTON ST SAN FRANCISCO, CA 94102	94-3227839	501(C)(3)	6,209.	0.			CREATIVE LABOR: QUEER VISUAL ARTISTS' WORKING GROUP - GRANTMAKING - 2018-10-23
BOSTON UNIVERSITY 861 COMMONWEALTH AVE BOSTON, MA 02215	04-2103547	501(C)(3)	6,000.	0.			EQUALITY SCHOLARSHIP
BROWN UNIVERSITY CASHIER'S OFFICE, BROWN UNIVERSITY, CAMPUS BOX 1911, 69 BROWN STREET, 2ND FL	05-0258809	501(C)(3)	6,000.	0.			FOR EQUALITY SCHOLARSHIP AWARD
DAVID GEFFEN SCHOOL OF MEDICINE AT UCLA - FINANCIAL AID AND SCHOLARSHIPS, 885 TIVERTON DRVIE, GEFFEN HALL, SUITE 305 - LOS	95-6006143	501(C)(3)	6,000.	0.			EQUALITY SCHOLARSHIP
DIVERSITY CENTER PO BOX 8280 SANTA CRUZ, CA 95061	77-0212967	501(C)(3)	6,000.	0.			THIS GRANT IS PART OF GIVEOUT CAMPAIGN.
NATIONAL COUNCIL OF JEWISH WOMAN INCORPORATED - 70 S ORANGE AVE STE 120 - LIVINGSTON, NJ 07039	22-1687993	501(C)(3)	6,000.	0.			2017 CONTRIBUTION - ESSEX COUNTY SECTION
QUEER CULTURAL CENTER 762 FULTON ST SAN FRANCISCO, CA 94102	94-3227839	501(C)(3)	6,000.	0.			THE WHISTLE (STORMMIGUEL FLOREZ DOCUMENTARY PROJECT) - GRANTMAKING - 2018-10-23
REED COLLEGE FINANCIAL AID OFFICE	93-0386908	501(C)(3)	6,000.	0.			EQUALITY SCHOLARSHIP
ROSENBERG FUND FOR CHILDREN 116 PLEASANT STREET #3312 EASTHAMPTON, MA 01027	04-3095890	501(C)(3)	6,000.	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.)

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SIU SCHOOL OF MEDICINE FINANCIAL AID	37-6005961	501(C)(3)	6,000.	0.			EQUALITY SCHOLARSHIP
STANFORD UNIVERSITY SCHOOL OF MEDICINE - 251 CAMPUS DRIVE, MSOB X383 - STANFORD, CA 94305-5404	94-1156365	501(C)(3)	6,000.	0.			EQUALITY SCHOLARSHIP FOR
TRANS LIFELINE 101 BROADWAY, SUITE 311 OAKLAND, CA 94607	47-2097494	501(C)(3)	6,000.	0.			UNRESTRICTED
UC DAVIS SCHOOL OF MEDICINE EDUCATION BLDG 1ST. FLOOR SUITE 120 SACRAMENTO, CA 95817	94-6036494	501(C)(3)	6,000.	0.			EQUALITY SCHOLARSHIP
UC HASTINGS COLLEGE OF THE LAW OFFICE OF FISCAL SERVICES	94-2581680	501(C)(3)	6,000.	0.			FOR BOBBY GRIFFITH SCHOLARSHIP AWARD
WOMAN VISION - WOMEN'S MUSIC PROJECT - 3570 CLAY STREET - SAN FRANCISCO, CA 94118	76-0406964	501(C)(3)	6,000.	0.			UNRESTRICTED
CHILD ADVOCATES OF SILICON VALLEY 509 VALLEY WAY MILPITAS, CA 95035	77-0250773	501(C)(3)	5,823.	0.			FUNDING WILL SUPPORT THE RECRUITMENT, TRAINING AND SUPPORT OF COURT APPOINTED SPECIAL
SECOND STAGE THEATRE 1501 BROADWAY, SUITE 518 NEW YORK, NY 10036	13-3021180	501(C)(3)	5,700.	0.			UNRESTRICTED
826 VALENCIA 826 VALENCIA ST. SAN FRANCISCO, CA 94110	04-3694151	501(C)(3)	5,500.	0.			UNRESTRICTED

Schedule I (Form 990)

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

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EQUALITY CALIFORNIA INSTITUTE 3701 WILSHIRE BLVD. SUITE 725 LOS ANGELES, CA 90010	68-0438008	501(C)(3)	5,500.	0.			THIS GRANT IS IN HONOR OF
FAMILIES AGAINST MANDATORY MINIMUMS FOUNDATION - 1100 H STREET NW, SUITE 1000 - WASHINGTON, DC 20005	52-1750246	501(C)(3)	5,500.	0.			UNRESTRICTED
HOMELESS YOUTH ALLIANCE PO BOX 170427 SAN FRANCISCO, CA 94117	81-3036333	501(C)(3)	5,500.	0.			UNRESTRICTED
NATURAL RESOURCES DEFENSE COUNCIL INC - 40 WEST 20TH STREET - NEW YORK, NY 10011	13-2654926	501(C)(3)	5,500.	0.			UNRESTRICTED
PEN AMERICAN CENTER INC. 588 BROADWAY RM 303 NEW YORK, NY 10012	13-3447888	501(C)(3)	5,500.	0.			UNRESTRICTED
SOUTHERN POVERTY LAW CENTER 400 WASHINGTON AVENUE - PO BOX 5632 MONTGOMERY, AL 36177-7459	63-0598743	501(C)(3)	5,500.	0.			THIS GRANT IS IN HONOR OF YVONNE KISIEL, HER POLITICAL ENGAGEMENT, GENEROUS FRIENDSHIP, AND
LGBTQ VICTORY INSTITUTE 1225 I STREET NW WASHINGTON, DC 20005	52-1835268	501(C)(3)	5,301.	0.			THIS GRANT IS IN HONOR OF EVAN LOW, HIS LEADERSHIP AND VISION, AND PERSISTENCE TOWARD MAKING
STOLEN YOUTH P.O. BOX 296 SEATTLE, WA 98111	45-4985230	501(C)(3)	5,250.	0.			\$5,000 TO STOLEN YOUTH - BIG GIVE COMMITMENT FOR MAY 9TH, 2018 DAY OF GIVING WITH MATCH - GIFT
CALIFORNIA FIRE FOUNDATION 1780 CREEKSIDE OAKS DRIVE, STE 200 SACRAMENTO, CA 95833	68-0118991	501(C)(3)	5,091.	0.			SUPPLYING AID TO VICTIMS OF EMERGENCY (SAVE) PROGRAM

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.)

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AFRICAN LIBRARY PROJECT PO BOX 1873 PITTSBURG, CA 94565	65-1261685	501(C)(3)	5,000.	0.			UNRESTRICTED
AIDS ASSISTANCE PROGRAM 1276 N. PALM CANYON DRIVE, SUITE #1 PALM SPRINGS, CA 92262	33-0566442	501(C)(3)	5,000.	0.			UNRESTRICTED
ALAMEDA FAMILY SERVICES 2325 CLEMENT AVENUE ALAMEDA, CA 94501	23-7088243	501(C)(3)	5,000.	0.			THIS IS TO SUPPORT DREAMCATCHER YOUTH SERVICES
ALI FORNEY CENTER 224 WEST 35TH ST, 1500 NEW YORK, NY 10001	30-0104507	501(C)(3)	5,000.	0.			UNRESTRICTED
CALIFORNIA PACIFIC MEDICAL CENTER FOUNDATION - 2015 STEINER STREET - SAN FRANCISCO, CA 94115	94-2728423	501(C)(3)	5,000.	0.			UNRESTRICTED
COVENANT HOUSE CALIFORNIA 1321 N WESTERN AVENUE LOS ANGELES, CA 90027	13-3391210	501(C)(3)	5,000.	0.			YEAH!
CURRY SENIOR CENTER 315 TURK STREET SAN FRANCISCO, CA 94102	23-7362588	501(C)(3)	5,000.	0.			REVOLTING SENIORS IS CURRY SENIOR CENTER'S PODCAST CREATED, RECORDED, AND PUBLISHED
EQUALITY VIRGINIA PO BOX 17860 RICHMOND, VA 23226	54-1950205	501(C)(3)	5,000.	0.			1ST PLACE - SOUTHERN LARGE SIZE ORGANIZATIONS LEADERBOARD WINNER
FREE SPEECH TV P.O. BOX 44099 DENVER, CO 80205	51-0173482	501(C)(3)	5,000.	0.			FOR THE PROGRAM THE LAST SIP

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.)

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FREEDOM FOR ALL MASSACHUSETTS 89 CAMBRIDGE STREET BOSTON, MA 02129	81-4110935	501(C)(4)	5,000.	0.			SUPPORT TO FREEDOM FOR ALL MASSACHUSETTS TO COMBAT ANTI-TRANSGENDER REFERENDUM.
GAY CITY: SEATTLE'S LGBTQ CENTER 517 E PIKE ST SEATTLE, WA 98122	91-1685822	501(C)(3)	5,000.	0.			MARCHING IN GUCCI/CHAD GOLLER-SOJOURNER
GRADUATE THEOLOGICAL UNION 2400 RIDGE RD BERKELEY, CA 94709	94-1581707	501(C)(3)	5,000.	0.			UNRESTRICTED
GREATER TWIN CITIES UNITED WAY 404 SOUTH 8TH STREET MINNEAPOLIS, MN 55404	41-1973442	501(C)(3)	5,000.	0.			2ND PLACE - GIVE OUT DAY MEDIUM BUDGET NATIONAL LEADERBOARD WINNER
HARRIET HANCOCK CENTER FOUNDATION 1108 WOODROW STREET COLUMBIA, SC 29205	57-0836466	501(C)(3)	5,000.	0.			1ST PLACE - SOUTHERN SMALL SIZE ORGANIZATIONS LEADERBOARD WINNER
HOMOBILES 1645 GRAHAM WAY SAN LEANDRO, CA 94578	46-0991187	501(C)(3)	5,000.	0.			PROJECT SUPPORT FOR THE LGBTQ CAR SHARE SERVICE TO SERVE TRANS PEOPLE GETTING TO AND FROM
HUCKLEBERRY YOUTH PROGRAM 3310 GEARY BLVD. SAN FRANCISCO, CA 94118	94-1687559	501(C)(3)	5,000.	0.			UNRESTRICTED
HUMAN RIGHTS WATCH 350 5TH AVE FL 34 NEW YORK, NY 10118	13-2875808	501(C)(3)	5,000.	0.			THIS GRANT IS IN HONOR OF PARKER LEVINSON, HER LOVING AND ADVENTUROUS SPIRIT, LEADERSHIP, AND
IMMIGRATION EQUALITY 40 EXCHANGE PLACE, 17TH FLOOR NEW YORK, NY 10005	13-3802711	501(C)(3)	5,000.	0.			UNRESTRICTED

Schedule I (Form 990)

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INTERNATIONAL RESCUE COMMITTEE 440 GRAND AVE STE 500 OAKLAND, CA 94610-5012	13-5660870	501(C)(3)	5,000.	0.			UNRESTRICTED
MUSLIM ADVOCATES P.O. BOX 71080 OAKLAND, CA 94612	30-0298794	501(C)(3)	5,000.	0.			UNRESTRICTED
NARAL PRO-CHOICE AMERICA FOUNDATION - 1725 I STREET, SUITE 900 - WASHINGTON, DC 20006	52-1100361	501(C)(3)	5,000.	0.			UNRESTRICTED
NATIONAL EQUALITY ACTION TEAM (NEAT) - P.O. BOX 141167 - CLEVELAND, OH 44114	47-4166556	501(C)(3)	5,000.	0.			2ND PLACE - GIVE OUT DAY SMALL SIZE ORGANIZATIONS LEADERBOARD WINNER
NEW YORK COMMUNITY TRUST AKA COMMUNITY FUNDS, INC. - 909 THIRD AVE., 22ND FLOOR - NEW YORK, NY 10022	13-3062214	501(C)(3)	5,000.	0.			THE GRANT IS FOR THE NYCT DONOR-ADVISED FUND THE HUGUETTE CLARK FAMILY FUND FOR PROTECTION OF
NORTH CAROLINA OUTWARD BOUND SCHOOL - 2582 RICEVILLE ROAD - ASHEVILLE, NC 28805	56-0857708	501(C)(3)	5,000.	0.			FIELD STAFF SUPPORT FUND
NYC GAY MEN'S CHORUS 561 7TH AVENUE, SUITE 701 NEW YORK, NY 10018	13-3082072	501(C)(3)	5,000.	0.			2ND PLACE - GIVE OUT DAY LARGE BUDGET NATIONAL LEADERBOARD WINNER
OAKLAND PEACE CENTER 111 FAIRMOUNT AVE OAKLAND, CA 94611	46-3342685	501(C)(3)	5,000.	0.			UNRESTRICTED
OAKLAND PUBLIC EDUCATION FUND P.O. BOX 71005 OAKLAND, CA 94612	43-2014630	501(C)(3)	5,000.	0.			UNRESTRICTED

Schedule I (Form 990)

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OLOC, INC. 70 YOSEMITE AVENUE #105 OAKLAND, CA 94611-5323	76-0393649	501(C)(3)	5,000.	0.			BAY AREA OLD LESBIANS ORGANIZING FOR CHANGE (OLOC) - GRANTMAKING - 2018-10-23
ONE COMMUNITY FOUNDATION PO BOX 17836 PHOENIX, AZ 85013	46-0716958	501(C)(3)	5,000.	0.			1ST PLACE - AMPLIFYING WOMEN'S VOICES LEADERBOARD WINNER
OUTREACH INTERNATIONAL 112 W. 18TH STREET KANSAS CITY, MO 64108	43-1164177	501(C)(3)	5,000.	0.			UNRESTRICTED
POLITICAL RESEARCH ASSOCIATES 1310 BROADWAY, #201 SOMERVILLE, MA 12144	36-3193323	501(C)(3)	5,000.	0.			UNRESTRICTED
RAINBOW WOMEN'S CHORUS 14938 CAMDEN AVENUE, SUITE 61 SAN JOSE, CA 95124	77-0559726	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT FOR RAINBOW WOMEN CHORUS TO DEVELOP MUSICAL EXCELLENCE IN AN
REACH FOR HOME 443 HUDSON ST HEALDSBURG, CA 95448	47-2692320	501(C)(3)	5,000.	0.			UNRESTRICTED
RECLAIMING COLLECTIVE PO BOX 14404 SAN FRANCISCO, CA 94114	94-3200019	501(C)(3)	5,000.	0.			UNRESTRICTED
REDWOOD JUSTICE FUND PO BOX 14720 SANTA ROSA, CA 95402	68-0334309	501(C)(3)	5,000.	0.			UNRESTRICTED
SILICON VALLEY GAY MEN'S CHORUS 1100 SHASTA AVE. SAN JOSE, CA 95126	02-0773503	501(C)(3)	5,000.	0.			UNRESTRICTED

Schedule I (Form 990)

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SPECIAL OLYMPICS KANSAS, INC. 5280 FOXRIDGE DRIVE MISSION, KS 66202	48-0890981	501(C)(3)	5,000.	0.			SPECIAL OLYMPICS OF LAWRENCE
STARVISTA - PRIDE CENTER 610 ELM STREET #212 SAN CARLOS, CA 94070	94-3094966	501(C)(3)	5,000.	0.			THE PRIDE CENTER'S MISSION IS TO INCREASE ACCESS TO MENTAL HEALTH SERVICES AND COMMUNITY
THE NATURE CONSERVANCY OF HAWAII 923 NU'UANU AVENUE HONOLULU, HI 96817-5115	53-0242652	501(C)(3)	5,000.	0.			UNRESTRICTED
THE TLC FOUNDATION FOR BODY-FOCUSED REPETITIVE BEHAVIORS - 716 SOQUEL AVENUE, SUITE A - SANTA CRUZ, CA 95062	77-0266587	501(C)(3)	5,000.	0.			UNRESTRICTED
THE VOTER PARTICIPATION CENTER 1707 L ST., NW, SUITE 300 WASHINGTON, DC 20036	55-0889748	501(C)(3)	5,000.	0.			SOCIAL PRESSURE GOTV
TONI'S KITTY RESCUE 415 BUENA VISTA AVE E SAN FRANCISCO, CA 94117	41-2086692	501(C)(3)	5,000.	0.			UNRESTRICTED
TURNOUT 3207 LAKESHORE AVE OAKLAND, CA 94610	47-5263212	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT TO AMPLIFY THE IMPACT OF ORGANIZATIONS THAT SUPPORT LGBTQ COMMUNITIES
WOMEN IN MEDICINE, INC P.O. BOX 107 COLCHESTER, VT 05446	31-1705206	501(C)(3)	5,000.	0.			WIM MOSBACHER-GARTRELL LEADERSHIP SCHOLARSHIP
WOOD RIVER LAND TRUST COMPANY 119 E BULLION ST HAILEY, ID 83333	82-0474191	501(C)(3)	5,000.	0.			UNRESTRICTED

Schedule I (Form 990)



**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

**Part IV** **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: IPAS

(H) PURPOSE OF GRANT OR ASSISTANCE: IPAS, A NONPROFIT ORGANIZATION

WORKING TO INCREASE SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS (SRHR),

WHOSE WORK INCLUDES THE GLOBAL MONITORING PROJECT, AN INITIATIVE THAT

SEEKS TO REDUCE THE IMPACT OF THE GLOBAL OPPOSITION TO SRHR AND LGBTQ

RIGHTS. THE SA

NAME OF ORGANIZATION OR GOVERNMENT: FELLOWSHIP OF RECONCILIATION

**Part IV** Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT TO HOLD THE SECOND ETHICS OF RECIPROCITY INTERFAITH DIALOGUE, OCTOBER 2018, BETWEEN CONSERVATIVE AND ULTRACONSERVATIVE ACTORS AND GLOBAL LGBTIQ RELIGIOUS LEADERS AT THE UNITED NATIONS. THE FIRST ETHICS OF RECIPROCITY INTERFAITH DIALOGUE MEETING,

NAME OF ORGANIZATION OR GOVERNMENT: NATIONAL LGBT TASK FORCE

(H) PURPOSE OF GRANT OR ASSISTANCE: IN LOVING MEMORY OF OUR DEAR AND BELOVED COUSIN AND FRIEND STEWART SOKOL. MAY HE REST IN PEACE AS HE LIVES ON IN OUR HEARTS ALWAYS. PLEASE SEND A LETTER, AND REQUEST THAT THE GRANTEE ALSO SEND A LETTER, ACKNOWLEDGING THIS GRANT AND ITS PURPOSE TO:

NAME OF ORGANIZATION OR GOVERNMENT: OASIS LEGAL SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT FOR PROGRAMS TO PROVIDE QUALITY LEGAL IMMIGRATION SERVICES TO UNDER-REPRESENTED LOW-INCOME GROUPS FROM THE LGBTQIA+ COMMUNITY.

NAME OF ORGANIZATION OR GOVERNMENT:

API EQUALITY - NORTHERN CALIFORNIA (APIENC)

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT TO BUILD LGBTQ LEADERSHIP AND POWER TO AMPLIFY VOICES AND INCREASE VISIBILITY OF API LGBTQ COMMUNITIES IN THE BAY AREA.

NAME OF ORGANIZATION OR GOVERNMENT: STANFORD UNIVERSITY FINANCIAL AID

(H) PURPOSE OF GRANT OR ASSISTANCE: SIX STUDENTS, \$2,000 EACH

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

SEVENTH GENERATION FUND FOR INDIGENOUS PEOPLES, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT FOR PROGRAMS THAT RESTORE AND RECOVER THE ROLE OF TWO-SPIRIT PEOPLE WITHIN THE AMERICAN INDIAN/FIRST NATIONS COMMUNITY BY CREATING FORUMS FOR SPIRITUAL, CULTURAL, AND ARTISTIC EXPRESSION OF TWO-SPIRIT PEOPLE.

NAME OF ORGANIZATION OR GOVERNMENT: SOCIAL GOOD FUND

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR WOMEN'S MARCH BAY AREA (FISCALLY SPONSORED BY SOCIAL GOOD FUND) - FUNDS ARE TO BE USED SPECIFICALLY AND ONLY FOR WOMEN'S MARCH SAN FRANCISCO

NAME OF ORGANIZATION OR GOVERNMENT: ON THE MOVE

(H) PURPOSE OF GRANT OR ASSISTANCE: LGBTQ CONNECTION WILL EXPAND LGBTQ YOUTH SERVICES IN NAPA AND SONOMA COUNTIES BY ENHANCING CULTURALLY SPECIFIC SUPPORTS FOR LGBTQ LATINO YOUTH WHO ARE STRUGGLING TO OVERCOME ALONENESS AND STIGMA. THE PROJECT WILL ENGAGE NEW YOUTH LEADERS, PROVIDE ADDITION

NAME OF ORGANIZATION OR GOVERNMENT: SOMOS FAMILIA

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT TO CONTINUE BUILDING INTERGENERATIONAL LEADERSHIP TO CREATE ENVIRONMENTS WHERE LATINA/O/X LGBTQ YOUTH AND THEIR FAMILIES ARE SUPPORTED, NURTURED AND CELEBRATED SO THAT THEY CAN BE HEALTHY AND HAPPY.

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: VMC FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT FOR COLECTIVE ACCION LATINA DE AMBIENTE, FOR PERFORMANCE ARTS AS WELL AS COMMUNITY PROGRAMS TO PROVIDE A SPACE FOR THE FREEDOM OF EXPRESSION, INDIVIDUAL GROWTH, AND COMMUNITY BUILDING FOR SPANISH-SPEAKING LATINX LGBTQ PEOPLE IN THE SOUTH BAY.

NAME OF ORGANIZATION OR GOVERNMENT:

THE SUNDANCE ASSOCIATION FOR COUNTRY-WESTERN DANCING

(H) PURPOSE OF GRANT OR ASSISTANCE: INCREASING-GIVING SUPPORT TO DESIGN AND IMPLEMENT INDIVIDUAL AND CORPORATE GIVING STRATEGIES TO DIVERSIFY FUNDING STREAMS AND INCREASE ORGANIZATIONAL SUSTAINABILITY.

NAME OF ORGANIZATION OR GOVERNMENT: ENGENDER/BAY AREA RAINBOW DAY CAMP

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT FOR PROGRAMS THAT SUPPORT GENDER DIVERSE YOUTH, AND THEIR FAMILIES AND COMMUNITIES BY STRENGTHENING SELF-DETERMINATION THROUGH DIRECT SERVICES AND PROGRAMMING. WE ENVISION A WORLD WHERE ALL YOUNG PEOPLE ARE FREE TO LIVE WITHOUT THE FEAR, HARASSMENT, DISCRIMINATION, AND THE CONSTRAINTS IMPOSED UPON THEM BY A RIGIDLY ENFORCED GENDER BINARY.

NAME OF ORGANIZATION OR GOVERNMENT: PEACE DEVELOPMENT FUND, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT IS FOR THE HEART AND HAND FUND IN HONOR OF MARTA DRURY AND HER VISIONARY LEADERSHIP AND GENEROUS PHILANTHROPY.

NAME OF ORGANIZATION OR GOVERNMENT: AIDS PROJECT OF THE EAST BAY

**Part IV** Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: INCREASING-GIVING SUPPORT TO DESIGN AND IMPLEMENT INDIVIDUAL AND CORPORATE GIVING STRATEGIES TO DIVERSIFY FUNDING STREAMS AND INCREASE ORGANIZATIONAL SUSTAINABILITY.

NAME OF ORGANIZATION OR GOVERNMENT:

BERKELEY COMMUNITY HEALTH PROJECT/BERKELEY FREE CLINIC

(H) PURPOSE OF GRANT OR ASSISTANCE: OUR WOMEN'S & TRANS\* SATURDAY SERVICE PROVIDES TAILORED SERVICES SPECIFICALLY TO WOMEN, TRANS, GENDER NON-CONFORMING, AND GENDERQUEER INDIVIDUALS AND ANY OTHER PERSONS WHO ARE NOT CISGENDER MEN. ALMOST THE ENTIRETY OF OUR SATURDAY SERVICES, INCLUDING HIV/

NAME OF ORGANIZATION OR GOVERNMENT: CAMINAR

(H) PURPOSE OF GRANT OR ASSISTANCE: THE LGBTQ YOUTH SPACE HAS CREATED A HUB FOR QUEER YOUTH EXPRESSIVE ARTS IN THE SOUTH BAY. AT THE CENTER, YOUTH AND YOUNG ADULTS ORGANIZE AND ATTEND ARTS WORKSHOPS, INCREASE THEIR KNOWLEDGE OF LGBTQ HISTORY AND CULTURE, ACCESS TOOLS AND RESOURCES FOR SELF-

NAME OF ORGANIZATION OR GOVERNMENT: EAST BAY SANCTUARY COVENANT

(H) PURPOSE OF GRANT OR ASSISTANCE: THE LGBT ASYLUM PROGRAM OF EAST BAY SANCTUARY COVENANT PROVIDES COMPREHENSIVE LEGAL ASSISTANCE AND PSYCHOLOGICAL SUPPORT FOR LGBT PEOPLE FLEEING PERSECUTION. WE ACCOMPANY PEOPLE THROUGHOUT THE LEGAL PROCESS; OFFER SKILLS, HEALING, AND COMMUNITY SO T

NAME OF ORGANIZATION OR GOVERNMENT: FRESH MEAT PRODUCTIONS

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT FOR THE

**Part IV** Supplemental Information

SAN FRANCISCO TRANSGENDER FILM FESTIVAL, THE WORLD'S FIRST AND  
LONGEST-RUNNING TRANSGENDER FILM FESTIVAL THAT PROVIDES OPPORTUNITIES FOR  
TRANS ARTISTS AND COMMUNITIES, SUPPORTS EMERGING AND ESTABLISHED TRANS  
FILMMAKERS, FIGHTS TRANSPHOBIC REPRESENTATION AND UNDER-RE

NAME OF ORGANIZATION OR GOVERNMENT: HEALTH INITIATIVES FOR YOUTH  
(H) PURPOSE OF GRANT OR ASSISTANCE: HIFY'S LEADERSHIP IN DIVERSITY  
PROGRAM AND WEST OAKLAND SAFE SPACE PROVIDE SUPPORT. COMMUNITY, AND  
LEADERSHIP DEVELOPMENT OPPORTUNITIES FOR LGBTQ YOUTH IN OAKLAND IN MIDDLE  
SCHOOL AND HIGH SCHOOL, FILLING A SIGNIFICANT GAP IN RESOURCES  
PARTICULARLY FOR LO

NAME OF ORGANIZATION OR GOVERNMENT:  
ISRAAID (US) GLOBAL HUMANITARIAN ASSISTANCE, INC.  
(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT IS IN HONOR OF AARON AND  
EMILY LEVINON, THE NEW LIFE THEY ARE BRINGING INTO THIS WORLD, AND FOR  
ALL THEY DO TO HELP THOSE IN NEED.

NAME OF ORGANIZATION OR GOVERNMENT: LAVENDER SENIORS OF THE EAST BAY  
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT FOR  
PROGRAMS TO IMPROVE THE QUALITY OF LIFE OF LGBTQ SENIORS IN THE EAST BAY  
THROUGH COMMUNITY-BUILDING, EDUCATION, AND ADVOCACY TO KEEP OLDER LGBTQ  
INDIVIDUALS CONNECTED TO THEIR COMMUNITIES AND THRIVING IN PLACE.

NAME OF ORGANIZATION OR GOVERNMENT: QUEER CULTURAL CENTER  
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT TO PROMOTE  
SOCIAL JUSTICE AND THE ARTISTIC AND FINANCIAL EVOLUTION OF QUEER ART AND  
CULTURE IN ORDER TO BUILD COMMUNITY THROUGH THE ARTS.

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: QUEER CULTURAL CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT FOR THE SAN FRANCISCO TRANS MARCH, TO INSPIRE ALL TRANS AND GENDER NON-CONFORMING PEOPLE TO REALIZE A WORLD WHERE THEY ARE SAFE, LOVED, AND EMPOWERED BY CREATING A SPACE TO UNITE AND ACHIEVE SOCIAL JUSTICE AND EQUALITY.

NAME OF ORGANIZATION OR GOVERNMENT: QUEER CULTURAL CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT FOR THE SINGING BOIS, AN OAKLAND-BASED QUARTET THAT CELEBRATES THE INTERSECTIONALITY OF GENDER, RACE, AND SEXUAL ORIENTATION BY CREATING SPACE AND OPPORTUNITY FOR GENDER NON-CONFORMING AND POC MUSICIANS.

NAME OF ORGANIZATION OR GOVERNMENT:

RAINBOW COMMUNITY CENTER OF CONTRA COSTA COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: INCREASING-GIVING SUPPORT TO BUILD ORGANIZATIONAL FUNDRAISING CAPACITY IN ORDER TO DEVELOP AND IMPLEMENT A PLANNED GIVING STRATEGY TO SECURE FUTURE LEGACY GIFTS.

NAME OF ORGANIZATION OR GOVERNMENT: RYSE

(H) PURPOSE OF GRANT OR ASSISTANCE: THE ALPHABET GROUP IS RYSE'S EXPLICIT LGBTQ PROGRAMMING, PROVIDING A SAFE SPACE WHERE MEMBERS WHO IDENTIFY AS LGBTQ CAN DIALOGUE ABOUT THEIR STORIES/ EXPERIENCES, EXPLORE IDENTITIES, ATTAIN NEW KNOWLEDGE/SKILLS, ENGAGE IN ADVOCACY, EDUCATION, ORGANIZING

NAME OF ORGANIZATION OR GOVERNMENT: SIDE BY SIDE

**Part IV** Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: OUR SPACE PROVIDES AT-RISK LGBTQ YOUTH AFFECTED BY FOSTER CARE, TRAUMA, HOMELESSNESS, POVERTY, DISCRIMINATION, AND EXPLOITATION WITH MENTAL HEALTH SERVICES, LEADERSHIP OPPORTUNITIES AND FIERCE COMMITMENT THAT REFLECTS THEIR STRENGTHS AND POTENTIAL, AS WE

NAME OF ORGANIZATION OR GOVERNMENT: ST. JAMES INFIRMARY

(H) PURPOSE OF GRANT OR ASSISTANCE: THE SJI SERVES CURRENT AND FORMER SEX WORKERS OF ALL GENDERS AND SEXUAL ORIENTATIONS. APPROXIMATELY 70% OF OUR CONSTITUENCY IDENTIFIES AS LESBIAN, GAY, BISEXUAL OR QUEER, AND CLOSE TO 1/3 OF OUR CONSTITUENCY IDENTIFIES AS TRANSGENDER, GENDERQUEER OR OTHER

NAME OF ORGANIZATION OR GOVERNMENT:

THE SISTERS OF PERPETUAL INDULGENCE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT OF A LEADING-EDGE ORDER OF QUEER NUNS DEVOTED TO COMMUNITY SERVICE, MINISTRY AND OUTREACH TO THOSE ON THE EDGES, AND TO PROMOTING HUMAN RIGHTS, RESPECT FOR DIVERSITY, AND SPIRITUAL ENLIGHTENMENT.

NAME OF ORGANIZATION OR GOVERNMENT: YOUNG WOMEN'S FREEDOM CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: QUEER ON THE INSIDE IS A PROJECT RUN BY LGBTQ AND GNC YOUNG SYSTEM INVOLVED PEOPLE OF COLOR WORKING TO CHANGE THE JUVENILE AND CRIMINAL JUSTICE SYSTEM. THE PROGRAM SUPPORTS YOUNG PEOPLE WHILE WORKING TO CHANGE THE NARRATIVE AND EFFECT POLICY AND SYSTEMS C

NAME OF ORGANIZATION OR GOVERNMENT: UCLA



**Part IV** Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: EQUALITY SCHOLARSHIP

NAME OF ORGANIZATION OR GOVERNMENT:

MIAMI-DADE GAY & LESBIAN CHAMBER OF COMMERCE

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT FROM THE HAAS JR FOUNDATION,  
WITH INSTRUCTIONS TO RE-GRANT SOME OF THE MONEY TO OTHER ORGANIZATIONS.  
\$7,000 GRANT FOR ED LEADERSHIP PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: QUEER LIFESPACE

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT FOR THEIR WORK TO  
PROVIDE LOW-FEE MENTAL HEALTH AND SUBSTANCE ABUSE THERAPY FOR THE QUEER  
COMMUNITY TO EMPOWER, INFORM AND PROVIDE A PLATFORM FOR HEALING AND  
GROWTH.

NAME OF ORGANIZATION OR GOVERNMENT: GAY & LESBIAN ADVOCATES & DEFENDERS

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT IS IN HONOR OF ANN  
LEVINSON AND HER TIRELESS WORK FOR WOMEN, THE LGBTQI AND UNDERSERVED  
COMMUNITIES.

NAME OF ORGANIZATION OR GOVERNMENT:

DAVID GEFFEN SCHOOL OF MEDICINE AT UCLA

(H) PURPOSE OF GRANT OR ASSISTANCE: EQUALITY SCHOLARSHIP

NAME OF ORGANIZATION OR GOVERNMENT: CHILD ADVOCATES OF SILICON VALLEY

**Part IV** Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDING WILL SUPPORT THE RECRUITMENT, TRAINING AND SUPPORT OF COURT APPOINTED SPECIAL ADVOCATES (CASAS) WHO ARE SPECIALLY TRAINED TO SUPPORT LGBTQ FOSTER YOUTH IN SANTA CLARA COUNTY. CASAS HAVE THE RESOURCES NECESSARY TO HELP FOSTER YOUTH ACCESS THE LGBTQ

NAME OF ORGANIZATION OR GOVERNMENT: EQUALITY CALIFORNIA INSTITUTE

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT IS IN HONOR OF THEIR FAMILY'S VISION, ROLE MODELING, AND LEADERSHIP AS A LOVING FAMILY HELPING TO SECURE EQUALITY AND JUSTICE FOR THE LGBTQI COMMUNITY.

NAME OF ORGANIZATION OR GOVERNMENT: SOUTHERN POVERTY LAW CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT IS IN HONOR OF YVONNE KISIEL, HER POLITICAL ENGAGEMENT, GENEROUS FRIENDSHIP, AND ONGOING WORK SUCCESSES.

NAME OF ORGANIZATION OR GOVERNMENT: LGBTQ VICTORY INSTITUTE

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT IS IN HONOR OF EVAN LOW, HIS LEADERSHIP AND VISION, AND PERSISTENCE TOWARD MAKING EQUALITY AND JUSTICE A REALITY.

NAME OF ORGANIZATION OR GOVERNMENT: STOLEN YOUTH

(H) PURPOSE OF GRANT OR ASSISTANCE: \$5,000 TO STOLEN YOUTH - BIG GIVE COMMITMENT FOR MAY 9TH, 2018 DAY OF GIVING WITH MATCH - GIFT SOLICITED BY PAULA CLAPP

NAME OF ORGANIZATION OR GOVERNMENT: CURRY SENIOR CENTER

**Part IV** Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: REVOLTING SENIORS IS CURRY SENIOR CENTER'S PODCAST CREATED, RECORDED, AND PUBLISHED BY LGBT SENIORS.

NAME OF ORGANIZATION OR GOVERNMENT: HOMOBILES

(H) PURPOSE OF GRANT OR ASSISTANCE: PROJECT SUPPORT FOR THE LGBTQ CAR SHARE SERVICE TO SERVE TRANS PEOPLE GETTING TO AND FROM DOCTORS APPOINTMENTS PRIMARILY SURGICAL PROCEDURES PERTAINING TO THEIR TRANSITIONS WHILE PROVIDING THE PHYSICAL AND EMOTIONAL SAFETY UNAVAILABLE TO THOSE MEMBERS OF THE COMMUNITY WHO NEED IT MOST BUT ARE LEAST ABLE TO AFFORD IT.

NAME OF ORGANIZATION OR GOVERNMENT: HUMAN RIGHTS WATCH

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT IS IN HONOR OF PARKER LEVINSON, HER LOVING AND ADVENTUROUS SPIRIT, LEADERSHIP, AND PASSION FOR THE CONSERVATION OF OUR PRECIOUS ENVIRONMENT.

NAME OF ORGANIZATION OR GOVERNMENT:

NEW YORK COMMUNITY TRUST AKA COMMUNITY FUNDS, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: THE GRANT IS FOR THE NYCT DONOR-ADVISED FUND THE HUGUETTE CLARK FAMILY FUND FOR PROTECTION OF ELDERS (4722)

NAME OF ORGANIZATION OR GOVERNMENT: RAINBOW WOMEN'S CHORUS

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT FOR RAINBOW WOMEN CHORUS TO DEVELOP MUSICAL EXCELLENCE IN AN ATMOSPHERE OF MUTUAL SUPPORT AND RESPECT, AND PERFORM FOR THE ENTERTAINMENT, EDUCATION AND CULTURAL ENRICHMENT OF AUDIENCES AND COMMUNITY

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: STARVISTA - PRIDE CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: THE PRIDE CENTER'S MISSION IS TO INCREASE ACCESS TO MENTAL HEALTH SERVICES AND COMMUNITY SUPPORT THROUGH CONNECTIONS TO RESOURCES, ADVOCACY AND SOCIAL ACTIVITIES.

NAME OF ORGANIZATION OR GOVERNMENT: TURNOUT

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT TO AMPLIFY THE IMPACT OF ORGANIZATIONS THAT SUPPORT LGBTQ COMMUNITIES THROUGH THE POWER OF VOLUNTEERISM.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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](http://www.irs.gov/Form990) for instructions and the latest information.

**2018**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
First-class or charter travel		
Travel for companions		
Tax indemnification and gross-up payments		
Discretionary spending account		
Housing allowance or residence for personal use		
Payments for business use of personal residence		
Health or social club dues or initiation fees		
Personal services (such as maid, chauffeur, chef)		
<b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....	<b>1b</b>	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....	<b>2</b>	
<b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
Compensation committee		
Independent compensation consultant		
Form 990 of other organizations		
Written employment contract		
<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
<b>a</b> Receive a severance payment or change-of-control payment? .....	<b>4a</b>	<input checked="" type="checkbox"/>
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....	<b>4b</b>	<input checked="" type="checkbox"/>
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....	<b>4c</b>	<input checked="" type="checkbox"/>
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
<b>a</b> The organization? .....	<b>5a</b>	<input checked="" type="checkbox"/>
<b>b</b> Any related organization? .....	<b>5b</b>	<input checked="" type="checkbox"/>
If "Yes" on line 5a or 5b, describe in Part III.		
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
<b>a</b> The organization? .....	<b>6a</b>	<input checked="" type="checkbox"/>
<b>b</b> Any related organization? .....	<b>6b</b>	<input checked="" type="checkbox"/>
If "Yes" on line 6a or 6b, describe in Part III.		
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....	<b>7</b>	<input checked="" type="checkbox"/>
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....	<b>8</b>	<input checked="" type="checkbox"/>
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....	<b>9</b>	

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

Schedule J (Form 990) 2018

**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)	192,072.	5,000.	0.	9,854.	11,945.	218,871.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DEB STALLINGS VP OF DEVELOPMENT	(i)	144,274.	0.	0.	0.	15,148.	159,422.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) FRANCISCO BUCHTING VP OF GRANTS, PROGRAMS & STRATEGIC I	(i)	135,769.	0.	0.	6,788.	9,067.	151,624.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2018**

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](http://www.irs.gov/Form990) for instructions and 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	40	1,481,326.	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.		



**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

Name of the organization

HORIZONS FOUNDATION

Employer identification number

94-2686530

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

ENDOWMENT IS BEING BUILT PRINCIPALLY THROUGH ESTATE GIFTS. MORE THAN  
380 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 LGBT PEOPLE'S NEEDS  
AND ISSUES.

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

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

THE BOARD APPROVED A POLICY THAT DELEGATES THE PRE-FILING REVIEW AND APPROVAL TO THE EXECUTIVE COMMITTEE OF THE BOARD. THE EXECUTIVE COMMITTEE MEETS WITH THE CFO 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:

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

Name of the organization

HORIZONS FOUNDATION

Employer identification number

94-2686530

990, PART XII, LINE 2C

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

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

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

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

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

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

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

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

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

**JOHN MARVUGLIO**

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

**1** I request an automatic 6-month extension of time until **NOVEMBER 15, 2019**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2018** or  
▶ tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

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

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

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