

TAX RETURN FILING INSTRUCTIONS

** FORM 990 PUBLIC DISCLOSURE COPY **

FOR THE YEAR ENDING

June 30, 2019

Prepared for	Roger Doughty 550 Montgomery Street No. 700 San Francisco, CA 94111
Prepared by	Rina Accountancy LLP 150 Post Street, Ste 200 San Francisco, CA 94108
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This copy of the return is provided ONLY for Public Disclosure purposes. Any confidential information regarding large donors has been removed.

Form **990**

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

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2018 calendar year, or tax year beginning **JAN 1, 2019** and ending **JUN 30, 2019**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization HORIZONS FOUNDATION Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 550 MONTGOMERY STREET 700 City or town, state or province, country, and ZIP or foreign postal code SAN FRANCISCO, CA 94111	D Employer identification number 94-2686530 E Telephone number 415-398-2333
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		G Gross receipts \$ 3,362,126.
J Website: ▶ WWW.HORIZONSFOUNDATION.ORG		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1980 M State of legal domicile: CA
F Name and address of principal officer: ROGER DOUGHTY SAME AS C ABOVE		
H(c) Group exemption number ▶		

Part I Summary

1	Briefly describe the organization's mission or most significant activities: FUEL THE LGBTQ MOVEMENT BY INCREASING SUPPORT FOR DIVERSE SF/BAY AREA NONPROFITS.		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	15
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	100
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 38	7b	0.
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	7,684,998.	1,376,111.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,207,146.	445,542.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-188,733.	-18,536.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	8,703,411.	1,803,117.
14	Benefits paid to or for members (Part IX, column (A), line 4)	4,823,887.	1,444,528.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	1,361,067.	746,064.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 165,368.	0.	0.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	999,522.	398,448.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,184,476.	2,589,040.
19	Revenue less expenses. Subtract line 18 from line 12	1,518,935.	-785,923.
20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26)	34,206,703.	36,173,974.
22	Net assets or fund balances. Subtract line 21 from line 20	619,136.	694,684.
		33,587,567.	35,479,290.

Part II Signature Block

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

Sign Here	Signature of officer ROGER DOUGHTY, PRESIDENT Type or print name and title	Date _____
Paid Preparer Use Only	Print/Type preparer's name TRACY TEALE	Preparer's signature TRACY TEALE
	Firm's name ▶ RINA ACCOUNTANCY LLP	Date 05/29/20
	Firm's address ▶ 150 POST STREET, STE 200 SAN FRANCISCO, CA 94108	Check if self-employed <input type="checkbox"/> PTIN P01290862
		Firm's EIN ▶ 84-1980623
		Phone no. (415) 777-4488

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO SUPPORT NONPROFITS SERVING AND ADVOCATING FOR THE LGBTQ COMMUNITY THROUGH GRANTMAKING AND PROGRAMS; TO INCREASE GIVING TO LGBTQ CAUSES; AND TO PROVIDE FOR THE COMMUNITY'S LONG-TERM FUTURE.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 1,610,556. including grants of \$ 1,352,028.) (Revenue \$) GRANTMAKING: HORIZONS FOUNDATION PROVIDED DIRECT FINANCIAL SUPPORT TO NONPROFIT ORGANIZATIONS THROUGH 425 GRANTS TOTALING \$1,352,028 IN 2019. GRANTS ADDRESSED MULTIPLE ISSUES AND POPULATIONS, INCLUDING HEALTH, HIV/AIDS, YOUTH, ARTS, ELDER, COMMUNITIES OF COLOR, TRANSGENDER RIGHTS, COMMUNITY BUILDING, AND CIVIL AND HUMAN RIGHTS IN THE SAN FRANCISCO BAY AREA, OTHER PARTS OF THE UNITED STATES, AND THE WORLD. GRANTS WERE ALSO MADE FROM DONOR-ADVISED FUNDS, FIELD OF INTEREST FUNDS, AND SCHOLARSHIP FUNDS. GRANTS RANGED FROM \$250 TO \$100,000; PROVIDED BOTH OPERATING SUPPORT AND PROJECT SUPPORT; AND INCLUDED NON-LGBTQ-SPECIFIC GRANTS THROUGH THE DONOR-ADVISED AND OTHER GRANT PROGRAMS.

4b (Code:) (Expenses \$ 517,989. including grants of \$ 92,500.) (Revenue \$) INCREASED LGBTQ COMMUNITY RESOURCES: (A) HORIZONS PROMOTED GIVING BY LGBTQ PEOPLE FOR LGBTQ CAUSES BY OFFERING EXPERT SEMINARS TO EDUCATE HUNDREDS OF DONORS AND FINANCIAL AND LEGAL ADVISORS SERVING THE LGBTQ 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 LGBTQ ORGANIZATIONS ACROSS THE COUNTRY. (C) THE FOUNDATION LED INNOVATIVE RESEARCH AND TESTING EFFORTS TO STRENGTHEN THE FUNDRAISING CAPABILITIES OF LGBTQ NONPROFITS IN THE BAY AREA AND BEYOND. (D) HORIZONS CONTINUED TO BUILD THE LGBTQ COMMUNITY ENDOWMENT FUND TO PROVIDE PERMANENT RESOURCES FOR PROMOTING RIGHTS AND WELL-BEING OF LGBTQ PEOPLE. THE

4c (Code:) (Expenses \$ 30,429. 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 2,158,974.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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 reporting, 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
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	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) CRAIG ZODIKOFF DIRECTOR	5.00	X						0.	0.	0.
(7) ASH MCNEELY DIRECTOR	5.00	X						0.	0.	0.
(8) TIM MURRAY DIRECTOR	5.00	X						0.	0.	0.
(9) JILL FEDERICO DIRECTOR	5.00	X						0.	0.	0.
(10) JUAN BARAJAS DIRECTOR	5.00	X						0.	0.	0.
(11) DEREK BARNES DIRECTOR	5.00	X						0.	0.	0.
(12) BARRY TAYLOR DIRECTOR	5.00	X						0.	0.	0.
(13) JEFF SOUKUP DIRECTOR	5.00	X						0.	0.	0.
(14) DIPTI GHOSH DIRECTOR	5.00	X						0.	0.	0.
(15) KEITH POWELL DIRECTOR	5.00	X						0.	0.	0.
(16) JIM SHAY DIRECTOR	5.00	X						0.	0.	0.
(17) ANNE DORMAN DIRECTOR - ENDED MARCH 2019	5.00	X						0.	0.	0.

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) ROGER DOUGHTY PRESIDENT	40.00			X				0.	0.	0.
(19) JOHN MARVUGLIO CFO	40.00			X				0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								0.	0.	0.

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 **0**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
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	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	38,772.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,337,339.				
	g Noncash contributions included in lines 1a-1f: \$		441,113.				
	h Total. Add lines 1a-1f		1,376,111.				
Program Service Revenue	2 a	Business Code					
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		280,925.			280,925.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)		164,617.			164,617.
	8 a Gross income from fundraising events (not including \$ 38,772. of contributions reported on line 1c). See Part IV, line 18	a	16,840.				
		b Less: direct expenses	b	35,601.			
		c Net income or (loss) from fundraising events		-18,761.			-18,761.
	9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a FEE INCOME	900099		225.			225.	
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			225.				
12 Total revenue. See instructions			1,803,117.	0.	0.	427,006.	

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
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,444,528.	1,444,528.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	196,280.	99,216.	85,814.	11,250.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	436,141.	286,426.	75,605.	74,110.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	19,760.	13,759.	3,609.	2,392.
9 Other employee benefits	42,684.	31,097.	5,451.	6,136.
10 Payroll taxes	51,199.	31,698.	12,609.	6,892.
11 Fees for services (non-employees):				
a Management				
b Legal	2,363.	2,038.	276.	49.
c Accounting	20,000.		20,000.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	115,401.	65,210.	49,360.	831.
12 Advertising and promotion	13,407.	9,419.	2,396.	1,592.
13 Office expenses	41,821.	5,912.	29,902.	6,007.
14 Information technology	22,405.		22,405.	
15 Royalties				
16 Occupancy	73,570.		73,570.	
17 Travel	36,383.	30,611.	1,229.	4,543.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	11,870.	2,212.	8,588.	1,070.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	11,917.		11,917.	
23 Insurance	5,223.		4,879.	344.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PRINTING	18,297.	1,647.	13,710.	2,940.
b COMMUNITY EVENTS	11,241.	11,241.		
c BAD DEBT EXPENSE	5,500.			5,500.
d BRANDED COLLATERAL	3,528.	103.		3,425.
e All other expenses	5,522.	123,857.	-156,622.	38,287.
25 Total functional expenses. Add lines 1 through 24e	2,589,040.	2,158,974.	264,698.	165,368.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	364,061.	1	181,259.
	2 Savings and temporary cash investments	78,108.	2	
	3 Pledges and grants receivable, net	1,146,317.	3	1,151,992.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net	97,900.	7	98,032.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	53,781.	9	106,114.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 278,873.		
	b Less: accumulated depreciation	10b 248,541.		
	11 Investments - publicly traded securities	32,394,659.	11	34,584,411.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	33,865.	15	21,834.
16 Total assets. Add lines 1 through 15 (must equal line 34)	34,206,703.	16	36,173,974.	
Liabilities	17 Accounts payable and accrued expenses	191,511.	17	165,355.
	18 Grants payable	40,000.	18	77,000.
	19 Deferred revenue	0.	19	11,000.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	387,625.	25	441,329.
	26 Total liabilities. Add lines 17 through 25	619,136.	26	694,684.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	21,575,152.	27	21,871,961.
	28 Temporarily restricted net assets	1,809,752.	28	3,400,600.
	29 Permanently restricted net assets	10,202,663.	29	10,206,729.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	33,587,567.	33	35,479,290.
	34 Total liabilities and net assets/fund balances	34,206,703.	34	36,173,974.

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	1,803,117.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,589,040.
3	Revenue less expenses. Subtract line 2 from line 1	3	-785,923.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	33,587,567.
5	Net unrealized gains (losses) on investments	5	2,677,646.
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	35,479,290.

Part XII Financial Statements and Reporting

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

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

Form 990 (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 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
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,863,251.	4,281,908.	8,051,735.	10,507,656.	7,701,148.	34,405,698.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3	3,863,251.	4,281,908.	8,051,735.	10,507,656.	7,701,148.	34,405,698.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						6,632,352.
6 Public support. Subtract line 5 from line 4.						27,773,346.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	3,863,251.	4,281,908.	8,051,735.	10,507,656.	7,701,148.	34,405,698.
8 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.	2,026,250.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	203,368.	215,083.	162,465.	91,685.	55,441.	728,042.
11 Total support. Add lines 7 through 10						37,159,990.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

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

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

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

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
2a			
2b			
3a			
3b			

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

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

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

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

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

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

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

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

Multiple 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 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 HORIZONS FOUNDATION	Employer identification number 94-2686530
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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
1	_____ _____ _____	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ 125,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ 91,859.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ 68,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ 59,960.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HORIZONS FOUNDATION	Employer identification number 94-2686530
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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/>	\$ 57,111.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 51,775.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 48,968.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ 42,343.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ 32,272.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
12	<hr/> <hr/> <hr/>	\$ 29,618.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HORIZONS FOUNDATION	Employer identification number 94-2686530
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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
4	MARKETABLE SECURITIES _____ _____ _____	\$ 91,859.	05/03/19
7	MARKETABLE SECURITIES _____ _____ _____	\$ 57,111.	06/30/19
8	MARKETABLE SECURITIES _____ _____ _____	\$ 51,775.	01/09/19
9	MARKETABLE SECURITIES _____ _____ _____	\$ 48,968.	03/25/19
10	MARKETABLE SECURITIES _____ _____ _____	\$ 27,343.	04/30/19
11	MARKETABLE SECURITIES _____ _____ _____	\$ 32,272.	06/30/19

Name of organization HORIZONS FOUNDATION	Employer identification number 94-2686530
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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
12	MARKETABLE SECURITIES <hr/> <hr/> <hr/>	\$ 29,618.	05/14/19
<hr/>	<hr/> <hr/> <hr/>	\$ _____	_____
<hr/>	<hr/> <hr/> <hr/>	\$ _____	_____
<hr/>	<hr/> <hr/> <hr/>	\$ _____	_____
<hr/>	<hr/> <hr/> <hr/>	\$ _____	_____
<hr/>	<hr/> <hr/> <hr/>	\$ _____	_____
<hr/>	<hr/> <hr/> <hr/>	\$ _____	_____

Name of organization HORIZONS FOUNDATION	Employer identification number 94-2686530
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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
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
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 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	134	
2 Aggregate value of contributions to (during year)	818,588.	
3 Aggregate value of grants from (during year)	1,424,753.	
4 Aggregate value at end of year	19,816,939.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

Yes No

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

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

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

Yes No

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

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

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

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

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

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

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

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

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

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

Schedule D (Form 990) 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	11,226,418.	10,921,543.	8,892,073.	6,842,698.	7,197,271.
b Contributions	16,970.	1,138,448.	1,091,402.	1,905,448.	12,888.
c Net investment earnings, gains, and losses	1,510,518.	-359,156.	1,296,873.	490,423.	-25,594.
d Grants or scholarships					
e Other expenditures for facilities and programs	0.	474,417.	358,805.	346,496.	341,867.
f Administrative expenses					
g End of year balance	12,753,906.	11,226,418.	10,921,543.	8,892,073.	6,842,698.

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

- a Board designated or quasi-endowment 1.00 %
- b Permanent endowment 80.00 %
- c Temporarily restricted endowment 19.00 %

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?

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.	2,525.	1,451.
d Equipment		105,506.	87,301.	18,205.
e Other		169,391.	158,715.	10,676.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				30,332.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) AGENCY FUNDS	441,329.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	441,329.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements	1	4,480,763.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	2,677,646.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	2,677,646.
3	Subtract line 2e from line 1	3	1,803,117.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	1,803,117.

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

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

1	Total expenses and losses per audited financial statements	1	2,589,040.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	2,589,040.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	2,589,040.

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.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for 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

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			
Total				▶		

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

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))	
		GOLF	EQUALITY SCHOLARSHIP	NONE		
Revenue		(event type)	(event type)	(total number)		
1	Gross receipts	44,750.	10,862.		55,612.	
2	Less: Contributions	35,050.	3,722.		38,772.	
3	Gross income (line 1 minus line 2)	9,700.	7,140.		16,840.	
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	17,347.	16,001.		33,348.
	7	Food and beverages				
	8	Entertainment	1,000.			1,000.
	9	Other direct expenses	1,253.			1,253.
10	Direct expense summary. Add lines 4 through 9 in column (d)				35,601.	
11	Net income summary. Subtract line 10 from line 3, column (d)				-18,761.	

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

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

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

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

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:
- | | | |
|-------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

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

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

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

Name ▶ _____

Address ▶ _____

- 16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

- 17 Mandatory distributions:

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

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

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

Part IV Supplemental Information *(continued)*

Horizontal lines for supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
PLANNED PARENTHOOD FEDERATION OF AMERICA, INC. - 123 WILLIAM ST FL 9 - NEW YORK, NY 10038-3812	13-1644147	501(C)(3)	101,500.	0.			UNRESTRICTED
UNIVERSITY OF CALIFORNIA SAN FRANCISCO FOUNDATION - 220 MONTGOMERY STREET, 5TH FLOOR - SAN FRANCISCO, CA 94104	94-2829914	501(C)(3)	75,500.	0.			UCSF HELEN DILLER COMPREHENSIVE CANCER CENTER
SEMPERVIRENS FUND P.O. DRAWER BE LOS ALTOS, CA 94023	94-2155097	501(C)(3)	70,000.	0.			UNRESTRICTED
CALIFORNIA RURAL LEGAL ASSISTANCE 1430 FRANKLIN ST #103 OAKLAND, CA 94612	95-2428657	501(C)(3)	50,000.	0.			IN SUPPORT OF LGBT PROGRAMS AND IN HONOR OF LISA CISNEROS WORK
SAN FRANCISCO COMMUNITY LAND TRUST PO BOX 420982 SAN FRANCISCO, CA 94142	11-3700403	501(C)(3)	50,000.	0.			UNRESTRICTED
OUTRIGHT ACTION INTERNATIONAL 80 MAIDEN LANE, SUITE 1505 NEW YORK, NY 10038	94-3139952	501(C)(3)	40,650.	0.			UNRESTRICTED

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **83.**

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

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

Schedule I (Form 990) (2018)

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
GOLDEN GATE PERFORMING ARTS/SAN FRANCISCO GAY MEN'S CHORUS - 170 VALENCIA STREET - SAN FRANCISCO, CA 94103	94-2576101	501(C)(3)	34,250.	0.			UNRESTRICTED
PUENTE DE LA COSTA SUR PO BOX 554 PESCADERO, CA 94060	37-1484262	501(C)(3)	31,200.	0.			UNRESTRICTED
WOMEN'S CANCER RESOURCE CENTER 2908 ELLSWORTH ST BERKELEY, CA 94705	94-3131204	501(C)(3)	26,500.	0.			UNRESTRICTED
NOYO CENTER FOR MARINE SCIENCE PO BOX 1321 FORT BRAGG, CA 95437	46-5359631	501(C)(3)	25,000.	0.			UNRESTRICTED
PALM CENTER 2370 MARKET STREET #405 SAN FRANCISCO, CA 94114	27-3039386	501(C)(3)	25,000.	0.			SUPPORT THE PACKTHECOURTS INITIATIVE.
GLBT HISTORICAL SOCIETY 989 MARKET STREET, LOWER LEVEL SAN FRANCISCO, CA 94103	94-2989004	501(C)(3)	20,500.	0.			UNRESTRICTED
CHARLOTTE MAXWELL CLINIC 610 16TH ST STE 426 OAKLAND, CA 94612	94-3116456	501(C)(3)	20,000.	0.			UNRESTRICTED
ENDING CLERGY ABUSE USA 5017 37TH AVE SW SEATTLE, WA 98126	82-4373525	501(C)(3)	20,000.	0.			ADVOCACY
PLANNED PARENTHOOD OF MARYLAND, INC. - 330 N HOWARD STREET - BALTIMORE, MD 21201	52-0607930	501(C)(3)	20,000.	0.			UNRESTRICTED

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL CENTER FOR LESBIAN RIGHTS 870 MARKET ST., SUITE 370 SAN FRANCISCO, CA 94102	94-3086885	501(C)(3)	16,125.	0.			ASYLUM & IMMIGRATION PROJECTACK PEOPLE ESCAPING VIOLE
NEW CONSERVATORY THEATRE CENTER 25 VAN NESS AVE, LOWER LOBBY SAN FRANCISCO, CA 94102	94-2778856	501(C)(3)	15,000.	0.			UNRESTRICTED
RECLAIMING COLLECTIVE PO BOX 14404 SAN FRANCISCO, CA 94114	94-3200019	501(C)(3)	15,000.	0.			MARIGOLD PROJECT - DAY OF THE DEAD SF
HUMAN RIGHTS CAMPAIGN FOUNDATION 1640 RHODE ISLAND AVENUE NW WASHINGTON, DC 20036-3278	52-1481896	501(C)(3)	12,500.	0.			UNRESTRICTED
BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY - 326 GALVEZ STREET - STANFORD, CA 94305	94-1156365	501(C)(3)	12,500.	0.			CHEMICAL ENGINEERING PROFESSOR JAMES SWARTZ'S VIRUS LIKE PARTICLE RESEARCH PROGRAM
MIZELL SENIOR CENTER OF PALM SPRINGS - 480 S. SUNRISE WAY - PALM SPRINGS, CA 92262	95-3464835	501(C)(3)	12,500.	0.			UNRESTRICTED
FIRST UNITARIAN UNIVERSALIST SOCIETY OF SAN FRANCISCO - ATTN: GUARDIAN GROUP - BOX 71, 1187 FRANKLIN STREET - SAN FRANCISCO,	94-1186221	501(C)(3)	12,000.	0.			UNRESTRICTED
SPIRIT ROCK MEDITATION CENTER PO BOX 169 WOODACRE, CA 94973	94-2971001	501(C)(3)	12,000.	0.			UNRESTRICTED
UNIVERSITY OF CALIFORNIA BERKELEY - FINANCIAL AID - 201 SPROUL HALL, # 1960 - BERKELEY, CA 94720-4422	94-6090626	501(C)(3)	12,000.	0.			SCHOLARSHIP

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAN FRANCISCO AIDS FOUNDATION 1035 MARKET STREET, SUITE 400 SAN FRANCISCO, CA 94103	94-2927405	501(C)(3)	11,000.	0.			AIDS LIFECYCLE
THE LGBT COMMUNITY CENTER OF THE DESERT - 1301 N PALM CANYON DR. - PALM SPRINGS, CA 92262	33-0937301	501(C)(3)	11,000.	0.			UNRESTRICTED
WOMEN'S FOUNDATION OF CALIFORNIA 300 FRANK H. OGAWA PLAZA, SUITE 420 OAKLAND, CA 94612	94-2752421	501(C)(3)	11,000.	0.			UNRESTRICTED
GAY, LESBIAN & STRAIGHT EDUCATION NETWORK - NY - 90 BROAD STREET, 2ND FLOOR - NEW YORK, NY 10004	04-3234202	501(C)(3)	10,250.	0.			UNRESTRICTED
PEACE DEVELOPMENT FUND, INC. P.O. BOX 1280 AMHERST, MA 01004	04-2738794	501(C)(3)	10,250.	0.			DESIGNATED TO: HEART AND HEALTH FUND
AUBURN THEOLOGICAL SEMINARY 475 RIVERSIDE DRIVE, SUITE 1800 NEW YORK, NY 10115	15-0532053	501(C)(3)	10,000.	0.			FOR THE BEING IN RELATIONSHIP PROJECT
BAY AREA RIDGE TRAIL COUNCIL 1007 GENERAL KENNEDY AVENUE, SUITE SAN FRANCISCO, CA 94129	94-3148503	501(C)(3)	10,000.	0.			UNRESTRICTED
BOTTOMLESS CLOSET 16 EAST 52ND STREET, 15TH FLOOR NEW YORK, NY 10022	13-4037622	501(C)(3)	10,000.	0.			UNRESTRICTED
COALITION ON HOMELESSNESS 468 TURK ST SAN FRANCISCO, CA 94102	94-3111898	501(C)(3)	10,000.	0.			UNRESTRICTED

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PLANNED PARENTHOOD OF THE PACIFIC SOUTHWEST - 1075 CAMINO DEL RIO SOUTH - SAN DIEGO, CA 92108	95-6111785	501(C)(3)	10,000.	0.			SUPPORT FOR REEL WOMEN'S FILM FESTIVAL
SAPLING FOUNDATION 250 HUDSON ST RM 1002 NEW YORK, NY 10013	94-3235545	501(C)(3)	10,000.	0.			UNRESTRICTED
SOUTH CAROLINA EQUALITY COALITION PO BOX 544 COLUMBIA, SC 29201	01-0712524	501(C)(3)	10,000.	0.			UNRESTRICTED
SOUTHERNERS ON NEW GROUND PO BOX 11250 ATLANTA, GA 30310	61-1274170	501(C)(3)	10,000.	0.			UNRESTRICTED
THE SOURCE LGBT+ CENTER 208 WEST MAIN STREET B VISALIA, CA 93291	81-1907707	501(C)(3)	10,000.	0.			UNRESTRICTED
VIVIAN BEAUMONT THEATER INC 150 W 65TH STREET NEW YORK, NY 10023	13-3004747	501(C)(3)	10,000.	0.			THIS GRANT IS FOR LCT3.
YALE UNIVERSITY P.O. BOX 2038 NEW HAVEN, CT 06521	06-0646973	501(C)(3)	10,000.	0.			SCHOLARSHIP
OPENHOUSE 65 LAGUNA STREET SAN FRANCISCO, CA 94102	94-3337955	501(C)(3)	9,083.	0.			SPRING FLING 2019 SPONSORSHIP
SAN FRANCISCO LGBT COMMUNITY CENTER - 1800 MARKET STREET - SAN FRANCISCO, CA 94102	94-3236718	501(C)(3)	8,277.	0.			UNRESTRICTED

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE TREVOR PROJECT 9056 SANTA MONICA BLVD., SUITE 208 WEST HOLLYWOOD, CA 90069	95-4681287	501(C)(3)	7,500.	0.			UNRESTRICTED
FELLOWSHIP OF RECONCILIATION 521 N BROADWAY NYACK, NY 10960	13-3792144	501(C)(3)	7,500.	0.			TOGETHER FOR TRANSFORMATION PROJECT
OASIS LEGAL SERVICES 1900 ADDISON STREET, SUITE 100 BERKELEY, CA 94704-2649	82-0696739	501(C)(3)	7,375.	0.			THE ASYLEE, IMMIGRANT, AND REFUGEE EMERGENCY ACTION FUND (AIREA)
LAMBDA LEGAL DEFENSE & EDUCATION FUND - 120 WALL STREET, 19TH FLOORS - NEW YORK, NY 10005	23-7395681	501(C)(3)	6,600.	0.			UNRESTRICTED
AMERICAN CIVIL LIBERTIES UNION FOUNDATION - 125 BROAD STREET, 18TH FLOOR - NEW YORK, NY 10004	13-6213516	501(C)(3)	6,250.	0.			UNRESTRICTED
LEWIS & CLARK COLLEGE 0615 SW PALATINE HILL RD MSC 56 PORTLAND, OR 97219	93-0386858	501(C)(3)	6,000.	0.			SCHOLARSHIP
OPERA PARALLE 44 PAGE STREET, SUITE 400 SAN FRANCISCO, CA 94102	72-1584393	501(C)(3)	6,000.	0.			UNRESTRICTED
ROSENBERG FUND FOR CHILDREN 116 PLEASANT STREET #3312 EASTHAMPTON, MA 01027	04-3095890	501(C)(3)	6,000.	0.			UNRESTRICTED
UNIVERSITY OF CALIFORNIA, LOS ANGELES - BOX 957089, 1125 MURPHY HALL - LOS ANGELES, CA 90095	95-6006143	501(C)(3)	6,000.	0.			SCHOLARSHIP

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - 500 PARNASSUS AVENUE, MU-201W - SAN FRANCISCO, CA 94143-0246	94-6036493	501(C)(3)	6,000.	0.			SCHOLARSHIP
KEHILLAT ISRAEL 16019 W. SUNSET BLVD. PACIFIC PALISADES, CA 90272	95-2056645	501(C)(3)	5,550.	0.			UNRESTRICTED
LAMBDA LEGAL DEFENSE AND EDUCATION FUND - 60 BERKELEY WAY (C/O CAPIRASOBING) - SAN FRANCISCO, CA 94131	23-7395681	501(C)(3)	5,500.	0.			UNRESTRICTED
FRAMELINE 145 9TH STREET SUITE 300 SAN FRANCISCO, CA 94109	94-2775772	501(C)(3)	5,375.	0.			LGBTQ FESTIVAL SPONSORSHIP
AMERICAN CIVIL LIBERTIES UNION FOUNDATION OF NORTHERN CALIFORNIA - 39 DRUMM STREET - SAN FRANCISCO, CA 94111	94-0279770	501(C)(3)	5,250.	0.			FRONTLINE FUND
CHINESE FOR AFFIRMATIVE ACTION 17 WALTER U LUM PLACE SAN FRANCISCO, CA 94108	94-2161304	501(C)(3)	5,000.	0.			APIENC (API EQUALITY - NORTHERN CALIFORNIA)
BOYS & GIRLS CLUB OF PALM SPRINGS 450 S SUNRISE WAY PALM SPRINGS, CA 92262	95-1957907	501(C)(3)	5,000.	0.			UNRESTRICTED
CAMP IT UP 3500 VICTOR AVE OAKLAND, CA 94619	26-2733972	501(C)(3)	5,000.	0.			UNRESTRICTED
CENTRAL ARKANSAS PRIDE PO BOX 250096 LITTLE ROCK, AR 72225	81-2127392	501(C)(3)	5,000.	0.			UNRESTRICTED

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COVENANT HOUSE CALIFORNIA 1321 N WESTERN AVENUE LOS ANGELES, CA 90027	13-3391210	501(C)(3)	5,000.	0.			THIS IS TO SUPPORT DREAMCATCHER YOUTH SERVICES
EARTH ISLAND JOURNAL 2150 ALLSTON WAY, SUITE 460 BERKELEY, CA 94704	94-2889684	501(C)(3)	5,000.	0.			INTENDED FOR INSTINCTION REBELLION" "
ELLA BAKER CENTER FOR HUMAN RIGHTS 344 40TH STREET OAKLAND, CA 94609	94-3252009	501(C)(3)	5,000.	0.			RESTORE OAKLAND
EQUALITY VIRGINIA PO BOX 17860 RICHMOND, VA 23226	54-1950205	501(C)(3)	5,000.	0.			UNRESTRICTED
GENERATION CITIZEN INC 110 WALL STREET, 5TH FLOOR NEW YORK, NY 10005	27-2039522	501(C)(3)	5,000.	0.			UNRESTRICTED
HUCKLEBERRY YOUTH PROGRAM 3310 GEARY BLVD. SAN FRANCISCO, CA 94118	94-1687559	501(C)(3)	5,000.	0.			UNRESTRICTED
MEDIA ISLAND INTERNATIONAL PO BOX # 22521 100 S BROAD ST OLYMPIA, WA 98507	91-1514384	501(C)(3)	5,000.	0.			RISING TIDE NORTH AMERICA
MEDIA MATTERS FOR AMERICA 455 MASSACHUSETTS AVE., NW, FLOOR 6 WASHINGTON, DC 20001	47-0928008	501(C)(3)	5,000.	0.			CITIZENS FOR TRANSPARENCY
NATIONAL QUEER ASIAN PACIFIC ISLANDER ALLIANCE INC - 233 5TH AVE RM 4A - NEW YORK, NY 10016	27-2114866	501(C)(3)	5,000.	0.			UNRESTRICTED

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEO PHILANTHROPY 45 W 36TH ST, 6TH FLOOR NEW YORK, NY 10018	13-3191113	501(C)(3)	5,000.	0.			STATE OPPORTUNITY FUND
NYC GAY MEN'S CHORUS 561 7TH AVENUE, SUITE 701 NEW YORK, NY 10018	13-3082072	501(C)(3)	5,000.	0.			UNRESTRICTED
ONE COMMUNITY FOUNDATION PO BOX 17836 PHOENIX, AZ 85013	46-0716958	501(C)(3)	5,000.	0.			UNRESTRICTED
RICHMOND-ERMET FOUNDATION 942 DIVISADERO STREET #201 SAN FRANCISCO, CA 94115-4407	94-3232222	501(C)(3)	5,000.	0.			UNRESTRICTED
SAN FRANCISCO OPERA 301 VAN NESS AVE SAN FRANCISCO, CA 94102	94-0836240	501(C)(3)	5,000.	0.			UNRESTRICTED
SCRAP 801 TOLAND ST. SAN FRANCISCO, CA 94124	94-2566798	501(C)(3)	5,000.	0.			UNRESTRICTED
SISTERSONG 237 RALPH DAVID ABERNATHY BOULEVARD ATLANTA, GA 30310	51-0544927	501(C)(3)	5,000.	0.			UNRESTRICTED
SPECIAL OLYMPICS KANSAS, INC. 5280 FOXRIDGE DRIVE MISSION, KS 66202	48-0890981	501(C)(3)	5,000.	0.			SPECIAL OLYMPICS OF LAWRENCE, KS
TENPYOZAN 6140 CHABOT ROAD OAKLAND, CA 94618-1611	30-0853001	501(C)(3)	5,000.	0.			UNRESTRICTED

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE MIWOK STABLES CENTER FOR PRESERVATION & PUBLIC PROGRAMS - 701 TENNESSEE VALLEY RD. - MILL VALLEY, CA 94941	94-3212011	501(C)(3)	5,000.	0.			UNRESTRICTED
THE STONEWALL CHORALE P. O. BOX 920 NEW YORK, NY 10113	13-3244432	501(C)(3)	5,000.	0.			UNRESTRICTED
TONI'S KITTY RESCUE 415 BUENA VISTA AVE E SAN FRANCISCO, CA 94117	41-2086692	501(C)(3)	5,000.	0.			UNRESTRICTED
VILLANOVA UNIVERSITY 800 E LANCASTER AVE. VILLANOVA, PA 19085	23-1352688	501(C)(3)	5,000.	0.			VU PRIDE
WOMAN VISION - WOMEN'S MUSIC PROJECT - 3570 CLAY STREET - SAN FRANCISCO, CA 94118	76-0406964	501(C)(3)	5,000.	0.			UNRESTRICTED

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

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

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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

HORIZONS FOUNDATION

Employer identification number

94-2686530

Part I Questions Regarding Compensation

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

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

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

Schedule J (Form 990) 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				
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(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 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	15	441,113.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2018

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

SCHEDULE M, LINE 32B:

THE ORGANIZATION USED A BROKERAGE FIRM TO SELL DONATED SECURITIES.

SCHEDULE M, LINE 33:

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

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 LGBTQ
CAUSES AND NONPROFITS WITHIN THE FOUNDATION WORLD, ENCOURAGING MORE
FOUNDATIONS TO DEVOTE GRANT RESOURCES TO ADDRESS LGBTQ PEOPLE'S NEEDS
AND ISSUES.

FORM 990, PART VI, SECTION A, LINE 3:

THE ORGANIZATION AMENDED ITS ARTICLES OF INCORPORATION TO PROVIDE FOR A
FISCAL YEAR ENDING 6/30.

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 CFO COMPENSATION, CONSIDERING
COMPENSATION ANALYSIS AS WELL AS PERFORMANCE IN THE PROCESS. THE BOARD

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

DISCUSSES AND APPROVES PRESIDENT AND CFO 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.

990, PART XII, LINE 2C

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

California Exempt Organization Annual Information Return

Calendar Year 2018 or fiscal year beginning (mm/dd/yyyy) **01/01/2019**, and ending (mm/dd/yyyy) **06/30/2019**

Corporation/Organization name HORIZONS FOUNDATION		California corporation number 1000176
Additional information. See instructions.		FEIN 94-2686530
Street address (suite or room) 550 MONTGOMERY STREET, NO. 700		PMB no.
City SAN FRANCISCO	State CA	ZIP code 94111
Foreign country name	Foreign province/state/country	Foreign postal code

<p>A First Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>B Amended Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>C IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>D Final Information Return? <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized Enter date: (mm/dd/yyyy) _____</p> <p>E Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other</p> <p>F Federal return filed? (1) <input type="checkbox"/> 990T (2) <input type="checkbox"/> 990PF (3) <input type="checkbox"/> Sch H (990) (4) <input checked="" type="checkbox"/> Other 990 series</p> <p>G Is this a group filing? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>H Is this organization in a group exemption <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the parent's name? _____</p> <p>I Did the organization have any changes to its guidelines not reported to the FTB? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>K Is the organization exempt under R&TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the gross receipts from nonmember sources \$ _____</p> <p>L If organization is a public charity exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required <input checked="" type="checkbox"/></p> <p>M Is the organization a Limited Liability Company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>N Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>O Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>P Is federal Form 1023/1024 pending? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date filed with IRS _____</p>
--	---

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

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	1,986,015	00
	2	Gross dues and assessments from members and affiliates	2		00
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1	3	1,376,111	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B. STMT 2	4	3,362,126	00
	5	Cost of goods sold	5		00
	6	Cost or other basis, and sales expenses of assets sold	6	1,523,408	00
	7	Total costs. Add line 5 and line 6	7	1,523,408	00
	8	Total gross income. Subtract line 7 from line 4	8	1,838,718	00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	2,624,641	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-785,923	00
Filing Fee	11	Total payments	11		00
	12	Use tax. See General Information K	12		00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15	Filing fee \$10 or \$25. See General Information F	15	N/A	00
	16	Penalties and Interest. See General Information J	16		00
	17	Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result	17		00

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

Sign Here	Signature of officer	Title PRESIDENT	Date	• Telephone
Paid Preparer's Use Only	Preparer's signature	TRACY TEALE	Date 05/29/20	• PTIN P01290862
	Firm's name (or yours, if self-employed) and address	RINA ACCOUNTANCY LLP 150 POST STREET, STE 200 SAN FRANCISCO, CA 94108		• Firm's FEIN 84-1980623
				• Telephone (415) 777-4488

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

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

828951 12-12-18

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	16,840	00		
	2	Interest	•	2	98,724	00		
	3	Dividends	•	3	182,201	00		
	4	Gross rents	•	4		00		
	5	Gross royalties	•	5		00		
	6	Gross amount received from sale of assets (See Instructions)	STATEMENT 3	•	6	1,688,025	00	
	7	Other income	SEE STATEMENT 4	•	7	225	00	
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		•	8	1,986,015	00	
	9	Contributions, gifts, grants, and similar amounts paid	STATEMENT 5	•	9	1,444,528	00	
	10	Disbursements to or for members		•	10		00	
	11	Compensation of officers, directors, and trustees	SEE STATEMENT 6	•	11	196,280	00	
	12	Other salaries and wages		•	12	436,141	00	
	Expenses and Disbursements	13	Interest	•	13		00	
		14	Taxes	•	14	51,199	00	
		15	Rents	•	15	73,570	00	
		16	Depreciation and depletion (See instructions)		•	16	11,917	00
		17	Other Expenses and Disbursements	SEE STATEMENT 7	•	17	411,006	00
		18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		•	18	2,624,641	00

Schedule L Balance Sheet	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		442,169		• 181,259
2 Net accounts receivable				•
3 Net notes receivable STMT 8		97,900		• 98,032
4 Inventories				•
5 Federal and state government obligations				•
6 Investments in other bonds				•
7 Investments in stock				•
8 Mortgage loans				•
9 Other investments STMT 9		32,394,659		• 34,584,411
10 a Depreciable assets	274,638		278,873	
b Less accumulated depreciation	(236,626)	38,012	(248,541)	30,332
11 Land				•
12 Other assets STMT 10		1,233,963		• 1,279,940
13 Total assets		34,206,703		36,173,974
Liabilities and net worth				
14 Accounts payable		191,511		• 165,355
15 Contributions, gifts, or grants payable		40,000		• 77,000
16 Bonds and notes payable				•
17 Mortgages payable				•
18 Other liabilities STMT 11		387,625		452,329
19 Capital stock or principal fund				•
20 Paid-in or capital surplus. Attach reconciliation				•
21 Retained earnings or income fund		33,587,567		• 35,479,290
22 Total liabilities and net worth		34,206,703		36,173,974

Schedule M-1 Reconciliation of income per books with income per return			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.			
1 Net income per books	• 1,891,723	7 Income recorded on books this year not included in this return STMT 12	• 2,677,646
2 Federal income tax	•	8 Deductions in this return not charged against book income this year	•
3 Excess of capital losses over capital gains	•	9 Total. Add line 7 and line 8	2,677,646
4 Income not recorded on books this year	•	10 Net income per return.	
5 Expenses recorded on books this year not deducted in this return	•	Subtract line 9 from line 6	-785,923
6 Total. Add line 1 through line 5	1,891,723		

CA 199 GROSS AMOUNT FROM SALE OF ASSETS STATEMENT 3

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
PUBLICLY TRADED SECURITIES			PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	1,523,408.	0.	0.	1,688,025.
TOTAL TO FORM 199, PAGE 2, LN 6	1,523,408.	0.	0.	1,688,025.

CA 199 OTHER INCOME STATEMENT 4

DESCRIPTION	AMOUNT
FEE INCOME	225.
TOTAL TO FORM 199, PART II, LINE 7	225.

CA 199 CASH CONTRIBUTIONS, GIFTS, GRANTS STATEMENT 5
AND SIMILAR AMOUNTS PAID

ACTIVITY CLASSIFICATION: GENERAL SUPPORT

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
PLANNED PARENTHOOD FEDERATION OF AMERICA	123 WILLIAM ST FL 9NEW YORKNY10038-3812	NONE	101,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
UNIVERSITY OF CALIFORNIA SAN FRANCISCO F	220 MONTGOMERY STREET, 5TH FLOOR SAN FRANCISCO CA 94104	NONE	75,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SEMPERVIRENS FUND	P.O. DRAWER BELOS ALTOS CA 94023	NONE	70,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CALIFORNIA RURAL LEGAL ASSISTANCE	1430 FRANKLIN ST #103 OAKLAND CA 94612	NONE	50,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SAN FRANCISCO COMMUNITY LAND TRUST	PO BOX 420982 SAN FRANCISCO CA 94142	NONE	50,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
OUTRIGHT ACTION INTERNATIONAL	80 MAIDEN LANE, SUITE 1505 NEW YORK NY 10038	NONE	40,650.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
GOLDEN GATE PERFORMING ARTS/SAN FRANCISC	170 VALENCIA STREETSAN FRANCISCOCA94103	NONE	34,250.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
PUENTE DE LA COSTA SUR	PO BOX 554PESCADEROCA94060	NONE	31,200.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
WOMEN'S CANCER RESOURCE CENTER	2908 ELLSWORTH STBERKELEYCA94705	NONE	26,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
NOYO CENTER FOR MARINE SCIENCE	PO BOX 1321FORT BRAGGCA95437	NONE	25,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
PALM CENTER	2370 MARKET STREET #405SAN FRANCISCOCA94114	NONE	25,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
GLBT HISTORICAL SOCIETY	989 MARKET STREET, LOWER LEVELSAN FRANCISCOCA94103	NONE	20,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CHARLOTTE MAXWELL CLINIC	610 16TH ST STE 426OAKLANDCA94612	NONE	20,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ENDING CLERGY ABUSE USA	5017 37TH AVE SWSEATTLEWA98126	NONE	20,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
PLANNED PARENTHOOD OF MARYLAND, INC.	330 N HOWARD STREETBALTIMOREMD21201	NONE	20,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
NATIONAL CENTER FOR LESBIAN RIGHTS	870 MARKET ST., SUITE 370SAN FRANCISCOCA94102	NONE	16,125.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
NEW CONSERVATORY THEATRE CENTER	25 VAN NESS AVE, LOWER LOBBYSAN FRANCISCOCA94102	NONE	15,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
RECLAIMING COLLECTIVE	PO BOX 14404SAN FRANCISCOCA94114	NONE	15,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
HUMAN RIGHTS CAMPAIGN FOUNDATION	1640 RHODE ISLAND AVENUE NWWASHINGTONDC20036-3278	NONE	12,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
BOARD OF TRUSTEES OF THE LELAND STANFORD	326 GALVEZ STREETSTANFORDCA94305	NONE	12,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MIZELL SENIOR CENTER OF PALM SPRINGS	480 S. SUNRISE WAY PALM SPRINGS CA 92262	NONE	12,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
FIRST UNITARIAN UNIVERSALIST SOCIETY OF	ATTN: GUARDIAN GROUP - BOX 71, 1187 FRANKLIN STREET SAN FRANCISCO CA 94109	NONE	12,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SPIRIT ROCK MEDITATION CENTER	PO BOX 169 WOODACRE CA 94973	NONE	12,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
UNIVERSITY OF CALIFORNIA BERKELEY - FINA	201 SPROUL HALL, # 1960 BERKELEY CA 94720-4422	NONE	12,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SAN FRANCISCO AIDS FOUNDATION	1035 MARKET STREET, SUITE 400 SAN FRANCISCO CA 94103	NONE	11,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
THE LGBT COMMUNITY CENTER OF THE DESERT	1301 N PALM CANYON DR. PALM SPRINGS CA 92262	NONE	11,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
WOMEN'S FOUNDATION OF CALIFORNIA	300 FRANK H. OGAWA PLAZA, SUITE 420 OAKLAND CA 94612	NONE	11,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
GAY, LESBIAN & STRAIGHT EDUCATION NETWOR	90 BROAD STREET, 2ND FLOORNEW YORKNY10004	NONE	10,250.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
PEACE DEVELOPMENT FUND, INC.	P.O. BOX 1280AMHERSTMA1004	NONE	10,250.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
AUBURN THEOLOGICAL SEMINARY	475 RIVERSIDE DRIVE, SUITE 1800NEW YORKNY10115	NONE	10,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
BAY AREA RIDGE TRAIL COUNCIL	1007 GENERAL KENNEDY AVENUE, SUITE 3SAN FRANCISCOCA94129	NONE	10,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
BOTTOMLESS CLOSET	16 EAST 52ND STREET, 15TH FLOORNEW YORKNY10022	NONE	10,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
COALITION ON HOMELESSNESS	468 TURK STSAN FRANCISCOCA94102	NONE	10,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
PLANNED PARENTHOOD OF THE PACIFIC SOUTHW	1075 CAMINO DEL RIO SOUTHSAN DIEGOCA92108	NONE	10,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SAPLING FOUNDATION	250 HUDSON ST RM 1002NEW YORKNY10013	NONE	10,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SOUTH CAROLINA EQUALITY COALITION	PO BOX 544COLUMBIASC29201	NONE	10,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SOUTHERNERS ON NEW GROUND	PO BOX 11250ATLANTAGA30310	NONE	10,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
THE SOURCE LGBT+ CENTER	208 WEST MAIN STREET BVISALIACA93291	NONE	10,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
VIVIAN BEAUMONT THEATER INC	150 W 65TH STREETNEW YORKNY10023	NONE	10,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
YALE UNIVERSITY	P.O. BOX 2038NEW HAVENCT6521	NONE	10,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
OPENHOUSE	65 LAGUNA STREETSAN FRANCISCOCA94102	NONE	9,083.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SAN FRANCISCO LGBT COMMUNITY CENTER	1800 MARKET STREETSAN FRANCISCOCA94102	NONE	8,277.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
THE TREVOR PROJECT	9056 SANTA MONICA BLVD., SUITE 208WEST HOLLYWOODCA90069	NONE	7,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
FELLOWSHIP OF RECONCILIATION	521 N BROADWAYNYACKNY10960	NONE	7,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
OASIS LEGAL SERVICES	1900 ADDISON STREET, SUITE 100BERKELEYCA94704-2649	NONE	7,375.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
LAMBDA LEGAL DEFENSE & EDUCATION FUND	120 WALL STREET, 19TH FLOORNEW YORKNY10005	NONE	6,600.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
AMERICAN CIVIL LIBERTIES UNION FOUNDATIO	125 BROAD STREET, 18TH FLOORNEW YORKNY10004	NONE	6,250.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
LEWIS & CLARK COLLEGE	0615 SW PALATINE HILL RD MSC 56PORTLANDOR97219	NONE	6,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
OPERA PARALLLE	44 PAGE STREET, SUITE 400SAN FRANCISCO CA94102	NONE	6,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ROSENBERG FUND FOR CHILDREN	116 PLEASANT STREET #3312EASTHAMPTONMA1027	NONE	6,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
UNIVERSITY OF CALIFORNIA, LOS ANGELES	BOX 957089, 1125 MURPHY HALLLOS ANGELESCA90095	NONE	6,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO	500 PARNASSUS AVENUE, MU-201WSAN FRANCISCO CA94143-0246	NONE	6,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
KEHILLAT ISRAEL	16019 W. SUNSET BLVD.PACIFIC PALISADESCA90272	NONE	5,550.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
LAMBDA LEGAL DEFENSE AND EDUCATION FUND	60 BERKELEY WAY (C/O CAPIRASOBING)SAN FRANCISCO CA94131	NONE	5,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
FRAMELINE	145 9TH STREET SUITE 300SAN FRANCISCO CA94109	NONE	5,375.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
AMERICAN CIVIL LIBERTIES UNION FOUNDATIO	39 DRUMM STREETSAN FRANCISCOCA94111	NONE	5,250.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CHINESE FOR AFFIRMATIVE ACTION	17 WALTER U LUM PLACESAN FRANCISCOCA94108	NONE	5,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
BOYS & GIRLS CLUB OF PALM SPRINGS	450 S SUNRISE WAYPALM SPRINGSCA92262	NONE	5,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CAMP IT UP	3500 VICTOR AVEOAKLANDCA94619	NONE	5,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CENTRAL ARKANSAS PRIDE	PO BOX 250096LITTLE ROCKAR72225	NONE	5,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
COVENANT HOUSE CALIFORNIA	1321 N WESTERN AVENUELOS ANGELESCA90027	NONE	5,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
EARTH ISLAND JOURNAL	2150 ALLSTON WAY, SUITE 460BERKELEYCA94704	NONE	5,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ELLA BAKER CENTER FOR HUMAN RIGHTS	344 40TH STREETOAKLANDCA94609	NONE	5,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
EQUALITY VIRGINIA	PO BOX 17860RICHMONDVA23226	NONE	5,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
GENERATION CITIZEN INC	110 WALL STREET, 5TH FLOORNEW YORKNY10005	NONE	5,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
HUCKLEBERRY YOUTH PROGRAM	3310 GEARY BLVD.SAN FRANCISCOCA94118	NONE	5,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MEDIA ISLAND INTERNATIONAL	PO BOX # 22521 100 S BROAD STOLYMPIAWA98507	NONE	5,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MEDIA MATTERS FOR AMERICA	455 MASSACHUSETTS AVE., NW, FLOOR 6WASHINGTONDC20001	NONE	5,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
NATIONAL QUEER ASIAN PACIFIC ISLANDER AL	233 5TH AVE RM 4ANEW YORKNY10016	NONE	5,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
NEO PHILANTHROPY	45 W 36TH ST, 6TH FLOOR NEW YORK NY 10018	NONE	5,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
NYC GAY MEN'S CHORUS	561 7TH AVENUE, SUITE 701 NEW YORK NY 10018	NONE	5,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ONE COMMUNITY FOUNDATION	PO BOX 17836 PHOENIX AZ 85013	NONE	5,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
RICHMOND-ERMET FOUNDATION	942 DIVISADERO STREET #201 SAN FRANCISCO CA 94115-4407	NONE	5,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SAN FRANCISCO OPERA	301 VAN NESS AVENUE SAN FRANCISCO CA 94102	NONE	5,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SCRAP	801 TOLAND ST. SAN FRANCISCO CA 94124	NONE	5,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SISTERSONG	237 RALPH DAVID ABERNATHY BOULEVARD ATLANTA GA 30310	NONE	5,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SPECIAL OLYMPICS KANSAS, INC.	5280 FOXRIDGE DRIVEMISSIONKS66202	NONE	5,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
TENPYOZAN	6140 CHABOT ROAD OAKLAND CA 94618-1611	NONE	5,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
THE MIWOK STABLES CENTER FOR PRESERVATIO	701 TENNESSEE VALLEY RD. MILL VALLEY CA 94941	NONE	5,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
THE STONEWALL CHORALE	P. O. BOX 920 NEW YORK NY 10113	NONE	5,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
TONI'S KITTY RESCUE	415 BUENA VISTA AVE ESAN FRANCISCO CA 94117	NONE	5,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
VILLANOVA UNIVERSITY	800 E LANCASTER AVE. VILLANOVA PA 19085	NONE	5,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
WOMAN VISION - WOMEN'S MUSIC PROJECT	3570 CLAY STREET SAN FRANCISCO CA 94118	NONE	5,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
VARIOUS ORGANIZATIONS (545)	550 MONTGOMERY STREET, SAN FRANCISCO, CA 94111	NONE	312,043.
TOTAL FOR THIS ACTIVITY			1,444,528.
TOTAL INCLUDED ON FORM 199, PART II, LINE 9			<u>1,444,528.</u>

CA 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 6

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HRS WORKED/WK</u>	<u>COMPENSATION</u>
OLGA TELAMANTE 550 MONTGOMERY STREET, NO. 700 SAN FRANCISCO, CA 94111	CO-CHAIR 5.00	0.
ADAM BLUM 550 MONTGOMERY STREET, NO. 700 SAN FRANCISCO, CA 94111	CO-CHAIR 5.00	0.
AUDREY KOH 550 MONTGOMERY STREET, NO. 700 SAN FRANCISCO, CA 94111	CHAIR EMERITA 5.00	0.
TERRY MICHEAU 550 MONTGOMERY STREET, NO. 700 SAN FRANCISCO, CA 94111	TREASURER 5.00	0.
ERIN FLYNN 550 MONTGOMERY STREET, NO. 700 SAN FRANCISCO, CA 94111	SECRETARY 5.00	0.
CRAIG ZODIKOFF 550 MONTGOMERY STREET, NO. 700 SAN FRANCISCO, CA 94111	DIRECTOR 5.00	0.
ASH MCNEELY 550 MONTGOMERY STREET, NO. 700 SAN FRANCISCO, CA 94111	DIRECTOR 5.00	0.

TIM MURRAY 550 MONTGOMERY STREET, NO. 700 SAN FRANCISCO, CA 94111	DIRECTOR 5.00	0.
JILL FEDERICO 550 MONTGOMERY STREET, NO. 700 SAN FRANCISCO, CA 94111	DIRECTOR 5.00	0.
JUAN BARAJAS 550 MONTGOMERY STREET, NO. 700 SAN FRANCISCO, CA 94111	DIRECTOR 5.00	0.
DEREK BARNES 550 MONTGOMERY STREET, NO. 700 SAN FRANCISCO, CA 94111	DIRECTOR 5.00	0.
BARRY TAYLOR 550 MONTGOMERY STREET, NO. 700 SAN FRANCISCO, CA 94111	DIRECTOR 5.00	0.
JEFF SOUKUP 550 MONTGOMERY STREET, NO. 700 SAN FRANCISCO, CA 94111	DIRECTOR 5.00	0.
DIPTI GHOSH 550 MONTGOMERY STREET, NO. 700 SAN FRANCISCO, CA 94111	DIRECTOR 5.00	0.
KEITH POWELL 550 MONTGOMERY STREET, NO. 700 SAN FRANCISCO, CA 94111	DIRECTOR 5.00	0.
JIM SHAY 550 MONTGOMERY STREET, NO. 700 SAN FRANCISCO, CA 94111	DIRECTOR 5.00	0.
ANNE DORMAN 550 MONTGOMERY STREET, NO. 700 SAN FRANCISCO, CA 94111	DIRECTOR - ENDED MARCH 201 5.00	0.
ROGER DOUGHTY 550 MONTGOMERY STREET, NO. 700 SAN FRANCISCO, CA 94111	PRESIDENT 40.00	0.
JOHN MARVUGLIO 550 MONTGOMERY STREET, NO. 700 SAN FRANCISCO, CA 94111	CFO 40.00	0.
DEB STALLINGS 550 MONTGOMERY STREET, NO. 700 SAN FRANCISCO, CA 94111	VP OF DEVELOPMENT 40.00	0.

FRANCISCO BUCHTING	VP OF GRANTS, PROGRAMS & S	0.
550 MONTGOMERY STREET, NO. 700	40.00	
SAN FRANCISCO, CA 94111		
THEARY CHAN	DIRECTOR OF PHILANTHROPIC	0.
550 MONTGOMERY STREET, NO. 700	40.00	
SAN FRANCISCO, CA 94111		
TOTAL TO FORM 199, PART II, LINE 11		0.

CA 199	OTHER EXPENSES	STATEMENT	7
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DESCRIPTION	AMOUNT
PRINTING	18,297.
COMMUNITY EVENTS	11,241.
BAD DEBT EXPENSE	5,500.
BRANDED COLLATERAL	3,528.
DIRECT EXPENSES OF FUNDRAISING EVENTS	35,601.
PENSION PLAN CONTRIBUTIONS	19,760.
OTHER EMPLOYEE BENEFITS	42,684.
LEGAL FEES	2,363.
ACCOUNTING FEES	20,000.
OTHER PROFESSIONAL FEES	115,401.
ADVERTISING AND PROMOTION	13,407.
OFFICE EXPENSES	41,821.
INFORMATION TECHNOLOGY	22,405.
TRAVEL	36,383.
CONFERENCES AND CONVENTIONS	11,870.
INSURANCE	5,223.
ALL OTHER EXPENSES	5,522.
TOTAL TO FORM 199, PART II, LINE 17	411,006.

CA 199	NET NOTES RECEIVABLE	STATEMENT	8
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
NOTES AND LOANS RECEIVABLE, NET	97,900.	98,032.
TOTAL TO FORM 199, SCHEDULE L, LINE 3	97,900.	98,032.

CA 199	OTHER INVESTMENTS	STATEMENT	9
DESCRIPTION		BEG. OF YEAR	END OF YEAR
PUBLICLY TRADED SECURITIES		32,394,659.	34,584,411.
TOTAL TO FORM 199, SCHEDULE L, LINE 9		32,394,659.	34,584,411.

CA 199	OTHER ASSETS	STATEMENT	10
DESCRIPTION		BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE		1,146,317.	1,151,992.
PREPAID EXPENSES AND DEFERRED CHARGES		53,781.	106,114.
OTHER RECEIVABLES		13,462.	1,431.
CSV LIFE INSURANCE		8,083.	8,083.
DEPOSITS		12,320.	12,320.
TOTAL TO FORM 199, SCHEDULE L, LINE 12		1,233,963.	1,279,940.

CA 199	OTHER LIABILITIES	STATEMENT	11
DESCRIPTION		BEG. OF YEAR	END OF YEAR
AGENCY FUNDS		387,625.	441,329.
DEFERRED RENT		0.	0.
DEFERRED REVENUE		0.	11,000.
TOTAL TO FORM 199, SCHEDULE L, LINE 18		387,625.	452,329.

CA 199	INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED IN THIS RETURN	STATEMENT	12
DESCRIPTION		AMOUNT	
NET UNREALIZED GAINS		2,677,646.	
TOTAL TO FORM 199, SCHEDULE M-1, LINE 7		2,677,646.	

**ANNUAL REGISTRATION RENEWAL FEE REPORT
 TO ATTORNEY GENERAL OF CALIFORNIA**
 Section 12586 and 12587, California Government Code
 11 Cal. Code Regs. section 301-307, 311 and 312

(For Registry Use Only)

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

<p><u>HORIZONS FOUNDATION</u> Name of Organization</p> <p>List all DBAs and names the organization uses or has used</p> <p><u>550 MONTGOMERY STREET, NO. 700</u> Address (Number and Street)</p> <p><u>SAN FRANCISCO, CA 94111</u> City or Town, State, and ZIP Code</p> <p><u>415-398-2333</u> Telephone Number</p> <p><u></u> E-mail Address</p>	<p>Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report</p> <p>State Charity Registration Number <u>CT42043</u></p> <p>Corporation or Organization No. <u>1000176</u></p> <p>Federal Employer ID No. <u>94-2686530</u></p>
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ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)
 Make Check Payable to Department of Justice

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

PART A - ACTIVITIES

For your most recent full accounting period (beginning 01/01/2019 ending 06/30/2019) list:

Gross Annual Revenue \$	<u>1,803,117</u>	Noncash Contributions \$	<u>441,113</u>	Total Assets \$	<u>36,173,974</u>
Program Expenses \$	<u>2,158,974</u>	Total Expenses \$	<u>2,589,040</u>		

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		X
5. During this reporting period, did the organization receive any governmental funding?		X
6. During this reporting period, did the organization hold a raffle for charitable purposes?		X
7. Does the organization conduct a vehicle donation program?		X
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	X	
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.

<u>ROGER DOUGHTY</u>	<u>PRESIDENT</u>
Signature of Authorized Agent	Title
Printed Name	Date