

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2019**

Open to Public Inspection

**A** For the 2019 calendar year, or tax year beginning **JUL 1, 2019** and ending **JUN 30, 2020**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>HORIZONS FOUNDATION</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>550 MONTGOMERY STREET 700</b> City or town, state or province, country, and ZIP or foreign postal code <b>SAN FRANCISCO, CA 94111</b> <b>F</b> Name and address of principal officer: <b>ROGER DOUGHTY</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>94-2686530</b> <b>E</b> Telephone number <b>415-398-2333</b> <b>G</b> Gross receipts \$ <b>16,281,362.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> 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		
<b>J</b> Website: ▶ <b>WWW.HORIZONSFOUNDATION.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
<b>L</b> Year of formation: <b>1980</b>		<b>M</b> State of legal domicile: <b>CA</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>FUEL THE LGBTQ MOVEMENT BY INCREASING SUPPORT FOR DIVERSE SF/BAY AREA NONPROFITS.</b> <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. <b>3</b> Number of voting members of the governing body (Part VI, line 1a) ..... <b>3</b> <b>17</b> <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> <b>17</b> <b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a) ..... <b>5</b> <b>13</b> <b>6</b> Total number of volunteers (estimate if necessary) ..... <b>6</b> <b>100</b> <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> <b>0.</b> <b>7b</b> Net unrelated business taxable income from Form 990-T, line 39 ..... <b>7b</b> <b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) ..... <b>1,376,111.</b> <b>Prior Year</b> <b>6,654,520.</b> <b>Current Year</b> <b>9</b> Program service revenue (Part VIII, line 2g) ..... <b>0.</b> <b>0.</b> <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) ..... <b>445,542.</b> <b>1,680,743.</b> <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ..... <b>-18,536.</b> <b>-105,647.</b> <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... <b>1,803,117.</b> <b>8,229,616.</b>	
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) ..... <b>1,444,528.</b> <b>5,896,576.</b> <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) ..... <b>0.</b> <b>0.</b> <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ..... <b>746,064.</b> <b>1,592,051.</b> <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) ..... <b>0.</b> <b>0.</b> <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>545,771.</b> <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ..... <b>398,448.</b> <b>851,185.</b> <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ..... <b>2,589,040.</b> <b>8,339,812.</b> <b>19</b> Revenue less expenses. Subtract line 18 from line 12 ..... <b>-785,923.</b> <b>-110,196.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) ..... <b>36,173,974.</b> <b>Beginning of Current Year</b> <b>35,854,872.</b> <b>End of Year</b> <b>21</b> Total liabilities (Part X, line 26) ..... <b>694,684.</b> <b>910,183.</b> <b>22</b> Net assets or fund balances. Subtract line 21 from line 20 ..... <b>35,479,290.</b> <b>34,944,689.</b>	

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>ROGER DOUGHTY, PRESIDENT</b> Type or print name and title	Date  			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>TRACY TEALE</b>	Preparer's signature <b>TRACY TEALE</b>	Date <b>05/10/21</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P01290862</b>
	Firm's name ▶ <b>RINA ACCOUNTANCY LLP</b>				Firm's EIN ▶ <b>84-1980623</b>
	Firm's address ▶ <b>150 POST STREET, STE 200 SAN FRANCISCO, CA 94108</b>				Phone no. ( <b>415</b> ) <b>777-4488</b>

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

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code: ) (Expenses \$ 6,360,795. including grants of \$ 5,806,076. ) (Revenue \$ ) GRANTMAKING: HORIZONS FOUNDATION PROVIDED DIRECT FINANCIAL SUPPORT TO NONPROFIT ORGANIZATIONS THROUGH 1,411 GRANTS TO 743 ORGANIZATIONS TOTALING \$5,806,076 IN 2020. GRANTS ADDRESSED MULTIPLE ISSUES AND POPULATIONS, INCLUDING THE COVID19 CRISIS, 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 \$ 823,948. including grants of \$ 90,500. ) (Revenue \$ ) PROMOTING PHILANTHROPY: 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 \$1,600,000 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

4c (Code: ) (Expenses \$ 65,092. including grants of \$ ) (Revenue \$ ) CAPACITY BUILDING: 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 on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 7,249,835.

**Part IV Checklist of Required Schedules**

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

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

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	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
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....		

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax filings, and organizational compliance.

**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 on Schedule O. See instructions.

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	<b>1a</b> 17		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	<b>1b</b> 17		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (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 on Schedule O)
- 19** Describe on 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. See instructions for the order in which to list the persons above.

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) TIM MURRAY CO-CHAIR	5.00	X		X				0.	0.	0.
(2) DIPTI GHOSH CO-CHAIR	5.00	X		X				0.	0.	0.
(3) ADAM BLUM CHAIR EMERITUS	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) XOCHITL CARRION DIRECTOR	5.00	X						0.	0.	0.
(9) KATHRYN CLUBB 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) SHILPEN PATEL 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) CHRIS LIM DIRECTOR	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				222,054.	0.	53,581.
(19) JOHN MARVUGLIO CFO	40.00			X				162,672.	0.	1,755.
(20) DEB STALLINGS VP OF DEVELOPMENT	40.00					X		155,686.	0.	11,005.
(21) FRANCISCO BUCHTING VP OF GRANTS, PROGRAMS & STRATEGIC I	40.00					X		145,403.	0.	44,476.
(22) TARA MEDVE DIRECTOR OF INDIVIDUAL GIVING	40.00					X		111,990.	0.	20,231.
<b>1b Subtotal</b>								797,805.	0.	131,048.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								797,805.	0.	131,048.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **5**

	Yes	No
3 Did the organization list any <b>former</b> officer, director, 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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	272,837.				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	213,751.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	6,167,932.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 2,934,052.				
	<b>h Total.</b> Add lines 1a-1f		6,654,520.				
	<b>Program Service Revenue</b>	<b>2 a</b>	<b>Business Code</b>				
<b>b</b>							
<b>c</b>							
<b>d</b>							
<b>e</b>							
<b>f</b> All other program service revenue							
<b>g Total.</b> Add lines 2a-2f							
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		714,983.			714,983.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	8,817,665.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>	7,851,905.				
	<b>c</b> Gain or (loss)	<b>7c</b>	965,760.				
<b>d</b> Net gain or (loss)		965,760.			965,760.		
<b>8 a</b> Gross income from fundraising events (not including \$ 272,837. of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>		89,420.				
<b>b</b> Less: direct expenses	<b>8b</b>	199,841.					
<b>c</b> Net income or (loss) from fundraising events		-110,421.			-110,421.		
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>	<b>11 a</b> OTHER INCOME	<b>Business Code</b>	900099	3,701.		3,701.	
	<b>b</b> FEE INCOME		900099	1,073.		1,073.	
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d			4,774.			
	<b>12 Total revenue.</b> See instructions			8,229,616.	0.	0.	1,575,096.

**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	5,891,576.	5,891,576.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	5,000.	5,000.		
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	391,675.	164,756.	198,513.	28,406.
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	965,302.	605,283.	126,799.	233,220.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	46,470.	29,016.	7,476.	9,978.
9 Other employee benefits	91,178.	58,371.	12,145.	20,662.
10 Payroll taxes	97,426.	54,726.	23,939.	18,761.
11 Fees for services (nonemployees):				
a Management				
b Legal	3,056.	2,668.	388.	
c Accounting	23,700.		23,700.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	97,962.		97,962.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	179,253.	66,979.	67,107.	45,167.
12 Advertising and promotion	13,411.	8,252.	2,391.	2,768.
13 Office expenses	120,664.	27,935.	57,694.	35,035.
14 Information technology	15,699.	6,771.	8,928.	
15 Royalties				
16 Occupancy	173,359.		173,359.	
17 Travel	40,478.	35,349.	497.	4,632.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	18,532.	1,717.	14,596.	2,219.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	21,610.	3.	21,607.	
23 Insurance	12,446.		12,446.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>DONOR CULTIVATION EVENT</b>	67,764.	13,421.		54,343.
b <b>PRINTING</b>	30,672.	8,645.	11,753.	10,274.
c <b>COMMUNITY EVENTS</b>	25,514.	25,514.		
d <b>MEALS &amp; ENTERTAINMENT</b>	5,881.	456.	1,763.	3,662.
e All other expenses	1,184.	243,397.	-318,857.	76,644.
25 <b>Total functional expenses.</b> Add lines 1 through 24e	8,339,812.	7,249,835.	544,206.	545,771.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	181,259.	<b>1</b>	690,640.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	3,420.
	<b>3</b> Pledges and grants receivable, net .....	1,151,992.	<b>3</b>	351,992.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	98,032.	<b>7</b>	66,608.
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	106,114.	<b>9</b>	27,565.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 296,191.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 270,150.		
	<b>11</b> Investments - publicly traded securities .....	34,584,411.	<b>11</b>	34,667,867.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	21,834.	<b>15</b>	20,739.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	36,173,974.	<b>16</b>	35,854,872.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	165,355.	<b>17</b>	182,566.
	<b>18</b> Grants payable .....	77,000.	<b>18</b>	161,000.
	<b>19</b> Deferred revenue .....	11,000.	<b>19</b>	85,500.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	441,329.	<b>25</b>	481,117.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	694,684.	<b>26</b>	910,183.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	21,871,961.	<b>27</b>	21,026,702.
	<b>28</b> Net assets with donor restrictions .....	13,607,329.	<b>28</b>	13,917,987.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	35,479,290.	<b>32</b>	34,944,689.
<b>33</b> Total liabilities and net assets/fund balances .....	36,173,974.	<b>33</b>	35,854,872.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,229,616.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,339,812.
3	Revenue less expenses. Subtract line 2 from line 1	3	-110,196.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	35,479,290.
5	Net unrealized gains (losses) on investments	5	-424,405.
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 on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	34,944,689.

**Part XII Financial Statements and Reporting**

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

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

Form 990 (2019)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public Inspection

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

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

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

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

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	4,281,908.	8,051,735.	10,507,656.	7,701,148.	6,381,683.	36,924,130.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	4,281,908.	8,051,735.	10,507,656.	7,701,148.	6,381,683.	36,924,130.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						6,586,505.
<b>6 Public support.</b> Subtract line 5 from line 4.						30,337,625.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4 .....	4,281,908.	8,051,735.	10,507,656.	7,701,148.	6,381,683.	36,924,130.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	349,694.	354,058.	436,210.	568,141.	1,158,377.	2,866,480.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	215,083.	162,465.	91,685.	55,441.	367,031.	891,705.
<b>11 Total support.</b> Add lines 7 through 10						40,682,315.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	74.57 %
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 .....	<b>15</b>	74.74 %
<b>16a 33 1/3% support test - 2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2019.** 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 - 2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ►

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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



**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

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

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

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

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019			
<b>a</b> From 2014			
<b>b</b> From 2015			
<b>c</b> From 2016			
<b>d</b> From 2017			
<b>e</b> From 2018			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015			
<b>b</b> Excess from 2016			
<b>c</b> Excess from 2017			
<b>d</b> Excess from 2018			
<b>e</b> Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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

OMB No. 1545-0047

**2019**

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, II, and III.

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

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	 <hr/> <hr/> <hr/>	\$ <u>200,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	 <hr/> <hr/> <hr/>	\$ <u>203,258.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	 <hr/> <hr/> <hr/>	\$ <u>683,703.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	 <hr/> <hr/> <hr/>	\$ <u>149,867.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	 <hr/> <hr/> <hr/>	\$ <u>195,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	 <hr/> <hr/> <hr/>	\$ <u>150,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 134,348.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 615,375.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ 325,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>HORIZONS FOUNDATION</b>	Employer identification number  <b>94-2686530</b>
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**Part 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
2	MARKETABLE SECURITIES _____ _____ _____	\$ 203,258.	06/08/20
3	MARKETABLE SECURITIES _____ _____ _____	\$ 683,703.	06/09/20
4	MARKETABLE SECURITIES _____ _____ _____	\$ 149,867.	02/12/20
8	MARKETABLE SECURITIES _____ _____ _____	\$ 134,348.	06/08/20
9	MARKETABLE SECURITIES _____ _____ _____	\$ 615,375.	11/20/19
	_____ _____ _____	\$ _____	_____



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

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

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

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2019**

**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) .....	4,531,343.	
3 Aggregate value of grants from (during year) .....	6,124,893.	
4 Aggregate value at end of year .....	19,118,106.	
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 (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

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

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

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

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

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

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

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

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

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB 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 FASB 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 FASB 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) 2019

**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 make 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 program
  - 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	12,753,906.	11,226,418.	10,921,543.	8,892,073.	6,842,698.
b Contributions	292,500.	16,970.	1,138,448.	1,091,402.	1,905,448.
c Net investment earnings, gains, and losses	454,864.	1,510,518.	-359,156.	1,296,873.	490,423.
d Grants or scholarships					
e Other expenditures for facilities and programs	663,833.		474,417.	358,805.	346,496.
f Administrative expenses					
g End of year balance	12,837,437.	12,753,906.	11,226,418.	10,921,543.	8,892,073.

- 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 Term 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:
- |   | Yes | No |
|---|-----|----|
| (i) Unrelated organizations   |     | X  |
| (ii) Related organizations  |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b  |    |
- 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.	2,961.	1,015.
d Equipment		175,391.	169,725.	5,666.
e Other		116,824.	97,464.	19,360.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				26,041.

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) AGENCY FUNDS	449,313.
(3) PPP LOAN	31,804.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	481,117.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements .....	<b>1</b>	7,707,250.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments .....	<b>2a</b>	-424,404.
<b>b</b>	Donated services and use of facilities .....	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	-424,404.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	8,131,654.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	97,962.
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	97,962.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) .....	<b>5</b>	8,229,616.

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

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

<b>1</b>	Total expenses and losses per audited financial statements .....	<b>1</b>	8,241,850.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities .....	<b>2a</b>	
<b>b</b>	Prior year adjustments .....	<b>2b</b>	
<b>c</b>	Other losses .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	8,241,850.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	97,962.
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	97,962.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) .....	<b>5</b>	8,339,812.

**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.

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

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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

**2019**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

**Open to Public Inspection**

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

Name of the organization  
**HORIZONS FOUNDATION**

Employer identification number  
**94-2686530**

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

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

- |  |   |
|--|---|
| <input type="checkbox"/> <b>a</b> Mail solicitations               | <input type="checkbox"/> <b>e</b> Solicitation of non-government grants |
| <input type="checkbox"/> <b>b</b> Internet and email solicitations | <input type="checkbox"/> <b>f</b> Solicitation of government grants     |
| <input type="checkbox"/> <b>c</b> Phone solicitations              | <input type="checkbox"/> <b>g</b> Special fundraising events            |
| <input type="checkbox"/> <b>d</b> In-person solicitations          |   |

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

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

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		GALA	EQUALITY SCHOLARSHIP	NONE		
Revenue		(event type)	(event type)	(total number)		
1	Gross receipts .....	362,257.			362,257.	
2	Less: Contributions .....	272,837.			272,837.	
3	Gross income (line 1 minus line 2) .....	89,420.			89,420.	
Direct Expenses	4	Cash prizes .....				
	5	Noncash prizes .....				
	6	Rent/facility costs .....	179,857.			179,857.
	7	Food and beverages .....				
	8	Entertainment .....	3,020.			3,020.
	9	Other direct expenses .....	16,964.			16,964.
10	Direct expense summary. Add lines 4 through 9 in column (d) .....				199,841.	
11	Net income summary. Subtract line 10 from line 3, column (d) .....				-110,421.	

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

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

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

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

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	<b>13a</b>	%
b An outside facility	<b>13b</b>	%

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

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

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

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

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

\_\_\_\_\_

Director/officer     
  Employee     
  Independent contractor

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

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

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\_\_\_\_\_





**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

**2019**

**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
PROTEUS FUND 15 RESEARCH DRIVE, SUITE B AMHERST, MA 01002-2776	04-3243004	501C3	51,200.	0.			SUPPORT FOR THE RYE YOUNG TRANSITION AND TRIBUTE FUND
SEXUAL MINORITIES UGANDA - USA DBA SMUG INTERNATIONAL - 22 MORRILL ST. - BOSTON, MA 02125-1937	82-1321263	501C3	35,000.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
GLBTQ LEGAL ADVOCATES & DEFENDERS 30 WINTER STREET, STE 800 BOSTON, MA 02108	04-2660498	501C3	6,000.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
KESHET 24 ARMORY PLACE BOSTON, MA 02460	48-1278664	501C3	19,800.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
AMNESTY INTERNATIONAL USA 5 PENN PLAZA NEW YORK, NY 10001	52-0851555	501C3	11,000.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
SERVICES & ADVOCACY FOR GAY LESBIAN BISEXUAL & TRANSGENDER ELDERS INC. - 305 SEVENTH AVE, 15TH FLOOR - NEW YORK, NY 10001	13-2947657	501C3	7,000.	0.			UNRESTRICTED OPERATING SUPPORT GRANT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **226.**
- 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) (2019)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DOCTORS WITHOUT BORDERS USA 333 7TH AVE FL 2 NEW YORK, NY 10001-5089	13-3433452	501C3	7,500.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
ASTRAEA LESBIAN FOUNDATION FOR JUSTICE - 116 EAST 16TH STREET, 7TH FLOOR - NEW YORK, NY 10003	13-2992977	501C3	23,611.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
COMMUNITY INITIATIVES C/O ASTRAEA LESBIAN FOUNDATION FOR JUSTICE - 116 EAST 16TH STREET, 7TH FLOOR - NEW YORK, NY 10003	94-3255070	501C3	15,000.	0.			SUPPORT FOR GPP AND THE GLOBAL TRACKING REPORT
PUBLIC THEATER 425 LAFAYETTE ST NEW YORK, NY 10003	13-1844852	501C3	10,000.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
AMERICAN CIVIL LIBERTIES UNION FOUNDATION - 125 BROAD STREET, 18TH FLOOR - NEW YORK, NY 10004	13-6213516	501C3	20,750.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
GENERATION CITIZEN INC 110 WALL STREET, 5TH FLOOR NEW YORK, NY 10005	27-2039522	501C3	6,000.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
IMMIGRATION EQUALITY 40 EXCHANGE PLACE, 17TH FLOOR NEW YORK, NY 10005	13-3802711	501C3	6,750.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
LAMBDA LEGAL DEFENSE & EDUCATION FUND - 120 WALL STREET, 19TH FLOORS - NEW YORK, NY 10005	23-7395681	501C3	15,550.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
GIRLS INC. 120 WALL STREET, 3RD FLOOR NEW YORK, NY 10005-3902	13-1915124	501C3	16,000.	0.			UNRESTRICTED OPERATING SUPPORT GRANT

Schedule I (Form 990)

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

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NATURAL RESOURCES DEFENSE COUNCIL INC - 40 WEST 20TH STREET - NEW YORK, NY 10011	13-2654926	501C3	32,750.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
STARTOUT 201 W 21ST ST APT 5G NEW YORK, NY 10011	26-4634162	501C3	7,750.	0.			SUPPORT FOR THE GROWTH LAB
NATIONAL QUEER ASIAN PACIFIC ISLANDER ALLIANCE INC - 233 5TH AVE RM 4A - NEW YORK, NY 10016	27-2114866	501C3	10,000.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
AMERICAN JEWISH WORLD SERVICE, INC. - 45 W 36TH ST., 11TH FLOOR - NEW YORK, NY 10018	22-2584370	501C3	11,000.	0.			SUPPORT FOR FOR PROJECTS BENEFITING LESBIAN, TRANSGENDER AND INTERSEX COMMUNITIES
THE OCEAN CLEANUP NORTH PACIFIC FOUNDATION - 8 WEST 40TH STREET, 12TH FLOOR - NEW YORK, NY 10018	81-5132355	501C3	50,000.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
THE ACTORS FUND OF AMERICA 729 SEVENTH AVE., 10TH FLOOR NEW YORK, NY 10019	13-1635251	501C3	13,250.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
UHAI EASHRI USA INC C/O MARC SOKOL 722 TENTH AVE, STE 2D NEW YORK, NY 10019	352618978	501C3	55,750.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
UHAI EASHRI USA INC C/O MARC SOKOL 722 TENTH AVE, STE 2D NEW YORK, NY 10019	352618978	501C3	105,000.	0.			UHAI AIMS TO PROVIDE CRUCIAL GRANTS AND CAPACITY SUPPORT TO ORGANISING BY AND FOR
BROADWAY CARES-EQUITY FIGHTS AIDS INC - 165 WEST 46TH ST., SUITE 1300 - NEW YORK, NY 10036	13-3458820	501C3	20,000.	0.			UNRESTRICTED OPERATING SUPPORT GRANT

Schedule I (Form 990)

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

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SECOND STAGE THEATRE 1501 BROADWAY, SUITE 518 NEW YORK, NY 10036	13-3021180	501C3	11,050.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
SIGNATURE THEATRE COMPANY, INC. THE PERSHING SQUARE SIGNATURE CENTER 480 WEST 42ND STREET - NEW YORK, NY 100	13-3641560	501C3	10,000.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
OUTRIGHT ACTION INTERNATIONAL 80 MAIDEN LANE, SUITE 1505 NEW YORK, NY 10038	94-3139952	501C3	228,730.	0.			ADDENDUM TO GRANT FOR FOUR UN FELLOWSHIPS TO FOCUSED ON SOGI ISSUES AND HUMAN RIGHTS AT THE
PLANNED PARENTHOOD FEDERATION OF AMERICA, INC. - 123 WILLIAM ST FL 9 - NEW YORK, NY 10038-3812	13-1644147	501C3	63,300.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
AUBURN THEOLOGICAL SEMINARY 475 RIVERSIDE DRIVE, SUITE 1800 NEW YORK, NY 10115	15-0532053	501C3	10,000.	0.			SUPPORT FOR THE BEING IN RELATIONSHIP PROJECT
HUMAN RIGHTS WATCH 350 5TH AVE FL 34 NEW YORK, NY 10118	13-2875808	501C3	10,250.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
INTEGRITY FIRST FOR AMERICA PO BOX 1831 NEW YORK, NY 10156	82-1110585	501C3	10,000.	0.			SUPPORT FOR THE LAWSUIT BROUGHT ON BEHALF OF A DIVERSE COALITION OF CHARLOTTESVILLE, VA
FRIENDS OF THE ISRAEL DEFENSE FORCE - 60 EAST 42ND STREET - NEW YORK, NY 10165	13-3156445	501C3	16,000.	0.			SUPPORT FOR THE CHICAGO CHAPTER IMPACT SCHOLARSHIP FUND
POLITICAL RESEARCH ASSOCIATES 1310 BROADWAY, #201 SOMERVILLE, MA 12144	36-3193323	501C3	10,250.	0.			UNRESTRICTED OPERATING SUPPORT GRANT

Schedule I (Form 990)

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

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GONVILLE & CAIUS COLLEGE -THE CAIUS FOUNDATION - 2001 MARKET STREET - SUITE 3810 - PHILADELPHIA, PA 19103	84-1463503	501C3	13,000.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
CULTUREWORKS GREATER PHILADELPHIA INC - THE PHILADELPHIA BUILDING 1315 WALNUT STREET, SUITE 320 - PHILADELPHIA, PA 19107	90-0619374	501C3	6,000.	0.			SUPPORT FOR WE ARE THE SEEDS
WORLD MENTAL HEALTH COALITION, INC. - 500 DELAWARE AVE, #1960 - WILMINGTON, DE 19899	83-3023320	501C3	10,000.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
MEDIA MATTERS FOR AMERICA 455 MASSACHUSETTS AVE., NW FLOOR 6 WASHINGTON, DC 20001	47-0928008	501C3	15,000.	0.			SUPPORT FOR THE RESPONSE TO THE COVID-19 PANDEMIC
VOTING FOR AMERICA 737 1/2 8TH ST SE WASHINGTON, DC 20003	26-4802468	501C3	10,000.	0.			SUPPORT FOR MIND THE GAP
NATIONAL LGBTQ TASK FORCE 1325 MASSACHUSETTS AVE. NW, SUITE 6 WASHINGTON, DC 20005	52-1624852	501C3	47,500.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
UNITED STATES ASSOCIATION FOR UNHCR - 1310 L ST NW, SUITE 450 - WASHINGTON, DC 20005	52-1662800	501C3	10,500.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
FREEDOM FOR ALL AMERICANS C4 1629 K ST. NW, SUITE 300 WASHINGTON, DC 20006	474156415	501C3	15,000.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
FREEDOM FOR ALL AMERICANS EDUCATION FUND - 1629 K ST. NW, SUITE 300 - WASHINGTON, DC 20006	47-4166556	501C3	25,500.	0.			UNRESTRICTED OPERATING SUPPORT GRANT

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NARAL PRO-CHOICE AMERICA FOUNDATION - 1725 I STREET, SUITE 900 - WASHINGTON, DC 20006	52-1100361	501C3	120,000.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
PFLAG - NATIONAL 1625 K STREET NW SUITE 700 WASHINGTON, DC 20006	95-3750694	501C3	13,250.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
TREGARON CONSERVANCY 3101 MACOMB ST NW WASHINGTON, DC 20008	20-5111004	501C3	20,000.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
NATIONAL CENTER FOR TRANSGENDER EQUALITY - 1400 16TH STREET NW - WASHINGTON, DC 20036	41-2090291	501C3	17,000.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
THE VOTER PARTICIPATION CENTER 1707 L ST., NW, SUITE 300 WASHINGTON, DC 20036	55-0889748	501C3	26,000.	0.			SUPPORT FOR MIND THE GAP
HUMAN RIGHTS CAMPAIGN FOUNDATION 1640 RHODE ISLAND AVENUE NW WASHINGTON, DC 20036-3278	52-1481896	501C3	13,251.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
LAMBDA LEGAL PO BOX 5070 HAGERSTOWN, MD 21741-5070	23-7395681	501C3	10,000.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
IPAS P.O. BOX 9990 CHAPEL HILL, NC 27515	56-1071085	501C3	45,000.	0.			SUPPORT FOR MONITOR AND ANALYZE OPPOSITION'S EFFORTS TO UNDERMINE LGBTQ AND ABORTION RIGHTS
SOUTHERN POVERTY LAW CENTER 400 WASHINGTON AVENUE - PO BOX 5632 MONTGOMERY, AL 36177-7459	63-0598743	501C3	6,250.	0.			UNRESTRICTED OPERATING SUPPORT GRANT

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OAKLAND UNIVERSITY OUWB FINANCIAL SERVICES, MEDICAL STUDENT SERVICES #216 ODOWD HALL, 586 PIONE	38-1714400	501C3	6,000.	0.			SUPPORT FOR EQUALITY SCHOLARSHIP AWARD RECIPIENT
WOMEN'S MEDICAL FUND, INC. P.O. BOX 248 MADISON, WI 53701	51-0189614	501C3	15,000.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
UNIVERSITY OF WISCONSIN FOUNDATION 1848 UNIVERSITY AVENUE MADISON, WI 53726	39-0743975	501C3	9,000.	0.			SUPPORT FOR THE EBRAHIM HUSSEIN FUND FOR RESEARCH IN AFRICAN LITERATURE
HAZELDEN BETTY FORD FOUNDATION 15251 PLEASANT VALLEY RD. CENTER CITY, MN 55012-0011	41-0682405	501C3	20,000.	0.			SUPPORT FOR THE FUNDING OF RANCHO MIRAGE CAMPUS EXPANSION
ROTARY FOUNDATION OF ROTARY INTERNATIONAL - 1560 SHERMAN AVE - EVANSTON, IL 60201	36-3245072	501C3	53,000.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
AUGUSTANA COLLEGE 639 38TH STREET ATTN: DEVELOPMENT O ROCK ISLAND, IL 61201	36-2166962	501C3	11,750.	0.			SUPPORT FOR THE TIMOTHY L. BRIDGE CRITICAL THINKING SCHOLARSHIP
PKD FOUNDATION 8330 WARD PARKWAY, SUITE 501 KANSAS CITY, MO 64114	43-1266906	501C3	8,000.	0.			SUPPORT FOR FINANCIAL ASSISTANCE FOR ATTENDEES TO THE 2020 PKD NATIONAL CONFERENCE
TEXAS CHRISTIAN UNIVERSITY SCHOOL OF MEDICINE - TCU BOX 297012 - FORT WORTH, TX 76129	75-0827465	501C3	6,000.	0.			SUPPORT FOR EQUALITY SCHOLARSHIP AWARD RECIPIENT
ANIMAL PROTECTION OF NEW MEXICO INC APNM FOUNDATION - PO BOX 11395 - ALBUQUERQUE, NM 87192	26-0042048	501C3	6,500.	0.			UNRESTRICTED OPERATING SUPPORT GRANT

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WILDEARTH GUARDIANS 301 N GUADALUPE STREET, SUITE 201 SANTA FE, NM 87501	85-0406306	501C3	6,000.	0.			SUPPORT FOR TRAP FREE NEW MEXICO
EQUALITY CALIFORNIA INSTITUTE 3701 WILSHIRE BLVD. SUITE 725 LOS ANGELES, CA 90010	68-0438008	501C3	37,950.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
COVENANT HOUSE CALIFORNIA 1321 N WESTERN AVENUE LOS ANGELES, CA 90027	13-3391210	501C3	10,000.	0.			SUPPORT FOR DREAMCATCHER AND FOR YEAH!
LAMBDA LITERARY FOUNDATION 5482 WILSHIRE BLVD, #1595 LOS ANGELES, CA 90036	52-1996380	501C3	8,000.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
POINT FOUNDATION 5055 WILSHIRE BLVD, STE 501 LOS ANGELES, CA 90036	84-1582086	501C3	52,500.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
THE TREVOR PROJECT 9056 SANTA MONICA BLVD., SUITE 208 WEST HOLLYWOOD, CA 90069	95-4681287	501C3	20,000.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
DAVID GEFFEN SCHOOL OF MEDICINE AT UCLA - FINANCIAL AID AND SCHOLARSHIPS 885 TIVERTON DRVIE, GEFFEN HALL, SUITE 305 - LOS	95-6006143	501C3	12,000.	0.			SUPPORT FOR EQUALITY SCHOLARSHIP AWARD RECIPIENT
UCLA FOUNDATION 10920 WILSHIRE BOULEVARD, SUITE 110 LOS ANGELES, CA 90095	95-6006143	501C3	26,000.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
KEHILLAT ISRAEL 16019 W. SUNSET BLVD. PACIFIC PALISADES, CA 90272	95-2056645	501C3	6,030.	0.			UNRESTRICTED OPERATING SUPPORT GRANT

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UC SAN DIEGO 9500 GILMAN DRIVE LA JOLLA, CA 92093	95-6006144	501C3	12,000.	0.			SUPPORT FOR EQUALITY SCHOLARSHIP AWARD RECIPIENT
MINGEI INTERNATIONAL INC 1439 EL PRADO SAN DIEGO, CA 92101	23-7433357	501C3	25,000.	0.			SUPPORT FOR THE PUBLICATION, THE OBJECT IN ITS PLACE: "TED COHEN & THE ART OF THE
PLANNED PARENTHOOD OF THE PACIFIC SOUTHWEST - 1075 CAMINO DEL RIO SOUTH - SAN DIEGO, CA 92108	95-6111785	501C3	8,800.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
THE LGBT COMMUNITY CENTER OF THE DESERT - 1301 N PALM CANYON DR. - PALM SPRINGS, CA 92262	33-0937301	501C3	12,250.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
SAVE OSWIT CANYON 1610 DUNHAM ROAD PALM SPRINGS, CA 92264	83-2006672	501C3	50,250.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
UNIVERSITY OF REDLANDS 1200 EAST COLTON AVENUE P.O. BOX 30 REDLANDS, CA 92373-0999	95-1643389	501C3	200,000.	0.			GLOBAL FAITH AND JUSTICE PROJECT - ROOTED IN FAITH AND JUSTICE, THIS PROJECT WILL WORK TO AMPLIFIES
THE SOURCE LGBT+ CENTER 208 WEST MAIN STREET B VISALIA, CA 93291	81-1907707	501C3	10,000.	0.			GIVE OUT DAY PRIZE AWARD GRANT - 1ST PLACE, NATIONAL MEDIUM ORGANIZATION LEADERBOARD
COASTPRIDE P.O. BOX 1699 EL GRANADA, CA 94018	84-2227224	501C3	9,000.	0.			GENERAL OPERATING SUPPORT FOR PROGRAMS TO CULTIVATE AND SUPPORT A WELCOMING COAST SIDE COMMUNITY
PUENTE DE LA COSTA SUR PO BOX 554 PESCADERO, CA 94060	37-1484262	501C3	6,000.	0.			UNRESTRICTED OPERATING SUPPORT GRANT

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SAN MATEO COUNTY PRIDE CENTER (A PROGRAM OF STARVISTA) - 610 ELM STREET #212 - SAN CARLOS, CA 94070	94-3094966	501C3	23,000.	0.			PROJECT SUPPORT FOR THE OLDER ADULT PROGRAM AT THE SAN MATEO COUNTY PRIDE CENTER TO COMBAT
CURRY SENIOR CENTER 315 TURK STREET SAN FRANCISCO, CA 94102	23-7362588	501C3	40,000.	0.			UNRESTRICTED OPERATING SUPPORT GRANT FOR RESPONSE TO THE COVID-19 PANDEMIC
HEALTH INITIATIVES FOR YOUTH 1540 MARKET ST., STE. 300 SAN FRANCISCO, CA 94102	94-3162876	501C3	10,000.	0.			PROJECT SUPPORT FOR THE LEADERSHIP IN DIVERSITY PROGRAM AND WEST OAKLAND SAFE SPACE TO PROVIDE
LARKIN STREET YOUTH SERVICES 134 GOLDEN GATE AVENUE SAN FRANCISCO, CA 94102	94-2917999	501C3	6,750.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
NATIONAL CENTER FOR LESBIAN RIGHTS 870 MARKET ST., SUITE 370 SAN FRANCISCO, CA 94102	94-3086885	501C3	113,600.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
NEW CONSERVATORY THEATRE CENTER 25 VAN NESS AVE, LOWER LOBBY SAN FRANCISCO, CA 94102	94-2778856	501C3	51,503.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
OPENHOUSE 65 LAGUNA STREET SAN FRANCISCO, CA 94102	94-3337955	501C3	103,583.	0.			SUPPORT FROM THE LGBTQ COMMUNITY EVENT SPONSORSHIP PROGRAM AT HORIZONS FOUNDATION
RADAR PRODUCTIONS 1446 MARKET ST SAN FRANCISCO, CA 94102	73-1664874	501C3	10,000.	0.			GENERAL OPERATING SUPPORT FOR PROGRAMS THAT GIVE KIDS GLAMOROUS, POSITIVE, AND UNABASHEDLY QUEER
SAFEHOUSE FOR THE PERFORMING ARTS 145 EDDY ST. SAN FRANCISCO, CA 94102	01-0908118	501C3	15,000.	0.			PROJECT SUPPORT FOR THE NEW QUEER PERFORMANCE RESIDENCY PROGRAM IN SAN FRANCISCO THAT SUPPORTS

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SAN FRANCISCO LGBT COMMUNITY CENTER - 1800 MARKET STREET - SAN FRANCISCO, CA 94102	94-3236718	501C3	42,000.	0.			SUPPORT FOR THE USJS PROJECT OF SF LGBT CENTER
SAN FRANCISCO OPERA 301 VAN NESS AVE SAN FRANCISCO, CA 94102	94-0836240	501C3	28,500.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
SAN FRANCISCO PLAYHOUSE 588 SUTTER ST SUITE 318 SAN FRANCISCO, CA 94102	86-1089699	501C3	26,750.	0.			SUPPORT FOR THE RISING STAR PROGRAM
SFJAZZ 201 FRANKLIN STREET SAN FRANCISCO, CA 94102	94-2990335	501C3	12,300.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
ST. JAMES INFIRMARY 25 TAYLOR ST, SUITE 626 SAN FRANCISCO, CA 94102	94-3330568	501C3	40,000.	0.			GENERAL OPERATING SUPPORT FOR PROGRAMS TO CREATE AN URBAN ENVIRONMENT THAT FOSTERS THE RICH HISTORY,
ST. JAMES INFIRMARY 234 EDDY STREET SAN FRANCISCO, CA 94102	94-3330568	501C3	10,000.	0.			UNRESTRICTED OPERATING SUPPORT GRANT FOR RESPONSE TO THE COVID-19 PANDEMIC
ST. JAMES INFIRMARY 370 TURK ST #370 SAN FRANCISCO, CA 94102	94-3330568	501C3	15,000.	0.			UNRESTRICTED OPERATING SUPPORT GRANT FOR RESPONSE TO THE COVID-19 PANDEMIC
SAN FRANCISCO CONSERVATORY OF MUSIC - 1201 OAK STREET - SAN FRANCISCO, CA 94102-6011	94-1156610	501C3	11,000.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
AIDS LEGAL REFERRAL PANEL 1663 MISSION STREET, SUITE 500 SAN FRANCISCO, CA 94103	94-3111738	501C3	8,000.	0.			SPONSORSHIP OF ALRP'S FROM THE HEART 36TH ANNUAL RECEPTION & AUCTION

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ALONZO KING LINES BALLET 26 7TH STREET, 5TH FLOOR SAN FRANCISCO, CA 94103	94-2933309	501C3	10,250.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
COMMUNITY INITIATIVES 2940 16TH STREET #319 SAN FRANCISCO, CA 94103	94-3255070	501C3	20,000.	0.			UNRESTRICTED OPERATING SUPPORT GRANT FOR RESPONSE TO THE COVID-19 PANDEMIC
COMMUNITY UNITED AGAINST VIOLENCE 427 SOUTH VAN NESS AVENUE SAN FRANCISCO, CA 94103	94-2758154	501C3	20,000.	0.			GENERAL OPERATING SUPPORT FOR PROGRAMS THAT WORK TO BUILD THE POWER OF LGBTQ COMMUNITIES TO TRANSFORM
DANCER'S GROUP 44 GOUGH STREET, SUITE 201 SAN FRANCISCO, CA 94103	94-2879185	501C3	10,500.	0.			SUPPORT FOR THE SAN FRANCISCO INTERNATIONAL HIP HOP DANCEFEST
FRAMELINE 145 9TH STREET SUITE 300 SAN FRANCISCO, CA 94103	94-2775772	501C3	92,250.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
GLBT HISTORICAL SOCIETY 989 MARKET STREET, LOWER LEVEL SAN FRANCISCO, CA 94103	94-2989004	501C3	60,000.	0.			SUPPORT FOR GLBTHS PARTICIPATION IN LGBTQ EVENT AT OAKALND MUSEUM OF CALIFORNIA
GOLDEN GATE PERFORMING ARTS/SAN FRANCISCO GAY MEN'S CHORUS - 170 VALENCIA STREET - SAN FRANCISCO, CA 94103	94-2576101	501C3	65,868.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
OUR FAMILY COALITION 1385 MISSION ST., STE. 340 SAN FRANCISCO, CA 94103	94-3261786	501C3	26,419.	0.			SUPPORT FROM THE LGBTQ COMMUNITY EVENT SPONSORSHIP PROGRAM AT HORIZONS FOUNDATION
PRC 170 9TH STREET SAN FRANCISCO, CA 94103	94-3078431	501C3	21,250.	0.			SPONSORSHIP OF PRC'S MIGHTY REAL GALA 2019

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Q FOUNDATION- DBA AIDS HOUSING ALLIANCE - 995 MARKET STREET, FLOOR 2 - SAN FRANCISCO, CA 94103	20-0548954	501C3	20,000.	0.			UNRESTRICTED OPERATING SUPPORT GRANT FOR RESPONSE TO THE COVID-19 PANDEMIC
SAN FRANCISCO AIDS FOUNDATION 1035 MARKET STREET, SUITE 400 SAN FRANCISCO, CA 94103	94-2927405	501C3	16,750.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
SAN FRANCISCO PARKS ALLIANCE 1663 MISSION ST #320 SAN FRANCISCO, CA 94103	23-7131784	501C3	8,000.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
SWORDS TO PLOWSHARES VETERANS RIGHTS ORGANIZATION - 1060 HOWARD ST - SAN FRANCISCO, CA 94103	94-2260626	501C3	10,000.	0.			PROJECT SUPPORT TO REACH AND SERVE VULNERABLE LGBTQ VETERANS IN THE SAN FRANCISCO BAY AREA BY
YES IN MY BACK YARD 1260 MISSION STREET SAN FRANCISCO, CA 94103	32-0610451	501C3	40,000.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
HEALTHRIGHT 360 1563 MISSION ST FL 1 SAN FRANCISCO, CA 94103-2592	94-6129071	501C3	53,750.	0.			PROJECT SUPPORT FOR PROGRAMS THROUGH THE LYON-MARTIN HEALTH SERVICES THAT IMPROVE THE
BREAST CANCER ACTION 548 MARKET ST PMB 17179 SAN FRANCISCO, CA 94104	94-3138992	501C3	34,250.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
THE LGBT ASYLUM PROJECT - CENTER FOR IMMIGRANT PROTECTION - 315 MONTGOMERY STREET, SUITE 917 - SAN FRANCISCO, CA 94104	47-5301730	501C3	33,750.	0.			GENERAL OPERATING SUPPORT TO PROVIDE PRO-BONO LEGAL REPRESENTATION FOR LGBT IMMIGRANTS WHO ARE
UNIVERSITY OF CALIFORNIA SAN FRANCISCO FOUNDATION - 220 MONTGOMERY STREET, 5TH FLOOR - SAN FRANCISCO, CA 94104	94-2829914	501C3	53,500.	0.			SUPPORT FOR THE GUARDIAN SCHOLARS PROGRAM

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LAMPLIGHTERS MUSIC THEATRE 469 BRYANT ST SAN FRANCISCO, CA 94107	94-6109095	501C3	8,500.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
SAN FRANCISCO-MARIN FOOD BANK 900 PENNSYLVANIA AVE SAN FRANCISCO, CA 94107	94-3041517	501C3	75,700.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
AUTISM HEARTS FOUNDATION 447 SUTTER STREET, SUITE 502 SAN FRANCISCO, CA 94108	26-4217118	501C3	10,000.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
CHINESE FOR AFFIRMATIVE ACTION 17 WALTER U LUM PLACE SAN FRANCISCO, CA 94108	94-2161304	501C3	31,000.	0.			GENERAL OPERATING SUPPORT TO BUILD LGBTQ LEADERSHIP AND POWER TO AMPLIFY VOICES AND INCREASE
CHINESE FOR AFFIRMATIVE ACTION 17 WALTER U . LUM PLACE SAN FRANCISCO, CA 94108	94-2161304	501C3	5,400.	0.			GENERAL OPERATING SUPPORT FOR API EQUALITY NORTHERN CALIFORNIA
FOGLIFTER PRESS 1200 CLAY ST SAN FRANCISCO, CA 94108	812681082	501C3	8,000.	0.			GENERAL OPERATING SUPPORT FOR PROGRAMS THAT SUPPORT AND UPLIFT POWERFUL, INTERSECTIONAL, AND
FIRST UNITARIAN UNIVERSALIST SOCIETY OF SAN FRANCISCO - ATTN: GUARDIAN GROUP - BOX 71 1187 FRANKLIN STREET - SAN FRANCISCO,	94-1186221	501C3	11,500.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
ST. JAMES INFIRMARY 730 POLK ST., 4TH FLOOR SAN FRANCISCO, CA 94109	94-3330568	501C3	22,750.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
BREAST CANCER FUND 1388 SUTTER STREET, SUITE 400 SAN FRANCISCO, CA 94109-5400	94-3155886	501C3	25,000.	0.			UNRESTRICTED OPERATING SUPPORT GRANT

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PROJECT OPEN HAND 730 POLK STREET SAN FRANCISCO, CA 94109-7813	94-3023551	501C3	28,400.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
SAN FRANCISCO COMMUNITY HEALTH CENTER - 730 POLK STREET, 4TH FLOOR - SAN FRANCISCO, CA 94109-7813	94-3096109	501C3	15,000.	0.			UNRESTRICTED OPERATING SUPPORT GRANT FOR RESPONSE TO THE COVID-19 PANDEMIC
ASIAN WOMEN'S SHELTER 3543 18TH STREET, #19 SAN FRANCISCO, CA 94110	94-3030212	501C3	6,250.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
DOLORES STREET COMMUNITY SERVICES 938 VALENCIA ST SAN FRANCISCO, CA 94110	94-2919302	501C3	10,000.	0.			PROJECT SUPPORT FOR JAZZIES PLACE, THE FIRST ADULT LGBTQ HOMELESS SHELTER CENTER IN THE
KQED INC. 2601 MARIPOSA STREET SAN FRANCISCO, CA 94110	94-1241309	501C3	5,100.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
QUEER CULTURAL CENTER 3543 18TH ST #4 SAN FRANCISCO, CA 94110	94-3227839	501C3	10,000.	0.			SUPPORT FOR THE TRANS MARCH'S PERFORMANCE STAGE TO INSPIRE ALL TRANS AND GENDER NON-CONFORMING
RAY OF LIGHT THEATRE 3530 18TH STREET, #4 SAN FRANCISCO, CA 94110	65-1173567	501C3	20,000.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
SAN FRANCISCO GENERAL HOSPITAL FOUNDATION - 2789 25TH STREET, SUITE 2028 - SAN FRANCISCO, CA 94110	94-3189424	501C3	7,000.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
THE MARSH SAN FRANCISCO 1062 VALENCIA STREET SAN FRANCISCO, CA 94110	94-3142152	501C3	10,000.	0.			UNRESTRICTED OPERATING SUPPORT GRANT

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SAN FRANCISCO JEWISH FILM FESTIVAL 1407 VALENCIA ST SAN FRANCISCO, CA 94110-3716	94-2854068	501C3	8,500.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
AMERICAN CIVIL LIBERTIES UNION FOUNDATION OF NORTHERN CALIFORNIA - 39 DRUMM STREET - SAN FRANCISCO, CA 94111	94-0279770	501C3	182,500.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
LYRIC 127 COLLINGWOOD ST. SAN FRANCISCO, CA 94114	94-3227296	501C3	33,750.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
PFLAG SAN FRANCISCO 584 CASTRO STREET #758 SAN FRANCISCO, CA 94114	94-2999646	501C3	5,434.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
POSITIVE PEDALERS 584 CASTRO STREET, #876 SAN FRANCISCO, CA 94114	46-3163701	501C3	10,000.	0.			GIVE OUT DAY PRIZE AWARD GRANT - 1ST PLACE, NATIONAL SMALL ORGANIZATION LEADERBOARD
QUEER LIFESPACE 2275 MARKET STREET SAN FRANCISCO, CA 94114	45-2451077	501C3	15,000.	0.			GENERAL OPERATING SUPPORT FOR PROGRAMS THAT PROVIDE FINANCIALLY ACCESSIBLE SUPPORT SERVICES FOR
TAKE BACK THE COURT FOUNDATION 2370 MARKET STREET #423 SAN FRANCISCO, CA 94114	84-2145297	501C3	5,500.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
THE SUNDANCE ASSOCIATION FOR COUNTRY-WESTERN DANCING - 2261 MARKET STREET, PMB 225 - SAN FRANCISCO, CA 94114	94-3336172	501C3	6,500.	0.			GIVE OUT DAY PRIZE AWARD GRANT - 2ND PLACE, NATIONAL MEDIUM ORGANIZATION LEADERBOARD
THE SISTERS OF PERPETUAL INDULGENCE, INC. - 584 CASTRO ST. #392 - SAN FRANCISCO, CA 94114-2594	94-3032120	501C3	10,000.	0.			GENERAL OPERATING SUPPORT OF A LEADING-EDGE ORDER OF QUEER NUNS DEVOTED TO COMMUNITY SERVICE,

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INTERSECTION FOR THE ARTS 733 BAKER ST SAN FRANCISCO, CA 94115	94-1593216	501C3	10,000.	0.			GENERAL OPERATING SUPPORT TO PRESENT WORK THAT ARTISTICALLY EXPLORES THE HISTORIES OF LGBTQ PEOPLE
ORAM - ORGANIZATION FOR REFUGE ASYLUM & MIGRATION - 2443 FILLMORE ST #380-6489 - SAN FRANCISCO, CA 94115	26-3748676	501C3	25,000.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
CIRCUS CENTER 755 FREDERICK ST SAN FRANCISCO, CA 94117	94-3173332	501C3	10,000.	0.			SUPPORT FOR STUDENT SCHOLARSHIPS
HOMELESS YOUTH ALLIANCE PO BOX 170427 SAN FRANCISCO, CA 94117	81-3036333	501C3	36,000.	0.			PROJECT SUPPORT FOR PROGRAMS THAT SERVE YOUTH WHO ARE HOMELESS OR IN TRANSITIONAL HOUSING
HUCKLEBERRY YOUTH PROGRAM 3450 GEARY BLVD., SUITE 107 SAN FRANCISCO, CA 94118	94-1687559	501C3	6,000.	0.			SUPPORT FOR BBB
SAN FRANCISCO SUICIDE PREVENTION INC - P.O. BOX 191350 - SAN FRANCISCO, CA 94119-1350	94-1581618	501C3	5,250.	0.			SUPPORT FOR THE AIDS HIV NIGHTLINE
PRISM FOUNDATION (FORMERLY GAPA FOUNDATION) - PO BOX 22482 - SAN FRANCISCO, CA 94122	27-3951660	501C3	12,750.	0.			GENERAL OPERATING SUPPORT FOR THE GAPA FELLOWSHIP PROGRAM, SERVING YOUNG ADULTS (18-30 YEARS OLD)
SYMPHONY PARNASSUS PO BOX 225297 SAN FRANCISCO, CA 94122	94-3338747	501C3	10,000.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
MEALS ON WHEELS OF SAN FRANCISCO 1375 FAIRFAX AVENUE SAN FRANCISCO, CA 94124	94-1741155	501C3	10,000.	0.			UNRESTRICTED OPERATING SUPPORT GRANT

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LITERACY FOR ENVIRONMENTAL JUSTICE 800 INNES AVE., SUITE 11 SAN FRANCISCO, CA 94124	01-0777856	501C3	10,000.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
QWOCMAP - QUEER WOMEN OF COLOR MEDIA ARTS PROJECT - 1014 TORNEY AVENUE SUITE 111 - SAN FRANCISCO, CA 94129	80-0094746	501C3	16,250.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
TIDES FOUNDATION P.O. BOX 29198 SAN FRANCISCO, CA 94129-0198	51-0198509	501C3	38,079.	0.			SUPPORT FOR CIVITAS/EQUALITY WITHOUT BORDERS
FRESH MEAT PRODUCTIONS 375 27TH STREET #A SAN FRANCISCO, CA 94131	80-0225836	501C3	10,000.	0.			UNRESTRICTED OPERATING SUPPORT GRANT FOR RESPONSE TO THE COVID-19 PANDEMIC
FRESH MEAT PRODUCTIONS 375 27TH STREET #A SAN FRANCISCO, CA 94131	80-0225836	501C3	14,300.	0.			GENERAL OPERATING SUPPORT FOR THE WORLD'S FIRST AND LONGEST-RUNNING TRANSGENDER FILM FESTIVAL
SAN FRANCISCO STATE UNIVERSITY 1600 HOLLOWAY AVENUE SAN FRANCISCO, CA 94132	93-1137247	501C3	8,500.	0.			SUPPORT FOR EQUALITY SCHOLARSHIP AWARD RECIPIENT
THE UNIVERSITY CORPORATION SAN FRANCISCO STATE - OFFICE OF UNIVERSITY DEVELOPMENT - SAN FRANCISCO, CA 94132-4028	94-1384645	501C3	7,500.	0.			SUPPORT FOR THE GUARDIAN SCHOLAR PROGRAM
THEATRE RHINOCEROS PO BOX 423406 SAN FRANCISCO, CA 94142	94-2568273	501C3	7,075.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - 500 PARNASSUS AVENUE MU-201W - SAN FRANCISCO, CA 94143-0246	94-6036493	501C3	10,000.	0.			SUPPORT FOR EQUALITY SCHOLARSHIP AWARD RECIPIENT

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GALERIA DE LA RAZA 1990 FOLSOM STREET SAN FRANCISCO, CA 94172	94-2495604	501C3	16,500.	0.			CAPACITY BUILDING SUPPORT FOR GALERIA'S CORAZON
STANFORD UNIVERSITY FINANCIAL AID 355 GALVEZ STREET STANFORD, CA 94305-3021	94-1156365	501C3	26,000.	0.			SUPPORT FOR MARKOWSKI-LEACH SCHOLARSHIP AWARD RECIPIENT(S)
STANFORD UNIVERSITY SCHOOL OF MEDICINE - 251 CAMPUS DRIVE, MSOB X383 - STANFORD, CA 94305-5404	94-1156365	501C3	12,000.	0.			SUPPORT FOR EQUALITY SCHOLARSHIP AWARD RECIPIENT
ISRAAID (US) GLOBAL HUMANITARIAN ASSISTANCE, INC. - PO BOX 61227 - PALO ALTO, CA 94306	46-2118225	501C3	10,000.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
CAMINAR 2600 S EL CAMINO REAL STE 200 SAN MATEO, CA 94403	94-1639389	501C3	8,250.	0.			PROJECT SUPPORT FOR LGBTQ YOUTH SPACE TO CONTINUE AS A HUB OF QUEER YOUTH ARTS IN THE SOUTH BAY BY
RAINBOW COMMUNITY CENTER OF CONTRA COSTA COUNTY - 2118 WILLOW PASS RD. SUITE 500 - CONCORD, CA 94520	68-0375857	501C3	45,000.	0.			UNRESTRICTED OPERATING SUPPORT GRANT FOR RESPONSE TO THE COVID-19 PANDEMIC
SOLANO PRIDE CENTER 1234 EMPIRE ST., SUITE 1560 FAIRFIELD, CA 94533	68-0477185	501C3	40,000.	0.			GENERAL OPERATING SUPPORT FOR PROGRAMS THAT BUILD COMMUNITY AND PROMOTE WELLNESS AMONG LGBTQ
NILES ESSANAY SILENT FILM MUSEUM 37417 NILES BLVD. FREMONT, CA 94536	68-0474679	501C3	10,000.	0.			SUPPORT FOR THE PRESERVATION OF IMPORTANT AND RARE COLLECTIONS OF ORIGINAL PHOTOPLAY MUSIC
ON THE MOVE 780 LINCOLN AVENUE NAPA, CA 94558	75-3149095	501C3	30,000.	0.			PROJECT SUPPORT FOR LGBTQ CONNECTION TO EXPAND EXISTING SERVICES FOR LGBTQ YOUTH IN NAPA AND

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GENDER SPECTRUM 1271 WASHINGTON AVE, #834 SAN LEANDRO, CA 94577	41-2253091	501C3	7,500.	0.			UNRESTRICTED OPERATING SUPPORT GRANT FOR RESPONSE TO THE COVID-19 PANDEMIC
HOMOBILES 1645 GRAHAM WAY SAN LEANDRO, CA 94578	46-0991187	501C3	7,000.	0.			PROJECT SUPPORT FOR THE LGBTQ CAR SHARE SERVICE TO SERVE TRANS PEOPLE GETTING TO AND FROM
GLBT HISTORICAL SOCIETY 3021 IRWIN STREET VALLEJO, CA 94591	94-2989004	501C3	10,000.	0.			GENERAL OPERATING SUPPORT FOR AN ARCHIVE LOCATED IN THE NORTH-EAST BAY AREA THAT PRESERVES THE
QUEER CULTURAL CENTER 1024 101ST AVE OAKLAND, CA 94603	94-3227839	501C3	18,000.	0.			GENERAL OPERATING SUPPORT FOR PROGRAMS THAT WORK TO AMPLIFY THE VOICES OF LGBTQ+ PEOPLE
ALL-OPTIONS PO BOX 28284 OAKLAND, CA 94604	87-0729403	501C3	15,000.	0.			UNRESTRICTED OPERATING SUPPORT GRANT IN HONOR OF THE 15TH ANNIVERSARY
THE LGBT ASYLUM PROJECT - CENTER FOR IMMIGRANT PROTECTION - 8015 HILLSIDE STREET - OAKLAND, CA 94605	47-5301730	501C3	20,000.	0.			UNRESTRICTED OPERATING SUPPORT GRANT FOR RESPONSE TO THE COVID-19 PANDEMIC
POSITIVE RESULTS CORPORATION 1236 23RD AVE OAKLAND, CA 94606	95-4455668	501C3	10,000.	0.			GENERAL OPERATING SUPPORT FOR WORK INCLUDING MULTIMEDIA PROJECTS, CURRICULA, AND
TRANS LIFELINE 101 BROADWAY, SUITE 311 OAKLAND, CA 94607	47-2097494	501C3	26,000.	0.			UNRESTRICTED OPERATING SUPPORT GRANT FOR RESPONSE TO THE COVID-19 PANDEMIC
LEGAL SERVICES FOR PRISONERS WITH CHILDREN - 4400 MARKET STREET - OAKLAND, CA 94608	94-3080408	501C3	10,000.	0.			PROJECT SUPPORT FOR #METOOBEHINDBARS TO COMBINE LEGAL ACTION, PUBLIC EDUCATION, AND

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SOCIAL GOOD FUND 535 41ST STREET NO. 7 OAKLAND, CA 94609	46-1323531	501C3	6,000.	0.			GENERAL SUPPORT FOR THEIR WORK TO PROMOTE CULTURAL EQUITY FOR TRANSGENDER WOMEN OF COLOR THROUGH
OAKLAND LGBTQ COMMUNITY CENTER 3207 LAKESHORE AVE OAKLAND, CA 94610	82-2258008	501C3	66,600.	0.			GENERAL OPERATING SUPPORT FOR OAKLAND'S FIRST INTERGENERATIONAL, MULTI-ETHNIC,
QUEER CULTURAL CENTER 450 LEE STREET #1 OAKLAND, CA 94610	94-3227839	501C3	15,000.	0.			GENERAL OPERATING SUPPORT FOR THE QUEER LATIN DANCE FESTIVAL IN THE SOUTH BAY AND PROGRAMS IN OAKLAND
TURNOUT 3207 LAKESHORE AVE OAKLAND, CA 94610	47-5263212	501C3	18,500.	0.			GENERAL OPERATING SUPPORT TO AMPLIFY THE IMPACT OF ORGANIZATIONS THAT SUPPORT LGBTQ COMMUNITIES
LAVENDER SENIORS OF THE EAST BAY 4123 BROADWAY #818 OAKLAND, CA 94611	94-3337173	501C3	50,000.	0.			GENERAL OPERATING SUPPORT FOR PROGRAMS TO IMPROVE THE QUALITY OF LIFE OF LGBT RESIDENTS OF THE
MOVEMENT STRATEGY CENTER 436 14TH STREET, 5TH FLOOR OAKLAND, CA 94612	20-1037643	501C3	54,000.	0.			SUPPORT FOR MOVEMENT GENERATION VIA MOVEMENT STRATEGY CENTER
OAKLAND PUBLIC EDUCATION FUND P.O. BOX 71005 OAKLAND, CA 94612	43-2014630	501C3	6,000.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
SOCIAL GOOD FUND 1714 FRANKLIN ST., #100-404 OAKLAND, CA 94612	46-1323531	501C3	20,000.	0.			GENERAL OPERATING SUPPORT FOR PERFORMANCE ARTS PROGRAMS THAT PROMOTE SOCIAL JUSTICE AND TO
SOMOS FAMILIA 2323 BROADWAY OAKLAND, CA 94612	81-4019488	501C3	40,000.	0.			GENERAL OPERATING SUPPORT TO CONTINUE BUILDING INTERGENERATIONAL LEADERSHIP TO CREATE

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TRANSGENDER LAW CENTER 300 FRANK OGAWA PLAZA, #9 OAKLAND, CA 94612	05-0544006	501C3	61,250.	0.			SPONSORSHIP OF SPARK! ANNUAL GALA
WOMEN'S FOUNDATION OF CALIFORNIA 300 FRANK H. OGAWA PLAZA, SUITE 420 OAKLAND, CA 94612	94-2752421	501C3	95,500.	0.			SUPPORT FOR THE WOMENS FOUNDATION OF CALIFORNIAS 40TH ANNIVERSARY
THOUSAND CURRENTS 1330 BROADWAY # 301 OAKLAND, CA 94612-2503	77-0071852	501C3	11,500.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
CAMP IT UP 3500 VICTOR AVE OAKLAND, CA 94619	26-2733972	501C3	15,000.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
SHOGA FILMS FOUNDATION 4300 TOMPKINS AVE OAKLAND, CA 94619	30-0805365	501C3	24,500.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
ALAMEDA COUNTY COMMUNITY FOOD BANK PO BOX 2599 OAKLAND, CA 94621	94-2960297	501C3	41,550.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
YVETTE A. FLUNDER FOUNDATION 8400 ENTERPRISE WAY OAKLAND, CA 94621	32-0095516	501C3	85,000.	0.			SUPPORT TFAM GLOBAL TO EXPAND PROGRESSIVE FAITH AND COMMUNITY PARTNERSHIPS ON THE
EAST BAY SANCTUARY COVENANT 2212 BROWNING ST. BERKELEY, CA 94702	94-3249753	501C3	8,000.	0.			GENERAL SUPPORT FOR WORK TO SERVE AS A COMMUNITY SUPPORT PROGRAM FOR LGBT IMMIGRANTS FROM LATIN
DANCER'S GROUP 1638 1/2 DELAWARE ST. BERKELEY, CA 94703	94-2879185	501C3	5,053.	0.			GENERAL OPERATING SUPPORT FOR A DISABILITY JUSTICE BASED PERFORMANCE PROJECT THAT INCUBATES AND

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EAST BAY SANCTUARY COVENANT 2362BANCROFTWAY BERKELEY, CA 94704	94-3249753	501C3	10,000.	0.			PROJECT SUPPORT FOR THE OLAS/LGBT ASYLUM PROGRAM TO PROVIDE COMPREHENSIVE LEGAL ASSISTANCE AND
JEWISH FAMILY & COMMUNITY SERVICES EAST BAY - 2484 SHATTUCK AVE, SUITE 210 - BERKELEY, CA 94704	94-3250304	501C3	5,360.	0.			SUPPORT FOR REFUGEES WELCOME FUND
WOMEN'S THERAPY CENTER, INC. 2105 MARTIN LUTHER KING JR WAY BERKELEY, CA 94704	94-2896681	501C3	10,000.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
OASIS LEGAL SERVICES 1900 ADDISON STREET, SUITE 100 BERKELEY, CA 94704-2649	82-0696739	501C3	55,800.	0.			GENERAL OPERATING SUPPORT FOR PROGRAMS TO PROVIDE QUALITY LEGAL IMMIGRATION SERVICES TO
CHOCHMAT HALEV 2215 PRINCE ST BERKELEY, CA 94705	94-3200772	501C3	25,000.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
PACIFIC CENTER FOR HUMAN GROWTH 2712 TELEGRAPH AVE. BERKELEY, CA 94705	94-2287492	501C3	38,750.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
WOMEN'S CANCER RESOURCE CENTER 2908 ELLSWORTH ST BERKELEY, CA 94705	94-3131204	501C3	51,500.	0.			SUPPORT FOR THE SWIM-A-THON
CATTICUS CORPORATION 2600 TENTH STREET BERKELEY, CA 94710	95-3579940	501C3	20,500.	0.			SUPPORT FOR COMPLETION FUNDS FOR THE MOVIE, "NO STRAIGHT LINES" .
UNIVERSITY OF CALIFORNIA BERKELEY - FINANCIAL AID - 201 SPROUL HALL, # 1960 - BERKELEY, CA 94720-4422	94-6090626	501C3	26,000.	0.			SUPPORT FOR MARKOWSKI-LEACH SCHOLARSHIP AWARD RECIPIENT(S)

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
RYSE 205 41ST STREET RICHMOND, CA 94805	26-0692904	501C3	25,500.	0.			PROJECT SUPPORT FOR THE ALPHABET GROUP AT RYSE, WHICH PROVIDES EXPLICIT LGBTQ SAFE SPACE IN THE
SOCIAL GOOD FUND PO BOX 5473 RICHMOND, CA 94805	46-1323531	501C3	6,000.	0.			GENERAL SUPPORT FOR WORK IN BUILDING COMMUNITY, SAFETY, HEALING ARTS AND JUSTICE WITH LGBTQIA+
SOCIAL GOOD FUND 12651 SAN PABLO AVE., SUITE 5473 RICHMOND, CA 94805	46-1323531	501C3	14,750.	0.			SUPPORT FOR PROJECT LPAC
ALTERTHEATER (ALTERNATIVE THEATER ENSEMBLE) - 1337 FOURTH ST., SUITE A - SAN RAFAEL, CA 94901	86-1110074	501C3	10,000.	0.			PROJECT SUPPORT TO FURTHER DEVELOP WITH CELEBRATED LESBIAN AUTHOR ELANA DYKEWOMON HER FIRST
CONGREGATION RODEF SHOLOM OF MARIN 170 N SAN PEDRO RD SAN RAFAEL, CA 94903	94-6030040	501C3	34,600.	0.			UNRESTRICTED OPERATING ANNUAL SUPPORT GRANT
THE SPAHR CENTER 150 NELLEN AVENUE CORTE MADERA, CA 94925	68-0072470	501C3	35,500.	0.			SUPPORT FROM THE LGBTQ COMMUNITY EVENT SPONSORSHIP PROGRAM AT HORIZONS FOUNDATION
SONOMA STATE UNIVERSITY 1801 EAST COTATI AVENUE ROHNERT PARK, CA 94928	68-0338225	501C3	6,000.	0.			SUPPORT FOR EQUALITY SCHOLARSHIP AWARD RECIPIENT
SUNNY HILLS SERVICES DBA SIDE BY SIDE - 300 SUNNY HILLS DR. - SAN ANSELMO, CA 94960	94-1156301	501C3	20,000.	0.			PROJECT SUPPORT FOR OUR SPACE PROGRAM TO SUPPORT LGBTQ YOUTH AFFECTED BY POVERTY, HOMELESSNESS,
CABRILLO COLLEGE CABRILLO COLLEGE FINANCIAL AID 6500 SOQUEL DRIVE - APTOS, CA 95003	94-6121953	501C3	6,000.	0.			SUPPORT FOR EQUALITY SCHOLARSHIP AWARD RECIPIENT

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
DIVERSITY CENTER OF SANTA CRUZ PO BOX 8280 SANTA CRUZ, CA 95061	77-0212967	501C3	14,500.	0.			SUPPORT OF THEIR CAPITAL CAMPAIGN, OR WHERE IT IS MOST NEEDED
THE TLC FOUNDATION FOR BODY-FOCUSED REPETITIVE BEHAVIORS - 716 SOQUEL AVENUE, SUITE A - SANTA CRUZ, CA 95062	77-0266587	501C3	15,200.	0.			SUPPORT FOR THE \$100,000 MATCHING GIFT CAMPAIGN
RAINBOW WOMEN'S CHORUS 14938 CAMDEN AVENUE, SUITE 61 SAN JOSE, CA 95124	77-0559726	501C3	7,500.	0.			GENERAL OPERATING SUPPORT FOR RAINBOW WOMEN CHORUS TO DEVELOP MUSICAL EXCELLENCE IN AN
BILLY DEFRANK LGBTQ COMMUNITY CENTER - 938 THE ALAMEDA - SAN JOSE, CA 95126	92-2850498	501C3	30,000.	0.			UNRESTRICTED OPERATING SUPPORT GRANT FOR RESPONSE TO THE COVID-19 PANDEMIC
VMC FOUNDATION 2400 MOORPARK AVE #207 REDWOOD CITY, CA 95128	77-0187890	501C3	35,000.	0.			GENERAL OPERATING SUPPORT FOR PERFORMANCE ARTS AND COMMUNITY PROGRAMS TO PROVIDE A SPACE FOR THE
UNIVERSITY OF CALIFORNIA, MERCED 5200 N. LAKE ROAD MERCED, CA 95343	27-0093858	501C3	6,000.	0.			SUPPORT FOR EQUALITY SCHOLARSHIP AWARD RECIPIENT
FACE TO FACE: SONOMA COUNTY AIDS NETWORK - 873 SECOND STREET - SANTA ROSA, CA 95404	68-0052664	501C3	17,291.	0.			GENERAL OPERATING SUPPORT FOR PROGRAMS THAT WORK TO END HIV IN SONOMA COUNTY, WHILE SUPPORTING THE
THE CLIMATE CENTER 831 4TH ST. SANTA ROSA, CA 95404	45-0485495	501C3	22,000.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
POSITIVE IMAGES 200 MONTGOMERY DR STE C SANTA ROSA, CA 95404-6663	94-3137845	501C3	10,000.	0.			GENERAL OPERATING SUPPORT FOR PROGRAMS THAT PROVIDE SUPPORT, ADVOCACY AND EDUCATION TO SONOMA

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
COMPASSION WITHOUT BORDERS 1130 BUTLER AVE. SANTA ROSA, CA 95407	20-4698227	501C3	19,500.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
PUBLIC HEALTH ADVOCATES P.O. BOX 2309 DAVIS, CA 95617	95-4723901	501C3	10,000.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
DEAF QUEER RESOURCE CENTER PO BOX 14431 SAN FRANCISCO, CA 96114	83-3135685	501C3	10,000.	0.			UNRESTRICTED OPERATING SUPPORT GRANT FOR RESPONSE TO THE COVID-19 PANDEMIC
STOLEN YOUTH P.O. BOX 296 SEATTLE, WA 98111	45-4985230	501C3	12,000.	0.			UNRESTRICTED OPERATING SUPPORT GRANT

**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
SCHOLARSHIPS	2	5,000.	0.		

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

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: UHAI EASHRI USA INC C/O MARC SOKOL

(H) PURPOSE OF GRANT OR ASSISTANCE: UHAI AIMS TO PROVIDE CRUCIAL GRANTS

AND CAPACITY SUPPORT TO ORGANISING BY AND FOR EAST AND CENTRAL AFRICAN

LESBIAN, BISEXUAL AND QUEER WOMEN, AND TRANS AND GENDER NON-CONFORMING

PEOPLE (LBT, FOR BREVITY) SO THEY GROW INSTITUTIONAL AND LEADERSHIP

CAPACITIES FOR SUSTAINABLE FAITH-BASED ADVOCACY AND INCREASINGLY

DISTINGUISH, ARTICULATE, INTEGRATE LGBTI AND SRHR HUMAN RIGHTS ADVOCACY

INITIATIVES

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: OUTRIGHT ACTION INTERNATIONAL

(H) PURPOSE OF GRANT OR ASSISTANCE: ADDENDUM TO GRANT FOR FOUR UN FELLOWSHIPS TO FOCUSED ON SOGI ISSUES AND HUMAN RIGHTS AT THE UNITE NATIONS.

NAME OF ORGANIZATION OR GOVERNMENT: INTEGRITY FIRST FOR AMERICA

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR THE LAWSUIT BROUGHT ON BEHALF OF A DIVERSE COALITION OF CHARLOTTESVILLE, VA COMMUNITY MEMBERS INJURED IN AUGUSET 2017 DUE TO THE ACTIONS OF NEO-NAZIS AND WHITE SUPREMACISTS. CASE SEEKS TO HOLD THESE EXTREMISTS ACCOUNTABLE UNDER A NUMBER OF CIVIL RIGHTS STATUTES, INCLUDING THE KU KLUX KLAN ACT OF 1871.

NAME OF ORGANIZATION OR GOVERNMENT: IPAS

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR MONITOR AND ANALYZE OPPOSITION'S EFFORTS TO UNDERMINE LGBTQ AND ABORTION RIGHTS IN AFRICA AND LATIN AMERICA, I.E., U.S.-BASED GROUPS EXPORTING RELIGIOUSLY-DRIVEN HOMOPHOBIA AND HARMFUL ANTI-CHOICE AGENDAS. THE RESEARCH WILL FOCUS ON IDENTIFYING BAD ACTORS AT LOCAL, REGIONAL, AND GLOBAL LEVELS, AS WELL AS REGIONAL TRENDS AND INTERNATIONAL ORGANIZATIONS WORKING AGAINST LGBTQ AND WOMEN'S RIGHTS. TAKE A LEADERSHIP ROLE AT THE REGIONAL POLICY LEVEL, PARTICULARLY AT THE ORGANIZATION OF AMERICAN STATES AND THE REGIONAL CONFERENCE ON POPULATION AND DEVELOPMENT, TO COMBAT INCREASINGLY ORGANIZED ANTI-RIGHTS ACTIVISM

NAME OF ORGANIZATION OR GOVERNMENT: MINGEI INTERNATIONAL INC

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR THE PUBLICATION, THE OBJECT IN ITS PLACE: "TED COHEN & THE ART OF THE EXHIBITION OF DESIGN"

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF REDLANDS

(H) PURPOSE OF GRANT OR ASSISTANCE: GLOBAL FAITH AND JUSTICE PROJECT - ROOTED IN FAITH AND JUSTICE, THIS PROJECT WILL WORK TO AMPLIFIES FAITH VOICES THAT PROTECT HUMAN DIGNITY AND ACHIEVE EQUALITY FOR LGBTQ PEOPLE AND THEIR FAMILIES

NAME OF ORGANIZATION OR GOVERNMENT: COASTPRIDE

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT FOR PROGRAMS TO CULTIVATE AND SUPPORT A WELCOMING COAST SIDE COMMUNITY WHERE LGBTQ AND GENDER EXPANSIVE INDIVIDUALS AND THEIR FAMILIES CAN LIVE THEIR AUTHENTIC LIVES, THE FIRST LGBTQ+ COMMUNITY CENTER ON THE SAN MATEO COAST

NAME OF ORGANIZATION OR GOVERNMENT:

SAN MATEO COUNTY PRIDE CENTER (A PROGRAM OF STARVISTA)

(H) PURPOSE OF GRANT OR ASSISTANCE: PROJECT SUPPORT FOR THE OLDER ADULT PROGRAM AT THE SAN MATEO COUNTY PRIDE CENTER TO COMBAT ISOLATION, INCREASED MORTALITY RATES THAT ARE HEIGHTENED BY CHRONIC MEDICAL CONDITIONS, AND DISABILITY AND SENSORY IMPAIRMENTS BY PROVIDING PROGRAMS FOR LGBTQ+ OLDER ADULTS SUPPORTIVE SOCIAL AND COMMUNITY CONNECTIONS AND RECEIVE PEER COUNSELING SERVICES

NAME OF ORGANIZATION OR GOVERNMENT: HEALTH INITIATIVES FOR YOUTH

(H) PURPOSE OF GRANT OR ASSISTANCE: PROJECT SUPPORT FOR THE LEADERSHIP IN DIVERSITY PROGRAM AND WEST OAKLAND SAFE SPACE TO PROVIDE SUPPORT, COMMUNITY, AND LEADERSHIP DEVELOPMENT OPPORTUNITIES FOR LGBTQ YOUTH IN WEST OAKLAND IN MIDDLE SCHOOL AND HIGH SCHOOL, FILLING A SIGNIFICANT GAP IN RESOURCES PARTICULARLY FOR LOW-INCOME LGBTQ YOUTH OF COLOR

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: RADAR PRODUCTIONS

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT FOR PROGRAMS THAT GIVE KIDS GLAMOROUS, POSITIVE, AND UNABASHEDLY QUEER ROLE MODELS, DEMONSTRATING THE FREEDOM OF GENDER FLUIDITY AND GIVING CHILDREN PERMISSION TO PURSUE THEIR OWN AUTHENTIC SELVES

NAME OF ORGANIZATION OR GOVERNMENT: SAFEHOUSE FOR THE PERFORMING ARTS

(H) PURPOSE OF GRANT OR ASSISTANCE: PROJECT SUPPORT FOR THE NEW QUEER PERFORMANCE RESIDENCY PROGRAM IN SAN FRANCISCO THAT SUPPORTS THE DEVELOPMENT OF QPOC (QUEER PEOPLE OF COLOR) AND THEIR ART MAKING

NAME OF ORGANIZATION OR GOVERNMENT: ST. JAMES INFIRMARY

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT FOR PROGRAMS TO CREATE AN URBAN ENVIRONMENT THAT FOSTERS THE RICH HISTORY, CULTURE, LEGACY, AND EMPOWERMENT OF TRANSGENDER PEOPLE AND ITS DEEP ROOTS IN THE SOUTHEASTERN TENDERLOIN NEIGHBORHOOD

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY UNITED AGAINST VIOLENCE

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT FOR PROGRAMS THAT WORK TO BUILD THE POWER OF LGBTQ COMMUNITIES TO TRANSFORM VIOLENCE AND OPPRESSION

NAME OF ORGANIZATION OR GOVERNMENT:

SWORDS TO PLOWSHARES VETERANS RIGHTS ORGANIZATION

(H) PURPOSE OF GRANT OR ASSISTANCE: PROJECT SUPPORT TO REACH AND SERVE VULNERABLE LGBTQ VETERANS IN THE SAN FRANCISCO BAY AREA BY SECURING ACCESS TO HEALTHCARE, BENEFITS, AND DISABILITY INCOME FROM THE DEPARTMENT

**Part IV** Supplemental Information

OF VETERANS AFFAIRS, INCLUDING LEGAL SERVICES TO ADVOCATE THE REINSTATEMENT OF BENEFITS DENIED DUE TO LGBTQ STATUS AT TIME OF DISCHARGE

NAME OF ORGANIZATION OR GOVERNMENT: HEALTHRIGHT 360

(H) PURPOSE OF GRANT OR ASSISTANCE: PROJECT SUPPORT FOR PROGRAMS THROUGH THE LYON-MARTIN HEALTH SERVICES THAT IMPROVE THE LIVES OF LBT WOMEN THROUGH EFFECTIVE, COMPASSIONATE AND CULTURALLY SENSITIVE PRIMARY MEDICAL AND BEHAVIORAL HEALTH CARE

NAME OF ORGANIZATION OR GOVERNMENT:

THE LGBTQ ASYLUM PROJECT - CENTER FOR IMMIGRANT PROTECTION

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT TO PROVIDE PRO-BONO LEGAL REPRESENTATION FOR LGBTQ IMMIGRANTS WHO ARE FLEEING PERSECUTION AND SEEKING ASYLUM IN THE UNITED STATES

NAME OF ORGANIZATION OR GOVERNMENT: CHINESE FOR AFFIRMATIVE ACTION

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

NAME OF ORGANIZATION OR GOVERNMENT: FOGLIFTER PRESS

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT FOR PROGRAMS THAT SUPPORT AND UPLIFT POWERFUL, INTERSECTIONAL, AND TRANSGRESSIVE QUEER AND TRANS WRITERS TO BUILD AND ENRICH THE LITERARY ARTS COMMUNITY

NAME OF ORGANIZATION OR GOVERNMENT: DOLORES STREET COMMUNITY SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: PROJECT SUPPORT FOR JAZZIES PLACE,



**Part IV** Supplemental Information

THE FIRST ADULT LGBTQ HOMELESS SHELTER CENTER IN THE NATION, PROVIDING DINNER, CASE MANAGEMENT, AND SAFE AND SECURE SHELTER FOR 24 INDIVIDUALS EACH NIGHT 365 DAYS A YEAR

NAME OF ORGANIZATION OR GOVERNMENT: QUEER CULTURAL CENTER

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

NAME OF ORGANIZATION OR GOVERNMENT: QUEER LIFESPACE

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT FOR PROGRAMS THAT PROVIDE FINANCIALLY ACCESSIBLE SUPPORT SERVICES FOR MENTAL HEALTH CARE AND SUBSTANCE USE ISSUES, TO EVERY SEGMENT OF OUR QUEER COMMUNITY

NAME OF ORGANIZATION OR GOVERNMENT:

THE SISTERS OF PERPETUAL INDULGENCE, INC.

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

NAME OF ORGANIZATION OR GOVERNMENT: INTERSECTION FOR THE ARTS

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT TO PRESENT WORK THAT ARTISTICALLY EXPLORES THE HISTORIES OF LGBTQ PEOPLE OF COLOR, BUILDS COMMUNITY, AND FOSTERS INTERGENERATIONAL DIALOGUE

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: HOMELESS YOUTH ALLIANCE

(H) PURPOSE OF GRANT OR ASSISTANCE: PROJECT SUPPORT FOR PROGRAMS THAT SERVE YOUTH WHO ARE HOMELESS OR IN TRANSITIONAL HOUSING PROGRAMS BY PROVIDING ADDITIONAL CASE MANAGEMENT TO DIRECTLY SUPPORT QUEER AND TRANS YOUTH

NAME OF ORGANIZATION OR GOVERNMENT:

PRISM FOUNDATION (FORMERLY GAPA FOUNDATION)

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT FOR THE GAPA FELLOWSHIP PROGRAM, SERVING YOUNG ADULTS (18-30 YEARS OLD) SEEKING LEADERSHIP DEVELOPMENT AND CONNECTION TO BUILD CAPACITY WITHIN THE LARGER LGBTQ ASIAN AND PACIFIC ISLANDER COMMUNITY IN THE BAY AREA

NAME OF ORGANIZATION OR GOVERNMENT: FRESH MEAT PRODUCTIONS

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT FOR THE WORLD'S FIRST AND LONGEST-RUNNING TRANSGENDER FILM FESTIVAL THAT PROVIDES OPPORTUNITIES FOR TRANS ARTISTS AND COMMUNITIES, SUPPORTS EMERGING AND ESTABLISHED TRANS FILMMAKERS, FIGHTS TRANSPHOBIC REPRESENTATION AND UNDER-REPRESENTATION OF TRANSPEOPLE IN FILM, AND WORKS FOR JUSTICE IN MEDIA ARTS

NAME OF ORGANIZATION OR GOVERNMENT: CAMINAR

(H) PURPOSE OF GRANT OR ASSISTANCE: PROJECT SUPPORT FOR LGBTQ YOUTH SPACE TO CONTINUE AS A HUB OF QUEER YOUTH ARTS IN THE SOUTH BAY BY OFFERING FREE PERFORMANCE ARTS WORKSHOPS, EDUCATING YOUTH IN LGBTQ HISTORY AND CULTURE, ENCOURAGING ARTS FOR SELF-EXPLORATION, AND PROVIDING VENUES FOR YOUTH TO PERFORM

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: SOLANO PRIDE CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT FOR PROGRAMS THAT BUILD COMMUNITY AND PROMOTE WELLNESS AMONG LGBTQ PEOPLE AND ALLIES IN SOLANO COUNTY

NAME OF ORGANIZATION OR GOVERNMENT: NILES ESSANAY SILENT FILM MUSEUM

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR THE PRESERVATION OF IMPORTANT AND RARE COLLECTIONS OF ORIGINAL PHOTOPLAY MUSIC FROM THE 1910'S AND 1920'S

NAME OF ORGANIZATION OR GOVERNMENT: ON THE MOVE

(H) PURPOSE OF GRANT OR ASSISTANCE: PROJECT SUPPORT FOR LGBTQ CONNECTION TO EXPAND EXISTING SERVICES FOR LGBTQ YOUTH IN NAPA AND SONOMA COUNTIES TO INCLUDE CULTURALLY-SPECIFIC SUPPORT FOR LGBTQ LATINO YOUTH WHO ARE STRUGGLING TO OVERCOME ALONENESS AND CULTURAL STIGMA

NAME OF ORGANIZATION OR GOVERNMENT: HOMOBILES

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

NAME OF ORGANIZATION OR GOVERNMENT: GLBT HISTORICAL SOCIETY

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT FOR AN ARCHIVE LOCATED IN THE NORTH-EAST BAY AREA THAT PRESERVES THE HISTORY OF MARGINALIZED TRANSGENDER COMMUNITIES, GIVING REALITY TO THE PROFOUND

**Part IV** Supplemental Information

CHALLENGES AND TO THE RELENTLESS ACTIVISM THAT RECLAIMED THE POWER OF THE  
TRANSGENDER COMMUNITY TO TELL THEIR OWN STORIES

NAME OF ORGANIZATION OR GOVERNMENT: QUEER CULTURAL CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT FOR  
PROGRAMS THAT WORK TO AMPLIFY THE VOICES OF LGBTQ+ PEOPLE EXPERIENCING  
INCARCERATION THROUGH ART, BY WORKING CLOSELY WITH PRISON ABOLITIONIST  
AND QUEER ADVOCACY ORGANIZATIONS TO KEEP QUEER PRISONERS CONNECTED TO  
OUTSIDE COMMUNITY AND SUPPORT THEM IN THE FIGHT TOWARD LIBERATION

NAME OF ORGANIZATION OR GOVERNMENT: POSITIVE RESULTS CORPORATION

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT FOR WORK  
INCLUDING MULTIMEDIA PROJECTS, CURRICULA, AND A CONFERENCE, TO SPREAD  
AWARENESS ABOUT WHAT UGLIFICATION IS; HOW ITS BEEN USED TO SERVICE WHITE  
SUPREMACY, PATRIARCHAL RELIGIOUS DOGMA, IMPERIALISM, FATPHOBIA,  
HETERO-CISSEXISM, ETC; HOW IT VALIDATES CHILDHOOD-BULLYING,  
WORKPLACE-EXCLUSION, VIOLENCE, AND OTHER SYSTEMIC INJUSTICES AGAINST  
MARGINALIZED BODIES AND IDENTITIES; AND WAYS WE CAN JOYFULLY RECLAIM UGLY  
TO LIBERATE OURSELVES AND EACH OTHER

NAME OF ORGANIZATION OR GOVERNMENT:

LEGAL SERVICES FOR PRISONERS WITH CHILDREN

(H) PURPOSE OF GRANT OR ASSISTANCE: PROJECT SUPPORT FOR #METOOBEHINDBARS  
TO COMBINE LEGAL ACTION, PUBLIC EDUCATION, AND GRASSROOTS COMMUNITY  
ORGANIZING TO CONFRONT AND STOP SEXIST, HOMOPHOBIC, AND TRANSPHOBIC  
ATTACKS AND RETALIATION AGAINST TRANS AND GENDER NON-CONFORMING PEOPLE BY  
CORRECTIONAL OFFICERS AND STAFF IN CALIFORNIA'S PRISON SYSTEM

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: SOCIAL GOOD FUND

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT FOR THEIR WORK TO PROMOTE CULTURAL EQUITY FOR TRANSGENDER WOMEN OF COLOR THROUGH CULTURAL ENRICHMENT, SOCIAL EMPOWERMENT AND SOCIAL JUSTICE, ENRICHING THE MOST VULNERABLE OF OUR COMMUNITY'S LIVES WITH ART, DIALOGUE, FELLOWSHIP, MENTORSHIP, AND LEADERSHIP OPPORTUNITIES

NAME OF ORGANIZATION OR GOVERNMENT: OAKLAND LGBTQ COMMUNITY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT FOR OAKLAND'S FIRST INTERGENERATIONAL, MULTI-ETHNIC, MULTI-GENDER, AND MULTI-CULTURAL LGBTQ+ COMMUNITY CENTER

NAME OF ORGANIZATION OR GOVERNMENT: QUEER CULTURAL CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT FOR THE QUEER LATIN DANCE FESTIVAL IN THE SOUTH BAY AND PROGRAMS IN OAKLAND THAT CO-CREATE A COMMUNITY OF QUEER AND TRANS DANCERS TO CELEBRATE RESILIENCE, NURTURE COLLECTIVE STRENGTH, AND HEAL FROM OPPRESSION BY REDEFINING THE LATIN DANCE COMMUNITY AS A SAFE AND AFFIRMING SPACE FOR ALL GENDER IDENTITIES AND SEXUALITIES

NAME OF ORGANIZATION OR GOVERNMENT: TURNOUT

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

NAME OF ORGANIZATION OR GOVERNMENT: LAVENDER SENIORS OF THE EAST BAY

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT FOR PROGRAMS TO IMPROVE THE QUALITY OF LIFE OF LGBT RESIDENTS OF THE EAST BAY

**Part IV** Supplemental Information

(ALAMEDA AND CONTRA COSTA COUNTIES) THROUGH COMMUNITY BUILDING, EDUCATION AND ADVOCACY TO KEEP OLDER LGBT ADULTS CONNECTED TO THEIR COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT: SOCIAL GOOD FUND

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT FOR PERFORMANCE ARTS PROGRAMS THAT PROMOTE SOCIAL JUSTICE AND TO HEAL LGBTQ COMMUNITIES OF COLOR FROM DECADES OF SOCIAL MARGINALIZATION, ISOLATION, AND OPPRESSION

NAME OF ORGANIZATION OR GOVERNMENT: SOMOS FAMILIA

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

NAME OF ORGANIZATION OR GOVERNMENT: YVETTE A. FLUNDER FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT TFAM GLOBAL TO EXPAND PROGRESSIVE FAITH AND COMMUNITY PARTNERSHIPS ON THE GROUND IN EAST AFRICA TO EMPOWER GRASS ROOTS AFRICAN LEADERS IN THE LGBTI COMMUNITY AS THEY ENGAGE CIVIL SOCIETY, BUSINESS, ACADEMIC, AND RELIGIOUS INSTITUTIONS. THE SECTOR LEADERS IN THIS DEVELOPING NETWORK ARE DEEPLY RESONANT WITH THE NEED TO EXPAND AN AFRICAN AFFIRMING MOVEMENT THAT MOBILIZES AROUND A PAN AFRICAN SOCIAL JUSTICE AGENDA LGBTI RIGHTS, SRHR AND FAITH

NAME OF ORGANIZATION OR GOVERNMENT: EAST BAY SANCTUARY COVENANT

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT FOR WORK TO SERVE AS A COMMUNITY SUPPORT PROGRAM FOR LGBT IMMIGRANTS FROM LATIN AMERICA, WITH A STRONG FOCUS ON ASYLUM SEEKERS/REFUGEES

**Part IV Supplemental Information**

NAME OF ORGANIZATION OR GOVERNMENT: DANCER'S GROUP

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT FOR A DISABILITY JUSTICE BASED PERFORMANCE PROJECT THAT INCUBATES AND CELEBRATES ARTISTS WITH DISABILITIES, CENTRALIZING ARTISTS OF COLOR AND LGBTQ/GENDER-VARIANT ARTISTS AS COMMUNITIES WHO HAVE BEEN HISTORICALLY MARGINALIZED

NAME OF ORGANIZATION OR GOVERNMENT: EAST BAY SANCTUARY COVENANT

(H) PURPOSE OF GRANT OR ASSISTANCE: PROJECT SUPPORT FOR THE OLAS/LGBT ASYLUM PROGRAM TO PROVIDE COMPREHENSIVE LEGAL ASSISTANCE AND PSYCHOLOGICAL SUPPORT FOR LGBT PEOPLE FLEEING PERSECUTION

NAME OF ORGANIZATION OR GOVERNMENT: OASIS LEGAL SERVICES

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

NAME OF ORGANIZATION OR GOVERNMENT: RYSE

(H) PURPOSE OF GRANT OR ASSISTANCE: PROJECT SUPPORT FOR THE ALPHABET GROUP AT RYSE, WHICH PROVIDES EXPLICIT LGBTQQ SAFE SPACE IN THE RICHMOND AREA WHERE MEMBERS WHO IDENTIFY AS LGBTQQ CAN DIALOGUE ABOUT THEIR STORIES/EXPERIENCES, EXPLORE THEIR IDENTITY, ATTAIN NEW KNOWLEDGE AND SKILLS, ENGAGE IN POLITICAL ADVOCACY, INFORM ALLIES ABOUT ISSUES, AND RECEIVE ACADEMIC/CAREER ASSISTANCE

NAME OF ORGANIZATION OR GOVERNMENT: SOCIAL GOOD FUND

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT FOR WORK IN BUILDING

**Part IV Supplemental Information**

COMMUNITY, SAFETY, HEALING ARTS AND JUSTICE WITH LGBTQIA+ MUSLIMS

NAME OF ORGANIZATION OR GOVERNMENT:

ALTERTHEATER (ALTERNATIVE THEATER ENSEMBLE)

(H) PURPOSE OF GRANT OR ASSISTANCE: PROJECT SUPPORT TO FURTHER DEVELOP WITH CELEBRATED LESBIAN AUTHOR ELANA DYKEWOMON HER FIRST FULL-LENGTH PLAY, AND PRESENT HER PLAY TO LGBTQ AUDIENCES IN PARTNERSHIP WITH LGBTQ ORGANIZATIONS THROUGHOUT THE BAY AREA, AND ALSO PRESENT IT TO ALTERTHEATER'S AUDIENCES IN MARIN COUNTY

NAME OF ORGANIZATION OR GOVERNMENT: SUNNY HILLS SERVICES DBA SIDE BY SIDE

(H) PURPOSE OF GRANT OR ASSISTANCE: PROJECT SUPPORT FOR OUR SPACE PROGRAM TO SUPPORT LGBTQ YOUTH AFFECTED BY POVERTY, HOMELESSNESS, AND THE CHILD WELFARE AND JUVENILE JUSTICE SYSTEMS IN SOUTH ALAMEDA COUNTY

NAME OF ORGANIZATION OR GOVERNMENT: RAINBOW WOMEN'S CHORUS

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

NAME OF ORGANIZATION OR GOVERNMENT: VMC FOUNDATION

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

NAME OF ORGANIZATION OR GOVERNMENT:



**Part IV** Supplemental Information

FACE TO FACE: SONOMA COUNTY AIDS NETWORK

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT FOR PROGRAMS THAT WORK TO END HIV IN SONOMA COUNTY, WHILE SUPPORTING THE HEALTH AND WELL-BEING OF PEOPLE LIVING WITH HIV/AIDS WHO ARE OVER THE AGE OF 50

NAME OF ORGANIZATION OR GOVERNMENT: POSITIVE IMAGES

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT FOR PROGRAMS THAT PROVIDE SUPPORT, ADVOCACY AND EDUCATION TO SONOMA COUNTY'S LGBTQ+ COMMUNITY

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2019**

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

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

▶ Attach to Form 990.

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

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

**HORIZONS FOUNDATION**

Employer identification number

**94-2686530**

**Part I Questions Regarding Compensation**

**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 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
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>		<b>X</b>
<b>8</b>		<b>X</b>
<b>9</b>		

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

Schedule J (Form 990) 2019

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ROGER DOUGHTY PRESIDENT	(i)	222,054.	0.	0.	24,000.	29,581.	275,635.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JOHN MARVUGLIO CFO	(i)	162,672.	0.	0.	0.	1,755.	164,427.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) DEB STALLINGS VP OF DEVELOPMENT	(i)	155,686.	0.	0.	0.	11,005.	166,691.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) FRANCISCO BUCHTING VP OF GRANTS, PROGRAMS & STRATEGIC I	(i)	145,403.	0.	0.	25,000.	19,476.	189,879.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2019**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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

Part I Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	84	2,934,052.	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) 2019

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

SCHEDULE M, LINE 32B:

THE ORGANIZATION USED A BROKERAGE FIRM TO SELL DONATED SECURITIES.

SCHEDULE M, LINE 33:

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

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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

HORIZONS FOUNDATION

Employer identification number

94-2686530

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

OF LGBTQ PEOPLE. THE ENDOWMENT IS BEING BUILT PRINCIPALLY THROUGH  
ESTATE GIFTS, AND MORE THAN 380 PEOPLE HAVE INFORMED HORIZONS THAT THE  
FOUNDATION IS INCLUDED IN THEIR ESTATES.

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  
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.

Name of the organization

HORIZONS FOUNDATION

Employer identification number

94-2686530

990, PART XII, LINE 2C

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

Multiple horizontal lines for text entry.