

Form **990**

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

OMB No. 1545-0047

2020

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization HORIZONS FOUNDATION Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 155 SANSOME STREET, SUITE 650 City or town, state or province, country, and ZIP or foreign postal code SAN FRANCISCO, CA 94104	D Employer identification number 94-2686530 E Telephone number 415-398-2333
F Name and address of principal officer: ROGER DOUGHTY SAME AS C ABOVE		G Gross receipts \$ 15,950,790. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.HORIZONSFOUNDATION.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1980 M State of legal domicile: CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: FUEL THE LGBTQ MOVEMENT BY INCREASING SUPPORT FOR DIVERSE SF/BAY AREA NONPROFITS. 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 19 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 19 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 12 6 Total number of volunteers (estimate if necessary) 6 100 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 7b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.																									
Revenue	<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Prior Year</th> <th style="text-align: center;">Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td style="text-align: right;">6,654,520.</td> <td style="text-align: right;">6,810,617.</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td style="text-align: right;">1,680,743.</td> <td style="text-align: right;">1,694,750.</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align: right;">-105,647.</td> <td style="text-align: right;">-34,377.</td> </tr> <tr> <td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;">8,229,616.</td> <td style="text-align: right;">8,470,990.</td> </tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	6,654,520.	6,810,617.	9 Program service revenue (Part VIII, line 2g)	0.	0.	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,680,743.	1,694,750.	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-105,647.	-34,377.	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,229,616.	8,470,990.							
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Part II Signature Block

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

Sign Here	Signature of officer ROGER DOUGHTY, PRESIDENT Type or print name and title	Date _____			
Paid Preparer Use Only	Print/Type preparer's name TRACY TEALE	Preparer's signature TRACY TEALE	Date 05/09/22	Check if self-employed <input type="checkbox"/>	PTIN P01290862
	Firm's name ▶ RINA ACCOUNTANCY LLP	Firm's EIN ▶ 84-1980623			
	Firm's address ▶ 150 POST STREET, STE 200 SAN FRANCISCO, CA 94108	Phone no. (415) 777-4488			

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

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code:) (Expenses \$ 5,633,193. including grants of \$ 5,190,482.) (Revenue \$) GRANTMAKING: HORIZONS FOUNDATION PROVIDED DIRECT FINANCIAL SUPPORT TO NONPROFIT ORGANIZATIONS THROUGH 1,467 GRANTS TO 741 ORGANIZATIONS TOTALING \$5,190,482 IN 2021. GRANTS ADDRESSED MULTIPLE ISSUES AND POPULATIONS, INCLUDING THE COVID19 CRISIS, HEALTH, HIV/AIDS, YOUTH, ARTS, ELDERLY, COMMUNITIES OF COLOR, TRANSGENDER RIGHTS, COMMUNITY BUILDING, AND CIVIL AND HUMAN RIGHTS IN THE SAN FRANCISCO BAY AREA, OTHER PARTS OF THE UNITED STATES, AND THE WORLD. GRANTS WERE ALSO MADE FROM DONOR-ADVISED FUNDS, FIELD OF INTEREST FUNDS, AND SCHOLARSHIP FUNDS. GRANTS RANGED FROM \$250 TO \$125,000; PROVIDED BOTH OPERATING SUPPORT AND PROJECT SUPPORT; AND INCLUDED NON-LGBTQ-SPECIFIC GRANTS THROUGH THE DONOR-ADVISED AND OTHER GRANT PROGRAMS.

4b (Code:) (Expenses \$ 597,005. including grants of \$ 89,000.) (Revenue \$) PROMOTING PHILANTHROPY: INCREASING 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, THE ONLY NATIONAL DAY OF GIVING FOR THE LGBTQ COMMUNITY THAT RAISED OVER \$1,900,000 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

4c (Code:) (Expenses \$ 88,415. 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 6,318,613.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38. Includes questions about grants, compensation, tax-exempt bonds, excess benefit transactions, and contributions.

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 []

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a, 1b, 1c. Includes questions about Form 1096, Forms W-2G, and backup withholding rules.

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, foreign accounts, and charitable contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes 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
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 19		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 19		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (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) ROGER DOUGHTY PRESIDENT	40.00			X			215,382.	0.	54,781.	
(2) FRANCISCO BUCHTING VP OF GRANTS, PROGRAMS & STRATEGIC I	40.00				X		148,842.	0.	46,537.	
(3) JOHN MARVUGLIO CFO	40.00			X			168,036.	0.	2,375.	
(4) TIM MURRAY CO-CHAIR	5.00	X		X			0.	0.	0.	
(5) DIPTI GHOSH CO-CHAIR	5.00	X		X			0.	0.	0.	
(6) ADAM BLUM CHAIR EMERITUS	5.00	X					0.	0.	0.	
(7) TERRY MICHEAU DIRECTOR	5.00	X					0.	0.	0.	
(8) ERIN FLYNN DIRECTOR	5.00	X					0.	0.	0.	
(9) CRAIG ZODIKOFF DIRECTOR	5.00	X					0.	0.	0.	
(10) ASH MCNEELY DIRECTOR	5.00	X					0.	0.	0.	
(11) XOCHITL CARRION DIRECTOR	5.00	X					0.	0.	0.	
(12) KATHRYN CLUBB DIRECTOR	5.00	X					0.	0.	0.	
(13) JUAN BARAJAS SECRETARY	5.00	X		X			0.	0.	0.	
(14) DEREK BARNES DIRECTOR	5.00	X					0.	0.	0.	
(15) BARRY TAYLOR DIRECTOR	5.00	X					0.	0.	0.	
(16) JEFF SOUKUP TREASURER	5.00	X		X			0.	0.	0.	
(17) SHILPEN PATEL 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) LINDA SCAPAROTTI DIRECTOR	5.00	X					0.	0.	0.	
(19) DORA DOME DIRECTOR	5.00	X					0.	0.	0.	
(20) JANE SWAN DIRECTOR	5.00	X					0.	0.	0.	
(21) JIM SHAY DIRECTOR	5.00	X					0.	0.	0.	
(22) CHRIS LIM DIRECTOR	5.00	X					0.	0.	0.	
1b Subtotal							532,260.	0.	103,693.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							532,260.	0.	103,693.	

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 **3**

	Yes	No
3 Did the organization list any former 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	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	344,276.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	5,326.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	6,461,015.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 4,000,442.				
	h Total. Add lines 1a-1f		6,810,617.				
	Program Service Revenue	2 a	Business Code				
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		527,907.			527,907.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	8,607,940.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	7,441,097.				
	c Gain or (loss)	7c	1,166,843.				
	d Net gain or (loss)		1,166,843.			1,166,843.	
8 a Gross income from fundraising events (not including \$ 344,276. of contributions reported on line 1c). See Part IV, line 18	8a		0.				
		b Less: direct expenses	8b	38,703.			
		c Net income or (loss) from fundraising events		-38,703.		-38,703.	
9 a Gross income from gaming activities. See Part IV, line 19	9a						
		b Less: direct expenses	9b				
		c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	10a						
		b Less: cost of goods sold	10b				
		c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11 a OTHER INCOME	Business Code	900099	3,826.		3,826.	
	b FEE INCOME		900099	500.		500.	
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			4,326.			
12 Total revenue. See instructions			8,470,990.	0.	0.	1,660,373.	

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	5,274,482.	5,274,482.		
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	442,247.	192,546.	216,503.	33,198.
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	651,991.	410,293.	100,816.	140,882.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	22,832.	13,069.	3,617.	6,146.
9 Other employee benefits	40,437.	25,251.	7,096.	8,090.
10 Payroll taxes	76,310.	42,198.	22,068.	12,044.
11 Fees for services (nonemployees):				
a Management				
b Legal	2,488.	1,288.	550.	650.
c Accounting	24,500.		24,500.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	86,059.	49,535.	36,524.	
12 Advertising and promotion	17,431.	15,538.	726.	1,167.
13 Office expenses	83,055.	15,702.	49,072.	18,281.
14 Information technology	109,904.	48,064.	61,840.	
15 Royalties				
16 Occupancy	173,181.		173,181.	
17 Travel	940.		940.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,534.		4,534.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	11,698.		11,376.	322.
23 Insurance	10,658.		10,658.	
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 PRINTING	31,091.	6,960.	15,692.	8,439.
b ALLOCATION OF SHARED EX	4,979.	178,190.	-220,991.	47,780.
c MEALS & ENTERTAINMENT	257.		27.	230.
d ALLOCATION OF COMMUNICA	-4,975.	40,497.	-90,188.	44,716.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	7,069,099.	6,318,613.	428,541.	321,945.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	690,640.	1	1,351,054.
	2 Savings and temporary cash investments	3,420.	2	
	3 Pledges and grants receivable, net	351,992.	3	1,992.
	4 Accounts receivable, net		4	
	5 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	66,608.	7	66,608.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	27,565.	9	24,150.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 292,722.		
	b Less: accumulated depreciation	10b 281,848.	26,041.	10c 10,874.
	11 Investments - publicly traded securities	34,667,867.	11	40,005,076.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	20,739.	15	20,374.
16 Total assets. Add lines 1 through 15 (must equal line 33)	35,854,872.	16	41,480,128.	
Liabilities	17 Accounts payable and accrued expenses	182,566.	17	209,387.
	18 Grants payable	161,000.	18	130,700.
	19 Deferred revenue	85,500.	19	8,500.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	481,117.	25	562,591.
	26 Total liabilities. Add lines 17 through 25	910,183.	26	911,178.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	21,026,702.	27	23,470,158.
	28 Net assets with donor restrictions	13,917,987.	28	17,098,792.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	34,944,689.	32	40,568,950.
33 Total liabilities and net assets/fund balances	35,854,872.	33	41,480,128.	

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	8,470,990.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,069,099.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,401,891.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	34,944,689.
5	Net unrealized gains (losses) on investments	5	4,222,370.
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	40,568,950.

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 (2020)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization <p style="text-align:center">HORIZONS FOUNDATION</p>	Employer identification number <p style="text-align:center">94-2686530</p>
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8,051,735.	10,507,656.	7,701,148.	6,381,683.	6,466,341.	39,108,563.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3	8,051,735.	10,507,656.	7,701,148.	6,381,683.	6,466,341.	39,108,563.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						7,649,051.
6 Public support. Subtract line 5 from line 4.						31,459,512.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	8,051,735.	10,507,656.	7,701,148.	6,381,683.	6,466,341.	39,108,563.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	354,058.	436,210.	568,141.	1,158,377.	527,907.	3,044,693.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	162,465.	91,685.	55,441.	367,031.	348,603.	1,025,225.
11 Total support. Add lines 7 through 10						43,178,481.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)).....	14	72.86 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	74.57 %
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. 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 - 2019. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		Yes	No
2a			
b Did the activities described in line 2a, above, 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.			
2b			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI .			
3a			
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.			
3b			

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

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

Multiple horizontal lines for supplemental information.

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization

HORIZONS FOUNDATION

Employer identification number

94-2686530

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>800,795.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ <u>655,232.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ <u>430,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ <u>312,960.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ <u>253,685.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ <u>192,624.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HORIZONS FOUNDATION	Employer identification number 94-2686530
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Part 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>156,321.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ <u>150,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ <u>150,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ <u>150,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HORIZONS FOUNDATION	Employer identification number 94-2686530
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Part 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
1	MARKETABLE SECURITIES _____ _____ _____	\$ 800,795.	12/24/20
2	MARKETABLE SECURITIES _____ _____ _____	\$ 655,232.	11/19/20
4	MARKETABLE SECURITIES _____ _____ _____	\$ 312,960.	12/07/20
5	MARKETABLE SECURITIES _____ _____ _____	\$ 253,685.	02/08/21
6	MARKETABLE SECURITIES _____ _____ _____	\$ 192,624.	01/26/21
7	MARKETABLE SECURITIES _____ _____ _____	\$ 155,295.	01/06/21

Name of organization HORIZONS FOUNDATION	Employer identification number 94-2686530
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020

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)	5,132,511.	
3 Aggregate value of grants from (during year)	6,784,932.	
4 Aggregate value at end of year	21,802,740.	
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

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	12,837,437.	12,753,906.	11,226,418.	10,921,543.	8,892,073.
b Contributions	559,114.	292,500.	16,970.	1,138,448.	1,091,402.
c Net investment earnings, gains, and losses	3,033,716.	454,864.	1,510,518.	-359,156.	1,296,873.
d Grants or scholarships					
e Other expenditures for facilities and programs	171,021.	663,833.		474,417.	358,805.
f Administrative expenses					
g End of year balance	16,259,246.	12,837,437.	12,753,906.	11,226,418.	10,921,543.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		3,976.	3,396.	580.
d Equipment		119,355.	109,061.	10,294.
e Other		169,391.	169,391.	0.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				10,874.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) AGENCY FUNDS	536,037.
(3) PPP LOAN	26,554.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	562,591.

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.

1	Total revenue, gains, and other support per audited financial statements		1	12,693,360.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	4,222,370.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	4,222,370.
3	Subtract line 2e from line 1		3	8,470,990.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	8,470,990.

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

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

1	Total expenses and losses per audited financial statements		1	7,069,099.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	7,069,099.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	7,069,099.

Part XIII Supplemental Information.

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

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

HORIZONS FOUNDATION

Employer identification number

94-2686530

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|--|---|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |
- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

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

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 (event type)	(event type)	NONE (total number)	
Revenue	1 Gross receipts	344,276.			344,276.
	2 Less: Contributions	344,276.			344,276.
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment	1,750.			1,750.
	9 Other direct expenses	36,953.			36,953.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				38,703.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-38,703.

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

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

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

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

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

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

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2020

**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
OUTRIGHT ACTION INTERNATIONAL 80 MAIDEN LANE, SUITE 1505 NEW YORK, NY 10038	94-3139952	501C3	275,330.	0.			UNRESTRICTED
AMERICAN CIVIL LIBERTIES UNION FOUNDATION OF NORTHERN CALIFORNIA - 39 DRUMM STREET - SAN FRANCISCO, CA 94111	94-0279770	501C3	227,750.	0.			UNRESTRICTED
GLOBAL PROJECT AGAINST HATE AND EXTREMISM - 3066 ZELDA ROAD #400 - MONTGOMERY, AL 36106	843459993	501C3	127,500.	0.			UNRESTRICTED
NATIONAL CENTER FOR LESBIAN RIGHTS 870 MARKET ST., SUITE 370 SAN FRANCISCO, CA 94102	94-3086885	501C3	112,000.	0.			UNRESTRICTED.
FREEDOM FOR ALL AMERICANS EDUCATION FUND - 1629 K ST. NW, SUITE 300 - WASHINGTON, DC 20006	47-4166556	501C3	110,000.	0.			UNRESTRICTED
UHAI EASHRI USA INC C/O MARC SOKOL 722 TENTH AVE, STE 2 NEW YORK, NY 10019	352618978	501C3	100,000.	0.			UNRESTRICTED

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 191.
- 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) 2020

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
OPERA PARALLE 44 PAGE STREET, SUITE 400 SAN FRANCISCO, CA 94102	72-1584393	501C3	95,250.	0.			PRESENTING SPONSORSHIP COMMITMENT
UNIVERSITY OF CALIFORNIA SAN FRANCISCO FOUNDATION - 220 MONTGOMERY STREET, 5TH FLOOR - SAN FRANCISCO, CA 94104	94-2829914	501C3	91,500.	0.			UNDERGRADUATE RESEARCH PROGRAM B2762
WOMEN'S FOUNDATION OF CALIFORNIA 300 FRANK H. OGAWA PLAZA, SUITE 420 OAKLAND, CA 94612	94-2752421	501C3	91,500.	0.			FOR THE RELIEF AND RESILIENCE FUND
SAN FRANCISCO-MARIN FOOD BANK 900 PENNSYLVANIA AVE SAN FRANCISCO, CA 94107	94-3041517	501C3	78,500.	0.			UNRESTRICTED
LYRIC 127 COLLINGWOOD ST. SAN FRANCISCO, CA 94114	94-3227296	501C3	77,400.	0.			FOR CAPITAL CAMPAIGN
ST. JAMES INFIRMARY 730 POLK ST., 4TH FLOOR SAN FRANCISCO, CA 94109	94-3330568	501C3	77,250.	0.			SUPPORT FOR WORK WITH TRANSGENDER AND GENDER NON-CONFORMING SEX WORKERS TO PROVIDE
NARAL PRO-CHOICE AMERICA FOUNDATION - 1725 I STREET, SUITE 900 - WASHINGTON, DC 20006	52-1100361	501C3	76,000.	0.			UNRESTRICTED
NATIONAL LGBTQ TASK FORCE 1325 MASSACHUSETTS AVE. NW, SUITE 6 WASHINGTON, DC 20005	52-1624852	501C3	76,000.	0.			UNRESTRICTED.
FRAMELINE 145 9TH STREET SUITE 300 SAN FRANCISCO, CA 94103	94-2775772	501C3	74,175.	0.			FRAMELINE 2020 FUND

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
OPENHOUSE 65 LAGUNA STREET SAN FRANCISCO, CA 94102	94-3337955	501C3	71,000.	0.			UNRESTRICTED
HAZELDEN BETTY FORD FOUNDATION 15251 PLEASANT VALLEY RD. CENTER CITY, MN 55012-0011	41-0682405	501C3	60,000.	0.			RANCHO MIRAGE CAMPUS SWIMMING POOL
PLANNED PARENTHOOD FEDERATION OF AMERICA, INC. - 123 WILLIAM ST FL 9 - NEW YORK, NY 10038-3812	13-1644147	501C3	57,000.	0.			UNRESTRICTED
POINT FOUNDATION 5055 WILSHIRE BLVD, STE 501 LOS ANGELES, CA 90036	84-1582086	501C3	53,750.	0.			UNRESTRICTED
AMALGAMATED CHARITABLE FOUNDATION INC - 1825 K STREET NW - WASHINGTON, DC 20006	82-1517696	501C3	50,000.	0.			THE GRANT IS INTENDED FOR THE ADASINA FOUNDATION (FUND ID 23501)
UHAI EASHRI USA INC C/O MARC SOKOL 722 TENTH AVE, STE 2 NEW YORK, NY 10019	35-2618978	501C3	50,000.	0.			ISDAO (INITIATIVE SANKOFA DAFRIQUE DE LOUEST)
NEW CONSERVATORY THEATRE CENTER (NCTC) - 25 VAN NESS AVE, LOWER LOBBY - SAN FRANCISCO, CA 94102	94-2778856	501C3	47,250.	0.			UNRESTRICTED
YVETTE A. FLUNDER FOUNDATION 8400 ENTERPRISE WAY OAKLAND, CA 94621	32-0095516	501C3	40,360.	0.			WORK IN RWANDA, UGANDA, AND KENYA
ALAMEDA COUNTY COMMUNITY FOOD BANK PO BOX 2599 OAKLAND, CA 94621	94-2960297	501C3	40,000.	0.			UNRESTRICTED

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
IPAS P.O. BOX 9990 CHAPEL HILL, NC 27515	56-1071085	501C3	40,000.	0.			UNRESTRICTED
SEXUAL MINORITIES UGANDA - USA DBA SMUG INTERNATIONAL - 10 ALGER DRIVE - SCARBOROUGH, ME 04074	82-1321263	501C3	40,000.	0.			UNRESTRICTED
OAKLAND LGBTQ COMMUNITY CENTER 3207 LAKESHORE AVE OAKLAND, CA 94610	82-2258008	501C3	39,500.	0.			EMERGENCY HOUSING FUND
BREAST CANCER ACTION 548 MARKET ST PMB 17179 SAN FRANCISCO, CA 94104	94-3138992	501C3	39,250.	0.			UNRESTRICTED
LAMBDA LEGAL DEFENSE AND EDUCATION FUND - 60 BERKELEY WAY (C/O CAPIRASOBING) - SAN FRANCISCO, CA 94131	23-7395681	501C3	38,350.	0.			UNRESTRICTED
SAN JOSE MUSEUM OF QUILTS & TEXTILES - 520 SOUTH FIRST STREET - SAN JOSE, CA 95113-2806	77-0123939	501C3	37,000.	0.			UNRESTRICTED
GOLDEN GATE PERFORMING ARTS/SAN FRANCISCO GAY MEN'S CHORUS - 170 VALENCIA STREET - SAN FRANCISCO, CA 94103	94-2576101	501C3	34,250.	0.			UNRESTRICTED
DOCTORS WITHOUT BORDERS USA 333 7TH AVE FL 2 NEW YORK, NY 10001-5089	13-3433452	501C3	33,000.	0.			UNRESTRICTED
SAN FRANCISCO SYMPHONY 201 VAN NESS AVENUE SAN FRANCISCO, CA 94102	94-1156284	501C3	32,000.	0.			UNRESTRICTED GRANT TO SUPPORT SYMPHONY STAFF NEEDS DUE TO COVID-19. ATTENTION ROSIE FRASER

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
BREAST CANCER PREVENTION PARTNERS 1388 SUTTER STREET, SUITE 400 SAN FRANCISCO, CA 94109-5400	94-3155886	501C3	30,500.	0.			UNRESTRICTED
MUSEUM OF THE AFRICAN DIASPORA 685 MISSION STREET SAN FRANCISCO, CA 94105	94-3338239	501C3	30,250.	0.			UNRESTRICTED
YES IN MY BACK YARD 1260 MISSION STREET SAN FRANCISCO, CA 94103	32-0610451	501C3	30,000.	0.			UNRESTRICTED
UCLA FOUNDATION/WILLIAMS INSTITUTE UCLA LAW BOX 951476 LOS ANGELES, CA 90095-1476	95-2250801	501C3	28,500.	0.			THIS GRANT IS FOR THE WILLIAMS INSTITUTE AT UCLA SCHOOL OF LAW C/O YOSSI HELD DEVELOPMENT
TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK - 622 WEST 113TH STREET, MAILCODE 4530 - NEW YORK, NY 10025	13-5598093	501C3	28,250.	0.			DONATION TO COLUMBIA COLLEGE FUND FROM STAN SESSER '65
TAKE BACK THE COURT FOUNDATION 2370 MARKET STREET #423 SAN FRANCISCO, CA 94114	84-2145297	501C3	27,000.	0.			UNRESTRICTED
RAINBOW COMMUNITY CENTER OF CONTRA COSTA COUNTY - 2118 WILLOW PASS RD. SUITE 500 - CONCORD, CA 94520	68-0375857	501C3	26,000.	0.			UNRESTRICTED
SAN FRANCISCO OPERA 301 VAN NESS AVE SAN FRANCISCO, CA 94102	94-0836240	501C3	26,000.	0.			THIS IS OUR 2021 CONTRIBUTION AND IT IS MADE IN HONOR OF BETH CLAYTON AND PATRICIA
ROTARY SERVICE INC 300 MONTGOMERY, SUITE 200 SAN FRANCISCO, CA 94104	94-6064217	501C3	25,500.	0.			UNRESTRICTED FOR THE 50-50 FUNDRAISING CAMPAIGN FOR ROTARY SERVICE. HALF OF THE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
ASTRAEA LESBIAN FOUNDATION FOR JUSTICE - 116 EAST 16TH STREET, 7TH FLOOR - NEW YORK, NY 10003	13-2992977	501C3	25,000.	0.			UNRESTRICTED
ST JAMES INFIRMARY 730 POLK ST., 4TH FLOOR SAN FRANCISCO, CA 94109	94-3330568	501C3	25,000.	0.			TRANSGENDER, GENDER VARIANT & INTERSEX JUSTICE PROJECT
AMERICAN CIVIL LIBERTIES UNION FOUNDATION - 125 BROAD STREET, 18TH FLOOR - NEW YORK, NY 10004	13-6213516	501C3	24,750.	0.			LGBT & HIV PROJECT
GLBT HISTORICAL SOCIETY 989 MARKET STREET, LOWER LEVEL SAN FRANCISCO, CA 94103	94-2989004	501C3	23,250.	0.			UNRESTRICTED
SAN FRANCISCO LGBT COMMUNITY CENTER - 1800 MARKET STREET - SAN FRANCISCO, CA 94102	94-3236718	501C3	23,250.	0.			UNRESTRICTED
THE LGBT ASYLUM PROJECT - CENTER FOR IMMIGRANT PROTECTION - 315 MONTGOMERY STREET, SUITE 917 - SAN FRANCISCO, CA 94104	47-5301730	501C3	23,000.	0.			UNRESTRICTED
SAN FRANCISCO BALLET 455 FRANKLIN ST SAN FRANCISCO, CA 94102	94-1415298	501C3	22,750.	0.			UNRESTRICTED
DIVERSITY CENTER OF SANTA CRUZ PO BOX 8280 SANTA CRUZ, CA 95061	77-0212967	501C3	22,500.	0.			UNRESTRICTED
LAVENDER SENIORS OF THE EAST BAY 4123 BROADWAY #818 OAKLAND, CA 94611	94-3337173	501C3	22,250.	0.			UNRESTRICTED

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
FRIENDS OF THE URBAN FOREST PRESIDIO OF SAN FRANCISCO, BUILDING 1007 1007 GENERAL KENNEDY AVE STE 1 - SA	94-2699528	501C3	21,500.	0.			UNRESTRICTED
PEACE DEVELOPMENT FUND, INC. P.O. BOX 1280 AMHERST, MA 01004	04-2738794	501C3	21,000.	0.			HEART & HAND FUND
SAN FRANCISCO PLAYHOUSE 588 SUTTER ST SUITE 318 SAN FRANCISCO, CA 94102	86-1089699	501C3	20,750.	0.			DENOTE "FRIEND OF DOROTHY" IN SUPPORT OF THIS ORGANIZATION
BROADWAY CARES-EQUITY FIGHTS AIDS INC - 165 WEST 46TH ST., SUITE 1300 - NEW YORK, NY 10036	13-3458820	501C3	20,250.	0.			UNRESTRICTED - BROADWAY CARES QUARANTUNES 2020
SOUTHERN POVERTY LAW CENTER 400 WASHINGTON AVENUE - PO BOX 5632 MONTGOMERY, AL 36177-7459	63-0598743	501C3	20,250.	0.			UNRESTRICTED.
3RD STREET YOUTH CENTER AND CLINIC 1728 BANCROFT AVENUE SAN FRANCISCO, CA 94124-1697	47-4047803	501C3	20,000.	0.			UNRESTRICTED
JEWISH WOMEN'S ARCHIVE, INC. ONE HARVARD STREET, SUITE 200 BROOKLINE, MA 02445	04-3293188	501C3	20,000.	0.			UNRESTRICTED
RAY OF LIGHT THEATRE 3530 18TH STREET, #4 SAN FRANCISCO, CA 94110	65-1173567	501C3	20,000.	0.			UNRESTRICTED
SAN FRANCISCO CONSERVATORY OF MUSIC - 1201 OAK STREET - SAN FRANCISCO, CA 94102-6011	94-1156610	501C3	20,000.	0.			STUDENT SCHOLARSHIPS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOMEN'S MEDICAL FUND, INC. P.O. BOX 248 MADISON, WI 53701	51-0189614	501C3	20,000.	0.			UNRESTRICTED
MEALS ON WHEELS OF SAN FRANCISCO 1375 FAIRFAX AVENUE SAN FRANCISCO, CA 94124	94-1741155	501C3	19,300.	0.			UNRESTRICTED
SAN FRANCISCO AIDS FOUNDATION 1035 MARKET STREET, SUITE 400 SAN FRANCISCO, CA 94103	94-2927405	501C3	18,900.	0.			UNRESTRICTED
CHINESE FOR AFFIRMATIVE ACTION 17 WALTER U . LUM PLACE SAN FRANCISCO, CA 94108	94-2161304	501C3	18,500.	0.			APIENC
CHINESE FOR AFFIRMATIVE ACTION 17 WALTER U LUM PLACE SAN FRANCISCO, CA 94108	94-2161304	501C3	17,551.	0.			SUPPORT FOR WORK RELATED TO AAPI HARASSMENT AND HATE CRIMES DURING COVID-19
POSITIVE RESULTS CENTER 1236 23RD AVE OAKLAND, CA 94606	95-4455668	501C3	17,500.	0.			2021 HEALING IN SOLIDARITY: SOLIDARITY HEALING SEPTEMBER AND BLACK HEALING OCTOBER
NAACP LEGAL DEFENSE & EDUCATION FUND INC. - 40 RECTOR STREET, 5TH FLOOR - NEW YORK, NY 10006	13-1655255	501C3	16,750.	0.			UNRESTRICTED
OASIS LEGAL SERVICES 1900 ADDISON STREET, SUITE 100 BERKELEY, CA 94704-2649	82-0696739	501C3	16,750.	0.			GIVE OUT DAY PRIZE AWARD GRANT - 2ND PLACE - NATIONAL LARGE ORGANIZATION LEADERBOARD
KQED INC. 2601 MARIPOSA STREET SAN FRANCISCO, CA 94110	94-1241309	501C3	16,550.	0.			UNRESTRICTED

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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GLOBAL FUND FOR WOMEN 800 MARKET STREET, SEVENTH FLOOR SAN FRANCISCO, CA 94104	77-0155782	501C3	16,500.	0.			UNRESTRICTED.
MEDIA ALLIANCE 1904 FRANKLIN STREET, SUITE 500 OAKLAND, CA 94612	94-2563400	501C3	16,500.	0.			THIS GRANT IS FOR OUT IN THE BAY, PRODUCED ERIC JANSEN
YALE UNIVERSITY P.O. BOX 2038 NEW HAVEN, CT 06521	06-0646973	501C3	16,500.	0.			EQUALITY SCHOLARSHIP FOR JEREMIAH JEWELL .STUDENT ID 918161780, FOR FALL 2021
FRIENDS OF THE ISRAEL DEFENSE FORCE - 60 EAST 42ND STREET - NEW YORK, NY 10165	13-3156445	501C3	16,000.	0.			UNRESTRICTED
GIRLS INC. 120 WALL STREET, 3RD FLOOR NEW YORK, NY 10005-3902	13-1915124	501C3	16,000.	0.			UNRESTRICTED
HUMAN RIGHTS CAMPAIGN FOUNDATION 1640 RHODE ISLAND AVENUE NW WASHINGTON, DC 20036-3278	52-1481896	501C3	15,583.	0.			UNRESTRICTED
OXFAM-AMERICA 226 CAUSEWAY STREET, 5TH FLOOR BOSTON, MA 02114	23-7069110	501C3	15,500.	0.			UNRESTRICTED
RYSE 205 41ST STREET RICHMOND, CA 94805	26-0692904	501C3	15,500.	0.			UNRESTRICTED
CONGREGATION RODEF SHOLOM OF MARIN 170 N SAN PEDRO RD SAN RAFAEL, CA 94903	94-6030040	501C3	15,200.	0.			UNRESTRICTED

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ACLU FOUNDATION OF GEORGIA INC PO BOX 77208 ATLANTA, GA 30357	23-7115937	501C3	15,000.	0.			UNRESTRICTED
SAFEHOUSE FOR THE PERFORMING ARTS 145 EDDY ST. SAN FRANCISCO, CA 94102	01-0908118	501C3	15,000.	0.			AIRSPACE IS A QPOC RESIDENCY ARTS PROGRAM IN SAN FRANCISCO THAT SPECIALIZES IN
AMERICAN CIVIL LIBERTIES FOUNDATION OF PENNSYLVANIA (ACLU) - P.O. BOX 60173 - PHILADELPHIA, PA 19102	23-1742013	501C3	15,000.	0.			UNRESTRICTED
VMC FOUNDATION 2400 MOORPARK AVE #207 REDWOOD CITY, CA 95128	77-0187890	501C3	15,000.	0.			COLECTIVO ACCIN LATINA DE AMBIENTE
CURRY SENIOR CENTER 315 TURK STREET SAN FRANCISCO, CA 94102	23-7362588	501C3	15,000.	0.			WE KNOW THAT MANY LGBTQ SENIORS LIVE IN ISOLATION AND HAVE SIGNIFICANT MENTAL HEALTH ISSUES
ASTRAEA LESBIAN FOUNDATION FOR JUSTICE - 116 EAST 16TH STREET, 7TH FLOOR - NEW YORK, NY 10003	13-2992977	501C3	15,000.	0.			GLOBAL PHILANTHROPY PROJECT
MEDIA MATTERS FOR AMERICA 455 MASSACHUSETTS AVE., NW FLOOR 6 WASHINGTON, DC 20001	47-0928008	501C3	15,000.	0.			MIAMI PRIDE COLLECTIVE COVID-19 GRANT AND FINAL GRANT
THE ALLIANCE FOR GLBTQ YOUTH 1175 NE 125 STREET #103 NORTH MIAMI, FL 33161	26-2799253	501C3	15,000.	0.			RE-GRANT MADE FROM A HAAS, JR. GRANT TO HORIZONS FOUNDATION. GRANT IS FOR FOR
THE CLIMATE CENTER 831 4TH ST. SANTA ROSA, CA 95404	45-0485495	501C3	15,000.	0.			UNRESTRICTED

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TRANS LIFELINE 101 BROADWAY, SUITE 311 OAKLAND, CA 94607	47-2097494	501C3	15,000.	0.			GIVE OUT DAY PRIZE AWARD GRANT - 1ST PLACE - TRANSGENDER, GENDER NONCONFORMING, AND
HOMELESS YOUTH ALLIANCE PO BOX 170427 SAN FRANCISCO, CA 94117	81-3036333	501C3	14,750.	0.			UNRESTRICTED
LAMPLIGHTERS MUSIC THEATRE 469 BRYANT ST SAN FRANCISCO, CA 94107	94-6109095	501C3	14,500.	0.			UNRESTRICTED
FIRST UNITARIAN UNIVERSALIST SOCIETY OF SAN FRANCISCO - ATTN: GUARDIAN GROUP - BOX 71 1187 FRANKLIN STREET - SAN FRANCISCO,	94-1186221	501C3	13,500.	0.			UNRESTRICTED
LAMBDA LITERARY FOUNDATION P.O. BOX 20186 NEW YORK, NY 10014	52-1996380	501C3	13,500.	0.			SCHOLARSHIPS FOR QUEER WRITER
SIDE BY SIDE (FORMERLY ROSMY) PO BOX 5542 RICHMOND, VA 23220	54-1572424	501C3	13,500.	0.			GIVE OUT DAY PRIZE AWARD GRANT - 2ND PLACE - SOUTHERN LARGE ORGANIZATION LEADERBOARD;
PUENTE DE LA COSTA SUR PO BOX 554 PESCADERO, CA 94060	37-1484262	501C3	13,250.	0.			UNRESTRICTED
INTEGRITY FIRST FOR AMERICA PO BOX 1831 NEW YORK, NY 10156	82-1110585	501C3	13,000.	0.			SUPPORT FROM THE GLOBAL FAITH AND EQUALITY FUND AT HORIZONS FOUNDATION FOR IFA'S WORK AGAINST
ROTARY FOUNDATION OF ROTARY INTERNATIONAL - 1560 SHERMAN AVE - EVANSTON, IL 60201	36-3245072	501C3	13,000.	0.			FUNDRAISER ID (635) NAME OF FUNDRAISER (DISTRICT 5150) ROTARY DONOR ID'S - DAN JORAANSTAD 6774278

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THE PUBLIC/THE PUBLIC THEATER/NEW YORK SHAKESPEARE FESTIVAL - 425 LAFAYETTE ST - NEW YORK, NY 10003	13-1844852	501C3	13,000.	0.			UNRESTRICTED
THOUSAND CURRENTS 1330 BROADWAY # 301 OAKLAND, CA 94612-2503	77-0071852	501C3	12,750.	0.			RACIAL JUSTICE- LGBT GRANTS GRANTS TO BLACK LIVES MATTER NATIONAL TO REFLECT THE FOUNDATIONS
ORAM - ORGANIZATION FOR REFUGE ASYLUM & MIGRATION - 2443 FILLMORE ST #380-6489 - SAN FRANCISCO, CA 94115	26-3748676	501C3	12,500.	0.			UNRESTRICTED
UNIVERSITY OF CALIFORNIA BERKELEY - FINANCIAL AID - 201 SPROUL HALL, # 1960 - BERKELEY, CA 94720-4422	94-6090626	501C3	12,500.	0.			LY LOUISE STUDENT ID: 16070012
COMMUNITY FOUNDATION OF SONOMA COUNTY - 120 STONY POINT ROAD, SUITE 220 - SANTA ROSA, CA 95401	68-0003212	501C3	12,250.	0.			RESILIENCE FUND ONLY.
PACIFIC CENTER FOR HUMAN GROWTH 2712 TELEGRAPH AVE. BERKELEY, CA 94705	94-2287492	501C3	12,250.	0.			UNRESTRICTED
PFLAG - NATIONAL 1625 K STREET NW SUITE 700 WASHINGTON, DC 20006	95-3750694	501C3	12,250.	0.			UNRESTRICTED - GIVE OUT DAY
SFJAZZ 201 FRANKLIN STREET SAN FRANCISCO, CA 94102	94-2990335	501C3	12,000.	0.			UNRESTRICTED
STANFORD UNIVERSITY FINANCIAL AID 355 GALVEZ STREET STANFORD, CA 94305-3021	94-1156365	501C3	12,000.	0.			CENGIZ CEMALOGLU STUDENT ID: 06321795 MASTER'S

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THEATRE RHINOCEROS PO BOX 423406 SAN FRANCISCO, CA 94142	94-2568273	501C3	12,000.	0.			UNRESTRICTED
UC DAVIS SCHOOL OF MEDICINE EDUCATION BLDG 1ST. FLOOR SUITE 120 SACRAMENTO, CA 95817	94-6036494	501C3	12,000.	0.			EQUALITY SCHOLARSHIP FOR JUSTINE HUYNH, ID# 915618134, FA 2021-22
UNIVERSITY OF CALIFORNIA, RIVERSIDE - FINANCIAL AID OFFICE - 900 UNIVERSITY AVE. 92521-0209 - RIVERSIDE, CA 92521-0209	95-6006142	501C3	12,000.	0.			EQUALITY SCHOLARSHIP FOR KISHAN PATEL #ID 861140836 FULL YEAR 2021-2022
LARKIN STREET YOUTH SERVICES 134 GOLDEN GATE AVENUE SAN FRANCISCO, CA 94102	94-2917999	501C3	11,900.	0.			UNRESTRICTED
MEALS ON WHEELS OF ALAMEDA COUNTY P.O. BOX 14002 OAKLAND, CA 94614	94-2651065	501C3	11,750.	0.			UNRESTRICTED
SOMOS FAMILIA 2323 BROADWAY OAKLAND, CA 94612	81-4019488	501C3	11,750.	0.			UNRESTRICTED
AMNESTY INTERNATIONAL USA 5 PENN PLAZA NEW YORK, NY 10001	52-0851555	501C3	11,000.	0.			UNRESTRICTED
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - 500 PARNASSUS AVENUE MU-201W - SAN FRANCISCO, CA 94143-0246	94-6036493	501C3	11,000.	0.			EMILIANO LEMUS HUFSTEDLER STUDENT ID:024454969 MD
ADOLESCENT COUNSELING SERVICES 643 BAIR ISLAND ROAD, SUITE 301 REDWOOD CITY, CA 94063	51-0192551	501C3	10,750.	0.			COVID-19 HAS SERIOUS IMPLICATIONS FOR THE MENTAL HEALTH OF LGBTQ+ YOUTH. EVEN PRIOR TO THE

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THE SPAHR CENTER 150 NELLEN AVENUE CORTE MADERA, CA 94925	68-0072470	501C3	10,750.	0.			UNRESTRICTED
SAN FRANCISCO PARKS ALLIANCE 1663 MISSION ST #320 SAN FRANCISCO, CA 94103	23-7131784	501C3	10,500.	0.			UNRESTRICTED
THE ACTORS FUND OF AMERICA 729 SEVENTH AVE., 10TH FLOOR NEW YORK, NY 10019	13-1635251	501C3	10,300.	0.			UNRESTRICTED
THE SAN FRANCISCO BAY AREA LEATHER ALLIANCE INC - 584 CASTRO STREET UNIT 660 - SAN FRANCISCO, CA 94114	23-7185340	501C3	10,286.	0.			TO BE DIRECTED TOWARDS THE SF BAY AREA QUEER NIGHTLIFE FUND
ALLIANCE FOR GLOBAL JUSTICE 2737 LORRING DR APT 201 DISTRICT HILLS, MD 20747	52-2094677	501C3	10,250.	0.			THIS GRANT IS FOR THE FISCALLY SPONSORED PROJECT MOVEMENT FOR BLACK LIVES
QWOCMAP - QUEER WOMEN OF COLOR MEDIA ARTS PROJECT - 1014 TORNEY AVENUE SUITE 111 - SAN FRANCISCO, CA 94129	80-0094746	501C3	10,184.	0.			GIVE OUT DAY PRIZE AWARD GRANT - 2ND PLACE - NATIONAL MEDIUM ORGANIZATION LEADERBOARD
ALL-OPTIONS PO BOX 28284 OAKLAND, CA 94604	87-0729403	501C3	10,000.	0.			UNRESTRICTED
AMERICAN JEWISH WORLD SERVICE, INC. - 45 W 36TH ST., 11TH FLOOR - NEW YORK, NY 10018	22-2584370	501C3	10,000.	0.			GRANT RESTRICTED TO PROJECTS BENEFITING LESBIAN, TRANSGENDER AND INTERSEX COMMUNITIES.
BILLY DEFRANK LGBT COMM CENTER 938 THE ALAMEDA SAN JOSE, CA 95126	92-2850498	501C3	10,000.	0.			COVID-19 HAS SERIOUS IMPLICATIONS FOR THE MENTAL HEALTH OF LGBTQ+ YOUTH. EVEN PRIOR TO THE

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TRANSGENDER LAW CENTER PO BOX 741803 LOS ANGELES, CA 90074-1803	05-0544006	501C3	10,000.	0.			BLACK LGBTQIA+ MIGRANT PROJECT (BLMP) RACIAL JUSTICE- LGBT GRANTS GRANTS TO REFLECT THE
CENTER FOR ASIAN AMERICAN MEDIA 145 NINTH STREET, STE 350 SAN FRANCISCO, CA 94103	94-2801493	501C3	10,000.	0.			UNRESTRICTED
CIRCUS CENTER 755 FREDERICK ST SAN FRANCISCO, CA 94117	94-3173332	501C3	10,000.	0.			STUDENT SCHOLARSHIPS
INTERSECTION FOR THE ARTS 1446 MARKET STREET SAN FRANCISCO, CA 94102	94-1593216	501C3	10,000.	0.			DIAMOND WAVE WE ARE LGBTQ+ AND REQUESTING PROJECT FUNDS FOR THEYFRIEND, A NONBINARY
COMMUNITY INITIATIVES 1000 BROADWAY SUITE #480 OAKLAND, CA 94607	94-3255070	501C3	10,000.	0.			EL/LA PARA TRANSLATINAS RE-GRANT FROM THE WALLACE ALEXANDER GERBODE FOUNDATION
EQUALITY MAINE FOUNDATION PO BOX 1951 PORTLAND, ME 04104	01-0515357	501C3	10,000.	0.			GIVE OUT DAY PRIZE AWARD GRANT - 1ST PLACE - NATIONAL MEDIUM ORGANIZATION LEADERBOARD
FORT ROSS VOLUNTEER FIRE DEPARTMENT - PO BOX 129 - CAZADERO, CA 95421-0129	51-0183345	501C3	10,000.	0.			UNRESTRICTED
HUMAN RIGHTS WATCH 350 5TH AVE FL 34 NEW YORK, NY 10118	13-2875808	501C3	10,000.	0.			DESIGNATED FOR: HUMAN RIGHTS WATCH GLOBAL LGBT RIGHTS PROGRAM.
QUEER CULTURAL CENTER 3543 18TH ST #4 SAN FRANCISCO, CA 94110	94-3227839	501C3	10,000.	0.			IN LAK'ECH DANCE ACADEMY

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QUEER CULTURAL CENTER 3543 18TH ST #4 SAN FRANCISCO, CA 94110	94-3227839	501C3	10,000.	0.			A SPIRAL SHELL IS AN INTERDISCIPLINARY DIGITAL PERFORMANCE INSTALLATION PROJECT THAT UTILISES
INSTITUTO FAMILIAR DE LA RAZA 2919 MISSION STREET SAN FRANCISCO, CA 94110	94-2523608	501C3	10,000.	0.			THE LATINX COMMUNITY FACES TREMENDOUS BARRIERS DURING "NORMAL" TIMES, INCLUDING POVERTY,
ISRAAID (US) GLOBAL HUMANITARIAN ASSISTANCE, INC. - PO BOX 61227 - PALO ALTO, CA 94306	46-2118225	501C3	10,000.	0.			THIS GRANT IS IN HONOR OF SHARON METRO AND ELYSE SUMMERS AND THEIR COURAGEOUS, LOVE-FILLED
NATIONAL GAY AND LESBIAN TASK FORCE - 1050 CONNECTICUT AVE NW - WASHINGTON, DC 20035	52-1624852	501C3	10,000.	0.			UNRESTRICTED
ON THE MOVE 780 LINCOLN AVE NAPA, CA 94558	75-3149095	501C3	10,000.	0.			COVID-19 HAS SERIOUS IMPLICATIONS FOR THE MENTAL HEALTH OF LGBTQ+ YOUTH. EVEN PRIOR TO THE
INTERSECTION FOR THE ARTS 1446 MARKET STREET SAN FRANCISCO, CA 94102	94-1593216	501C3	10,000.	0.			QUEER REBELS PRODUCTIONS (QRP)
RANDALL MUSEUM FRIENDS 199 MUSEUM WAY SAN FRANCISCO, CA 94114	94-6093483	501C3	10,000.	0.			UNRESTRICTED
SAN FRANCISCO COMMUNITY HEALTH CENTER - 730 POLK STREET, 4TH FLOOR - SAN FRANCISCO, CA 94109-7813	94-3096109	501C3	10,000.	0.			ED DISCRETIONARY GRANT SPONSORSHIP FOR SFCHC'S "SHADOW OF HOPE" EVENT
SEMINARY OF THE STREET 2806 EASTMAN AVE OAKLAND, CA 94619	26-3325297	501C3	10,000.	0.			UNRESTRICTED

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SILICON VALLEY GAY MEN'S CHORUS 1100 SHASTA AVE. SAN JOSE, CA 95126	02-0773503	501C3	10,000.	0.			SUPPORT TO PRODUCE THREE LIVE CONCERT PERFORMANCE SERIES DURING THE 2021-2022 SEASON
SOLANO PRIDE CENTER 1234 EMPIRE ST., SUITE 1560 FAIRFIELD, CA 94533	68-0477185	501C3	10,000.	0.			COVID-19 HAS SERIOUS IMPLICATIONS FOR THE MENTAL HEALTH OF LGBTQ+ YOUTH. EVEN PRIOR TO THE GIVE OUT DAY PRIZE AWARD GRANT - 1ST PLACE - NATIONAL LARGE ORGANIZATION LEADERBOARD
THE SOURCE LGBTQ+ CENTER 208 WEST MAIN STREET B VISALIA, CA 93291	81-1907707	501C3	10,000.	0.			
THE SUNDANCE ASSOCIATION FOR COUNTRY-WESTERN DANCING - 2261 MARKET STREET, PMB 225 - SAN FRANCISCO, CA 94114	94-3336172	501C3	10,000.	0.			UNRESTRICTED
ST. JAMES INFIRMARY 730 POLK ST., 4TH FLOOR SAN FRANCISCO, CA 94109	94-3330568	501C3	10,000.	0.			THE TRANSGENDER DISTRICT RE-GRANT FROM THE WALLACE ALEXANDER GERBODE FOUNDATION
ST. JAMES INFIRMARY 730 POLK ST., 4TH FLOOR SAN FRANCISCO, CA 94109	94-3330568	501C3	10,000.	0.			TRANSGENDER ADVOCATES FOR JUSTICE AND ACCOUNTABILITY (TAJAS) COALITION RACIAL JUSTICE-
TREGARON CONSERVANCY 3101 MACOMB ST NW WASHINGTON, DC 20008	20-5111004	501C3	10,000.	0.			POND VALLEY PLANTING AND SHIPMAN BENCH
GLOBALGIVING 1110 VERMONT AVE., NW, SUITE 550 WASHINGTON, DC 20005	30-0108263	501C3	9,500.	0.			\$2500 FOR FACES OF STEM (PROJECT #36183) \$2500 FOR ACADEMIC SUPPORT & MENTORING FOR UNDERSERVED
SERVICES & ADVOCACY FOR GAY LESBIAN BISEXUAL & TRANSGENDER ELDERS INC. - 305 SEVENTH AVE, 15TH FLOOR - NEW YORK, NY 10001	13-2947657	501C3	9,500.	0.			RECOMMENDED AT THE SUGGESTION OF MARK SEXTON AS A GIFT TO THE SAGESTRONG RESILIENCY

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COMMUNITY UNITED AGAINST VIOLENCE 427 SOUTH VAN NESS AVENUE SAN FRANCISCO, CA 94103	94-2758154	501C3	9,000.	0.			SUPPORT FOR WORK WITH LGBTQ VICTIMS AND SURVIVORS OF DOMESTIC, AND MULTIPLE, OVERLAPPING
CREATIVE GROWTH ART CENTER AKA CREATIVE GROWTH INC. - 355 24TH ST - OAKLAND, CA 94612	23-7319028	501C3	8,500.	0.			UNRESTRICTED
THE UNIVERSITY OF CHICAGO 6030 SOUTH ELLIS AVE CHICAGO, IL 60637	36-2177139	501C3	8,500.	0.			EQUALITY SCHOLARSHIP SAMANTHA ZIMMERMAN ID# 12282138 - FA 2020
HEALTHRIGHT 360 1563 MISSION ST FL 1 SAN FRANCISCO, CA 94103-2592	94-6129071	501C3	8,300.	0.			FUNDS FOR USED BY THE WOMENS COMMUNITY CLINIC/LYON MARTIN HEALTH SERVICES
THE TREVOR PROJECT 9056 SANTA MONICA BLVD., SUITE 208 WEST HOLLYWOOD, CA 90069	95-4681287	501C3	8,000.	0.			UNRESTRICTED
PROJECT OPEN HAND 730 POLK STREET SAN FRANCISCO, CA 94109-7813	94-3023551	501C3	7,800.	0.			UNRESTRICTED
PROVINCETOWN COMMONS 46 BRADFORD ST PROVINCETOWN, MA 02657	81-4915644	501C3	7,750.	0.			UNRESTRICTED
OUR FAMILY COALITION 1385 MISSION ST., STE. 340 SAN FRANCISCO, CA 94103	94-3261786	501C3	7,500.	0.			FOR SUPPORT GROUPS AND/OR PROGRAMS FOR LGBTQ PARENTS
RAINBOW WOMEN'S CHORUS 14938 CAMDEN AVENUE, SUITE 61 SAN JOSE, CA 95124	77-0559726	501C3	7,500.	0.			UNRESTRICTED

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TRANSGENDER LAW CENTER PO BOX 741803 LOS ANGELES, CA 90074-1803	05-0544006	501C3	7,500.	0.			UNRESTRICTED
GLBTQ LEGAL ADVOCATES & DEFENDERS 30 WINTER STREET, STE 800 BOSTON, MA 02108	04-2660498	501C3	7,000.	0.			UNRESTRICTED
MOUNT HOLYOKE COLLEGE 50 COLLEGE STREET SKINNER HALL SOUTH HADLEY, MA 01075	04-2103578	501C3	7,000.	0.			EQUALITY SCHOLARSHIP SOLIMAR GUZMAN-RUBALCABA ID# 2064123 FA 2020
SAN FRANCISCO GENERAL HOSPITAL FOUNDATION - 2789 25TH STREET, SUITE 2028 - SAN FRANCISCO, CA 94110	94-3189424	501C3	7,000.	0.			UNRESTRICTED
POCKET OPERA 469 BRYANT STREET SAN FRANCISCO, CA 94107	94-2418029	501C3	6,950.	0.			UNRESTRICTED
DESERT AIDS PROJECT 1695 N. SUNRISE WAY PALM SPRINGS, CA 92262	33-0068583	501C3	6,750.	0.			UNRESTRICTED
SOCIAL GOOD FUND 12651 SAN PABLO AVE., SUITE 5473 RICHMOND, CA 94805	46-1323531	501C3	6,550.	0.			AFRICAN HUMAN RIGHTS COALITION
ANIMAL PROTECTION OF NEW MEXICO INC - PO BOX 11395 - ALBUQUERQUE, NM 87192	85-0283292	501C3	6,500.	0.			UNRESTRICTED
COMMUNITY INITIATIVES 1000 BROADWAY SUITE #480 OAKLAND, CA 94607	94-3255070	501C3	6,500.	0.			EL/LA PARATRANSLATINAS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
SECOND STAGE THEATRE 1501 BROADWAY, SUITE 518 NEW YORK, NY 10036	13-3021180	501C3	6,400.	0.			UNRESTRICTED
ASIAN WOMEN'S SHELTER 3543 18TH STREET, #19 SAN FRANCISCO, CA 94110	94-3030212	501C3	6,250.	0.			UNRESTRICTED
ONE LIFE COUNSELING CENTER 961 LAUREL ST STE 208 SAN CARLOS, CA 94070	81-0919786	501C3	6,250.	0.			UNRESTRICTED
THE TLC FOUNDATION FOR BODY-FOCUSED REPETITIVE BEHAVIORS - 716 SOQUEL AVENUE, SUITE A - SANTA CRUZ, CA 95062	77-0266587	501C3	6,200.	0.			UNRESTRICTED
BOYS & GIRLS CLUB OF PALM SPRINGS 450 S SUNRISE WAY PALM SPRINGS, CA 92262	95-1957907	501C3	6,036.	0.			UNRESTRICTED
CALIFORNIA ACADEMY OF SCIENCE 55 MUSIC CONCOURSE DRIVE SAN FRANCISCO, CA 94118	94-1156258	501C3	6,000.	0.			UNRESTRICTED
CALIFORNIA STATE UNIVERSITY, BAKERSFIELD - 9001 STOCKDALE HIGHWAY 48 SA - BAKERSFIELD, CA 93311	77-0314545	501C3	6,000.	0.			EQUALITY SCHOLARSHIP FOR ROCIO ALCANTAR TORRES ID# 200339703 - SCHOOL YEAR 2020-21
INTERNATIONAL RESCUE COMMITTEE 440 GRAND AVE STE 500 OAKLAND, CA 94610-5012	135660870	501C3	6,000.	0.			UNRESTRICTED
LGBT COMMUNITY NETWORK 655 MINNEWAWA AVE SUITE 278 CLOVIS, CA 93612	81-3066621	501C3	6,000.	0.			GIVE OUT DAY PRIZE AWARD GRANT - 1ST PLACE - SOUTHERN SMALL ORGANIZATION LEADERBOARD

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
LGBTQ VICTORY INSTITUTE 1225 I STREET NW WASHINGTON, DC 20005	52-1835268	501C3	6,000.	0.			UNRESTRICTED.
SAN FRANCISCO STATE UNIVERSITY 1600 HOLLOWAY AVENUE SAN FRANCISCO, CA 94132	93-1137247	501C3	6,000.	0.			EQUALITY SCHOLARSHIP ADRIANA MEJIA LOPEZ 921065532 SPRING 2021
TURNOUT 3207 LAKESHORE AVE OAKLAND, CA 94610	47-5263212	501C3	6,000.	0.			UNRESTRICTED
UNIVERSITY OF PUGET SOUND 1500 N WARNER ST TACOMA, WA 98416	91-0564961	501C3	6,000.	0.			EQUALITY SCHOLARSHIP DANIEL CHARNEY- ID# 5883572 -FA 2020
WILDEARTH GUARDIANS 301 N GUADALUPE STREET, SUITE 201 SANTA FE, NM 87501	85-0406306	501C3	6,000.	0.			TRAP FREE NEW MEXICO
THE VOTER PARTICIPATION CENTER 1707 L ST., NW, SUITE 300 WASHINGTON, DC 20036	55-0889748	501C3	5,770.	0.			UNRESTRICTED
REDWOOD EMPIRE FOOD BANK 3320 INDUSTRIAL DRIVE SANTA ROSA, CA 95403	68-0121855	501C3	5,750.	0.			UNRESTRICTED
SUNNY HILLS SERVICES DBA SIDE BY SIDE - 300 SUNNY HILLS DR. - SAN ANSELMO, CA 94960	94-1156301	501C3	5,600.	0.			FUNDS RESTRICTED FOR USE BY OUR SPACE QUEER YOUTH PROJECT IN ALAMEDA COUNTY TO CONTINUE PROVIDING
CHICANA/LATINA FOUNDATION 1419 BURLINGAME AVENUE, SUITE N BURLINGAME, CA 94010	94-2923423	501C3	5,500.	0.			UNRESTRICTED

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
DEPAUL UNIVERSITY 1 EAST JACKSON BOULEVARD CHICAGO, IL 60604-2287	36-2167048	501C3	5,500.	0.			STUDENT EMERGENCY ASSISTANCE FUND ASAP!
MANHATTAN CLASS COMPANY, INC. 511 W 52ND ST NEW YORK, NY 10019	13-3391844	501C3	5,500.	0.			UNRESTRICTED
SIGNATURE THEATRE COMPANY, INC. THE PERSHING SQUARE SIGNATURE CENTER 480 WEST 42ND STREET - NEW YORK, NY 100	13-3641560	501C3	5,500.	0.			UNRESTRICTED
EQUALITY CALIFORNIA INSTITUTE 3701 WILSHIRE BLVD. SUITE 725 LOS ANGELES, CA 90010	68-0438008	501C3	5,250.	0.			UNRESTRICTED
ST PATRICKS EPISCOPAL DAY SCHOOL 4590 MACARTHUR BLVD, NW WASHINGTON, DC 20007-4226	53-0196494	501C3	5,200.	0.			UNRESTRICTED

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

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

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR WORK WITH TRANSGENDER AND GENDER NON-CONFORMING SEX WORKERS TO PROVIDE OUTREACH CLINIC AND MENTAL HEALTH SERVICES, TRANSITIONAL HOUSING PROGRAMS, SYRINGE ACCESS SITES, AND THE TRANSGENDER HORMONE THERAPY PROGRAM DURING THE COVID-19 PANDEMIC

NAME OF ORGANIZATION OR GOVERNMENT: UCLA FOUNDATION/WILLIAMS INSTITUTE

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT IS FOR THE WILLIAMS INSTITUTE AT UCLA SCHOOL OF LAW C/O YOSSI HELD DEVELOPMENT DIRECTOR

NAME OF ORGANIZATION OR GOVERNMENT: SAN FRANCISCO OPERA

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS IS OUR 2021 CONTRIBUTION AND IT IS MADE IN HONOR OF BETH CLAYTON AND PATRICIA RACETTE

NAME OF ORGANIZATION OR GOVERNMENT: ROTARY SERVICE INC

(H) PURPOSE OF GRANT OR ASSISTANCE: UNRESTRICTED FOR THE 50-50 FUNDRAISING CAMPAIGN FOR ROTARY SERVICE. HALF OF THE FUNDS GO TO THE ROTARY FOUNDATION OF ROTARY INTERNATIONAL, AND HALF OF THE FUNDS FOR THE SAN FRANCISCO ROTARY FOUNDATION.

NAME OF ORGANIZATION OR GOVERNMENT: POSITIVE RESULTS CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: 2021 HEALING IN SOLIDARITY: SOLIDARITY HEALING SEPTEMBER AND BLACK HEALING OCTOBER PERFORMANCE ARTS PROGRAMMING.

NAME OF ORGANIZATION OR GOVERNMENT: SAFEHOUSE FOR THE PERFORMING ARTS

(H) PURPOSE OF GRANT OR ASSISTANCE: AIRSPACE IS A QPOC RESIDENCY ARTS PROGRAM IN SAN FRANCISCO THAT SPECIALIZES IN CONTEMPORARY PERFORMANCE.

NAME OF ORGANIZATION OR GOVERNMENT: CURRY SENIOR CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: WE KNOW THAT MANY LGBTQ SENIORS LIVE IN ISOLATION AND HAVE SIGNIFICANT MENTAL HEALTH ISSUES INCLUDING ANXIETY AND DEPRESSION. SUICIDE AND SUICIDE IDEATION RATES WERE HIGH IN THIS POPULATION BEFORE COVID-19. THE PANDEMIC SEVERELY EXACERBATED THESE MENTAL H

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: THE ALLIANCE FOR GLBTQ YOUTH

(H) PURPOSE OF GRANT OR ASSISTANCE: RE-GRANT MADE FROM A HAAS, JR. GRANT TO HORIZONS FOUNDATION. GRANT IS FOR FOR INTENSIVE ANTI-RACISM WORKSHOP SERIES FOR LGBTQ COMMUNITY LEADERS IN MIAMI-DADE

NAME OF ORGANIZATION OR GOVERNMENT: TRANS LIFELINE

(H) PURPOSE OF GRANT OR ASSISTANCE: GIVE OUT DAY PRIZE AWARD GRANT - 1ST PLACE - TRANSGENDER, GENDER NONCONFORMING, AND NON-BINARY ORGANIZATION LEADERBOARD

NAME OF ORGANIZATION OR GOVERNMENT: SIDE BY SIDE (FORMERLY ROSMY)

(H) PURPOSE OF GRANT OR ASSISTANCE: GIVE OUT DAY PRIZE AWARD GRANT - 2ND PLACE - SOUTHERN LARGE ORGANIZATION LEADERBOARD; HORIZONS FOUNDATION POWER HOUR

NAME OF ORGANIZATION OR GOVERNMENT: INTEGRITY FIRST FOR AMERICA

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FROM THE GLOBAL FAITH AND EQUALITY FUND AT HORIZONS FOUNDATION FOR IFA'S WORK AGAINST WHITE-SUPREMACISTS AND KKK THAT ATTACKED CITIZENS IN CHARLOTTESVILLE, VA

NAME OF ORGANIZATION OR GOVERNMENT:

ROTARY FOUNDATION OF ROTARY INTERNATIONAL

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDRAISER ID (635) NAME OF FUNDRAISER (DISTRICT 5150) ROTARY DONOR ID'S - DAN JORAANSTAD 6774278 AND BOB HERMANN 9297472

NAME OF ORGANIZATION OR GOVERNMENT: THOUSAND CURRENTS

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: RACIAL JUSTICE- LGBT GRANTS GRANTS TO BLACK LIVES MATTER NATIONAL TO REFLECT THE FOUNDATIONS COMMITMENT TO BLACK LIVES AND RACIAL JUSTICE, ESPECIALLY IN THE LGBTQ COMMUNITY

NAME OF ORGANIZATION OR GOVERNMENT: ADOLESCENT COUNSELING SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: COVID-19 HAS SERIOUS IMPLICATIONS FOR THE MENTAL HEALTH OF LGBTQ+ YOUTH. EVEN PRIOR TO THE PANDEMIC, LGBTQ+ YOUTH WERE AT SIGNIFICANT INCREASED RISK FOR DEPRESSION, ANXIETY, SUBSTANCE USE, AND SUICIDALITY (RUSSELL & FISH, 2016). THESE RISKS ARE EVEN MORE

NAME OF ORGANIZATION OR GOVERNMENT: BILLY DEFRANK LGBT COMM CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: COVID-19 HAS SERIOUS IMPLICATIONS FOR THE MENTAL HEALTH OF LGBTQ+ YOUTH. EVEN PRIOR TO THE PANDEMIC, LGBTQ+ YOUTH WERE AT SIGNIFICANT INCREASED RISK FOR DEPRESSION, ANXIETY, SUBSTANCE USE, AND SUICIDALITY (RUSSELL & FISH, 2016). THESE RISKS ARE EVEN MORE

NAME OF ORGANIZATION OR GOVERNMENT: TRANSGENDER LAW CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: BLACK LGBTQIA+ MIGRANT PROJECT (BLMP) RACIAL JUSTICE- LGBT GRANTS GRANTS TO REFLECT THE FOUNDATIONS COMMITMENT TO BLACK LIVES AND RACIAL JUSTICE, ESPECIALLY IN THE LGBTQ COMMUNITY

NAME OF ORGANIZATION OR GOVERNMENT: INTERSECTION FOR THE ARTS

(H) PURPOSE OF GRANT OR ASSISTANCE: DIAMOND WAVE WE ARE LGBTQ+ AND REQUESTING PROJECT FUNDS FOR THEYFRIEND, A NONBINARY PERFORMANCE FESTIVAL THAT WILL COMMISSION AND WORK WITH 6 NONBINARY ARTISTS TO PRESENT NEW

Part IV Supplemental Information

PERFORMANCE AT (OR WITH) BRAVA'S CABARET IN NOVEMBER 2021 FOR AN ESTIMATED TOTAL AUDIENCE OF

NAME OF ORGANIZATION OR GOVERNMENT: QUEER CULTURAL CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: A SPIRAL SHELL IS AN INTERDISCIPLINARY DIGITAL PERFORMANCE INSTALLATION PROJECT THAT UTILISES VIDEO PROJECTION, SCULPTURE, SOUNDSCAPE, AND ANIMATION TO TELL A STORY OF ABOUT HEALING THROUGH GRIEF BY CONNECTING WITH THE NORTH STAR, OUR SOUL PURPOSE.

NAME OF ORGANIZATION OR GOVERNMENT: INSTITUTO FAMILIAR DE LA RAZA

(H) PURPOSE OF GRANT OR ASSISTANCE: THE LATINX COMMUNITY FACES TREMENDOUS BARRIERS DURING "NORMAL" TIMES, INCLUDING POVERTY, LIMITED EMPLOYMENT OPPORTUNITIES, AND RESTRICTED ACCESS TO RESOURCES. THESE ARE MAGNIFIED DURING COVID-19 AS MANY IMMIGRANTS ARE INELIGIBLE FOR STIMULUS, UNEMPLOYMENT

NAME OF ORGANIZATION OR GOVERNMENT:

ISRAAID (US) GLOBAL HUMANITARIAN ASSISTANCE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT IS IN HONOR OF SHARON METRO AND ELYSE SUMMERS AND THEIR COURAGEOUS, LOVE-FILLED PLUNGE INTO CO-CREATING A HOME TOGETHER.

NAME OF ORGANIZATION OR GOVERNMENT: ON THE MOVE

(H) PURPOSE OF GRANT OR ASSISTANCE: COVID-19 HAS SERIOUS IMPLICATIONS FOR THE MENTAL HEALTH OF LGBTQ+ YOUTH. EVEN PRIOR TO THE PANDEMIC, LGBTQ+ YOUTH WERE AT SIGNIFICANT INCREASED RISK FOR DEPRESSION, ANXIETY, SUBSTANCE USE, AND SUICIDALITY (RUSSELL & FISH, 2016). THESE RISKS ARE

Part IV Supplemental Information

EVEN MORE

NAME OF ORGANIZATION OR GOVERNMENT: SOLANO PRIDE CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: COVID-19 HAS SERIOUS IMPLICATIONS FOR THE MENTAL HEALTH OF LGBTQ+ YOUTH. EVEN PRIOR TO THE PANDEMIC, LGBTQ+ YOUTH WERE AT SIGNIFICANT INCREASED RISK FOR DEPRESSION, ANXIETY, SUBSTANCE USE, AND SUICIDALITY (RUSSELL & FISH, 2016). THESE RISKS ARE EVEN MORE

NAME OF ORGANIZATION OR GOVERNMENT: ST. JAMES INFIRMARY

(H) PURPOSE OF GRANT OR ASSISTANCE: TRANSGENDER ADVOCATES FOR JUSTICE AND ACCOUNTABILITY (TAJAS) COALITION RACIAL JUSTICE- LGBT GRANTS GRANTS TO REFLECT THE FOUNDATIONS COMMITMENT TO BLACK LIVES AND RACIAL JUSTICE, ESPECIALLY IN THE LGBTQ COMMUNITY

NAME OF ORGANIZATION OR GOVERNMENT: GLOBALGIVING

(H) PURPOSE OF GRANT OR ASSISTANCE: \$2500 FOR FACES OF STEM (PROJECT #36183) \$2500 FOR ACADEMIC SUPPORT & MENTORING FOR UNDERSERVED GIRLS (PROJECT #2940) \$1000 FOR CALIFORNIA WILDFIRE RELIEF FUND (PROJECT #48572) \$1000 FOR VIRTUAL CAMPS - EMPOWERING GIRLS AROUND THE WORLD (PROJECT #49463)\$

NAME OF ORGANIZATION OR GOVERNMENT:

SERVICES & ADVOCACY FOR GAY LESBIAN BISEXUAL & TRANSGENDER ELDERS INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: RECOMMENDED AT THE SUGGESTION OF MARK SEXTON AS A GIFT TO THE SAGESTRONG RESILIENCY FUND, BUT FORMALLY I AS THE RECOMMENDER WISH TO PUT NO RESTRICTIONS ON ITS USE.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY UNITED AGAINST VIOLENCE

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR WORK WITH LGBTQ VICTIMS AND SURVIVORS OF DOMESTIC, AND MULTIPLE, OVERLAPPING FORMS OF VIOLENCE BASED ON RACE, GENDER, AND SEXUAL ORIENTATION, DURING THE COVID-19 PANDEMIC

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

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS RESTRICTED FOR USE BY OUR SPACE QUEER YOUTH PROJECT IN ALAMEDA COUNTY TO CONTINUE PROVIDING SERVICES TO QUEER YOUTH EXPERIENCING HOUSING INSECURITY/HOMELESSNESS, AS WELL AS ADDITIONAL COMPREHENSIVE SERVICES OF PEER SUPPORT GROUPS, MENTAL HEALTH, COM

Multiple horizontal lines for additional supplemental information.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2020

Open to Public Inspection

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

Part I Questions Regarding Compensation

	Yes	No
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"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
b 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	1b	
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?	2	
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"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
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?	4a	X
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X
c Participate in or receive payment from an equity-based compensation arrangement?	4c	X
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?	5a	X
b Any related organization?	5b	X
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?	6a	X
b Any related organization?	6b	X
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	7	X
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	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2020

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)	215,382.	0.	0.	24,000.	30,781.	270,163.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) FRANCISCO BUCHTING VP OF GRANTS, PROGRAMS & STRATEGIC I	(i)	148,842.	0.	0.	26,000.	20,537.	195,379.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JOHN MARVUGLIO CFO	(i)	168,036.	0.	0.	0.	2,375.	170,411.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Lined area for supplemental information.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Part I Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	72	4,000,442.	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 V, 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) 2020

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

SCHEDULE M, LINE 32B:

THE ORGANIZATION USED A BROKERAGE FIRM TO SELL DONATED SECURITIES.

SCHEDULE M, LINE 33:

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

HORIZONS FOUNDATION

Employer identification number

94-2686530

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

RIGHTS AND WELL-BEING 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 empty horizontal lines for additional text input.