

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2021**

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

Open to Public Inspection

**A** For the 2021 calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>HORIZONS FOUNDATION</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>155 SANSOME STREET, SUITE 650</b> City or town, state or province, country, and ZIP or foreign postal code <b>SAN FRANCISCO, CA 94104</b> <b>F</b> Name and address of principal officer: <b>ROGER DOUGHTY</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>94-2686530</b> <b>E</b> Telephone number <b>415-398-2333</b> <b>G</b> Gross receipts \$ <b>24,650,677.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.HORIZONSFOUNDATION.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1980</b> <b>M</b> State of legal domicile: <b>CA</b>

**Part I Summary**

	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>TO SUPPORT NONPROFITS SERVING AND ADVOCATING FOR LGBTQ PEOPLE THROUGH GRANTMAKING AND PROGRAMS; TO</b>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>Activities &amp; Governance</b>	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>19</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>19</b>
	<b>5</b>	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	<b>13</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>100</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>
	<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> <b>6,810,617.</b>
<b>9</b>		Program service revenue (Part VIII, line 2g)	<b>0.</b>	<b>0.</b>
<b>10</b>		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>1,694,750.</b>	<b>3,214,793.</b>
<b>11</b>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>-34,377.</b>	<b>-35,790.</b>
<b>12</b>		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>8,470,990.</b>	<b>19,242,544.</b>
<b>Expenses</b>		<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>5,279,482.</b>
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>1,233,817.</b>	<b>1,353,005.</b>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>366,656.</b>		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>555,800.</b>	<b>736,453.</b>
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>7,069,099.</b>	<b>9,647,363.</b>
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>1,401,891.</b>	<b>9,595,181.</b>
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>41,480,128.</b>	<b>End of Year</b> <b>46,250,238.</b>
	<b>21</b>	Total liabilities (Part X, line 26)	<b>911,178.</b>	<b>1,805,725.</b>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>40,568,950.</b>	<b>44,444,513.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>ROGER DOUGHTY, PRESIDENT</b> Type or print name and title	Date _____		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>TRACY TEALE</b>	Preparer's signature <b>TRACY TEALE</b>	Date <b>10/10/23</b>	Check <input type="checkbox"/> if self-employed PTIN <b>P01290862</b>
	Firm's name ▶ <b>APRIO, LLP</b> Firm's address ▶ <b>150 POST STREET, SUITE 200</b> <b>SAN FRANCISCO, CA 94108</b>	Firm's EIN ▶ <b>57-1157523</b> Phone no. <b>415-777-4488</b>		

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

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code: ) (Expenses \$ 7,901,834. including grants of \$ 7,469,405. ) (Revenue \$ ) GRANTMAKING: HORIZONS FOUNDATION PROVIDED DIRECT FINANCIAL SUPPORT TO NONPROFIT ORGANIZATIONS THROUGH 1,518 GRANTS TO 801 ORGANIZATIONS TOTALING \$7,469,405 IN 2022. GRANTS ADDRESSED MULTIPLE ISSUES AND POPULATIONS, INCLUDING THE COVID19 CRISIS, HEALTH, HIV/AIDS, YOUTH, ARTS, ELDER, COMMUNITIES OF COLOR, TRANSGENDER RIGHTS, COMMUNITY BUILDING, AND CIVIL AND HUMAN RIGHTS IN THE SAN FRANCISCO BAY AREA, OTHER PARTS OF THE UNITED STATES, AND THE WORLD. GRANTS WERE ALSO MADE FROM DONOR-ADVISED FUNDS, FIELD OF INTEREST FUNDS, AND SCHOLARSHIP FUNDS. GRANTS RANGED FROM \$250 TO \$943,000; PROVIDED BOTH OPERATING SUPPORT AND PROJECT SUPPORT; AND INCLUDED NON-LGBTQ-SPECIFIC GRANTS THROUGH THE DONOR-ADVISED AND OTHER GRANT PROGRAMS.

4b (Code: ) (Expenses \$ 752,334. including grants of \$ 88,500. ) (Revenue \$ ) 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 \$1,330,000 FOR LGBTQ ORGANIZATIONS ACROSS THE COUNTRY. (C) THE FOUNDATION LED INNOVATIVE RESEARCH AND TESTING EFFORTS TO STRENGTHEN THE FUNDRAISING CAPABILITIES OF LGBTQ NONPROFITS IN THE BAY AREA AND BEYOND. (D) HORIZONS CONTINUED TO BUILD THE LGBTQ COMMUNITY ENDOWMENT FUND TO PROVIDE PERMANENT RESOURCES FOR PROMOTING RIGHTS AND WELL-BEING

4c (Code: ) (Expenses \$ 79,208. 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 8,733,376.

**Part IV Checklist of Required Schedules**

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

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

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

**Note:** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b>	10
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	<b>1b</b>	0
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b> X	

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 19; 1b Enter the number of voting members included... 19; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 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.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 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 on Schedule O. See instructions.; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [ ] Another's website [X] 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
155 SANSOME STREET, SAN FRANCISCO, CA 94104

**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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			260,350.	0.	35,362.	
(2) JOHN MARVUGLIO CFO	40.00			X			181,542.	0.	15,367.	
(3) FRANCISCO BUCHTING VP OF GRANTS, PROGRAMS & S	40.00				X		157,441.	0.	23,367.	
(4) CANDACE LOPEZ CHIEF PHILANTHROPIC OFFICE	40.00				X		155,362.	0.	10,570.	
(5) TIM MURRAY CO-CHAIR	5.00	X		X			0.	0.	0.	
(6) DIPTI GHOSH CO-CHAIR	5.00	X		X			0.	0.	0.	
(7) ADAM BLUM CHAIR EMERITUS	5.00	X					0.	0.	0.	
(8) TERRY MICHEAU 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 BARANI 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) MELISA MARQUEZ 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.
(23) JAE MALDONADO DIRECTOR	5.00	X						0.	0.	0.
<b>1b Subtotal</b> .....							754,695.	0.	84,666.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> .....							754,695.	0.	84,666.	

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

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

**Section B. Independent Contractors**

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	229,233.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	15,834,308.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 5,231,439.				
	<b>h Total.</b> Add lines 1a-1f .....			16,063,541.			
Program Service Revenue	<b>2 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....						
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		702,908.			702,908.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities	7,883,082.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	5,371,197.				
	<b>c</b> Gain or (loss) .....	<b>7c</b>	2,511,885.				
<b>d</b> Net gain or (loss) .....			2,511,885.		2511885.		
<b>8 a</b> Gross income from fundraising events (not including \$ 229,233. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>		0.				
		<b>b</b> Less: direct expenses .....	<b>8b</b>	36,936.			
<b>c</b> Net income or (loss) from fundraising events .....			-36,936.		-36,936.		
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
		<b>b</b> Less: direct expenses .....	<b>9b</b>				
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
		<b>b</b> Less: cost of goods sold .....	<b>10b</b>				
		<b>c</b> Net income or (loss) from sales of inventory .....					
Miscellaneous Revenue	<b>11 a</b> OTHER INCOME	900099	646.			646.	
	<b>b</b> FEE INCOME	900099	500.			500.	
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....			1,146.			
<b>12 Total revenue.</b> See instructions .....			19,242,544.	0.	0.	3179003.	

**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	7,552,905.	7,552,905.		
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	440,106.	180,215.	230,284.	29,607.
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	725,277.	540,491.	57,551.	127,235.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,225.			6,225.
9 Other employee benefits	101,223.	70,008.	29,288.	1,927.
10 Payroll taxes	80,174.	50,352.	18,900.	10,922.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	25,000.		25,000.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	104,905.		104,905.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	127,929.	38,629.	69,300.	20,000.
12 Advertising and promotion	35,431.	16,719.		18,712.
13 Office expenses	40,051.	12,899.	14,741.	12,411.
14 Information technology	61,672.	1,085.	59,501.	1,086.
15 Royalties				
16 Occupancy	181,965.		181,965.	
17 Travel	15,172.	2,940.	11,876.	356.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	6,179.		5,563.	616.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	10,525.		10,525.	
23 Insurance	12,279.		12,279.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <b>SUBSCRIPTIONS AND LICEN</b>	54,091.	25,839.	27,868.	384.
b <b>DONOR CULTIVATION EVENT</b>	34,939.	0.	0.	34,939.
c <b>PRINTING</b>	11,527.	0.	2,730.	8,797.
d <b>ALLOCATION OF SHARED EX</b>	10,594.	193,552.	-232,228.	49,270.
e All other expenses	4,194.	42,742.	-82,717.	44,169.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>9,647,363.</b>	<b>8,733,376.</b>	<b>547,331.</b>	<b>366,656.</b>
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,351,054.	<b>1</b>	1,001,378.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....	1,992.	<b>3</b>	10,000.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	47,746.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	66,608.	<b>7</b>	216,608.
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	24,150.	<b>9</b>	729,533.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 297,446.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 200,601.		
	<b>11</b> Investments - publicly traded securities .....	40,005,076.	<b>11</b>	43,126,436.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	20,374.	<b>15</b>	1,021,692.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	41,480,128.	<b>16</b>	46,250,238.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	209,387.	<b>17</b>	221,414.
	<b>18</b> Grants payable .....	130,700.	<b>18</b>	130,500.
	<b>19</b> Deferred revenue .....	8,500.	<b>19</b>	0.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	562,591.	<b>25</b>	1,453,811.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	911,178.	<b>26</b>	1,805,725.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	23,470,158.	<b>27</b>	27,039,454.
	<b>28</b> Net assets with donor restrictions .....	17,098,792.	<b>28</b>	17,405,059.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	40,568,950.	<b>32</b>	44,444,513.
<b>33</b> Total liabilities and net assets/fund balances .....	41,480,128.	<b>33</b>	46,250,238.	

**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	19,242,544.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,647,363.
3	Revenue less expenses. Subtract line 2 from line 1	3	9,595,181.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	40,568,950.
5	Net unrealized gains (losses) on investments	5	-5,719,618.
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	44,444,513.

**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 on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	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 (2021)

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

Name of the organization

HORIZONS FOUNDATION

Employer identification number

94-2686530

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations .....

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

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	10507656.	7701148.	6381683.	6466341.	15834308.	46891136.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	10507656.	7701148.	6381683.	6466341.	15834308.	46891136.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						5013883.
<b>6 Public support.</b> Subtract line 5 from line 4.						41877253.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	10507656.	7701148.	6381683.	6466341.	15834308.	46891136.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	436,210.	568,141.	1158377.	527,907.	702,908.	3393543.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	91,685.	55,441.	367,031.	348,603.	230,379.	1093139.
<b>11 Total support.</b> Add lines 7 through 10						51377818.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	81.51 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	72.86 %
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

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

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2021; Row 16: Public support percentage from 2020 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2021; Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2021. 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.

b 33 1/3% support tests - 2020. 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.

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



Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 3: By reason of the relationship described on 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

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

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2021 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2021</b>	<b>(iii) Distributable Amount for 2021</b>
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016			
<b>b</b> From 2017			
<b>c</b> From 2018			
<b>d</b> From 2019			
<b>e</b> From 2020			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2017			
<b>b</b> Excess from 2018			
<b>c</b> Excess from 2019			
<b>d</b> Excess from 2020			
<b>e</b> Excess from 2021			

Schedule A (Form 990) 2021

**Part VI**

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

Multiple horizontal lines for supplemental information.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

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

OMB No. 1545-0047

**2021**

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) .....	10,238,450.	
3 Aggregate value of grants from (during year) .....	7,188,439.	
4 Aggregate value at end of year .....	24,061,836.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X .....

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

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

b Assets included in Form 990, Part X .....

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

Schedule D (Form 990) 2021

**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	16,259,246.	12,837,437.	12,753,906.	11,226,418.	10,921,543.
b Contributions	2,616,704.	559,114.	292,500.	16,970.	1,138,448.
c Net investment earnings, gains, and losses	-1,391,519.	3,033,716.	454,864.	1,510,518.	-359,156.
d Grants or scholarships					
e Other expenditures for facilities and programs	812,392.	171,021.	663,833.		474,417.
f Administrative expenses					
g End of year balance	16,672,039.	16,259,246.	12,837,437.	12,753,906.	11,226,418.

- 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   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
- 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		40,074.	1,431.	38,643.
d Equipment		87,981.	29,779.	58,202.
e Other		169,391.	169,391.	0.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				96,845.

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>AGENCY FUNDS</b>	469,466.
(3) <b>OPERATING LEASE LIABILITIES</b>	984,345.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,453,811.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 19,242,544.

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 9,647,363.

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.

Multiple horizontal lines provided for entering supplemental information.



SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2021

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

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

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations e Solicitation of non-government grants f Solicitation of government grants g Special fundraising events 2 a Did the organization have a written or oral agreement with any individual... b If "Yes," list the 10 highest paid individuals or entities...

Table with 6 columns: (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.

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GALA	EQUALITY SCHOLARSHIP	NONE	
	Revenue	(event type)	(event type)	(total number)	
1	Gross receipts .....	229,233.			229,233.
2	Less: Contributions .....	229,233.			229,233.
3	Gross income (line 1 minus line 2) .....				
<b>Direct Expenses</b>					
4	Cash prizes .....				
5	Noncash prizes .....				
6	Rent/facility costs .....				
7	Food and beverages .....				
8	Entertainment .....				
9	Other direct expenses .....	36,936.			36,936.
10	Direct expense summary. Add lines 4 through 9 in column (d) .....				36,936.
11	Net income summary. Subtract line 10 from line 3, column (d) .....				-36,936.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
1	Gross revenue .....				
<b>Direct Expenses</b>					
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:

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

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

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

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

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

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

Director/officer       Employee       Independent contractor

17 Mandatory distributions:

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

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

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

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**Part IV** Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2021**

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
OPENHOUSE 65 LAGUNA STREET SAN FRANCISCO, CA 94102	94-3337955	501C3	1,013,669.	0.			SUPPORT FOR SAN FRANCISCO LGBTQ SENIOR CENTER
UHAI EASHRI USA INC 722 TENTH AVE, STE 2D NEW YORK, NY 10019	35-2618978	501C3	735,000.	0.			RESTRICTED TO A SPECIFIC PURPOSE - USE OF FUNDS ARE RESTRICTED TO CARRY OUT WORK FOR GRANT
OUTRIGHT ACTION INTERNATIONAL 80 MAIDEN LANE, SUITE 1505 NEW YORK, NY 10038	94-3139952	501C3	303,700.	0.			RESTRICTED TO A SPECIFIC PURPOSE - RESTRICTED TO A SPECIFIC PURPOSE - FUNDS USE ARE RESTRICTED TO
NATIONAL CENTER FOR LESBIAN RIGHTS 870 MARKET ST., SUITE 370 SAN FRANCISCO, CA 94102	94-3086885	501C3	151,950.	0.			UNRESTRICTED
AMERICAN CIVIL LIBERTIES UNION FOUNDATION OF NORTHERN CALIFORNIA - 39 DRUMM STREET - SAN FRANCISCO, CA 94111	94-0279770	501C3	146,500.	0.			UNRESTRICTED
JEWISH COMMUNITY FEDERATION OF SAN FRANCISCO, THE PENINSULA, MARIN AND SONOMA CO - 121 STEUART STREET - SAN FRANCISCO, CA 94105	94-1156533	501C3	120,937.	0.			RESTRICTED TO A SPECIFIC PURPOSE

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **206.**

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) 2021

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NARAL PRO-CHOICE AMERICA FOUNDATION - 1725 I STREET, SUITE 900 - WASHINGTON, DC 20006	52-1100361	501C3	104,000.	0.			UNRESTRICTED
WOMEN'S FOUNDATION OF CALIFORNIA 300 FRANK H. OGAWA PLAZA, SUITE 420 OAKLAND, CA 94612	94-2752421	501C3	101,000.	0.			UNRESTRICTED
PLANNED PARENTHOOD FEDERATION OF AMERICA, INC. - 123 WILLIAM ST FL 9 - NEW YORK, NY 10038	13-1644147	501C3	94,050.	0.			RESTRICTED TO A SPECIFIC PURPOSE - RESTRICTED TO A SPECIFIC PURPOSE - FUNDS USE ARE RESTRICTED TO
YVETTE A. FLUNDER FOUNDATION 8400 ENTERPRISE WAY OAKLAND, CA 94621	32-0095516	501C3	90,000.	0.			RESTRICTED TO A SPECIFIC PURPOSE - RESTRICTED TO A SPECIFIC PURPOSE - FUNDS USE ARE RESTRICTED TO
SCHWAB CHARITABLE FUND 211 MAIN STREET SAN FRANCISCO, CA 94105	31-1640316	501C3	74,030.	0.			RESTRICTED TO A SPECIFIC PURPOSE
HAZELDEN BETTY FORD FOUNDATION 15251 PLEASANT VALLEY RD. CENTER CITY, MN 55012	41-0682405	501C3	60,000.	0.			RESTRICTED TO A SPECIFIC PURPOSE - BETTY FORD CENTER TRANSFORMATIONAL CAMPAIGN FOR THE SWIMMING
ENVISION YOU 3100 N DOWNING ST STE A DENVER, CO 80205	84-4304062	501C3	56,500.	0.			UNRESTRICTED
QWOCMAP - QUEER WOMEN OF COLOR MEDIA ARTS PROJECT - 1014 TORNEY AVENUE SUITE 111 - SAN FRANCISCO, CA 94129	80-0094746	501C3	55,500.	0.			JEWELLE DOCUMENTARY
OASIS LEGAL SERVICES 1900 ADDISON STREET, SUITE 100 BERKELEY, CA 94704	82-0696739	501C3	54,500.	0.			UNRESTRICTED OPERATING SUPPORT GRANT FOR RESPONSE TO THE COVID-19 PANDEMIC

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOMEN'S CANCER RESOURCE CENTER 2908 ELLSWORTH ST BERKELEY, CA 94705	94-3131204	501C3	54,250.	0.			UNRESTRICTED
UNIVERSITY OF CALIFORNIA BERKELEY - FINANCIAL AID - 201 SPROUL HALL, # 1960 - BERKELEY, CA 94720	94-6090626	501C3	52,500.	0.			ALBERS-ALEXANDER SCHOLARSHIP RECIPIENT
SHANTI BHAVAN CHILDRENS PROJECT 121 HAWKINS PL PMB 192 BOONTON, NJ 07005	26-4188445	501C3	51,600.	0.			UNRESTRICTED
PROTEUS FUND 15 RESEARCH DRIVE, SUITE B AMHERST, MA 01002	04-3243004	501C3	51,000.	0.			SUPPORT FOR HORIZONS' PARTICIPATION IN PROTEUS FUND'S RIGHTS, FAITH, AND DEMOCRACY COLLABORATIVE
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)
HUMAN RIGHTS WATCH 350 5TH AVE FL 34 NEW YORK, NY 10118	13-2875808	501C3	50,000.	0.			RESTRICTED TO A SPECIFIC PURPOSE - FOR THE LBQ WOMEN'S RESEARCH PROJECT
IPAS P.O. BOX 9990 CHAPEL HILL, NC 27515	56-1071085	501C3	50,000.	0.			RESTRICTED TO A SPECIFIC PURPOSE - FUNDS USE ARE RESTRICTED TO GRANT # 21-GFEF-241656 FROM THE
LYRIC 127 COLLINGWOOD ST. SAN FRANCISCO, CA 94114	94-3227296	501C3	50,000.	0.			UNRESTRICTED
SPELMAN COLLEGE 350 SPELMAN LANE SW ATLANTA, GA 30314	58-0566243	501C3	50,000.	0.			OTHER - THE QUEER STUDIES INITIATIVE

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRAMELINE 145 9TH STREET SUITE 300 SAN FRANCISCO, CA 94103	94-2775772	501C3	49,750.	0.			UNRESTRICTED
URGENT ACTION FUND FOR WOMEN'S HUMAN RIGHTS - 660 13TH STREET, SUITE 200 - OAKLAND, CA 94612	03-0419743	501C3	49,000.	0.			RESTRICTED TO A SPECIFIC PURPOSE - FUNDS USE RESTRICTED FOR THE URGENT RESPONSE FUND FOR UKRAINE
AMERICAN CIVIL LIBERTIES UNION FOUNDATION - 125 BROAD STREET, 18TH FLOOR - NEW YORK, NY 10004	13-6213516	501C3	46,250.	0.			UNRESTRICTED
LAVENDER SENIORS OF THE EAST BAY 4123 BROADWAY #818 OAKLAND, CA 94611	94-3337173	501C3	45,700.	0.			GENERAL OPERATING SUPPORT
ROTARY FOUNDATION OF ROTARY INTERNATIONAL - 1560 SHERMAN AVE - EVANSTON, IL 60201	36-3245072	501C3	43,900.	0.			DONATION TO GO TOWARDS ANNUAL FUND SHARE
CHINESE FOR AFFIRMATIVE ACTION 17 WALTER U LUM PLACE SAN FRANCISCO, CA 94108	94-2161304	501C3	43,500.	0.			UNRESTRICTED OPERATING SUPPORT GRANT FOR RESPONSE TO THE COVID-19 PANDEMIC
SAN FRANCISCO-MARIN FOOD BANK 900 PENNSYLVANIA AVE SAN FRANCISCO, CA 94107	94-3041517	501C3	42,750.	0.			UNRESTRICTED
VMC FOUNDATION 2400 MOORPARK AVE #207 REDWOOD CITY, CA 95128	77-0187890	501C3	42,500.	0.			UNRESTRICTED OPERATING SUPPORT GRANT FOR RESPONSE TO THE COVID-19 PANDEMIC
POINT FOUNDATION 5055 WILSHIRE BLVD, STE 501 LOS ANGELES, CA 90036	84-1582086	501C3	42,500.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BREAST CANCER ACTION 548 MARKET ST PMB 17179 SAN FRANCISCO, CA 94104	94-3138992	501C3	41,750.	0.			UNRESTRICTED
ROTARY SERVICE INC 300 MONTGOMERY, SUITE 200 SAN FRANCISCO, CA 94104	94-6064217	501C3	41,500.	0.			FOR THE ROTARY CLUB OF SAN FRANCISCO'S 50/50 CAMPAIGN FOR FISCAL YEAR 2021-2022. NOTE: 1/2 OF
NATIONAL LGBTQ TASK FORCE 1325 MASSACHUSETTS AVE. NW, SUITE 6 WASHINGTON, DC 20005	52-1624852	501C3	41,250.	0.			UNRESTRICTED
SAN FRANCISCO KIDPOWER TEENPOWER FULLPOWER INTERNATIONAL - 538 27TH STREET - SAN FRANCISCO, CA 94131	77-0226712	501C3	41,000.	0.			UNRESTRICTED
NEW CONSERVATORY THEATRE CENTER (NCTC) - 25 VAN NESS AVE, LOWER LOBBY - SAN FRANCISCO, CA 94102	94-2778856	501C3	40,750.	0.			UNRESTRICTED
SAN FRANCISCO PARKS ALLIANCE 1663 MISSION ST #320 SAN FRANCISCO, CA 94103	23-7131784	501C3	40,000.	0.			RESTRICTED TO A SPECIFIC PURPOSE - THE FRIENDS OF HARVEY MILK PLAZA
ALAMEDA COUNTY COMMUNITY FOOD BANK PO BOX 2599 OAKLAND, CA 94621	94-2960297	501C3	38,750.	0.			UNRESTRICTED
OAKLAND LGBTQ COMMUNITY CENTER 3207 LAKESHORE AVE OAKLAND, CA 94610	82-2258008	501C3	38,502.	0.			UNRESTRICTED OPERATING SUPPORT GRANT FOR RESPONSE TO THE COVID-19 PANDEMIC
SOMOS FAMILIA 2323 BROADWAY OAKLAND, CA 94612	81-4019488	501C3	35,250.	0.			GENERAL OPERATING SUPPORT

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BREAST CANCER FUND 1388 SUTTER STREET, SUITE 400 SAN FRANCISCO, CA 94109	94-3155886	501C3	35,000.	0.			UNRESTRICTED
RAINBOW COMMUNITY CENTER OF CONTRA COSTA COUNTY - 2118 WILLOW PASS RD. SUITE 500 - CONCORD, CA 94520	68-0375857	501C3	35,000.	0.			UNRESTRICTED OPERATING SUPPORT GRANT FOR RESPONSE TO THE COVID-19 PANDEMIC
GOLDEN GATE PERFORMING ARTS/SAN FRANCISCO GAY MEN'S CHORUS - 170 VALENCIA STREET - SAN FRANCISCO, CA 94103	94-2576101	501C3	34,250.	0.			CAPITAL CAMPAIGN
COMMUNITY INITIATIVES 2940 16TH STREET #319 SAN FRANCISCO, CA 94103	94-3255070	501C3	32,500.	0.			UNRESTRICTED OPERATING SUPPORT GRANT FOR RESPONSE TO THE COVID-19 PANDEMIC
THE LGBT ASYLUM PROJECT - CENTER FOR IMMIGRANT PROTECTION - 315 MONTGOMERY STREET, SUITE 917 - SAN FRANCISCO, CA 94104	47-5301730	501C3	32,500.	0.			UNRESTRICTED OPERATING SUPPORT GRANT FOR RESPONSE TO THE COVID-19 PANDEMIC
LARKIN STREET YOUTH SERVICES 134 GOLDEN GATE AVENUE SAN FRANCISCO, CA 94102	94-2917999	501C3	31,000.	0.			UNRESTRICTED
BIONEERS 215 LINCOLN AVENUE, SUITE 202 SANTA FE, NM 87501	85-0432731	501C3	30,000.	0.			UNRESTRICTED
CATTICUS CORPORATION 2600 TENTH STREET BERKELEY, CA 94710	95-3579940	501C3	30,000.	0.			OTHER - MATCHING GRANT FOR THE FILM, NO STRAIGHT LINES: THE RISE OF QUEER COMICS
ST. JAMES INFIRMARY 25 TAYLOR ST, SUITE 626 SAN FRANCISCO, CA 94102	94-3330568	501C3	30,000.	0.			UNRESTRICTED OPERATING SUPPORT GRANT FOR RESPONSE TO THE COVID-19 PANDEMIC

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DOCTORS WITHOUT BORDERS USA 333 7TH AVE FL 2 NEW YORK, NY 10001	13-3433452	501C3	29,750.	0.			UNRESTRICTED
UNIVERSITY OF CALIFORNIA SAN FRANCISCO FOUNDATION - 220 MONTGOMERY STREET, 5TH FLOOR - SAN FRANCISCO, CA 94104	94-2829914	501C3	29,250.	0.			RESTRICTED TO A SPECIFIC PURPOSE - UCSF MEDICAL CENTER
NATIONAL AIDS MEMORIAL GROVE PO BOX 2270 SAN FRANCISCO, CA 94126	82-4329012	501C3	29,002.	0.			UNRESTRICTED
GLBT HISTORICAL SOCIETY 989 MARKET STREET, LOWER LEVEL SAN FRANCISCO, CA 94103	94-2989004	501C3	28,750.	0.			UNRESTRICTED
SOLANO PRIDE CENTER 1234 EMPIRE ST., SUITE 1560 FAIRFIELD, CA 94533	68-0477185	501C3	27,500.	0.			GENERAL OPERATING SUPPORT
TRANSGENDER LAW CENTER PO BOX 741803 LOS ANGELES, CA 90074	05-0544006	501C3	25,500.	0.			EVENT SPONSORSHIP
ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION, INC. - 225 NORTH MICHIGAN AVENUE, SUITE 1700 - CHICAGO, IL 60601	13-3039601	501C3	25,000.	0.			UNRESTRICTED
BILLY DEFRANK LGBTQ COMMUNITY CENTER - 938 THE ALAMEDA - SAN JOSE, CA 95126	92-2850498	501C3	25,000.	0.			GENERAL OPERATING SUPPORT
CURVE FOUNDATION 12651 SAN PABLO AVENUE #5473 RICHMOND, CA 94805	46-1323531	501C3	25,000.	0.			TO PARTNER WITH THE NATIONAL LGBTQ+ JOURNALIST'S ASSOCIATION TO ADD A NEW CATEGORY OF

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS OF THE CHILDREN-PORTLAND 44 NE MORRIS ST PORTLAND, OR 97212	93-1098105	501C3	25,000.	0.			UNRESTRICTED
JEWISH WOMEN'S ARCHIVE, INC. ONE HARVARD STREET, SUITE 200 BROOKLINE, MA 02445	04-3293188	501C3	25,000.	0.			UNRESTRICTED
MASSACHUSETTS INSTITUTE OF TECHNOLOGY - 77 MASSACHUSETTS AVE NE 49-31 - CAMBRIDGE, MA 02139	04-2103594	501C3	25,000.	0.			FOR THE BENEFIT OF THE GRADUATE PROGRAM IN ENGINEERING LEADERSHIP (GRADEL) EXPENDABLE
PRESCOTT COLLEGE 220 GROVE AVE PRESCOTT, AZ 86301	86-0294012	501C3	25,000.	0.			OTHER - PRESIDENTIAL DISCRETIONARY FUND
UNIVERSITY OF TENNESSEE FOUNDATION 1525 UNIVERSITY AVE KNOXVILLE, TN 37921	62-1844686	501C3	25,000.	0.			THIS GIFT TO BE ALLOCATED TO THE ABBY CONKLIN #52 LVFL ENDOWED SCHOLARSHIP AT THE UNIVERSITY OF
OPERA PARALLLE 44 PAGE STREET, SUITE 400 SAN FRANCISCO, CA 94102	72-1584393	501C3	24,625.	0.			UNRESTRICTED
SAN FRANCISCO PLAYHOUSE 588 SUTTER ST SUITE 318 SAN FRANCISCO, CA 94102	86-1089699	501C3	24,500.	0.			UNRESTRICTED
ON THE MOVE 780 LINCOLN AVENUE NAPA, CA 94558	75-3149095	501C3	23,000.	0.			UNRESTRICTED OPERATING SUPPORT GRANT FOR RESPONSE TO THE COVID-19 PANDEMIC
SAN FRANCISCO AIDS FOUNDATION 1035 MARKET STREET, SUITE 400 SAN FRANCISCO, CA 94103	94-2927405	501C3	22,650.	0.			CATALYST GIVING SOCIETY

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 noncash 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	22,612.	0.			UNRESTRICTED
SAN FRANCISCO LGBT COMMUNITY CENTER - 1800 MARKET STREET - SAN FRANCISCO, CA 94102	94-3236718	501C3	21,250.	0.			UNRESTRICTED OPERATING SUPPORT GRANT FOR RESPONSE TO THE COVID-19 PANDEMIC
SAN JOSE MUSEUM OF QUILTS & TEXTILES - 520 SOUTH FIRST STREET - SAN JOSE, CA 95113	77-0123939	501C3	20,500.	0.			UNRESTRICTED
UC DAVIS FOUNDATION - LAW SCHOOL UC DAVIS GIFT ADMINISTRATION 202 COUSTEAU PLACE, SUITE 185 - DAVIS, CA 95618	94-6081352	501C3	20,500.	0.			ALBERS-ALEXANDER SCHOLARSHIP RECIPIENT
THE FILM COLLABORATIVE INC 3405 CAZADOR ST LOS ANGELES, CA 90065	32-0295081	501C3	20,473.	0.			FISCAL SPONSORSHIP - HOLDING MOSES
BRADY CENTER TO PREVENT GUN VIOLENCE - 1225 I ST NW, SUITE 1100 - WASHINGTON, DC 20005	52-1285097	501C3	20,250.	0.			UNRESTRICTED
CHARLOTTE MAXWELL CLINIC 411 30TH ST STE 508 OAKLAND, CA 94609	94-3116456	501C3	20,000.	0.			UNRESTRICTED
CONGREGATION RODEF SHOLOM OF MARIN 170 N SAN PEDRO RD SAN RAFAEL, CA 94903	94-6030040	501C3	20,000.	0.			OTHER - SACRED SPACE
ISRAAID (US) GLOBAL HUMANITARIAN ASSISTANCE, INC. - PO BOX 61227 - PALO ALTO, CA 94306	46-2118225	501C3	20,000.	0.			UNRESTRICTED

Schedule I (Form 990)

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SAN FRANCISCO BALLET 455 FRANKLIN ST SAN FRANCISCO, CA 94102	94-1415298	501C3	20,000.	0.			UNRESTRICTED
WOMEN'S MEDICAL FUND, INC. P.O. BOX 248 MADISON, WI 53701	51-0189614	501C3	20,000.	0.			UNRESTRICTED
YES IN MY BACK YARD 1260 MISSION STREET SAN FRANCISCO, CA 94103	32-0610451	501C3	20,000.	0.			UNRESTRICTED
NAACP LEGAL DEFENSE & EDUCATION FUND INC. - 40 RECTOR STREET, 5TH FLOOR - NEW YORK, NY 10006	13-1655255	501C3	19,750.	0.			UNRESTRICTED
LAMBDA LEGAL DEFENSE & EDUCATION FUND - 120 WALL STREET, 19TH FLOORS - NEW YORK, NY 10005	23-7395681	501C3	18,650.	0.			UNRESTRICTED
GLOBAL FUND FOR WOMEN 800 MARKET STREET, SEVENTH FLOOR SAN FRANCISCO, CA 94104	77-0155782	501C3	18,500.	0.			UNRESTRICTED
ORAM - ORGANIZATION FOR REFUGE ASYLUM & MIGRATION - 2443 FILLMORE ST #380-6489 - SAN FRANCISCO, CA 94115	26-3748676	501C3	18,500.	0.			UNRESTRICTED
GIRLS INC. 120 WALL STREET, 3RD FLOOR NEW YORK, NY 10005	13-1915124	501C3	18,000.	0.			UNRESTRICTED
EAST BAY SANCTUARY COVENANT 2362BANCROFTWAY BERKELEY, CA 94704	94-3249753	501C3	17,500.	0.			GENERAL OPERATING SUPPORT FOR EBSC-OLAS LGBT ASYLUM PROGRAM

Schedule I (Form 990)

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NATIONAL CENTER FOR CIVIC INNOVATION, INC. - 121 AVENUE OF THE AMERICAS, 6TH FLOOR - NEW YORK, NY 10013	02-0590588	501C3	17,500.	0.			RESTRICTED TO A SPECIFIC PURPOSE - JUSTICE WORK FOR THE NATIONAL LGBTQ+ WOMEN'S COMMUNITY SURVEY
SAN MATEO COUNTY PRIDE CENTER (A PROGRAM OF STARVISTA) - 610 ELM STREET #212 - SAN CARLOS, CA 94070	94-3094966	501C3	17,000.	0.			UNRESTRICTED OPERATING SUPPORT GRANT FOR RESPONSE TO THE COVID-19 PANDEMIC
HUMAN RIGHTS CAMPAIGN FOUNDATION 1640 RHODE ISLAND AVENUE NW WASHINGTON, DC 20036	52-1481896	501C3	16,500.	0.			UNRESTRICTED
ST. JAMES INFIRMARY 730 POLK ST., 4TH FLOOR SAN FRANCISCO, CA 94109	94-3330568	501C3	16,500.	0.			UNRESTRICTED
TRANSGENDER, GENDER VARIANT & INTERSEX JUSTICE PROJECT - 370 TURK ST #370 - SAN FRANCISCO, CA 94102	85-3693121	501C3	16,000.	0.			RESTRICTED
QUEER CULTURAL CENTER 1024 101ST AVE OAKLAND, CA 94603	94-3227839	501C3	15,000.	0.			GENERAL OPERATING SUPPORT
ALTERTHEATER (ALTERNATIVE THEATER ENSEMBLE) - 1337 FOURTH ST., SUITE A - SAN RAFAEL, CA 94901	86-1110074	501C3	15,000.	0.			SUPPORT FOR THE PLAY 'PUEBLO REVOLT?' BY DILLON CHITTO THAT EXPLORES THE PUEBLO UPRISING THROUGH
AMERICAN JEWISH WORLD SERVICE, INC. - 45 W 36TH ST., 11TH FLOOR - NEW YORK, NY 10018	22-2584370	501C3	15,000.	0.			RESTRICTED TO A SPECIFIC PURPOSE - DIRECTED FOR PROJECTS BENEFITING LESBIAN, TRANSGENDER AND
AMOR PARA TODOS 1500 PETALUMA BLVD. SOUTH PETALUMA, CA 94954	90-0988278	501C3	15,000.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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BROWN BOI PROJECT 436 14TH STREET, 5TH FLOOR OAKLAND, CA 94612	20-1037643	501C3	15,000.	0.			GENERAL OPERATING SUPPORT
COMMUNITY INITIATIVES 1000 BROADWAY SUITE #480 OAKLAND, CA 94607	94-3255070	501C3	15,000.	0.			RESTRICTED TO A SPECIFIC PURPOSE - FUNDS RESTRICTED TO SUPPORT THE 2019-2020 GLOBAL
COMMUNITY UNITED AGAINST VIOLENCE 427 SOUTH VAN NESS AVENUE SAN FRANCISCO, CA 94103	94-2758154	501C3	15,000.	0.			GENERAL OPERATING SUPPORT
DANCER'S GROUP 44 GOUGH STREET SUITE 201 SAN FRANCISCO, CA 94103	94-2879185	501C3	15,000.	0.			WE BUILD HOUSES HERE, A NEW IMMERSIVE PERFORMANCE FEATURING DANCE, THEATER, AND DRAG ARTISTS THAT
FAIRNESS WEST VIRGINIA 405 CAPITOL STREET SUITE 405 CHARLESTON, WV 25301	26-3991827	501C3	15,000.	0.			TO CONNECT WITH AT LEAST 5,000 LGBTQ PEOPLE AND THEIR ALLIES AT VARIOUS EVENTS ACROSS THE STATE
QUEER CULTURAL CENTER 450 LEE STREET #1 OAKLAND, CA 94610	94-3227839	501C3	15,000.	0.			GENERAL OPERATING SUPPORT
QUEER CULTURAL CENTER 4509 ADELINE ST EMERYVILLE, CA 94608	94-3227839	501C3	15,000.	0.			SONIC RAINBOW - AN INTERDISCIPLINARY PERFORMANCE DIRECTED BY INDIA SKY COMMISSIONED BY
LEGACY CENTER - POSITIVE IMAGES 1023 FOURTH STREET SANTA ROSA, CA 95404	94-3137845	501C3	15,000.	0.			GENERAL OPERATING SUPPORT
SOMARTS CULTURAL CENTER 934 BRANNAN STREET SAN FRANCISCO, CA 94103	94-2655955	501C3	15,000.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)



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QUEER LIFESPACE 2275 MARKET STREET SAN FRANCISCO, CA 94114	45-2451077	501C3	15,000.	0.			GENERAL OPERATING SUPPORT
QUEER CULTURAL CENTER 3543 18TH ST #4 SAN FRANCISCO, CA 94110	94-3227839	501C3	15,000.	0.			GENERAL OPERATING SUPPORT
FRESH MEAT PRODUCTIONS PO BOX 460670 SAN FRANCISCO, CA 94146	80-0225836	501C3	15,000.	0.			GENERAL OPERATING SUPPORT
SHARE DETROIT 38710 WOODWARD AVE #100 BLOOMFIELD HILLS, MI 48304	36-4940833	501C3	15,000.	0.			OTHER - SHARE UKRAINE
SHOGA FILMS FOUNDATION 4300 TOMPKINS AVE OAKLAND, CA 94619	30-0805365	501C3	15,000.	0.			UNRESTRICTED
STANFORD UNIVERSITY FINANCIAL AID 355 GALVEZ STREET STANFORD, CA 94305	94-1156365	501C3	15,000.	0.			SCHOLARSHIP FUND
THE CLIMATE CENTER 831 4TH ST. SANTA ROSA, CA 95404	45-0485495	501C3	15,000.	0.			UNRESTRICTED
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - 500 PARNASSUS AVENUE MU-201W - SAN FRANCISCO, CA 94143	94-6036493	501C3	15,000.	0.			EQUALITY SCHOLARSHIP
SAN FRANCISCO CONSERVATORY OF MUSIC - 1201 OAK STREET - SAN FRANCISCO, CA 94102	94-1156610	501C3	14,000.	0.			UNRESTRICTED

Schedule I (Form 990)

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THE SPAHR CENTER 150 NELLEN AVENUE CORTE MADERA, CA 94925	68-0072470	501C3	14,000.	0.			UNRESTRICTED OPERATING SUPPORT GRANT FOR RESPONSE TO THE COVID-19 PANDEMIC
EQUALITY TEXAS FOUNDATION PO BOX 2340 AUSTIN, TX 78768	74-2569542	501C3	13,500.	0.			UNRESTRICTED
SERVICES & ADVOCACY FOR GAY LESBIAN BISEXUAL & TRANSGENDER ELDERS INC. - 305 SEVENTH AVE, 15TH FLOOR - NEW YORK, NY 10001	13-2947657	501C3	13,500.	0.			UNRESTRICTED
THE TREVOR PROJECT 9056 SANTA MONICA BLVD., SUITE 208 WEST HOLLYWOOD, CA 90069	95-4681287	501C3	13,500.	0.			UNRESTRICTED
UNIVERSITY OF SAN FRANCISCO 2130 FULTON ST. SAN FRANCISCO, CA 94117	94-1156628	501C3	13,500.	0.			RESTRICTED TO A SPECIFIC PURPOSE - RESTRICTED TO THE JSSJ-RABBI IN RESIDENCE
LAMBDA LITERARY FOUNDATION P.O. BOX 20186 NEW YORK, NY 10014	52-1996380	501C3	13,000.	0.			SUPPORT FOR THE JIM DUGGINS, PH.D. FUND FOR OUTSTANDING MID-CAREER GAY AND LESBIAN NOVELISTS
MUSEUM OF THE AFRICAN DIASPORA 685 MISSION STREET SAN FRANCISCO, CA 94105	94-3338239	501C3	13,000.	0.			UNRESTRICTED
FIRST UNITARIAN UNIVERSALIST SOCIETY OF SAN FRANCISCO - BOX 71 1187 FRANKLIN STREET - SAN FRANCISCO, CA 94109	94-1186221	501C3	12,750.	0.			UNRESTRICTED
FREEDOM FOR ALL AMERICANS EDUCATION FUND - 1629 K ST. NW, SUITE 300 - WASHINGTON, DC 20006	47-4166556	501C3	12,500.	0.			TO EDUCATE THE PUBLIC AND FEDERAL POLICYMAKERS ABOUT THE URGENT NEED FOR A FEDERAL RESPONSE TO

Schedule I (Form 990)

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RYSE 205 41ST STREET RICHMOND, CA 94805	26-0692904	501C3	12,500.	0.			ROOTING RYSE COMMONS IN LGBTQ+ JUSTICE AND LIBERATION
SAN FRANCISCO SYMPHONY 201 VAN NESS AVENUE SAN FRANCISCO, CA 94102	94-1156284	501C3	12,500.	0.			UNRESTRICTED
GRACE CATHEDRAL CORPORATION 1100 CALIFORNIA STREET SAN FRANCISCO, CA 94108	94-1156846	501C3	12,000.	0.			UNRESTRICTED
GLBT HISTORICAL SOCIETY 3021 IRWIN STREET VALLEJO, CA 94591	94-2989004	501C3	12,000.	0.			GENERAL OPERATING SUPPORT
PACIFIC CENTER FOR HUMAN GROWTH 2712 TELEGRAPH AVE. BERKELEY, CA 94705	94-2287492	501C3	11,830.	0.			UNRESTRICTED OPERATING SUPPORT GRANT FOR RESPONSE TO THE COVID-19 PANDEMIC
INTERNATIONAL RESCUE COMMITTEE 440 GRAND AVE STE 500 OAKLAND, CA 94610	13-5660870	501C3	11,750.	0.			UNRESTRICTED
THE SUNDANCE ASSOCIATION FOR COUNTRY-WESTERN DANCING - 2261 MARKET STREET, PMB 225 - SAN FRANCISCO, CA 94114	94-3336172	501C3	11,750.	0.			GIVE OUT DAY PRIZE AWARD GRANT - NATIONAL MEDIUM LEADERBOARD 1ST PLACE
PEACE DEVELOPMENT FUND, INC. P.O. BOX 1280 AMHERST, MA 01002	04-2738794	501C3	11,500.	0.			UNRESTRICTED
DESERT AIDS PROJECT 1695 N. SUNRISE WAY PALM SPRINGS, CA 92262	33-0068583	501C3	11,000.	0.			UNRESTRICTED

Schedule I (Form 990)

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TAKE BACK THE COURT FOUNDATION 2370 MARKET STREET #423 SAN FRANCISCO, CA 94114	84-2145297	501C3	11,000.	0.			MATCHING GRANT
SEBASTOPOL AREA SENIOR CENTER 167 N. HIGH ST. SEBASTOPOL, CA 95472	23-7043925	501C3	10,500.	0.			ELIMINATING ISOLATION AMONG LGBTQ ELDERS
CHABAD OF NE PORTLAND 2125 NE 45TH AVE PORTLAND, OR 97213	47-1532709	501C3	10,400.	0.			UNRESTRICTED
POCKET OPERA 469 BRYANT STREET SAN FRANCISCO, CA 94107	94-2418029	501C3	10,400.	0.			UNRESTRICTED
ALEXANDER VALLEY FILM SOCIETY 121 EAST 1ST STREET PO BOX 71 CLOVERDALE, CA 95425	47-2085577	501C3	10,000.	0.			UNRESTRICTED
ALL-OPTIONS PO BOX 28284 OAKLAND, CA 94604	87-0729403	501C3	10,000.	0.			UNRESTRICTED
BALTIMORE SAFE HAVEN 2117 NORTH CHARLES ST BALTIMORE, MD 21218	83-3729738	501C3	10,000.	0.			UNRESTRICTED
BRIGID ALLIANCE PO BOX 58 NEW YORK, NY 10024	82-3843989	501C3	10,000.	0.			UNRESTRICTED
DEL SHORES FOUNDATION INC 6250 HOLLYWOOD BLVD UNIT 8E LOS ANGELES, CA 90028	84-2050488	501C3	10,000.	0.			UNRESTRICTED

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DEM BOIS INC. P.O. BOX 6809 SAN PABLO, CA 94806	81-1997448	501C3	10,000.	0.			GENERAL OPERATING SUPPORT
ENTREPRENEURSHIP FOR ALL 175 CABOT ST STE 310 LOWELL, MA 01854	47-1858182	501C3	10,000.	0.			UNRESTRICTED
EQUALITY FLORIDA INSTITUTE P.O. BOX 13184 ST. PETERSBURG, FL 33733	59-3435235	501C3	10,000.	0.			UNRESTRICTED
COMMUNITY INITIATIVES 1000 BROADWAY SUITE #480 OAKLAND, CA 94607	94-3255070	501C3	10,000.	0.			GFEP - SUPPORT FOR THE 2019-2020 GLOBAL RESOURCES REPORT: GOVERNMENT &
GOLDEN GATE UNIVERSITY 536 MISSION ST 1ST FLOOR HUB SAN FRANCISCO, CA 94105	94-1585735	501C3	10,000.	0.			ALBERS-ALEXANDER SCHOLARSHIP RECIPIENT
GRADUATE THEOLOGICAL UNION 2400 RIDGE RD BERKELEY, CA 94709	94-1581707	501C3	10,000.	0.			UNRESTRICTED
HAVE A GAY DAY INC 2210 ARBOR BLVD MORAINES, OH 45439	46-3331321	501C3	10,000.	0.			GIVE OUT DAY PRIZE AWARD GRANT - NATIONAL SMALL LEADERBOARD 1ST PRIZE
HEALTH INITIATIVES FOR YOUTH 1540 MARKET ST., STE. 300 SAN FRANCISCO, CA 94102	94-3162876	501C3	10,000.	0.			LEADERSHIP IN DIVERSITY
IRC'S CENTER FOR ECONOMIC OPPORTUNITY - PO BOX 152188 - SAN DIEGO, CA 92195	45-3686069	501C3	10,000.	0.			OTHER - 3:1 MATCH FOR THIS GIFT OVER THE COURSE OF THE NEXT 12 MONTHS IN EITHER DIRECT INVESTMENTS

Schedule I (Form 990)

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J2 SPOTLIGHT MUSICAL THEATRE COMPANY - 617 W 135TH ST #82 - NEW YORK, NY 10031	83-3664191	501C3	10,000.	0.			UNRESTRICTED
MIZELL SENIOR CENTER OF PALM SPRINGS - 480 S. SUNRISE WAY - PALM SPRINGS, CA 92262	95-3464835	501C3	10,000.	0.			RESTRICTED TO A SPECIFIC PURPOSE - KITCHEN EXPANSION CAPITAL CAMPAIGN
SOCIAL GOOD FUND 1714 FRANKLIN ST., #100-404 OAKLAND, CA 94612	46-1323531	501C3	10,000.	0.			GENERAL OPERATING SUPPORT
SAN FRANCISCO GENERAL HOSPITAL FOUNDATION - 2789 25TH STREET, SUITE 2028 - SAN FRANCISCO, CA 94110	94-3189424	501C3	10,000.	0.			UNRESTRICTED
TENPYOZAN 6140 CHABOT ROAD OAKLAND, CA 94618	30-0853001	501C3	10,000.	0.			UNRESTRICTED
THE NATURE CONSERVANCY - IDAHO 116 1ST AVE NORTH HAILEY, ID 83333	53-0242652	501C3	10,000.	0.			THE NATURE CONSERVANCY IN IDAHO. DESIGNATION TO SILVER CREEK PRESERVE
UNIVERSITY OF WISCONSIN LAW SCHOOL 975 BASCOM MALL MADISON, WI 53706	39-1805963	501C3	10,000.	0.			ALBERS-ALEXANDER SCHOLARSHIP RECIPIENT VON DICKENS ABERO ULSA, ID # 8085990870
USE THE NEWS FOUNDATION 358 NOE ST SAN FRANCISCO, CA 94114	94-3302611	501C3	9,750.	0.			UNRESTRICTED
BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY - 326 GALVEZ STREET - STANFORD, CA 94305	94-1156365	501C3	9,621.	0.			THIS GRANT IS FOR THE STANFORD SEED PROGRAM OF STANFORD GSB. STANFORD PLEDGE #3969003.

Schedule I (Form 990)

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PFLAG - NATIONAL 1625 K STREET NW SUITE 700 WASHINGTON, DC 20006	95-3750694	501C3	9,500.	0.			UNRESTRICTED
FRIENDS OF THE URBAN FOREST PRESIDIO OF SAN FRANCISCO, BUILDING 1007 GENERAL KENNEDY AVE STE 1 - SAN FRA	94-2699528	501C3	9,250.	0.			UNRESTRICTED
JEWISH FEDERATION OF GREATER PORTLAND - 6680 SW CAPITOL HWY - PORTLAND, OR 97219	93-0386825	501C3	8,890.	0.			CAMPAIGN FOR COMMUNITY NEEDS
SAN FRANCISCO JAZZ 201 FRANKLIN STREET SAN FRANCISCO, CA 94102	94-2990335	501C3	8,500.	0.			UNRESTRICTED
TRANS LIFELINE 101 BROADWAY, SUITE 311 OAKLAND, CA 94607	47-2097494	501C3	8,500.	0.			UNRESTRICTED
GLIDE FOUNDATION/GLIDE HEALTH SERVICES - 330 ELLIS ST - SAN FRANCISCO, CA 94102	36-2167731	501C3	8,250.	0.			GLIDE MEMORIAL CHURCH FOUNDATION
PROJECT OPEN HAND 730 POLK STREET SAN FRANCISCO, CA 94109	94-3023551	501C3	8,050.	0.			UNRESTRICTED
PROVINCETOWN COMMONS 46 BRADFORD ST PROVINCETOWN, MA 02657	81-4915644	501C3	8,000.	0.			UNRESTRICTED
ONE LIFE COUNSELING CENTER 961 LAUREL ST STE 208 SAN CARLOS, CA 94070	81-0919786	501C3	7,750.	0.			RESTRICTED TO A SPECIFIC PURPOSE - LITTLE EAGLE FUND

Schedule I (Form 990)

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SAN FRANCISCO COMMUNITY HEALTH CENTER - 730 POLK STREET, 4TH FLOOR - SAN FRANCISCO, CA 94109	94-3096109	501C3	7,750.	0.			UNRESTRICTED - SAN FRANCISCO COMMUNITY HEALTH CENTER
CENTER FOR ASIAN AMERICAN MEDIA 145 NINTH STREET, STE 350 SAN FRANCISCO, CA 94103	94-2801493	501C3	7,500.	0.			UNRESTRICTED
CIRCUS CENTER 755 FREDERICK ST SAN FRANCISCO, CA 94117	94-3173332	501C3	7,500.	0.			UNRESTRICTED
COMPASSION WITHOUT BORDERS 1130 BUTLER AVE. SANTA ROSA, CA 95407	20-4698227	501C3	7,500.	0.			UNRESTRICTED
NATIONAL NETWORK OF ABORTION FUNDS 42 SEAVERNS AVE BOSTON, MA 02130	04-3236982	501C3	7,500.	0.			UNRESTRICTED
LEGACY CENTER - POSITIVE IMAGES 1023 FOURTH STREET SANTA ROSA, CA 95404	94-3137845	501C3	7,500.	0.			GENERAL OPERATING SUPPORT
JEWISH FILM INSTITUTE 1407 VALENCIA ST SAN FRANCISCO, CA 94110	94-2854068	501C3	7,300.	0.			UNRESTRICTED
ASIAN WOMEN'S SHELTER 3543 18TH STREET, #19 SAN FRANCISCO, CA 94110	94-3030212	501C3	7,250.	0.			UNRESTRICTED
GLBTQ LEGAL ADVOCATES & DEFENDERS 30 WINTER STREET, STE 800 BOSTON, MA 02108	04-2660498	501C3	6,978.	0.			UNRESTRICTED

Schedule I (Form 990)



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NATURAL RESOURCES DEFENSE COUNCIL INC - 40 WEST 20TH STREET - NEW YORK, NY 10011	13-2654926	501C3	6,900.	0.			UNRESTRICTED
LA LUZ CENTER 17560 GREGER STREET SONOMA, CA 95476	68-0228235	501C3	6,750.	0.			UNRESTRICTED
BUILDING INDUSTRY CHARITABLE FOUNDATION INC. - 625 TAYLOR ST - COLUMBIA, SC 29201	57-0966151	501C3	6,500.	0.			RESTRICTED TO A SPECIFIC PURPOSE - FOR THE JON RYALL SCHOLARSHIP
TRUE COLORS UNITED 311 W 43RD ST 12TH FL NEW YORK, NY 10036	45-2489069	501C3	6,500.	0.			UNRESTRICTED
JEWISH FAMILY & COMMUNITY SERVICES EAST BAY - 2484 SHATTUCK AVE, SUITE 210 - BERKELEY, CA 94704	94-3250304	501C3	6,250.	0.			AFGHAN REFUGEES
EQUALITY CALIFORNIA INSTITUTE 3701 WILSHIRE BLVD. SUITE 725 LOS ANGELES, CA 90010	68-0438008	501C3	6,200.	0.			UNRESTRICTED
KQED INC. 2601 MARIPOSA STREET SAN FRANCISCO, CA 94110	94-1241309	501C3	6,080.	0.			UNRESTRICTED
ACCESS INSTITUTE 110 GOUGH STREET #301 SAN FRANCISCO, CA 94102	01-0595862	501C3	6,000.	0.			UNRESTRICTED
LAMPLIGHTERS MUSIC THEATRE 469 BRYANT ST SAN FRANCISCO, CA 94107	94-6109095	501C3	6,000.	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 noncash 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
PRATT INSTITUTE 200 WILLOUGHBY AVENUE BROOKLYN, NY 11205	11-1630822	501C3	6,000.	0.			EQUALITY SCHOLARSHIP
PRISM FOUNDATION (FORMERLY GAPA FOUNDATION) - PO BOX 22482 - SAN FRANCISCO, CA 94122	27-3951660	501C3	6,000.	0.			GENERAL OPERATING SUPPORT
SPIRIT ROCK MEDITATION CENTER PO BOX 169 WOODACRE, CA 94973	94-2971001	501C3	6,000.	0.			UNRESTRICTED
UC SAN DIEGO 9500 GILMAN DRIVE LA JOLLA, CA 92093	95-6006144	501C3	6,000.	0.			EQUALITY SCHOLARSHIP
UNIVERSITY OF CALIFORNIA- IRVINE OFFICE OF FINANCIAL AID AND SCHOLARSHIPS 102 ALDRICH HALL - IRVINE, CA 92697	95-2540117	501C3	6,000.	0.			EQUALITY SCHOLARSHIP
BVM CAPACITY BUILDING INSTITUTE INC - 3390 STONEWALL TELL RD. - ATLANTA, GA 30349	82-3835203	501C3	5,750.	0.			UNRESTRICTED
SAN FRANCISCO SPCA 2500 16TH STREET SAN FRANCISCO, CA 94141	94-0836580	501C3	5,750.	0.			UNRESTRICTED
SECOND STAGE THEATRE 1501 BROADWAY, SUITE 518 NEW YORK, NY 10036	13-3021180	501C3	5,700.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BROADWAY CARES-EQUITY FIGHTS AIDS INC - 165 WEST 46TH ST., SUITE 1300 - NEW YORK, NY 10036	13-3458820	501C3	5,500.	0.			UNRESTRICTED
MESA REFUGE PO BOX 1389 PT. REYES STATION, CA 94956	46-2740651	501C3	5,500.	0.			RESTRICTED TO A SPECIFIC PURPOSE - CAPITAL IMPROVEMENTS
RAINBOW RAILROAD USA 7 MT BETHEL ROAD WARREN, NJ 07059	47-4896980	501C3	5,500.	0.			UNRESTRICTED
SAN FRANCISCO STATE UNIVERSITY FINANCIAL AID OFFICE - 1600 HOLLOWAY AVENUE - SAN FRANCISCO, CA 94132	94-1384645	501C3	5,500.	0.			SCHOLARSHIP FUND
SIGNATURE THEATRE COMPANY, INC. THE PERSHING SQUARE SIGNATURE CENTER 480 WEST 42ND STREET - NEW YORK, NY 100	13-3641560	501C3	5,500.	0.			UNRESTRICTED
GAY & LESBIAN ALLIANCE AGAINST DEFAMATION - 248 WEST 35TH STREET, 8TH FLOOR - NEW YORK, NY 10001	13-3384027	501C3	5,250.	0.			UNRESTRICTED
HE SHE ZE AND WE 2311 WESTWOOD AVE 2ND FLOOR RICHMOND, VA 23230	37-1964125	501C3	5,250.	0.			GIVE OUT DAY PRIZE AWARD GRANT - SOUTHERN SMALL LEADERBOARD 1ST PLACE
RAINBOW WORLD FUND PO BOX 14480 SAN FRANCISCO, CA 94114	94-3372560	501C3	5,250.	0.			SF BAY TIMES MATCHING CAMPAIGN FOR UKRAINIAN LGBTQIA2+ FLEETING WAR
FLORENCE CRITTENTON SERVICES OF COLORADO - 96 SOUTH ZUNI ST - DENVER, CO 80223	84-0429686	501C3	6,000.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF CENTRAL FLORIDA COLLEGE OF MEDICINE - 6850 LAKE NONA BOULEVARD, SUITE 115 - ORLANDO, FL 32827	59-2924021	501C3	6,000.	0.			EQUALITY SCHOLARSHIP
LEAGUE OF AMERICAN ORCHESTRAS 520 8TH AVE STE 2005 NEW YORK, NY 10018	23-7300636	501C3	21,000.	0.			UNRESTRICTED
VARIOUS 155 SAMSOME STREET SAN FRANCISCO, CA 94104	APPLIED FOR	501C3	816,006.	0.			VARIOUS

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	2	5,000.	0.		

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

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: UHAI EASHRI USA INC

(H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED TO A SPECIFIC PURPOSE -

USE OF FUNDS ARE RESTRICTED TO CARRY OUT WORK FOR GRANT #22-GFEF-242079

BY ISDAO

NAME OF ORGANIZATION OR GOVERNMENT: OUTRIGHT ACTION INTERNATIONAL

(H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED TO A SPECIFIC PURPOSE -

RESTRICTED TO A SPECIFIC PURPOSE - FUNDS USE ARE RESTRICTED TO GRANT #

**Part IV** Supplemental Information

21-GFEF-241660 FROM THE GLOBAL FAITH AND EQUALITY FUND AT HORIZONS FOUNDATION

NAME OF ORGANIZATION OR GOVERNMENT:

PLANNED PARENTHOOD FEDERATION OF AMERICA, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED TO A SPECIFIC PURPOSE -

RESTRICTED TO A SPECIFIC PURPOSE - FUNDS USE ARE RESTRICTED TO GRANT #

21-GFEF-241657 FROM THE GLOBAL FAITH AND EQUALITY FUND AT HORIZONS FOUNDATION

NAME OF ORGANIZATION OR GOVERNMENT: YVETTE A. FLUNDER FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED TO A SPECIFIC PURPOSE -

RESTRICTED TO A SPECIFIC PURPOSE - FUNDS USE ARE RESTRICTED TO TFAM -

GRANT # 21-GFEF-241659 FROM THE GLOBAL FAITH AND EQUALITY FUND AT HORIZONS FOUNDATION

NAME OF ORGANIZATION OR GOVERNMENT: HAZELDEN BETTY FORD FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED TO A SPECIFIC PURPOSE -

BETTY FORD CENTER TRANSFORMATIONAL CAMPAIGN FOR THE SWIMMING POOL

NAME OF ORGANIZATION OR GOVERNMENT: IPAS

(H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED TO A SPECIFIC PURPOSE -

FUNDS USE ARE RESTRICTED TO GRANT # 21-GFEF-241656 FROM THE GLOBAL FAITH AND EQUALITY FUND AT HORIZONS FOUNDATION.

NAME OF ORGANIZATION OR GOVERNMENT: ROTARY SERVICE INC

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE ROTARY CLUB OF SAN

FRANCISCO'S 50/50 CAMPAIGN FOR FISCAL YEAR 2021-2022. NOTE: 1/2 OF THIS

**Part IV** Supplemental Information

AMOUNT IS TO BE SEND TO TRF AND THE OTHER 1/2 OF THIS AMOUNT TO BE SENT  
TO SAN FRANCISCO ROTARY FOUNDATION FOR SUPPORT OF CLUB PROJECTS

NAME OF ORGANIZATION OR GOVERNMENT: CURVE FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PARTNER WITH THE NATIONAL LGBTQ+  
JOURNALIST'S ASSOCIATION TO ADD A NEW CATEGORY OF CURVE AWARDS PROGRAM TO  
HONOR OLDER, OFTEN OVERLOOKED JOURNALISTS WHO FOCUSED THEIR CAREERS ON  
RAISING THE VISIBILITY OF LESBIANS, QUEER WOMEN, AND TRANS PEOPLE.

NAME OF ORGANIZATION OR GOVERNMENT: MASSACHUSETTS INSTITUTE OF TECHNOLOGY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE BENEFIT OF THE GRADUATE  
PROGRAM IN ENGINEERING LEADERSHIP (GRADEL) EXPENDABLE ACCOUNT.

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF TENNESSEE FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GIFT TO BE ALLOCATED TO THE  
ABBY CONKLIN #52 LVFL ENDOWED SCHOLARSHIP AT THE UNIVERSITY OF TENNESSEE  
- KNOXVILLE ATHLETICS DEPARTMENT

NAME OF ORGANIZATION OR GOVERNMENT:

ALTERTHEATER (ALTERNATIVE THEATER ENSEMBLE)

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR THE PLAY ?PUEBLO REVOLT?  
BY DILLON CHITTO THAT EXPLORES THE PUEBLO UPRISING THROUGH THE EYES OF A  
YOUNG, GAY PUEBLO MAN AND HIS OLDER BROTHER

NAME OF ORGANIZATION OR GOVERNMENT: AMERICAN JEWISH WORLD SERVICE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED TO A SPECIFIC PURPOSE -  
DIRECTED FOR PROJECTS BENEFITING LESBIAN, TRANSGENDER AND INTERSEX  
COMMUNITIES.

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY INITIATIVES

(H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED TO A SPECIFIC PURPOSE -

FUNDS RESTRICTED TO SUPPORT THE 2019-2020 GLOBAL RESOURCES

REPORT: GOVERNMENT & PHILANTHROPIC SUPPORT FOR LGBTI COMMUNITIES

PRODUCTION AND PUBLICATION. AWARD FROM HORIZONS FOUNDATION'S GLOBAL FAITH

AND EQUALITY FUND - GR

NAME OF ORGANIZATION OR GOVERNMENT: DANCER'S GROUP

(H) PURPOSE OF GRANT OR ASSISTANCE: WE BUILD HOUSES HERE, A NEW

IMMERSIVE PERFORMANCE FEATURING DANCE, THEATER, AND DRAG ARTISTS THAT

EXPLORES THE IDEAS OF SANCTUARY SPACES, REBUILDING FROM WRECKAGE, AND

CLAIMING SPACE.

NAME OF ORGANIZATION OR GOVERNMENT: FAIRNESS WEST VIRGINIA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CONNECT WITH AT LEAST 5,000 LGBTQ

PEOPLE AND THEIR ALLIES AT VARIOUS EVENTS ACROSS THE STATE AND ADD AT

LEAST 750 NEW PEOPLE TO THE ORGANIZATION'S LIST OF SUPPORTERS (\$10,000);

TO CONDUCT DONOR RESEARCH TO IDENTIFY A LIST OF 100 NEW PROSPECTIVE

DONORS, RECRUIT AT LEAST 35 NEW MONTHLY SUPPORTERS (\$5,000)

NAME OF ORGANIZATION OR GOVERNMENT: QUEER CULTURAL CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: SONIC RAINBOW - AN INTERDISCIPLINARY

PERFORMANCE DIRECTED BY INDIA SKY COMMISSIONED BY THE QUEER CULTURAL

CENTER TO PREMIERE THE 25TH ANNIVERSARY NATIONAL QUEER ARTS FESTIVAL.

NAME OF ORGANIZATION OR GOVERNMENT:

FREEDOM FOR ALL AMERICANS EDUCATION FUND



**Part IV** Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: TO EDUCATE THE PUBLIC AND FEDERAL POLICYMAKERS ABOUT THE URGENT NEED FOR A FEDERAL RESPONSE TO ANTI-LGBTQ DISCRIMINATION

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY INITIATIVES

(H) PURPOSE OF GRANT OR ASSISTANCE: GFEE - SUPPORT FOR THE 2019-2020 GLOBAL RESOURCES REPORT: GOVERNMENT & PHILANTHROPIC SUPPORT FOR LGBTI COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT: IRC'S CENTER FOR ECONOMIC OPPORTUNITY

(H) PURPOSE OF GRANT OR ASSISTANCE: OTHER - 3:1 MATCH FOR THIS GIFT OVER THE COURSE OF THE NEXT 12 MONTHS IN EITHER DIRECT INVESTMENTS INTO OUR SOON-TO-BE-LAUNCHED ENDOWMENT OR IN RAISING FUNDS TO COVER EXPENSES RELATED TO THE ENDOWMENT EFFORT.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2021**

Open to Public Inspection

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

Department of the Treasury  
Internal Revenue Service

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

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<input checked="" type="checkbox"/>
<b>4b</b>		<input checked="" type="checkbox"/>
<b>4c</b>		<input checked="" type="checkbox"/>
<b>5a</b>		<input checked="" type="checkbox"/>
<b>5b</b>		<input checked="" type="checkbox"/>
<b>6a</b>		<input checked="" type="checkbox"/>
<b>6b</b>		<input checked="" type="checkbox"/>
<b>7</b>		<input checked="" type="checkbox"/>
<b>8</b>		<input checked="" type="checkbox"/>
<b>9</b>		

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

Schedule J (Form 990) 2021

**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 and/or 1099-NEC 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)	238,575.	21,775.	0.	18,022.	17,340.	295,712.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JOHN MARVUGLIO CFO	(i)	170,542.	11,000.	0.	12,786.	2,581.	196,909.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) FRANCISCO BUCHTING VP OF GRANTS, PROGRAMS & S	(i)	154,441.	3,000.	0.	11,410.	11,957.	180,808.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) CANDACE LOPEZ CHIEF PHILANTHROPIC OFFICE	(i)	150,362.	0.	5,000.	10,570.	0.	165,932.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	72	5,231,439.	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**

- 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.

	Yes	No
30a		X
31	X	
32a	X	

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

Schedule M (Form 990) 2021

**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)**

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 Form 990-EZ.

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

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

HORIZONS FOUNDATION

Employer identification number

94-2686530

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

INCREASE PHILANTHROPIC GIVING TO LGBTQ CAUSES; AND TO PROVIDE FOR  
FUTURE LGBTQ GENERATIONS AND THE LGBTQ COMMUNITY'S LONG-TERM FUTURE.

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

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

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

THE BOARD APPROVED A POLICY THAT DELEGATES THE PRE-FILING REVIEW AND  
APPROVAL TO THE EXECUTIVE COMMITTEE OF THE BOARD. THE EXECUTIVE COMMITTEE  
MEETS WITH THE CFO AND PRESIDENT TO REVIEW AND APPROVE THE 990 PRIOR TO  
FILING. AN ELECTRONIC VERSION OF THE 990 IS DISTRIBUTED TO THE FULL BOARD  
PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS AND STAFF ARE REQUIRED TO SIGN AN ANNUAL AFFIRMATION AND  
DISCLOSURE STATEMENT.

FORM 990, PART VI, SECTION B, LINE 15:

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

Name of the organization

HORIZONS FOUNDATION

Employer identification number

94-2686530

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

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

990, PART XII, LINE 2C

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.