Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A F	or the	e 2022 calendar year, or tax year beginning	<u>UL 1, 2022</u> and	ending J	UN 30, 2023	
B c	heck if pplicable	C Name of organization			D Employer identif	ication number
	Addres	HORIZONS FOUNDATION				
	Name change	Doing business as			94-26865	30
	Initial return Final return/	Number and street (or P.O. box if mail is not de 155 SANSOME STREET SUI		Room/suite	E Telephone number 415-398-	
	termin ated				G Gross receipts \$	29,396,985.
	Ameno				H(a) Is this a group r	
	Applic tion	F Name and address of principal officer: ROG	ER DOUGHTY		for subordinates	
	pendir	9 SAME AS C ABOVE			H(b) Are all subordinates i	
1 1	ax-exe	empt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1)	or 527	If "No," attach a	a list. See instructions
J۷	Vebsit	e: WWW.HORIZONSFOUNDATION	•ORG		H(c) Group exemption	on number
K F	orm of	organization: X Corporation Trust A	ssociation Other	L Year	of formation: 1980	M State of legal domicile; CA
Pa	rt I	Summary				
ø		Briefly describe the organization's mission or most				
Š		AND ADVOCATING FOR LGBTQ	PEOPLE THROUGH G	RANTMA	KING AND PR	OGRAMS; TO
Governance	_		ntinued its operations or dispo-			
8		Number of voting members of the governing body			3	14
		Number of independent voting members of the go				14
es		Total number of individuals employed in calendar y				14
Activities &		Total number of volunteers (estimate if necessary)				50
Act		Total unrelated business revenue from Part VIII, co				0.
	b	Net unrelated business taxable income from Form	990-1, Part I, line 11		7b Prior Year	Current Year
		Ocataile, tions and monte (Dect.)(III. line 41h)			16,063,541.	9,725,496.
ne					0.	250.
Revenue					3,214,793.	
Re		Investment income (Part VIII, column (A), lines 3, 4			-35,790.	
		Other revenue (Part VIII, column (A), lines 5, 6d, 8d			19,242,544.	
_		Total revenue - add lines 8 through 11 (must equal			7,557,905.	7,694,854.
		Grants and similar amounts paid (Part IX, column (0.	0.
		Benefits paid to or for members (Part IX, column (A Salaries, other compensation, employee benefits (I			1,353,005.	
Expenses		Professional fundraising fees (Part IX, column (A), I			0.	0.
Sen		Total fundraising expenses (Part IX, column (D), lin	422	17.	<u> </u>	Į,
Ä		Other expenses (Part IX, column (A), lines 11a-11d	· · · · · · · · · · · · · · · · · · ·		736,453.	940,235.
		Total expenses. Add lines 13-17 (must equal Part I			9,647,363.	
		Revenue less expenses. Subtract line 18 from line			9,595,181.	2,018,523.
or es				Be	ginning of Current Year	End of Year
ets	20	Total assets (Part X, line 16)			46,250,238.	48,901,651.
Ass	21	Total liabilities (Part X, line 26)			1,805,725.	1,831,454.
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from	line 20		44,444,513.	47,070,197.
	rt II	Signature Block				
Und	er pena	lties of perjury, I declare that I have examined this return	including accompanying schedule	s and stateme	ents, and to the best of m	y knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than office	er) is based on all information of w	nich preparer	has any knowledge.	
		O'makes of officers			Data	
Sig		Signature of officer			Date	
Her	е	ROGER DOUGHTY, PRESIDENT				
		Type or print name and title	T	11	Data Jahra I	DTIN
D		Print/Type preparer's name	Preparer's signature		Date Check [PTIN
Paid		TRACY TEALE	TRACY TEALE	<u> </u>	5/14/24 self-emplo	
Prep		Firm's name APRIO, LLP	פוודשם אוי		Firm's EIN 5	7-1157523
use	Only	Firm's address 150 POST STREET, SAN FRANCISCO, CA	SUITE 200		Dhora /11	5-777-4488
		DAIN FRANCISCO, CA	3#100		I Phone no. 4 1	X Ves No

Other program services (Describe on Schedule O.)

including grants of \$

9,042,211. Total program service expenses

) (Revenue \$

Form **990** (2022)

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Form 990 (2022) HORIZONS FOUNDATION Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
0	, ,	8		x
0	Schedule D, Part III	-		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	<u> </u>
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? If "Yes," complete Schedule D, Part VII	11b		X
С	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? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			T -
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	"		
13	·	19		x
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
20a	• •	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		\vdash
21		04	Х	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	Λ	l

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Form 990 (2022) HORIZONS FOUNDATION
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
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? If "Yes," complete			
	Schedule L, Part I	25b		<u> </u>
26	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? If "Yes," complete Schedule L, Part II	26		<u> </u>
27	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			37
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? F C C C C C C C C C	00-		x
h	"Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		
·	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			177
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			- v
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	Х	
Pai	Note: All Form 990 filers are required to complete Schedule O **T V Statements Regarding Other IRS Filings and Tax Compliance	30	- 43	ш
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	<u> </u>
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022) HORIZONS FOUNDATION
Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	14			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х	
За				За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a		•	4a		Х
b	If "Yes," enter the name of the foreign country		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	ccoun	ts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transactions.	ction?		5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	any contributions that were not tax deductible as charitable contributions?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or	gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	rovided to the payor?	7a	X	
b				7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					7.7
	to file Form 8282?	1		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	•	7.		
e •	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co			7e 7f		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
g h	If the organization received a contribution of qualified intellectual property, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7g 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
Ū	and a support of the			8		Х
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the appropriate control of the state of			9a		Х
b				9b		Х
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
_	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	.مد ا				
_	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c		44-		X
14a				14a 14b		
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		or	140		
13	excess parachute payment(s) during the year?			15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.			13		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incor	ne?	16		Х
	If "Yes," complete Form 4720, Schedule O.	1001		10		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act	tivities	,			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					
		_				

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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 14 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 14 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 6 Х 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? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b 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 Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed CA 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) 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.

Form **990** (2022)

State the name, address, and telephone number of the person who possesses the organization's books and records

THE ORGANIZATION - 415-398-2333

155 SANSOME STREET, SUITE 650, SAN FRANCISCO

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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEĆ) of more than \$100,000 from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- 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.

(A) Name and title	(B) Average	(do		Pos	C) ition			(D) Reportable	(E) Reportable	(F) Estimated
	hours per			ss per				compensation	compensation	amount of
	week (list any hours for related	ee or director	ıstee			nsated	,	from the organization (W-2/1099-MISC/	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization
	organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-NEC)		and related organizations
(1) ROGER DOUGHTY	40.00									
PRESIDENT				Х				250,050.	0.	35,613.
(2) JOHN MARVUGLIO	40.00									
CFO				Х				184,859.	0.	16,382.
(3) FRANCISCO BUCHTING	40.00									
VP OF GRANTS, PROGRAMS & STRATEGIC I					Х			168,950.	0.	25,565.
(4) CANDACE LOPEZ	40.00									
CHIEF PHILANTHROPIC OFFICER					Х			153,250.	0.	7,524.
(5) HENRY PACHECO	40.00								_	
DIRECTOR OF PHILANTHROPIC SERVICES						X		112,933.	0.	9,137.
(6) CURTIS PARKER	40.00	1								
DIRECTOR OF COMMUNICATIONS						Х		107,455.	0.	9,933.
(7) TIM MURRAY	5.00	l								
CO-CHAIR		Х		Х				0.	0.	0.
(8) DIPTI GHOSH	5.00	ļ								
CO-CHAIR		Х		X				0.	0.	0.
(9) ADAM BLUM	5.00	ļ								
CHAIR EMERITUS		Х						0.	0.	0.
(10) MAYA SETCHKOVA	5.00	ļ		l						
TREASURER	F 00	Х		Х				0.	0.	0.
(11) JAE MALDONADO	5.00								•	
DIRECTOR	F 00	Х						0.	0.	0.
(12) XOCHITL CARRION	5.00	. ,							0	_
DIRECTOR (12) KATHUNIA GLUDD	F 00	X						0.	0.	0.
(13) KATHRYN CLUBB DIRECTOR	5.00	Х						0.	0.	0.
(14) JUAN BARANI	5.00	Λ						0.	0.	U•
SECRETARY	3.00	Х		х				0.	0.	0.
(15) SHILPEN PATEL	5.00	Λ		Δ				0.	0.	· ·
DIRECTOR	3.00	Х						0.	0.	0.
(16) LINDA SCAPAROTTI	5.00	Λ						0.	0.	<u> </u>
DIRECTOR	3.00	Х						0.	0.	0.
(17) MELISA MARQUEZ	5.00	^	\vdash	\vdash				0.	0.	
DIRECTOR	3.00	Х						0.	0.	0.
	I	21				I		0.	0.	Form 990 (2022)
232007 12-13-22										FUITH 999 (2022)

Form 990 (2022) HORIZONS									94-26	86	530	Page 8
Part VII Section A. Officers, Directors, Trust		oloye	ees,			hest	t C		`			
(A)	(B)			(C Posi				(D)	(E)			F)
Name and title	Average hours per		not c	heck n	nore tl			Reportable compensation	Reportable compensatio	n		mated unt of
	week			id a dir				from	from related			her
	(list any	ctor						the	organization	- 1		ensation
	hours for	or dire	gu.		-	rted		organization	(W-2/1099-MIS	iC/		n the
	related organizations	ustee	truste		e	Suedu		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		•	ization elated
	below	Individual trustee or director	Institutional trustee	_	sey employee	Highest compensated employee	<u>-</u>	1099-NEO)				izations
	line)	Indivi	Instit	Officer	Key er	Highe emplo	Former					
(18) JANE SWAN	5.00											_
DIRECTOR	F 00	Х						0.		0.		0.
(19) JACOB LITTLE DIRECTOR	5.00	х						0.		0.		0.
(20) CHRIS LIM	5.00				\dashv			0.		٠.		<u> </u>
DIRECTOR	3.00	х						0.		0.		0.
					_							
					\dashv							
1b Subtotal								977,497.		0.	104	,154.
c Total from continuation sheets to Part VII								0.		0.		0.
d Total (add lines 1b and 1c)					····			977,497.		0.	104	,154.
2 Total number of individuals (including but no compensation from the organization	ot limited to the	ose	liste	d ab	ove)	who	re	eceived more than \$100,	000 of reportable	;		6
compensation from the organization											Y	es No
3 Did the organization list any former officer,	director, truste	ee, k	еу е	emplo	oyee	e, or l	hig	hest compensated emp	oyee on			
line 1a? If "Yes," complete Schedule J for so	uch individual										3	X
4 For any individual listed on line 1a, is the su	· ·		-					<u>=</u>	-			
and related organizations greater than \$150	,		•								4	X
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes." com	=				-			-			5	Х
Section B. Independent Contractors	piete Scriedule	<i>3 J 1</i> C	JI SL	ich p	erso)						
1 Complete this table for your five highest con	•	•								ensat	ion from	1
the organization. Report compensation for t	he calendar ye	ear e	ndir	ng wi	th o	r witl	hin T		ear.		(0)	
(A) Name and business	address	NC	ONE	2				(B) Description of s	ervices	С	(C) ompens	ation
								·			-	
							4					
							\dashv					
							+					
							_					
2 Total number of independent contractors (in	•	ot lin	nited	to t	_		ed	above) who received mo	ore than			
\$100,000 of compensation from the organiz	ation				0						Form 99	90 (2022)

Form 990 (2022) HORIZON
Part VIII Statement of Revenue

			Check if Schedule O contains a	response o	or note to any lin	e in this Part VIII			
			Officer if Schedule O contains a	response (or flote to arry iiii	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenuè excluded
							function revenue	business revenue	from tax under sections 512 - 514
									Sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1		Federated campaigns	1a					
iz a		b	Membership dues	1b					
s, C		С	Fundraising events	1c	242,222.				
ä		d	Related organizations	1d					
s, (mil		е	Government grants (contributions)	1e	9,075.				
Sign		f	All other contributions, gifts, grants, and						
he			similar amounts not included above	1f	9,474,199.				
를		а	Noncash contributions included in lines 1a-1f	1g \$	1,764,446.				
Š		•	Total. Add lines 1a-1f	_ · J ·		9,725,496.			
<u> </u>		<u> </u>	Totali / Ga iii co Ta Ti		Business Code				
_	2	_	FEES FOR SERVICES		900099	250.	250.		
ice	2	_			300033	250.	250.		
e er		b							
n S		С							
Ja Se		d							
Program Service Revenue		е							
Δ.			All other program service revenue						
		g	Total. Add lines 2a-2f			250.			
	3		Investment income (including divide	nds, intere	st, and				
			other similar amounts)			1,256,325.			1256325.
	4		Income from investment of tax-exen						
	5		Royalties						
				i) Real	(ii) Personal				
	6	а	Gross rents 6a						
			Less: rental expenses 6b						
			Rental income or (loss) 6c						
			Net rental income or (loss)						
			` '	Securities	(ii) Other				
	'	а	()	366,626.	()				
		L	, <u> </u>						
o o		D	Less: cost or other basis	134,015.					
ž				232,611.					
Revenue						1 222 611			1020611
Æ			Net gain or (loss)			1,232,611.			1232611.
ther	8	а	Gross income from fundraising events (
ŏ			including \$ 242,222.	-					
			contributions reported on line 1c). S						
			Part IV, line 18		43,822.				
		b	Less: direct expenses	8b	225,887.				
		С	Net income or (loss) from fundraising	g events		-182,065.			-182,065.
	9	а	Gross income from gaming activities	s. See					
			Part IV, line 19	9a					
		b	Less: direct expenses						
			Net income or (loss) from gaming ac						
	10	а	Gross sales of inventory, less return	s \square					
			and allowances	I .					
		h	Less: cost of goods sold						
			Net income or (loss) from sales of in						
			The meetine of (1000) from sales of in	voritory	Business Code				
ns	11	2	OTHER INCOME		900099	4,466.			4,466.
Miscellaneous Revenue	• •					2,255.			-, 255.
llar		b							
sce Be		C	All able on neurons						
Ĕ			All other revenue			A 455			
		e	Total. Add lines 11a-11d			4,466.	252		2211227
	12		Total revenue. See instructions			12,037,083.	250.	0.	2311337.

Form **990** (2022)

13040514 795476 147928

Form 990 (2022) HORIZONS FOUNDATION Part IX Statement of Functional Expenses

Secti	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												
	not include amounts reported on lines 6b, 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	7,688,854.	7,688,854.										
2	Grants and other assistance to domestic												
	individuals. See Part IV, line 22	6,000.	6,000.										
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	1,024,841.	742,576.	183,077.	99,188.								
6	Compensation not included above to disqualified												
	persons (as defined under section $4958(f)(1)$) and												
	persons described in section 4958(c)(3)(B)	4.5.4.00.4	55.056										
7	Other salaries and wages	164,804.	65,256.		99,548.								
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)												
9	Other employee benefits	106,487.	72,983.	21,538.	11,966. 14,244.								
10	Payroll taxes	87,339.	58,082.	15,013.	14,244.								
11	Fees for services (nonemployees):												
а	Management												
b	Legal												
С	Accounting												
d	Lobbying												
е	Professional fundraising services. See Part IV, line 17												
f	Investment management fees	88,032.		88,032.									
g	Other. (If line 11g amount exceeds 10% of line 25,	101 066	20 005	100 101	F0 000								
	column (A), amount, list line 11g expenses on Sch 0.)	191,966.	38,927.	100,131.	52,908. 3,421.								
12	Advertising and promotion	20,022.	16,601.	4 114									
13	Office expenses	34,092.	673.	4,114. 9,819.	29,305.								
14	Information technology	42,138.	32,264.	9,819.	55.								
15	Royalties												
16	Occupancy	77,368.	74,117.	98.	3,153.								
17	Travel	11,300.	/4,11/•	90.	3,133.								
18	Payments of travel or entertainment expenses												
40	for any federal, state, or local public officials	5,391.	711.	2,475.	2,205.								
19	Conferences, conventions, and meetings	J, JJI•	/ •	4,413.	4,403.								
20 21	Interest Payments to affiliates												
22	Depreciation, depletion, and amortization												
23		3,981.		3,981.									
23 24	Other expenses. Itemize expenses not covered	3,301.		3,301.									
4 7	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	ALLOCATION OF SHARED EX	277,694.	183,442.	36,275.	57,977.								
b	ALLOCATION OF COMMUNICA	97,226.	42,743.	13,620.	40,863.								
C	RECRUITMENT	42,691.	,	42,691.									
d	MERCHANT SERVICE FEES	20,232.	701.	11,762.	7,769.								
	All other expenses	39,402.	18,281.	4,806.	16,315.								
25	Total functional expenses. Add lines 1 through 24e	10,018,560.	9,042,211.	537,432.	438,917.								
26	Joint costs . Complete this line only if the organization				•								
	reported in column (B) joint costs from a combined												
	educational campaign and fundraising solicitation.												
	Check here if following SOP 98-2 (ASC 958-720)												
					E 000 (2222)								

Form **990** (2022)

Form 990 (2022)

Part X | Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,001,378.	1	1,674,381.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			10,000.	3	1,091.
	4	Accounts receivable, net			47,746.	4	1,091. 19,072.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial c	ontributor, or 35%			
		controlled entity or family member of any of th	ese perso	ons		5	
	6	Loans and other receivables from other disqui					
		under section 4958(f)(1)), and persons describ	ed in sec	tion 4958(c)(3)(B)		6	
s,	7	Notes and loans receivable, net			216,608.	7	16,601.
Assets	8	Inventories for sale or use		8			
As	9	Prepaid expenses and deferred charges	729,533.	9	132,159.		
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	316,267. 220,849.			
	b	Less: accumulated depreciation	. 10b	220,849.	96,845.	10c	95,418. 46,080,204.
	11	Investments - publicly traded securities			43,126,436.	11	46,080,204.
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			1,021,692.	15	882,725.
	16	Total assets. Add lines 1 through 15 (must ed			46,250,238.	16	48,901,651.
	17	Accounts payable and accrued expenses			221,414.	17	151,479.
	18	Grants payable			130,500.	18	238,194.
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet				21	
es	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, sub					
ja p		controlled entity or family member of any of the				22	
_	23	Secured mortgages and notes payable to unre		Г		23	
	24	Unsecured notes and loans payable to unrelate	-			24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin			1,453,811.	0.5	1,441,781.
	06	of Schedule D			1,805,725.	25 26	1,831,454.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, c	hook bor	X	1,005,725.	20	1,031,434.
S		and complete lines 27, 28, 32, and 33.	neck ner				
Se l	27	• , , ,			27,039,454.	27	28,686,669.
sala	28				17,405,059.	28	18,383,528.
P	20	Organizations that do not follow FASB ASC			27,100,000	20	20,000,020
臣		and complete lines 29 through 33.					
p	29	Capital stock or trust principal, or current fund	łe			29	
ets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32			or other farias	44,444,513.	32	47,070,197.
Z	33	Total liabilities and net assets/fund balances			46,250,238.	33	48,901,651.
					-,, =-	,	Form 990 (2022)

Form **990** (2022)

1 0111	1000 (2022)				ı u	gc
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1				83.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10	,01	8, <u>5</u>	60.
3	Revenue less expenses. Subtract line 2 from line 1	3	2	,01	8, <u>5</u>	<u>23.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	44	, 44	<u>4,5</u>	<u>13.</u>
5	Net unrealized gains (losses) on investments	5		60'	7,1	<u>61.</u>
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	47	,07	0,1	<u>97.</u>
Pa	rt XIII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		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:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	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:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	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?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require		: [
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
				Form	990	(2022)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

orm 990-EZ.

Open to Public
Inspection

OMB No. 1545-0047

Employer identification number

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

HORIZONS FOUNDATION 94-2686530 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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). 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: 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). X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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. 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. 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. 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. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions)) Total

(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.)

Sec	Section A. Public Support										
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not										
	include any "unusual grants.")	7701148.	6381683.	6466341.	15834308.	9483274.	45866754.				
2	Tax revenues levied for the organ-										
	ization's benefit and either paid to										
	or expended on its behalf										
3	The value of services or facilities										
_	furnished by a governmental unit to										
	the organization without charge										
4	Total. Add lines 1 through 3	7701148.	6381683.	6466341.	15834308.	9483274.	45866754.				
5	The portion of total contributions	7.42224	***************************************	0 10 0 0 1 1 1		<u> </u>					
Ŭ	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)						5240962.				
_	**						40625792.				
	Public support. Subtract line 5 from line 4.						<u> </u>				
		(-) 0010	(h) 0010	(-) 0000	(4) 0004	(-) 0000	(4) Tatal				
	ndar year (or fiscal year beginning in)	(a) 2018 7701148.	(b) 2019 6381683.	(c) 2020 6466341.	(d) 2021 15834308.	(e) 2022 Q A Q 3 2 7 A	(f) Total 45866754.				
	Amounts from line 4	7701140.	0301003.	0400341.	13034300.	9403274.	43000734.				
8	Gross income from interest,										
	dividends, payments received on										
	securities loans, rents, royalties,	F C O 1 4 1	1150277	F07 007	702 000	1056205	4012650				
	and income from similar sources	568,141.	1158377.	527,907.	702,908.	1256325.	4213658.				
9	Net income from unrelated business										
	activities, whether or not the										
	business is regularly carried on										
10	Other income. Do not include gain										
	or loss from the sale of capital		265 224				1001064				
	assets (Explain in Part VI.)	55,441.	367,031.	348,603.	230,379.						
11	Total support. Add lines 7 through 10						51372376.				
	Gross receipts from related activities,	•	,			12	250.				
13	First 5 years. If the Form 990 is for the	ne organization's fir	st, second, third, t	fourth, or fifth tax y	year as a section 50	01(c)(3)					
_	organization, check this box and stor										
	ction C. Computation of Publi										
14	Public support percentage for 2022 (I	ine 6, column (f), di	vided by line 11, o	column (f))		14	79.08 %				
	Public support percentage from 2021					15	81.51 %				
16a	33 1/3% support test - 2022. If the o	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or m	ore, check this bo					
	stop here. The organization qualifies		-								
b	33 1/3% support test - 2021. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box				
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ation							
17a	10% -facts-and-circumstances test	- 2022. If the orga	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,				
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	zation				
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization										
b	b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or										
	more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the										
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation					
18	Private foundation. If the organization		-	•	• • • •		s				
							(Form 990) 2022				

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.)

Sed	ction A. Public Support	siow, picase comp	oicte i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
_	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(a) 2010	(6) 2019	(6) 2020	(4) 2021	(6) 2022	(i) iotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	J		,	•	() ()	· —
	check this box and stop here						
	ction C. Computation of Publi					 	
	Public support percentage for 2022 (li	, ,,,	•	column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves			. 10 1 (0)		14-1	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	% 7 in
198	33 1/3% support tests - 2022. If the						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	top here. The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

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Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?

 If "Yes." complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **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? If "Yes." provide detail in **Part VI.**
- c 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? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
За		
3b		
30		
20		
3c		
4 -		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
8		
0-		
9a		
01-		
9b		
0		
9c		
10a		
10b		

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Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Sact	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
3601	tion 6. Type it Supporting Organizations			
	Many and the file and the file of the file		Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sect	the supported organization(s). tion D. All Type III Supporting Organizations			l
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	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? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ons).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e instruction		ı
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	0-		
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	2b		
	these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3h below.	<u> </u>		
	Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>If</i> "Yes" or "No" provide details in Part VI.	3a		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		

3b

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	ov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must		•	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion 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		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrated	d Type III supporting orga	nization (see

Schedule A (Form 990) 2022

instructions).

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations _{(continu}	ıed)				
Section D - Distributions								
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1				
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported						
	organizations, in excess of income from activity			2				
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3				
4	Amounts paid to acquire exempt-use assets			4				
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5				
6	Other distributions (describe in Part VI). See instructions.			6				
7	Total annual distributions. Add lines 1 through 6.			7				
8	Distributions to attentive supported organizations to which the	ne organization is responsive						
	(provide details in Part VI). See instructions.			8				
9	Distributable amount for 2022 from Section C, line 6		9					
10	Line 8 amount divided by line 9 amount			10				
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ıs	(iii) Distributable Amount for 2022			
1	Distributable amount for 2022 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2022 (reason-							
	able cause required - explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2022							
<u>a</u>	From 2017							
b	From 2018							
с	From 2019							
d	From 2020							
е	From 2021							
f	Total of lines 3a through 3e							
g	Applied to underdistributions of prior years							
h	Applied to 2022 distributable amount							
i_	Carryover from 2017 not applied (see instructions)							
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2022 from Section D,							
	line 7: \$							
<u>a</u>	Applied to underdistributions of prior years							
b	Applied to 2022 distributable amount							
с	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2022, if							
	any. Subtract lines 3g and 4a from line 2. For result greater							
	than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2022. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2023. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
а	Excess from 2018							
b	Excess from 2019							
С	Excess from 2020							
d	Excess from 2021							
е	Excess from 2022							

Schedule A (Form 990) 2022

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

Name of the organization

HORTZONS FOUNDATION

Employer identification number 94-2686530

Par		d Funds or Other	Similar Funds or A	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line			
	•	(a) Donor advis		(b) Funds and other accounts
1	Total number at end of year	7	166	
2	Aggregate value of contributions to (during year)		,778,224. ,820,694.	
3	Aggregate value of grants from (during year)		,528,920.	
4	Aggregate value at end of year			undo.
5	are the organization's property, subject to the organization's	-		
6	Did the organization inform all grantees, donors, and donor ac			
Ū	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?			
Par	t II Conservation Easements. Complete if the org	ganization answered "Y	es" on Form 990, Part I	
1	Purpose(s) of conservation easements held by the organization			,
	Preservation of land for public use (for example, recreat		_	storically important land area
	Protection of natural habitat	,	_	ertified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contril	bution in the form of a	conservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)		
d	Number of conservation easements included in (c) acquired a	ifter July 25,2006, and i	not on a	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or	terminated by the orga	inization during the tax
	year			
4	Number of states where property subject to conservation eas			
5	Does the organization have a written policy regarding the per	- · · · ·	ction, handling of	
_	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting, l	nandling of violations, a	and enforcing conserva	tion easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and e	inforcing conservation e	easements during the year
'	Amount of expenses incurred in monitoring, inspecting, name	iiig or violations, and e	inording conservation e	easements during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requiremen	nts of section 170(h)(4)(B)(i)
_	and section 170(h)(4)(B)(ii)?	, ,	() ()	···
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footn		· ·	
	organization's accounting for conservation easements.			
Par		Art, Historical Tre	easures, 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	8, not to report in its re	venue statement and ba	alance sheet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education	n, or research in further	ance of public
	service, provide in Part XIII the text of the footnote to its finan	icial statements that de	scribes these items.	
b	If the organization elected, as permitted under FASB ASC 956	8, to report in its revenu	ue statement and balan	ce sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, of	or research in furtheran	ce 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 treat	asures, or other similar	assets for financial gair	ı, provide
	the following amounts required to be reported under FASB A	-		
а	Revenue included on Form 990, Part VIII, line 1			
	Assets included in Form 990, Part X			
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Schedule D (Form 990) 2022

	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Othe	er Similar	Assets	(continu	ued)
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that make	significant u	se of its		
	collection items (check all that apply):							
а	Public exhibition	d	Loan or excl	nange program				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's exe	empt purpos	e in Part	XIII.	
5	During the year, did the organization solicit or	receive donations of	f art, historical treas	ures, or other simila	r assets			
	to be sold to raise funds rather than to be ma						Yes	☐ No
Pai	t IV Escrow and Custodial Arrang	gements. Comple	te if the organization	n answered "Yes" o	n Form 990,	Part IV,	ine 9, or	
	reported an amount on Form 990, Par							
1a	Is the organization an agent, trustee, custodia	an or other intermedi	ary for contributions	or other assets no	tincluded			
	on Form 990, Part X?						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a							
							Amount	
С	Beginning balance				1c			
	Additions during the year				··· —			
е	Distributions during the year							
f	Ending balance				1f			
2a	Did the organization include an amount on Fo						Yes	□ No
	If "Yes," explain the arrangement in Part XIII.	* *	•				_	
Pai								
	·	(a) Current year	(b) Prior year	(c) Two years back	(d) Three ye	ears back	(e) Four	years back
1a	Beginning of year balance	16,672,042.	16,259,246.	12,837,437.	12,75	3,906.	11,:	226,418.
b	Contributions	177,755.	2,616,704.	559,114.	29	92,500.	,	16,970.
c	Net investment earnings, gains, and losses	1,357,568.	-1,391,519.	3,033,716.		54,864.	1,	510,518.
d	Grants or scholarships	, ,	, ,	, ,		,	,	,
e	Other expenditures for facilities							
·		757,946.	812,392.	171,021.	66	53,833.		
	Administrative expenses	, , , , , , , , , , , , , , , , , , , ,	, , , , , ,	,		,		
g		17,449,419.	16,672,042.	16,259,246.	12 83	37,437.	12	753,906.
2	Provide the estimated percentage of the curr	•				,		
a	Board designated or quasi-endowment	3.0000	%	Tield as.				
b	Permanent endowment 77.0000	%						
C	Term endowment 20.0000							
·	The percentages on lines 2a, 2b, and 2c shou							
22	Are there endowment funds not in the posses	•	tion that are hold an	d administered for t	·ho			
Ja	organization by:	ssion of the organiza	tion that are new an	d administered for t	.110		Г	Yes No
	•						3a(i)	X
	(i) Unrelated organizations						3a(ii)	X
h	(ii) Related organizations	tions listed as require	nd on Schodulo D2				3b	
4	Describe in Part XIII the intended uses of the						SD	
	t VI Land, Buildings, and Equipm		vment iunas.					
	Complete if the organization answered		Part IV line 11a S	ee Form 990 Part X	line 10			
	-		1			4	(al) Dool	- value
	Description of property	(a) Cost or of basis (investment)	` '		Accumulate epreciation	u	(d) Book	value
	Land	- · · · · · · · · · · · · · · · · · · 	Dasis (- Ca.101)	opi colation			
_	Land	I						
b	Buildings		1	0,074.	7,15	56	3 2	,918.
C	Leasehold improvements			6,802.	44,30			2,500.
d	Equipment			9,391.	169,39		0.2	0.
	Other						0 5	,418.
ıota	l. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part)	<u>K. column (B), line 10</u>)c.)			33	, 4 10.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 HORTZONS FC	UNDATION	94	-2686530 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
(a	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) AGENCY FUNDS			581,636.
(3) OPERATING LEASE			860,145.
(4)			
(5)			

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) AGENCY FUNDS	581,636.
(3) OPERATING LEASE	581,636. 860,145.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (h) must equal Form 990 Part X col. (B) line 25.)	1,441,781.

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X 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

Schedule D (Form 990) 2022

	edule D (Form 990) 2022 HORTZONS FOUNDATION				2686530	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statemer	nts With I	Revenue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	12,556,	212.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	607,161.			
b	Donated services and use of facilities	2b				
С	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		161.
3	Subtract line 2e from line 1			3	11,949,	051.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	88,032.			
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b			4c		032.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	12,037,	083.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	nts With	Expenses per F	Retur	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	9,930,	528.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
С	- · · ·	1 _ 1				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	9,930,	528.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	88,032.			
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b			4c		032.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	10,018,	560.
Pa	rt XIII Supplemental Information.					
Provi	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I	V, lines 1b	and 2b; Part V, line 4	; Part :	X, line 2; Part X	Ι,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit	ional inforn	nation.			
PAI	RT X, LINE 2:					
INC	COME TAXES					

THE FOUNDATION IS RECOGNIZED AS A PUBLIC CHARITY EXEMPT FROM THE FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND SECTION 23701(D) OF THE CALIFORNIA REVENUE AND TAXATION CODE, WHEREBY ONLY UNRELATED BUSINESS INCOME, AS DEFINED BY SECTION 512(A)(1) OF THE INTERNAL REVENUE CODE AND SIMILAR CODE SECTION OF THE CALIFORNIA REVENUE AND TAXATION CODE, IS SUBJECT TO INCOME TAX.EFFECTIVE JANUARY 1, 2009, THE FOUNDATION ADOPTED THE FASB GUIDANCE ON ACCOUNTING FOR UNCERTAINTY ININCOME TAXES. THE FOUNDATION TAKES THE POSITION THAT ITS ACTIVITIES CONTINUE TO BE DIRECTLY RELATED TO ITS TAX-EXEMPT PURPOSE, AND IT CONSEQUENTLY DID NOT RECOGNIZE ANY INCREASE OR DECREASE IN LIABILITY FOR

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number 94-2686530 HORIZONS FOUNDATION 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. а Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990) 2022

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

		of fundraising event contributions and gro	ss income on Form 990			s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				EQUALITY	NONE	(add col. (a) through
			GALA	SCHOLARSHIP		col. (c))
			(event type)	(event type)	(total number)	Coi. (C)
Revenue						
eke	1	Gross receipts	280,922.	5,122.		286,044.
ش						
	2	Less: Contributions	238,018.	4,204.		242,222.
			-			
	3	Gross income (line 1 minus line 2)	42,904.	918.		43,822.
	4	Cash prizes				
	5	Noncash prizes				
ses						
eus G	6	Rent/facility costs	189,257.			189,257.
찗						
Direct Expenses	7	Food and beverages				
Ë						
	8	Entertainment	2,400. 25,995.			2,400. 34,230.
	9	Other direct expenses	25,995.	8,235.		
	10	Direct expense summary. Add lines 4 through				225,887.
<u> </u>	11	1				-182,065.
Pa	rt I		answered "Yes" on Form	i 990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.				1.5
g.			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				billigo/progressive billigo		coi. (a) tillough coi. (c))
Be						
-	1	Gross revenue				
	•	Cook prizes				
ses	2	Cash prizes				
ğ	3	Noncash prizes				
Direct Expenses	3	Noncasii prizes				
ö	4	Rent/facility costs				
盲	•					
	5	Other direct expenses				
		,	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No 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	En	ter the state(s) in which the organization condu	cts gaming activities: _			
а	ls t	he organization licensed to conduct gaming ac	tivities in each of these	states?		Yes No
b	If "	No," explain:				
	_					
	_					
		ere any of the organization's gaming licenses re			ear?	Yes No
b	If "	Yes," explain:				
	_					
	_					

Schedule G (Form 990) 2022

232082 10-27-22

Schedule G (Form 990) 2022 HORIZONS FOUNDATION	94-2686530 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a %
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and record	
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 am	ount
of gaming revenue retained by the third party \$	
c If "Yes," enter name and address of the third party:	
Name	
Address	
46. Coming appropriate and the second	
16 Gaming manager information:	
Name	
Coming manager companenties \$	
Gaming manager compensation \$	
Description of services provided	
Director/officer Employee Independent contractor	
47 Mary data and distribution of	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	□ v □ v.
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	1 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 Dort III. lines 0. Ob. 10b
	and Part III, lines 9, 90, 100,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	

Schedule G	(Form 990)	HORIZONS	FOUNDATION	94-2686530	Page 4
Part IV	(Form 990) Supplemental Infor	mation (continue	ed)		
-					

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990.

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

2022 Open to Public

Inspection

OMB No. 1545-0047

Name of the organization
HORIZONS FOUNDATION

Employer identification number
94-2686530

Part I General Information on Grants ar	nd Assistance					,	
Does the organization maintain records to	substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selection	on
criteria used to award the grants or assist							X Yes No
2 Describe in Part IV the organization's pro-							
Part II Grants and Other Assistance to D	-				anization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than \$	5,000. Part II can	be duplicated if additi	ional space is neede	ed.		_	
(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	497,607.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
UHAI EASHRI USA INC C/O MARC SOKOL 722 TENTH AVE, STE 2 NEW YORK, NY 10019	35-2618978	501C3	460,000.	0.			RESTRICTED TO A SPECIFIC PURPOSE - FUNDS USE ARE RESTRICTED TO ISDAO
PRESCOTT COLLEGE 220 GROVE AVE PRESCOTT, AZ 86301	86-0294012	501C3	305,000.	0.			RESTRICTED TO A SPECIFIC PURPOSE
DORIAN FUND 1390 MARKET STREET, SUITE 1004 SAN FRANCISCO, CA 94102	20-6309863	501C3	269,552.	0.			RESTRICTED TO DORIAN FUND
LAMBDA LITERARY FOUNDATION P.O. BOX 20186 NEW YORK, NY 10014	52-1996380	501C3	256,000.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
TIDES FOUNDATION P.O. BOX 29198 SAN FRANCISCO, CA 94129-0198	51-0198509	501C3	247,232.	0.			RESTRICTED TO A SPECIFIC PURPOSE - DREAM DEFENDERS
2 Enter total number of section 501(c)(3) an	nd government or	canizations listed in th	e line 1 table			•	215.

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

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) 2022

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
COLLEGE OF SAINT BENEDICT AND SAINT JOHN'S UNIVERSITY - 37 SOUTH COLLEGE AVE - ST. JOSEPH, MN 56374	41-0969244	501C3	200,000.	0.			RESTRICTED TO A SPECIFIC PURPOSE - MARGARET Z. ROBSONENDOWED SCHOLARSHIP
NATIONAL CENTER FOR LESBIAN RIGHTS 870 MARKET ST., SUITE 370 SAN FRANCISCO, CA 94102	94-3086885	501C3	194,105.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
OUTRIGHT ACTION INTERNATIONAL 80 MAIDEN LANE, SUITE 1505 NEW YORK, NY 10038	94-3139952	501C3	187,440.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
PLANNED PARENTHOOD FEDERATION OF AMERICA, INC 123 WILLIAM ST FL 9 - NEW YORK, NY 10038-3812	13-1644147	501C3	148,650.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
AMERICAN CIVIL LIBERTIES UNION FOUNDATION OF NORTHERN CALIFORNIA - 39 DRUMM STREET - SAN FRANCISCO, CA 94111	94-0279770	50103	137,500.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
UNIVERSITY OF CALIFORNIA SAN FRANCISCO FOUNDATION - 220 MONTGOMERY STREET, 5TH FLOOR - SAN FRANCISCO, CA 94104	94-2829914		120,250.	0.			RESTRICTED TO A SPECIFIC PURPOSE - THIS GRANT IS FOR THE UNDERGRADUATE RESEARCH INTERNSHIP
WOMEN'S FOUNDATION OF CALIFORNIA 300 FRANK H. OGAWA PLAZA, SUITE 420 OAKLAND, CA 94612	94-2752421	501C3	101,000.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
IPAS P.O. BOX 9990 CHAPEL HILL, NC 27515	56-1071085	501C3	100,000.	0.			RESTRICTED TO A SPECIFIC PURPOSE - FUNDS USE ARE RESTRICTED TO GRANT # 22-GFEF-245009
YVETTE A. FLUNDER FOUNDATION 8400 ENTERPRISE WAY OAKLAND, CA 94621	32-0095516	501C3	100,000.	0.			RESTRICTED TO A SPECIFIC PURPOSE - FUNDS USE ARE RESTRICTED (WAWA ABA)

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	
GLOBAL PROJECT AGAINST HATE AND EXTREMISM - 3066 ZELDA ROAD #400 - MONTGOMERY, AL 36106	84-3459993	501C3	75,000.	0.			PROJECT SUPPORT	
PLANNED PARENTHOOD MAR MONTE, INC. 1605 THE ALAMEDA SAN JOSE, CA 95126	94-1583439	501C3	75,000.	0.			UNRESTRICTED OPERATING SUPPORT GRANT	
GLBT HISTORICAL SOCIETY 989 MARKET STREET, LOWER LEVEL SAN FRANCISCO, CA 94103	94-2989004	501C3	67,750.	0.			RESTRICTED TO A SPECIFIC PURPOSE - END OF YEAR MATCHING CHALLENGE FUND	
NATIONAL LGBTQ TASK FORCE 1325 MASSACHUSETTS AVE. NW, SUITE 6 WASHINGTON, DC 20005	52-1624852	501C3	66,250.	0.			UNRESTRICTED OPERATING SUPPORT GRANT	
NARAL PRO-CHOICE AMERICA FOUNDATION - 1725 I STREET, SUITE 900 - WASHINGTON, DC 20006	52-1100361	501C3	61,000.	0.			UNRESTRICTED OPERATING SUPPORT GRANT	
HAZELDEN BETTY FORD FOUNDATION 15251 PLEASANT VALLEY RD. CENTER CITY, MN 55012-0011	41-0682405	501C3	60,000.	0.			UNRESTRICTED OPERATING SUPPORT GRANT	
WOMEN'S CANCER RESOURCE CENTER 2908 ELLSWORTH ST BERKELEY, CA 94705	94-3131204	501C3	55,500.	0.			UNRESTRICTED OPERATING SUPPORT GRANT	
PROGRESSIVE MULTIPLIER 1802 VERNON STREET NORTHWEST #1122 WASHINGTON, DC 20009	83-3190176	501C3	55,000.	0.			SUPPORT FOR EQUALITY OHIO	
SEXUAL MINORITIES UGANDA - USA DBA SMUG INTERNATIONAL - 10 ALGER DRIVE - SCARBOROUGH, ME 04074	82-1321263	501C3	51,500.	0.			RESTRICTED TO A SPECIFIC PURPOSE - GRANT FUNDS RESTRICTED FOR USE AS DETAILED IN HORIZONS'	

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt 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
AMALGAMATED CHARITABLE FOUNDATION							
INC - 1825 K STREET NW -							SUPPORT FOR THE MARRIAGE
WASHINGTON, DC 20006	82-1517696	501C3	51,000.	0.			DEFENSE FUND
PROTEUS FUND							
15 RESEARCH DRIVE, SUITE B							RESTRICTED TO A SPECIFIC
AMHERST, MA 01002-2776	04-3243004	501C3	51,000.	0.			PURPOSE - THIRD WAVE FUND
THE CENTER FOR CULTURAL POWER							
360 GRAND AVE #146							UNRESTRICTED OPERATING
OAKLAND, CA 94610	45-3154473	501C3	50,000.	0.			SUPPORT GRANT
THE FILM COLLABORATIVE INC 3405 CAZADOR ST							PROJECT SUPPORT FOR THE
	32-0295081	501 <i>0</i> 3	50,000.	0.			HUNKY JESUS
LOS ANGELES, CA 90065	32-0293001	30103	30,000.	0.			SUPPORT FOR
UNIVERSITY OF CALIFORNIA BERKELEY							ALBERS-ALEXANDER LGBTQ
SCHOOL OF LAW - 215 BOALT HALL -							LAW SCHOLARSHIP AWARD
BERKELEY, CA 94720-7200	94-6090626	501C3	50,000.	0.			RECIPIENT
BREAST CANCER ACTION							L
548 MARKET ST PMB 17179	04 2120002	E01 G2	40.000	_			UNRESTRICTED OPERATING
SAN FRANCISCO, CA 94104	94-3138992	501C3	48,000.	0.			SUPPORT GRANT
SAN FRANCISCO PARKS ALLIANCE							RESTRICTED TO A SPECIFIC
1663 MISSION ST #320							PURPOSE - FOR THE FRIENDS
SAN FRANCISCO, CA 94103	23-7131784	501C3	45,000.	0.			OF HARVEY MILK PLAZA
·							
LYRIC							
127 COLLINGWOOD ST.							UNRESTRICTED OPERATING
SAN FRANCISCO, CA 94114	94-3227296	501C3	41,500.	0.			SUPPORT GRANT
BREAST CANCER FUND							
1388 SUTTER STREET, SUITE 400							UNRESTRICTED OPERATING
SAN FRANCISCO, CA 94109-5400	94-3155886	501C3	40,000.	0.			SUPPORT GRANT

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	
JEWISH WOMEN'S ARCHIVE, INC. ONE HARVARD STREET, SUITE 200 BROOKLINE, MA 02445	04-3293188	501C3	40,000.	0.			UNRESTRICTED OPERATING SUPPORT GRANT	
YES IN MY BACK YARD 1260 MISSION STREET SAN FRANCISCO, CA 94103	32-0610451	501C3	40,000.	0.			UNRESTRICTED OPERATING SUPPORT GRANT	
SAN FRANCISCO AIDS FOUNDATION 1035 MARKET STREET, SUITE 400 SAN FRANCISCO, CA 94103	94-2927405	501C3	38,000.	0.			UNRESTRICTED OPERATING SUPPORT GRANT	
UNIVERSITY OF CALIFORNIA BERKELEY - FINANCIAL AID - 201 SPROUL HALL, # 1960 - BERKELEY, CA 94720-4422	94-6090626	501C3	37,000.	0.			SUPPORT FOR ALBERS-ALEXANDER LGBTQ LAW SCHOLARSHIP AWARD RECIPIENT	
FRAMELINE 145 9TH STREET SUITE 300 SAN FRANCISCO, CA 94103	94-2775772	501C3	36,250.	0.			UNRESTRICTED OPERATING SUPPORT GRANT	
RAY OF LIGHT THEATRE 3530 18TH STREET, #4 SAN FRANCISCO, CA 94110	65-1173567	501C3	35,000.	0.			UNRESTRICTED OPERATING SUPPORT GRANT	
THEATRE RHINOCEROS PO BOX 423406 SAN FRANCISCO, CA 94142	94-2568273	501C3	33,750.	0.			UNRESTRICTED OPERATING SUPPORT GRANT	
USE THE NEWS FOUNDATION 358 NOE ST SAN FRANCISCO, CA 94114	94-3302611	501C3	32,750.	0.			UNRESTRICTED OPERATING SUPPORT GRANT	
AMERICAN CIVIL LIBERTIES UNION FOUNDATION - 125 BROAD STREET, 18TH FLOOR - NEW YORK, NY 10004	13-6213516	501C3	31,615.	0.			RESTRICTED TO A SPECIFIC PURPOSE - ACLU FOUNDATION / LGBTQ PROJECT	

Part II Continuation of Grants and Other	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt 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
SAN FRANCISCO-MARIN FOOD BANK 900 PENNSYLVANIA AVE SAN FRANCISCO, CA 94107	94-3041517	501C3	31,000.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
LAVENDER SENIORS OF THE EAST BAY 4123 BROADWAY #818 OAKLAND, CA 94611	94-3337173	501C3	30,500.	0.		1	UNRESTRICTED OPERATING SUPPORT GRANT
TAKE BACK THE COURT FOUNDATION 2370 MARKET STREET #423 SAN FRANCISCO, CA 94114	84-2145297	501C3	30,000.	0.			MATCHING GRANT
UNIVERSITY OF WISCONSIN LAW SCHOOL 975 BASCOM MALL MADISON, WI 53706	39-1805963	501C3	30,000.	0.			SUPPORT FOR ALBERS-ALEXANDER LGBTQ LAW SCHOLARSHIP AWARD RECIPIENT
SMITHSONIAN INSTITUTION P. O. BOX 37012, MRC 035 WASHINGTON, DC 20013	53-0206027	501C3	28,550.	0.			RESTRICTED TO A SPECIFIC PURPOSE - MARGARET Z. ROBSON SYMPOSIUM
TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK - 622 WEST 113TH STREET, MAILCODE 4530 - NEW YORK, NY 10025	13-5598093	501C3	28,000.	0.			PROJECT SUPPORT FOR COLUMBIA UNIVERSITY GRADUATE SCHOOL OF JOURNALISM
DOCTORS WITHOUT BORDERS USA 333 7TH AVE FL 2 NEW YORK, NY 10001-5089	13-3433452	501C3	27,250.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
NATIONAL AIDS MEMORIAL GROVE PO BOX 2270 SAN FRANCISCO, CA 94126-2270	82-4329012	501C3	26,300.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
FOTC -SF BAY AREA 111 QUINT ST SAN FRANCISCO, CA 94124	93-1300690	501C3	26,250.	0.			UNRESTRICTED OPERATING SUPPORT GRANT

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	501 c 3	26,000.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
CATTICUS CORPORATION 2600 TENTH STREET BERKELEY, CA 94710	95-3579940	501C3	25,000.	0.			OTHER - FOR: NO STRAIGHT LINES: THE RISE OF QUEER COMICS
NEW CONSERVATORY THEATRE CENTER (NCTC) - 25 VAN NESS AVE, LOWER LOBBY - SAN FRANCISCO, CA 94102	94-2778856	501C3	25,000.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
ORAM - ORGANIZATION FOR REFUGE ASYLUM & MIGRATION - 2443 FILLMORE ST #380-6489 - SAN FRANCISCO, CA 94115	26-3748676	501 c 3	25,000.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
SISTER SONG PO BOX 94408 ATLANTA, GA 94408	51-0544927	501 c 3	25,000.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
OPERA PARALLLE 44 PAGE STREET, SUITE 400 SAN FRANCISCO, CA 94102	72-1584393	501C3	22,500.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
GIRLS INC. 120 WALL STREET, 3RD FLOOR NEW YORK, NY 10005-3902	13-1915124	501C3	22,000.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
ROTARY FOUNDATION OF ROTARY INTERNATIONAL - 1560 SHERMAN AVE - EVANSTON, IL 60201	36-3245072	501 c 3	22,000.	0.			RESTRICTED
RYSE 205 41ST STREET RICHMOND, CA 94805	26-0692904	501C3	20,250.	0.			UNRESTRICTED OPERATING SUPPORT GRANT

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt 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
ALZHEIMER'S DISEASE AND RELATED							
DISORDERS ASSOCIATION, INC 225							
NORTH MICHIGAN AVENUE, SUITE 1700							UNRESTRICTED OPERATING
- CHICAGO, IL 60601	13-3039601	501C3	20,000.	0.			SUPPORT GRANT
CHARLOTTE MAXWELL CLINIC							
411 30TH ST STE 508							UNRESTRICTED OPERATING
OAKLAND, CA 94609	94-3116456	501C3	20,000.	0.			SUPPORT GRANT
EDIENDO OF MUE IONAL PROPERTO							
FRIENDS OF THE ISRAEL DEFENSE							
FORCE - 60 EAST 42ND STREET - NEW	42 2456445	F 0.4 = 0					
YORK, NY 10165	13-3156445	501C3	20,000.	0.			SCHOLARSHIP
GOLDEN GATE PERFORMING ARTS/SAN							
FRANCISCO GAY MEN'S CHORUS - 170							
VALENCIA STREET - SAN FRANCISCO,				_			UNRESTRICTED OPERATING
CA 94103	94-2576101	501C3	20,000.	0.			SUPPORT GRANT
IF/WHEN/HOW: LAWYERING FOR							
REPRODUCTIVE JUSTICE - 1714							
FRANKLIN STREET #100-393 -							UNRESTRICTED OPERATING
OAKLAND, CA 94612	90-0181944	501C3	20,000.	0.			SUPPORT GRANT
LYON-MARTIN HEALTH SERVICES							
1735 MISSION ST							LYON-MARTIN WOMENS HEALTH
SAN FRANCISCO, CA 94103-2417	94-2597707	501C3	20,000.	0.			SERVICE INC
NORTH DAKOTA DELTA UPSILON							
EDUCATION FOUNDATION - 505							
PRINCETON ST - GRAND FOLKS, ND							UNRESTRICTED OPERATING
58203	37-1972569	501C3	20,000.	0.			SUPPORT GRANT
							PROJECT SUPPORT FOR THE
ROTARY SERVICE INC							SF ROTARY FOUNDATION
300 MONTGOMERY, SUITE 200							PROJECTS AND TRF
SAN FRANICSCO, CA 94104	94-6064217	501C3	20,000.	0.			CAMPAIGNS
SAN FRANCISCO KIDPOWER TEENPOWER							
FULLPOWER INTERNATIONAL - 538 27TH							UNRESTRICTED OPERATING
STREET - SAN FRANCISCO, CA 94131	77-0226712	501C3	20,000.	0.			SUPPORT GRANT

Part II Continuation of Grants and Other	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt 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 MEDICAL FUND, INC. P.O. BOX 248 MADISON, WI 53701	51-0189614	501C3	20,000.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
PEACE DEVELOPMENT FUND, INC. P.O. BOX 1280 AMHERST, MA 01004	04-2738794	501C3	19,500.	0.			OTHER - HEART AND HAND FUND/FRIENDS OF LITTLE EAGLE
SERVICES & ADVOCACY FOR GAY LESBIAN BISEXUAL & TRANSGENDER ELDERS INC 305 SEVENTH AVE, 15TH FLOOR - NEW YORK, NY 10001	13-2947657	501C3	19,500.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
LAMBDA LEGAL PO BOX 5070 HAGERSTOWN, MD 21741-5070	23-7395681	501C3	18,650.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
LAMBDA LEGAL DEFENSE & EDUCATION FUND - 120 WALL STREET, 19TH FLOORS - NEW YORK, NY 10005	23-7395681	501C3	18,550.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
AMOR PARA TODOS 1500 PETALUMA BLVD. SOUTH PETALUMA, CA 94954	90-0988278	501C3	18,250.	0.			GENERAL OPERATING SUPPORT TO JOIN WITH SCHOOLS AND COMMUNITIES IN AN INNOVATIVE,
NATIONAL NETWORK OF ABORTION FUNDS 42 SEAVERNS AVE BOSTON, MA 02130	04-3236982	501C3	17,000.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
TRANSGENDER LAW CENTER PO BOX 741803 LOS ANGELES, CA 90074-1803	05-0544006	501C3	16,750.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
GLOBAL FUND FOR WOMEN 800 MARKET STREET, SEVENTH FLOOR SAN FRANCISCO, CA 94104	77-0155782	501C3	16,500.	0.			UNRESTRICTED OPERATING SUPPORT GRANT

Part II Continuation of Grants and Other	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			
NAACP LEGAL DEFENSE & EDUCATION FUND INC 40 RECTOR STREET, 5TH FLOOR - NEW YORK, NY 10006	13-1655255	501C3	16,500.	0.		1	UNRESTRICTED OPERATING SUPPORT GRANT			
HOPE IN A BOX INC 31 WOODRUFF AVENUE, APT. 3R BROOKLYN, NY 11226	82-4020709	501C3	15,250.	0.		1	UNRESTRICTED OPERATING SUPPORT GRANT			
CHINESE FOR AFFIRMATIVE ACTION 17 WALTER U LUM PLACE SAN FRANCISCO, CA 94108	94-2161304	501C3	15,250.	0.			LAVENDER PHOENIX (FORMERLY APIENC)			
LGBT ASYLUM PROJECT 8015 HILLSIDE STREET OAKLAND, CA 94605	47-5301730	501C3	15,250.	0.			PARIVAR BAY AREA			
SOMOS FAMILIA 2323 BROADWAY OAKLAND, CA 94612	81-4019488	501 C 3	15,250.	0.			UNRESTRICTED OPERATING SUPPORT GRANT			
THE BILLY FOUNDATION 1100 CODDINGTOWN CENTER SUITE 3 SANTA ROSA, CA 95401	68-0314349	501C3	15,250.	0.			GENERAL OPERATING SUPPORT TO FOSTER COMMUNITY, INTIMACY, AND PERSONAL EXPLORATION AMONG GAY,			
QUEER CULTURAL CENTER 1024 101ST AVE OAKLAND, CA 94603	94-3227839	501C3	15,000.	0.			ABO COMIX			
ALTERTHEATER (ALTERNATIVE THEATER ENSEMBLE) - 1337 FOURTH ST., SUITE A - SAN RAFAEL, CA 94901	86-1110074	501C3	15,000.	0.			PROJECT SUPPORT FOR THE PLAY PUEBLO REVOLT THAT EXPLORES THE PUEBLO UPRISING THROUGH THE EYES			
ASTRAEA LESBIAN FOUNDATION FOR JUSTICE - 116 EAST 16TH STREET, 7TH FLOOR - NEW YORK, NY 10003	13-2992977	501C3	15,000.	0.			UNRESTRICTED OPERATING SUPPORT GRANT			

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(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			
7TH GENERATION										
77 VAN NESS, SUITE 101, BOX 1043 SAN FRANCISCO, CA 94102	68-0027247	501C3	15,000.	0.			BAY AREA AMERICAN INDIAN TWO-SPIRITS			
VMC FOUNDATION										
2400 MOORPARK AVE #207 REDWOOD CITY, CA 95128	77-0187890	501C3	15,000.	0.			COLECTIVO ACCIN LATINA DE AMBIENTE			
,			,				GENERAL OPERATING SUPPORT			
COMMUNITY UNITED AGAINST VIOLENCE							FOR PROGRAMS THAT WORK TO			
427 SOUTH VAN NESS AVENUE SAN FRANCISCO, CA 94103	94-2758154	501C3	15,000.	0.			BUILD THE POWER OF LGBTQ COMMUNITIES TO TRANSFORM			
212. 1112.022.00, 011 3 1200	71 2/00201		20,000.	· ·			GENERAL OPERATING SUPPORT			
DEM BOIS INC.							TO PROVIDE FINANCIAL			
P.O. BOX 6809							ASSISTANCE FOR FEMALE TO			
SAN PABLO, CA 94806	81-1997448	501C3	15,000.	0.			MALE TRANSMASCULINE			
DANGED 'G GDOUD										
DANCER'S GROUP 1237 DWIGHT WAY										
BERKELEY, CA 94702	94-2879185	501C3	15,000.	0.			DETOUR DANCE			
INTERSECTION FOR THE ARTS	71 20/3200		20,000.				ZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZ			
C/O INTERSECTION FOR THE ARTS,										
1446 MARKET STREET - SAN										
FRANCISCO, CA 94102	94-1593216	501C3	15,000.	0.			DIAMOND WAVE			
SOCIAL GOOD FUND										
3346 FREEMAN ROAD	46-1323531	E0102	15 000	0.			DYKES WITH DRILLS			
WALNUT CREEK, CA 94595	40-1323331	50103	15,000.	0.		+	PROJECT SUPPORT FOR EAST			
EAST BAY SANCTUARY COVENANT							BAY SANCTUARY COVENANT			
2362BANCROFTWAY							LGBT ASYLUM PROGRAM TO			
BERKELEY, CA 94704	94-3249753	501C3	15,000.	0.			PROVIDE INTEGRATED LEGAL			
·							RESTRICTED TO A SPECIFIC			
FRACTURED ATLAS PRODUCTIONS, INC							PURPOSE - 26.2 TO LIFE:			
PO BOX 55							THE SAN QUENTIN PRISON			
HARTSDALE, NY 10530	11-3451703	501C3	15,000.	0.			MARATHON			

Part II Continuation of Grants and Other	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		
GRADUATE THEOLOGICAL UNION 2400 RIDGE RD BERKELEY, CA 94709	94-1581707	501C3	15,000.	0.			UNRESTRICTED OPERATING SUPPORT GRANT		
QUEER CULTURAL CENTER 4509 ADELINE ST EMERYVILLE, CA 94608	94-3227839	501C3	15,000.	0.			INDIA SKY DAVIS (PERFORMING ARTS PROJECT)		
GLBT HISTORICAL SOCIETY 3021 IRWIN STREET VALLEJO, CA 94591	94-2989004	501C3	15,000.	0.			LOUISE LAWRENCE TRANSGENDER ARCHIVE		
SIDE BY SIDE 22245 MAIN STREET, SUITE 200 HAYWARD, CA 94541	94-1156301	501C3	15,000.	0.			OUR SPACE - A PROGRAM OF SUNNY HILL SERVICES		
SOCIAL GOOD FUND 1714 FRANKLIN ST., #100-404 OAKLAND, CA 94612	46-1323531	501C3	15,000.	0.			PEACOCK REBELLION GENERAL OPERATING SUPPORT		
POSITIVE IMAGES 200 MONTGOMERY DR STE C SANTA ROSA, CA 95404-6663	94-3137845	501C3	15,000.	0.			FOR A LGBTQIA+ COMMUNITY CENTER THAT PROVIDES SUPPORT TO SONOMA		
QUEER LIFESPACE 2275 MARKET STREET SAN FRANCISCO, CA 94114	45-2451077	501 c 3	15,000.	0.			GENERAL OPERATING SUPPORT TO PROVIDE AFFORDABLE, EVIDENCE BASED MENTAL HEALTH SERVICES,		
GREEN CITIES FUND 725 WASHINGTON STREET, SUITE 300 OAKLAND, CA 94607	20-3911647	501 c 3	15,000.	0.			QUEER SURF		
QUEER CULTURAL CENTER 3543 18TH ST #4 SAN FRANCISCO, CA 94110	94-3227839	501C3	15,000.	0.			SAN FRANCISCO TRANS MARCH		

Part II Continuation of Grants and Other	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		
FRESH MEAT PRODUCTIONS 375 27TH STREET #A SAN FRANCISCO, CA 94131	80-0225836	501C3	15,000.	0.			SAN FRANCISCO TRANSGENDER FILM FESTIVAL		
SAN JOSE MUSEUM OF QUILTS & TEXTILES - 520 SOUTH FIRST STREET - SAN JOSE, CA 95113-2806	77-0123939	501C3	15,000.	0.			UNRESTRICTED OPERATING SUPPORT GRANT		
SLOW FOOD USA INC 20 JAY STREET SUITE M04 BROOKLYN, NY 10024	13-4100161	501C3	15,000.	0.			UNRESTRICTED OPERATING SUPPORT GRANT		
SOLANO PRIDE CENTER 1234 EMPIRE ST., SUITE 1560 FAIRFIELD, CA 94533	68-0477185	501C3	15,000.	0.			GENERAL OPERATING SUPPORT FOR SOLANO PRIDE CENTER TO BUILD COMMUNITY AND PROMOTE WELLNESS AMONG		
THE BOB MIZER FOUNDATION, INC. 920 LARKIN STREET SAN FRANCISCO, CA 94109	27-3515296	501 C 3	15,000.	0.			GENERAL OPERATING SUPPORT TO PROMOTE AND PRESERVE PROGRESSIVE AND CONTROVERSIAL PHOTOGRAPHY		
THE CLIMATE CENTER 831 4TH ST. SANTA ROSA, CA 95404	45-0485495	501C3	15,000.	0.			UNRESTRICTED OPERATING SUPPORT GRANT		
UNIVERSITY OF SAN FRANCISCO 2130 FULTON ST. SAN FRANCISCO, CA 94117-1080	94-1156628	501C3	15,000.	0.			UNRESTRICTED OPERATING SUPPORT GRANT		
PACIFIC CENTER FOR HUMAN GROWTH 2712 TELEGRAPH AVE. BERKELEY, CA 94705	94-2287492	501C3	14,750.	0.			UNRESTRICTED OPERATING SUPPORT GRANT		
SAN FRANCISCO GENERAL HOSPITAL FOUNDATION - 2789 25TH STREET, SUITE 2028 - SAN FRANCISCO, CA 94110	94-3189424	501C3	14,000.	0.			UNRESTRICTED OPERATING SUPPORT GRANT		

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A PRECIOUS CHILD 7051 W 118TH AVE							UNRESTRICTED OPERATING	
BROOMFIELD, CO 80020	26-3349334	501C3	13,500.	0.			SUPPORT GRANT	
RAINBOW COMMUNITY CENTER OF CONTRA COSTA COUNTY - 2118 WILLOW PASS							UNRESTRICTED OPERATING	
RD. SUITE 500 - CONCORD, CA 94520	68-0375857	501C3	13,500.	0.			SUPPORT GRANT	
THE TREVOR PROJECT 9056 SANTA MONICA BLVD., SUITE 208 WEST HOLLYWOOD, CA 90069	95-4681287	501C3	13,000.	0.			UNRESTRICTED OPERATING SUPPORT GRANT	
ALAMEDA COUNTY COMMUNITY FOOD BANK PO BOX 2599							UNRESTRICTED OPERATING	
OAKLAND, CA 94621	94-2960297	501C3	12,750.	0.			SUPPORT GRANT	
PROJECT OPEN HAND 730 POLK STREET SAN FRANCISCO, CA 94109-7813	94-3023551	501C3	12,700.	0.			UNRESTRICTED OPERATING SUPPORT GRANT	
KQED INC. 2601 MARIPOSA STREET SAN FRANCISCO, CA 94110	94-1241309	501C3	12,515.	0.			UNRESTRICTED OPERATING SUPPORT GRANT	
LARKIN STREET YOUTH SERVICES 134 GOLDEN GATE AVENUE SAN FRANCISCO, CA 94102	94-2917999	501C3	12,500.	0.			UNRESTRICTED OPERATING SUPPORT GRANT	
TURNOUT 3207 LAKESHORE AVE							UNRESTRICTED OPERATING	
OAKLAND, CA 94610	47-5263212	501C3	12,500.	0.			SUPPORT GRANT	
NEW GEORGIA PROJECT INCORPORATED 830 GLENWOOD AVE. SE SUITE 510-221 ATLANTA, GA 30316	82-1348307	50103	12,000.	0.			UNRESTRICTED OPERATING SUPPORT GRANT	
	32 1340307	30103	1 12,000.	ı			portoni onimi	

Part II Continuation of Grants and Other	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	
TAMALPA RUNNERS								
PO BOX 4132								
SAN RAFAEL, CA 94913	94-2587403	501C3	12,000.	0.			SO1000 DONATION	
	71 2007 200			••			Service Bermitter	
WEST EDGE OPERA								
1700 SHATTUCK AVENUE NO 312							UNRESTRICTED OPERATING	
BERKELEY, CA 94709	94-2739808	501C3	12,000.	0.			SUPPORT GRANT	
SAN FRANCISCO PRIDE							RESTRICTED TO A SPECIFIC	
1800 MARKET ST. PMB #5							PURPOSE - FOR PINK	
SAN FRANCISCO, CA 94102	94-3006693	501C3	11,500.	0.			TRIANGLE	
COMMUNITY FOUNDATION OF SONOMA								
COUNTY - 120 STONY POINT ROAD,							HEALDSBURG FOREVER	
SUITE 220 - SANTA ROSA, CA 95401	68-0003212	501C3	11,250.	0.			YEAR-END CAMPAIGN	
government ov gvv '25 marra								
CONGREGATION SHA'AR ZAHAV							L	
290 DOLORES STREET	04.0455006	504.50	44 000				UNRESTRICTED OPERATING	
SAN FRANCISCO, CA 94103	94-2477006	501C3	11,200.	0.			SUPPORT GRANT	
FIRST UNITARIAN UNIVERSALIST								
SOCIETY OF SAN FRANCISCO - ATTN:								
GUARDIAN GROUP - BOX 71 1187	04 1106001	F01 @2	11 000				UNRESTRICTED OPERATING	
FRANKLIN STREET - SAN FRANCISCO,	94-1186221	501C3	11,000.	0.			SUPPORT GRANT	
PROVINCETOWN COMMONS								
46 BRADFORD ST							UNRESTRICTED OPERATING	
PROVINCETOWN, MA 02657	81-4915644	501c3	10,750.	0.			SUPPORT GRANT	
THE SUNDANCE ASSOCIATION FOR	1 13 13 13 11		20,,000					
COUNTRY-WESTERN DANCING - 2261								
MARKET STREET, PMB 225 - SAN							UNRESTRICTED OPERATING	
FRANCISCO, CA 94114	94-3336172	501C3	10,500.	0.			SUPPORT GRANT	
				-				
THE VOTER PARTICIPATION CENTER								
1707 L ST., NW, SUITE 300							UNRESTRICTED OPERATING	
WASHINGTON, DC 20036	55-0889748	501C3	10,500.	0.			SUPPORT GRANT	

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YALE UNIVERSITY P.O. BOX 2038 NEW HAVEN, CT 06521	06-0646973	501C3	10,500.	0.			MARK BURNS YALE COLLEGE CLASS OF 1980		
HAVE A GAY DAY INC 2210 ARBOR BLVD MORAINE, OH 45439	46-3331321	501C3	10,250.	0.			GIVE OUT DAY PRIZE AWARD GRANT - NATIONAL SMALL LEADERBOARD 1ST PRIZE		
VOTE.ORG 1270 GROVE ST.T #301 SAN FRANCISCO, CA 94117	26-2094990	501C3	10,250.	0.			RESTRICTED TO A SPECIFIC PURPOSE - MIND THE GAP		
BRADY CENTER TO PREVENT GUN VIOLENCE - 1225 I" ST NW", SUITE 1100 - WASHINGTON, DC 20005	52-1285097	501C3	10,220.	0.			UNRESTRICTED OPERATING SUPPORT GRANT		
ALEXANDER VALLEY FILM SOCIETY 121 EAST 1ST STREET PO BOX 71 CLOVERDALE, CA 95425	47-2085577	501C3	10,000.	0.			UNRESTRICTED OPERATING SUPPORT GRANT		
ALL-OPTIONS PO BOX 28284 OAKLAND, CA 94604	87-0729403	501C3	10,000.	0.			UNRESTRICTED OPERATING SUPPORT GRANT		
ARCHIPELAGO COLLECTIVE 3015 NW 77TH ST SEATTLE, WA 98117	81-2876277	501C3	10,000.	0.			OTHER - ACQUIRING A NEW PIANO		
CENTER FOR HUMANE TECHNOLOGY 77 VAN NESS AVE 101-1601 SAN FRANCISCO, CA 94102	82-3492182	501C3	10,000.	0.			UNRESTRICTED OPERATING SUPPORT GRANT		
CENTER FOR INDEPENDENT DOCUMENTARY 1300 SOLDIERS FIELD ROAD, SUITE #4 BOSTON, MA 02135	04-2738458	501C3	10,000.	0.			RESTRICTED TO A SPECIFIC PURPOSE - TO BE USED FOR THE DOCUMENTARY FILM NARROW PATH TO HAPPINESS.		

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	overnments (Scho	edule I (Form 990), Pa	rt 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
CHACRUNA INSTITUTE FOR PSYCHEDELIC							
PLANT MEDICINES - 1650 CALIFORNIA							
ST APT 10 - SAN FRANCISCO, CA							UNRESTRICTED OPERATING
94109	84-3076078	501C3	10,000.	0.			SUPPORT GRANT
							PROJECT SUPPORT TO
CURRY SENIOR CENTER							PROMOTE WELLNESS, DIGNITY
315 TURK STREET							& INDEPENDENCE FOR
SAN FRANCISCO, CA 94102	23-7362588	501C3	10,000.	0.			SENIORS, WITH A FOCUS ON
DEL SHORES FOUNDATION INC							
6250 HOLLYWOOD BLVD UNIT 8E							UNRESTRICTED OPERATING
LOS ANGELES, CA 90028	84-2050488	501C3	10,000.	0.			SUPPORT GRANT
,							
ENTREPRENEURSHIP FOR ALL							
175 CABOT ST STE 310							UNRESTRICTED OPERATING
LOWELL, MA 01854	47-1858182	501C3	10,000.	0.			SUPPORT GRANT
ESHEEL, INI Closi	17 1030102	30103	10,000.	· ·			DOTTORY CHART
AUTISTIC WOMEN & NONBINARY NETWORK							
12651 SAN PABLO AVE							HEALTH JUSTICE COMMONS
RICHMOND, CA 94805	27-5133111	501C3	10,000.	0.			(HJC)
JEWISH COMMUNITY FEDERATION OF SAN	27-3133111	30103	10,000.	0.			(HOC)
							RESTRICTED TO A SPECIFIC
FRANCISCO, THE PENINSULA, MARIN AND SONOMA CO - 121 STEUART STREET							
	04 1156522	F01 G2	10.000				PURPOSE - FBO LESBIAN
SAN FRANCISCO, CA 94105	94-1156533	20103	10,000.	0.			GLOBAL GUDDODE HOD WILL
							PROJECT SUPPORT FOR THE
JEWISH FAMILY AND CHILDREN'S							HOLOCAUST CENTER & TAUBER
SERVICES - 1710 SCOTT STREET - SAN							HOLOCAUST - LIBRARY NEVER
FRANCISCO, CA 94115	94-1156528	501C3	10,000.	0.			FORGET CAMPAIGN
LIVE OAK A LEARNING CENTER FOR							
CHILDREN - 1555 MARIPOSA ST - SAN							UNRESTRICTED OPERATING
FRANCISCO, CA 94107	94-2153158	501C3	10,000.	0.			SUPPORT GRANT
LOS ANGELES LGBT COMMUNITY CENTER							
MCDONALD/WRIGHT BUILDING 1625							
SCHRADER BLVD - LOS ANGELES, CA							UNRESTRICTED OPERATING
90028	95-3567895	501C3	10,000.	0.			SUPPORT GRANT

(a) Name and address of organization or operations (b) EN (c) IPC section (d) Amount of cash grant (d) Amount of cash assistance (d) Amount of cash grant (d) Amount of cas	Part II Continuation of Grants and Other	Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)								
424 MONTE VISTA AVE. OAKLAND CA 74610 94-1447221 501C3 10,000. 0. MINISTERIO LATINO PROJECT SUPPORT FOR LGETO CONNECTION TO FOSTER A REACHTY, DIVERSE AND HEALTHY, DIVERSE HEALTHY, DIVERSE AND HEAL	` '	(b) EIN	\ <i>'</i>		noncash	valuation (book, FMV,				
424 MONTE VISTA AVE. OAKLAND CA 74610 94-1447221 501C3 10,000. 0. MINISTERIO LATINO PROJECT SUPPORT FOR LGETO CONNECTION TO FOSTER A REACHTY, DIVERSE AND HEALTHY, DIVERSE HEALTHY, DIVERSE AND HEAL	DI VNOVIMU UNITED GUUDGU OF GUDIGE									
ORTHOROGON 94-1447221 50123 10,000. 0.										
ON THE MOVE 780 LINCOLN AVENUE NAPA, CA 94558 75-3149095 501C3 10,000. 0. 10,000. 0. 10,000. 0. 10,000. 0. 10,000. 0. 10,000. 0. 10,000. 0. 10,000. 0. 10,000. 0. 10,000. 0. 10,000. 0. 10,000		94_1447221	501.03	10 000	_			MINICHERIO I AMINO		
ON THE MOVE 780 LINCOLN AVENUE NAPA, CA 94558 75-3149095 501C3 10,000. 0. 10,	OARLAND, CA 94010	34-144/221	50103	10,000.	0.					
780 LINCOLM AVENUE NAPA, CA 34558 75-3149095 501C3 10,000. 0. UNCLUSIVE COMMUNITY, OUT AND EQUAL WORKPLACE ADVOCATES PO BOX 894434 LOS ANGELES, CA 90189 02-0681855 501C3 10,000. 0. UNRESTRICTED OPERATING SUPPORT GRANT OUTLET PROGRAM -A PROJECT OF ADDLESCENT COUNSELING SERVICES 643 BAIR ISLAND ROAD, SUITE 301 - REDWOOD CITY, CA 94063 51-0192551 501C3 10,000. 0. RAY THROUGH PALM SPRINGS PLAZA THEATRE FOUNDATION - 1775 EAST PALM CANYON DRIVE SUITE 110-1028 - PALM SPRINGS, CA 92264 87-3813182 501C3 10,000. 0. SUPPORT GRANT FROM FARNIS PARMAY, SUITE 501 RANSAS CITY, MO 64114 43-1266906 501C3 10,000. 0. SUPPORT GRANT FROM FRANCISCO CHAMBER OF COMMERCE FOUNDATION - 235 MONTROMERS FTE TE 760 - SAN FRANCISCO, CA 94104 94-3114015 501C3 10,000. 0. SUPPORT GRANT FROM FRANCISCO, CA 94104 94-3114015 501C3 10,000. 0. SEBASTOPOL AREA SENIOR CENTER 167 N. HIGH ST. SEBASTOPOL AREA SENIOR CENTER 168 N. HIGH ST. SOLANO SERENITY CENTER 1415 OHIO STREET 1415 OHIO STREET HEALTHY, DIVERSE AND INCLUSIVE COMMUNITY, HEALTHY INCLUSIVE COMMUNITY, HEALTHY	ON THE MOVE									
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FOUNDATION - 235 MONTGOMERY ST STE 760 - SAN FRANCISCO, CA 94104 94-3114015 501C3 10,000. 0. SUPPORT GRANT PROJECT SUPPORT FOR SEBASTOPOL AREA SENIOR CENTER 167 N. HIGH ST. SEBASTOPOL, CA 95472 23-7043925 501C3 10,000. 0. AS THE ONLY PROGRAMMING GENERAL OPERATING SUPPORT TO PROVIDE RESOURCES TO 1415 OHIO STREET UNRESTRICTED OPERATING SUPPORT GRANT PROJECT SUPPORT FOR SEBASTOPOL AREA SENIOR CENTER'S LGBT PROGRAMING GENERAL OPERATING SUPPORT TO PROVIDE RESOURCES TO THE LGBTQ+ COMMUNITY,	,			,						
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167 N. HIGH ST. SEBASTOPOL, CA 95472 23-7043925 501C3 10,000. 0. GENTER'S LGBT PROGRAMING AS THE ONLY PROGRAMING GENERAL OPERATING SUPPORT TO PROVIDE RESOURCES TO THE LGBTQ+ COMMUNITY,								PROJECT SUPPORT FOR		
SEBASTOPOL, CA 95472 23-7043925 501C3 10,000. 0. AS THE ONLY PROGRAMMING GENERAL OPERATING SUPPORT TO PROVIDE RESOURCES TO THE LGBTQ+ COMMUNITY,	SEBASTOPOL AREA SENIOR CENTER							SEBASTOPOL AREA SENIOR		
GENERAL OPERATING SUPPORT SOLANO SERENITY CENTER TO PROVIDE RESOURCES TO THE LGBTQ+ COMMUNITY,	167 N. HIGH ST.							CENTER'S LGBT PROGRAMING		
SOLANO SERENITY CENTER 1415 OHIO STREET TO PROVIDE RESOURCES TO THE LGBTQ+ COMMUNITY,	SEBASTOPOL, CA 95472	23-7043925	501C3	10,000.	0.			AS THE ONLY PROGRAMMING		
1415 OHIO STREET								GENERAL OPERATING SUPPORT		
	SOLANO SERENITY CENTER							TO PROVIDE RESOURCES TO		
	1415 OHIO STREET							THE LGBTQ+ COMMUNITY,		
	VALLEJO, CA 94590-5355	47-2120023	501C3	10,000.	0.			THEREBY CREATING A SAFE		

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	
SPELMAN COLLEGE							RESTRICTED TO A SPECIFIC	
350 SPELMAN LANE SW							PURPOSE - FOR THE QUEER	
ATLANTA, GA 30314	58-0566243	501C3	10,000.	0.			STUDIES INITIATIVE	
STANFORD UNIVERSITY FINANCIAL AID 355 GALVEZ STREET STANFORD CA 24205 2021	94-1156365	E0162	10,000.	0.			SUPPORT FOR MARKOWSKI LEACH SCHOLARSHIP AWARD RECIPIENT	
STANFORD, CA 94305-3021	94-1130303	50103	10,000.	0.			PROJECT SUPPORT FOR STILL	
STILL HERE C/O QCC 762 FULTON ST							HERE SAN FRANCISCO/QUEER ANCESTORS PROJECT TO	
SAN FRANCISCO, CA 94102	94-3227839	501C3	10,000.	0.			AMPLIFY THE VOICES AND	
TEXAS ORGANIZING PROJECT EDUCATION FUND - PO BOX 120296 - SAN	27 1401055	50162	10.000				UNRESTRICTED OPERATING	
ANTONIO, TX 78212	27-1481855	50163	10,000.	0.			SUPPORT GRANT	
THE NATURE CONSERVANCY - IDAHO 116 1ST AVE NORTH							RESTRICTED TO A SPECIFIC PURPOSE - DESIGNATION TO SILVER CREEK PRESERVE.	
HAILEY, ID 83333	53-0242652	501C3	10,000.	0.			PLEASE ASSIGN THIS GRANT	
THE REGISTRATION PROJECT 1220 L ST NW STE 100-348 WASHINGTON DC, VA 20005	26-4802468	501C3	10,000.	0.			RESTRICTED TO A SPECIFIC PURPOSE - MIND THE GAP - EVERYBODY VOTES CAMPAIGN	
THE SISTERS OF PERPETUAL INDULGENCE, INC 584 CASTRO ST. #392 - SAN FRANCISCO, CA							OTHER - INTENDED TO SUPPORT THIS YEAR'S	
94114-2594	94-3032120	501C3	10,000.	0.			BEARRISON STREET FAIR	
THE SOURCE LGBT+ CENTER 208 WEST MAIN STREET B VISALIA, CA 93291	81-1907707	501C3	10,000.	0.			GIVE OUT DAY PRIZE AWARD GRANT - NATIONAL LARGE LEADERBOARD 1ST PLACE	
UC DAVIS FOUNDATION - LAW SCHOOL UC DAVIS GIFT ADMINISTRATION 202 COUSTEAU PLACE, SUITE 185 - DAVIS, CA 95618	94-6081352	501C3	10,000.	0.			SUPPORT FOR ALBERS-ALEXANDER LGBTQ LAW SCHOLARSHIP AWARD RECIPIENT	

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt 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
WOODHULL FREEDOM FOUNDATION & FEDERATION - 3302 GLENEAGLES DRIVE - SILVER SPRING, MD 20906	11-3681116	501 c 3	10,000.	0.			SUPPORT FOR HUMAN RIGHTS
YOUR PUBLIC RADIO 2216 N CHARLES ST BALTIMORE, MD 21218	31-1770828	501C3	10,000.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
EQUALITY FLORIDA INSTITUTE P.O. BOX 13184 ST. PETERSBURG, FL 33733	59-3435235	501C3	9,500.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
FINE ARTS WORK CENTER IN PROVINCETOWN, INC 24 PEARL ST - PROVINCETOWN, MA 02657-1500	04-2487373	501C3	9,250.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
SAN FRANCISCO LGBT COMMUNITY CENTER - 1800 MARKET STREET - SAN FRANCISCO, CA 94102	94-3236718	501 c 3	9,250.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
UNIVERSITY OF CALIFORNIA, MERCED 5200 N. LAKE ROAD MERCED, CA 95343	27-0093858	501C3	9,000.	0.			SUPPORT FOR EQUALITY SCHOLARSHIP AWARD RECIPIENT
OASIS LEGAL SERVICES 1900 ADDISON STREET, SUITE 100 BERKELEY, CA 94704-2649	82-0696739	501 c 3	8,250.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
CHILD ADVOCATES OF SILICON VALLEY 509 VALLEY WAY MILPITAS, CA 95035	77-0250773	501C3	8,000.	0.			PROJECT SUPPORT TO SERVE CHILDREN AND YOUTH OF VARIOUS GENDER IDENTITIES AND SEXUAL ORIENTATIONS,
IRON CROW THEATRE PO BOX 50074 BALTIMORE, MD 21211	45-5328495	501c3	8,000.	0.			UNRESTRICTED OPERATING SUPPORT GRANT

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
OAKLAND LGBTQ COMMUNITY CENTER 3207 LAKESHORE AVE OAKLAND, CA 94610	82-2258008	501C3	8,000.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
RAINBOW RAILROAD USA 575 5TH AVENUE, UNIT 18-139 NEW YORK, NY 10017	47-4896980	501C3	7,800.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
HUCKLEBERRY YOUTH PROGRAM 3450 GEARY BLVD., SUITE 107 SAN FRANCISCO, CA 94118	94-1687559	501C3	7,500.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
SEBASTOPOL CENTER FOR THE ARTS 282 S HIGH STREET SEBASTOPOL, CA 95472	68-0168638	501C3	7,500.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
CENTER FOR CONSTITUTIONAL RIGHTS 666 BROADWAY, 7TH FLOOR NEW YORK, NY 10012	22-6082880	501 C 3	7,000.	0.			RESTRICTED TO A SPECIFIC PURPOSE - GRANT TO SUPPORT TRAVEL AND LODGING FOR SMUG
CENTER FOR SEX AND CULTURE 2261 MARKET STREET #455-A SAN FRANCISCO, CA 94114	91-2153691	501C3	7,000.	0.			GENERAL OPERATING SUPPORT TO PROVIDE JUDGMENT-FREE EDUCATION, CULTURAL EVENTS,
OAKLAND EAST BAY SYMPHONY 1440 BROADWAY SUITE 405 OAKLAND, CA 94612	94-3081554	501C3	7,000.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
ANIMAL PROTECTION OF NEW MEXICO INC - PO BOX 11395 - ALBUQUERQUE, NM 87192	85-0283292	501C3	6,500.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
GLBTQ LEGAL ADVOCATES & DEFENDERS 30 WINTER STREET, STE 800 BOSTON, MA 02108	04-2660498	501C3	6,500.	0.			UNRESTRICTED OPERATING SUPPORT GRANT

Part II Continuation of Grants and Other	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt 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
HUMAN RIGHTS CAMPAIGN FOUNDATION							
1640 RHODE ISLAND AVENUE NW							UNRESTRICTED OPERATING
WASHINGTON, DC 20036-3278	52-1481896	501C3	6,417.	0.			SUPPORT GRANT
	02 110107		0,127.	•			GENERAL OPERATING SUPPORT
RAINBOW WOMEN'S CHORUS							TO DEVELOP MUSICAL
14938 CAMDEN AVENUE, SUITE 61							EXCELLENCE WITH MUTUAL
SAN JOSE, CA 95124	77-0559726	501C3	6,400.	0.			SUPPORT AND RESPECT, TO
ALLIANCE FOR GIRLS							
510 16TH ST. #100							UNRESTRICTED OPERATING
OAKLAND, CA 94612	82-1473988	501C3	6,300.	0.			SUPPORT GRANT
ASIAN WOMEN'S SHELTER							
3543 18TH STREET, #19	04 2020010	E0163	6 050	_			UNRESTRICTED OPERATING
SAN FRANCISCO, CA 94110	94-3030212	501C3	6,250.	0.			SUPPORT GRANT
CREATIVE GROWTH ART CENTER AKA							
CREATIVE GROWTH ART CENTER ARA CREATIVE GROWTH INC 355 24TH ST							UNRESTRICTED OPERATING
	23-7319028	501.03	6,100.	0.			SUPPORT GRANT
- OAKLAND, CA 94612 BRANDEIS UNIVERSITY	23-7319020	50103	0,100.	0.			SUFFURI GRANI
OFFICE OF STUDENT FINANCIAL							SUPPORT FOR EQUALITY
SERVICES 415 SOUTH STREET, MS 027							SCHOLARSHIP AWARD
- WALTHAM, MA	04-2103552	501C3	6,000.	0.			RECIPIENT
FRIENDS & FOUNDATION OF THE SAN			,,,,,,,				
FRANCISCO PUBLIC LIBRARY - 710 VAN							
NESS AVENUE - SAN FRANCISCO, CA							UNRESTRICTED OPERATING
94102	94-6085452	501C3	6,000.	0.			SUPPORT GRANT
SAN FRANCISCO STATE UNIVERSITY							SUPPORT FOR EQUALITY
1600 HOLLOWAY AVENUE							SCHOLARSHIP AWARD
SAN FRANCISCO, CA 94132	93-1137247	501C3	6,000.	0.			RECIPIENT
an-n							
SPIRIT ROCK MEDITATION CENTER							
PO BOX 169	04 0074055	501.73		_			UNRESTRICTED OPERATING
WOODACRE, CA 94973	94-2971001	DOTC3	6,000.	0.			SUPPORT GRANT

Part II Continuation of Grants and Other A	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt 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
STANFORD UNIVERSITY SCHOOL OF MEDICINE - 251 CAMPUS DRIVE, MSOB X383 - STANFORD, CA 94305-5404	94-1156365	501C3	6,000.	0.			SUPPORT FOR EQUALITY SCHOLARSHIP AWARD RECIPIENT
TRUMPETER SWAN SOCIETY 12615 ROCKFORD RD. PLYMOUTH, MN 55441	23-7220654	501C3	6,000.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
UNIVERSITY OF CALIFORNIA, SAN DIEGO, SCHOOL OF MEDICINE - 9500 GILMAN DR MC0606 - LA JOLLA, CA 92093	95-6006144	501C3	6,000.	0.			SUPPORT FOR EQUALITY SCHOLARSHIP AWARD RECIPIENT
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - 500 PARNASSUS AVENUE MU-201W - SAN FRANCISCO, CA 94143-0246	94-6036493	501C3	6,000.	0.			SUPPORT FOR EQUALITY SCHOLARSHIP AWARD RECIPIENT
UNIVERSITY OF OREGON UO CASHIERS OFFICE PO BOX 3237 EUGENE, OR 97403	46-4727800	501C3	6,000.	0.			SUPPORT FOR EQUALITY SCHOLARSHIP AWARD RECIPIENT
UNIVERSITY OF ROCHESTER OFFICE OF THE BURSAR 330 MELIORA HA ROCHESTER, NY 14627-0037	16-0743209	501C3	6,000.	0.			SUPPORT FOR EQUALITY SCHOLARSHIP AWARD RECIPIENT
WESTERN UNIVERSITY OF HEALTH SCIENCES - 309 EAST 2ND STREET - POMONA, CA 91766	95-3127273	501C3	6,000.	0.			SUPPORT FOR EQUALITY SCHOLARSHIP AWARD RECIPIENT
GRACE CATHEDRAL CORPORATION 1100 CALIFORNIA STREET SAN FRANCISCO, CA 94108	94-1156846	501C3	5,940.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
EQUALITY TEXAS FOUNDATION PO BOX 2340 AUSTIN, TX 78768	74-2569542	501C3	5,750.	0.			UNRESTRICTED OPERATING SUPPORT GRANT

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 CALIFORNIA BERKELEY FOUNDATION - OFFICE OF GIFT PLANNING 2080 ADDISON STREET, #4200 - BERKELEY, CA 94720	94-6090626	501C3	5,750.	0.			SUPPORT FOR COLLEGE OF CHEMISTRY DEIBJ INITIATIVE
SECOND STAGE THEATRE 1501 BROADWAY, SUITE 518 NEW YORK, NY 10036	13-3021180	501C3	5,700.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
CONGREGATION SHERITH ISRAEL 2266 CALIFORNIA ST SAN FRANCISCO, CA 94115	94-1156522	501C3	5,500.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
NATIONAL CENTER FOR JEWISH FILM BRANDEIS UNIV. LOWN BLDG 102 MS 053 WALTHAM, MA 02454	04-2764044	501C3	5,500.	0.			"THE LONELY CHILD"
STOLEN YOUTH P.O. BOX 296 SEATTLE, WA 98111	45-4985230	501C3	5,500.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
CHABAD OF NE PORTLAND 2125 NE 45TH AVE PORTLAND, OR 97213	47-1532709	501C3	5,400.	0.			RESTRICTED TO A SPECIFIC PURPOSE - ACQUISITION OF NEW BUILDING IN AUGUST 2022
OUR FAMILY COALITION 1385 MISSION ST., STE. 340 SAN FRANCISCO, CA 94103	94-3261786	501C3	5,250.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
POSITIVE PEDALERS 584 CASTRO STREET, #876 SAN FRANCISCO, CA 94114	46-3163701	501C3	5,250.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
SOGOREA TE LAND TRUST 2501 HARRISON ST OAKLAND, CA 94612	82-4415931	501C3	5,250.	0.			UNRESTRICTED OPERATING SUPPORT GRANT

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
LEAGUE OF AMERICAN ORCHESTRAS 520 8TH AVE STE 2005 NEW YORK, NY 10018	23-7300636	501C3	20,000.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
FLORENCE CRITTENTON SERVICES OF COLORADO - 96 SOUTH ZUNI ST - DENVER, CO 80223	84-0429686	501C3	18,500.	0.			UNRESTRICTED OPERATING SUPPORT GRANT
							<u> </u>

(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	6,000.	0.		
Part IV Supplemental Information. Provide the information	n required in Part I, lin	e 2; Part III, column	(b); and any other ac	ditional information.	
PART II, LINE 1, COLUMN (H):					
NAME OF ORGANIZATION OR GOVERNME	NT:				
UNIVERSITY OF CALIFORNIA SAN FRA	NCISCO FOUN	DATION			
(H) PURPOSE OF GRANT OR ASSISTAN	CE: RESTRIC	TED TO A S	SPECIFIC PU	RPOSE -	
THIS GRANT IS FOR THE UNDERGRADU.					
NAME OF ORGANIZATION OR GOVERNME	NT:				
SEXUAL MINORITIES UGANDA - USA D		ERNATIONAT			
Odii D			=		

GRANT FUNDS RESTRICTED FOR USE AS DETAILED IN HORIZONS' GRANT AGREEMENT #22-GFEF-242504

NAME OF ORGANIZATION OR GOVERNMENT: AMOR PARA TODOS

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT TO JOIN

WITH SCHOOLS AND COMMUNITIES IN AN INNOVATIVE, INTERSECTIONAL APPROACH TO

CULTIVATE MORE GENDER AND LGBTQIA+ AFFIRMING ENVIRONMENTS FOR OUR YOUTH.

NAME OF ORGANIZATION OR GOVERNMENT: THE BILLY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT TO FOSTER

COMMUNITY, INTIMACY, AND PERSONAL EXPLORATION AMONG GAY, BI, TRANS AND

QUEER MEN THROUGH SHARED VALUES AND BROTHERHOOD.

NAME OF ORGANIZATION OR GOVERNMENT:

ALTERTHEATER (ALTERNATIVE THEATER ENSEMBLE)

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

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY UNITED AGAINST VIOLENCE

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

PROGRAMS THAT WORK TO BUILD THE POWER OF LGBTQ COMMUNITIES TO TRANSFORM

VIOLENCE AND OPPRESSION.

NAME OF ORGANIZATION OR GOVERNMENT: DEM BOIS INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT TO PROVIDE

FINANCIAL ASSISTANCE FOR FEMALE TO MALE TRANSMASCULINE IDENTIFIED PEOPLE

OF COLOR SO THEY CAN OBTAIN GENDER AFFIRMING SURGERIES TO HELP THEM ON

04-01-22

THEIR JOURNEY TO LIVING AUTHENTIC LIVES.

NAME OF ORGANIZATION OR GOVERNMENT: EAST BAY SANCTUARY COVENANT

(H) PURPOSE OF GRANT OR ASSISTANCE: PROJECT SUPPORT FOR EAST BAY

SANCTUARY COVENANT LGBT ASYLUM PROGRAM TO PROVIDE INTEGRATED LEGAL AND

SOCIAL SERVICES, PSYCHOLOGICAL SUPPORT, AND COMMUNITY-BUILDING TO LATINX

LGBT ASYLUM SEEKERS IN THE BAY AREA.

NAME OF ORGANIZATION OR GOVERNMENT: POSITIVE IMAGES

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

LGBTQIA+ COMMUNITY CENTER THAT PROVIDES SUPPORT TO SONOMA COUNTY'S

LGBTQIA+ POPULATION, WITH AN EMPHASIS ON IDENTITIES AND INDIVIDUALS AT

THE MARGINS.

NAME OF ORGANIZATION OR GOVERNMENT: QUEER LIFESPACE

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT TO PROVIDE

AFFORDABLE, EVIDENCE BASED MENTAL HEALTH SERVICES, SUBSTANCE ABUSE

SERVICES, AND CLINICAL TRAINING TO THE LGBTQIA+ COMMUNITY.

NAME OF ORGANIZATION OR GOVERNMENT: SOLANO PRIDE CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT FOR SOLANO
PRIDE CENTER TO BUILD COMMUNITY AND PROMOTE WELLNESS AMONG LGBTQ PEOPLE
AND OUR ALLIES.

NAME OF ORGANIZATION OR GOVERNMENT: THE BOB MIZER FOUNDATION, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT TO PROMOTE

AND PRESERVE PROGRESSIVE AND CONTROVERSIAL PHOTOGRAPHY OF THE MID 20TH

CENTURY, WITH A FOCUS ON ENSURING THE CONTROVERSIAL ARTISTIC ARTIFACTS

AND STORIES OF NOW OLDER MEMBERS OF THE LGBTQ+ COMMUNITY ARE REPRESENTED

AND SHARED.

NAME OF ORGANIZATION OR GOVERNMENT: CURRY SENIOR CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: PROJECT SUPPORT TO PROMOTE WELLNESS,

DIGNITY & INDEPENDENCE FOR SENIORS, WITH A FOCUS ON SOCIAL AND SUPPORT

PROGRAMMING FOR LGBTQ+ OLDER ADULTS.

NAME OF ORGANIZATION OR GOVERNMENT: ON THE MOVE

(H) PURPOSE OF GRANT OR ASSISTANCE: PROJECT SUPPORT FOR LGBTQ CONNECTION

TO FOSTER A HEALTHY, DIVERSE AND INCLUSIVE COMMUNITY, DRIVEN BY EMERGING

LEADERS IN THE RURAL AND SUBURBAN NORTH SF BAY AREA.

NAME OF ORGANIZATION OR GOVERNMENT:

OUTLET PROGRAM - A PROJECT OF ADOLESCENT COUNSELING SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: PROGRAM SUPPORT TO EMPOWER YOUTH IN

OUR COMMUNITY TO FIND THEIR WAY THROUGH SOCIAL-EMOTIONAL SUPPORT AND BY

BUILDING SAFE, ACCEPTING COMMUNITIES.

NAME OF ORGANIZATION OR GOVERNMENT: SEBASTOPOL AREA SENIOR CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: PROJECT SUPPORT FOR SEBASTOPOL AREA

SENIOR CENTER'S LGBT PROGRAMING AS THE ONLY PROGRAMMING FOCUSED ON THE

LGBTQ+ COMMUNITY MEMBERS AGED 55+ WHO LIVE IN SONOMA COUNTY.

NAME OF ORGANIZATION OR GOVERNMENT: SOLANO SERENITY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT TO PROVIDE

RESOURCES TO THE LGBTQ+ COMMUNITY, THEREBY CREATING A SAFE HAVEN FOR ALL

LGBTQ+ INDIVIDUALS TO LIVE THEIR LIVES FREE FROM DISCRIMINATION AND

UNFAIR TREATMENT FROM OTHERS.

NAME OF ORGANIZATION OR GOVERNMENT: STILL HERE

(H) PURPOSE OF GRANT OR ASSISTANCE: PROJECT SUPPORT FOR STILL HERE SAN FRANCISCO/QUEER ANCESTORS PROJECT TO AMPLIFY THE VOICES AND EXPERIENCES OF LGBTQ+ PEOPLE RAISED IN SAN FRANCISCO.

NAME OF ORGANIZATION OR GOVERNMENT: THE NATURE CONSERVANCY - IDAHO (H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED TO A SPECIFIC PURPOSE -DESIGNATION TO SILVER CREEK PRESERVE. PLEASE ASSIGN THIS GRANT TO THE

MAINTENANCE AND ENHANCEMENT OF SILVER CREEK.

NAME OF ORGANIZATION OR GOVERNMENT: CHILD ADVOCATES OF SILICON VALLEY (H) PURPOSE OF GRANT OR ASSISTANCE: PROJECT SUPPORT TO SERVE CHILDREN AND YOUTH OF VARIOUS GENDER IDENTITIES AND SEXUAL ORIENTATIONS, AGED BIRTH TO 21 YEARS? OLD WHO ARE PLACED IN THE SANTA CLARA COUNTY DEPENDENCY SYSTEM, OTHERWISE KNOWN AS FOSTER CARE.

NAME OF ORGANIZATION OR GOVERNMENT: CENTER FOR CONSTITUTIONAL RIGHTS (H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED TO A SPECIFIC PURPOSE -GRANT TO SUPPORT TRAVEL AND LODGING FOR SMUG REPRESENTATIVES TO ATTEND OCTOBER 2022 MEETING.

NAME OF ORGANIZATION OR GOVERNMENT: CENTER FOR SEX AND CULTURE (H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT TO PROVIDE JUDGMENT-FREE EDUCATION, CULTURAL EVENTS, LIBRARY/GALLERY/ARCHIVE, AND OTHER RESOURCES ACROSS THE SEX/GENDER SPECTRUM; AND RESEARCH AND DISSEMINATES INFORMATION TO FRAME AND INFORM ISSUES OF PUBLIC POLICY AND

232291

SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization

Part I Questions Regarding Compensation

Inspection

OMB No. 1545-0047

Open to Public

HORIZONS FOUNDATION

Employer identification number 94-2686530

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X 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:			
а	Receive a severance payment or change-of-control payment?	4a		Х Х Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		_X_
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		_X_
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		<u>X</u>
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			77
а	The organization?	6a		_ <u>X</u> _
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			37
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			37
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	l	

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

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.

		(B) Breakdown of W	-2 and/or 1099-MISO compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
(A) Name and Title	(A) Name and Title		(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) ROGER DOUGHTY	(i)	250,050.	0.	0.	20,004.	15,609.	285,663.	0.	
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) JOHN MARVUGLIO	(i)	184,859.	0.	0.	14,789.	1,593.	201,241.	0.	
CFO	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) FRANCISCO BUCHTING	(i)	168,950.	0.	0.	13,516.	12,049.	194,515.	0.	
VP OF GRANTS, PROGRAMS & STRATEGIC I	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) CANDACE LOPEZ	(i)	153,250.	0.	0.	6,350.	1,174.	160,774.	0.	
CHIEF PHILANTHROPIC OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

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

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Inspection
Employer identification number

	HORIZONS FOU	NDATIO	N		94-2	6865	<u> 30</u>	
Par	rt 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 de noncash contribu	etermini	_	3
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	28	1,764,446.	FAIR MARKET	VAI	JUE	
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 $_{\dots}$							
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 organi							
	for which the organization completed Form 82	283, Part V, D	onee Acknowledg	ement 29				
							Yes	No
30a	During the year, did the organization receive b	•		, ,	·			
	must hold for at least 3 years from the date of		ntribution, and whi	ich isn't required to be used f	or			
	exempt purposes for the entire holding period	?				30a		_X_
	If "Yes," describe the arrangement in Part II.					31	х	
31								
32a	32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?							
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in o	column (c) fo	r a type of property	for which column (a) is chec	ked,			
	describe in Part II.							
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 990).	Schedule N	/I (Form	990)	2022

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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 for the latest information.

OMB No. 1545-0047

2022
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.

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

Schedule O (Form 990) 2022	Page 2
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 FINA	ANCIAL STATEMENTS
ARE AVAILABLE TO THE PUBLIC UPON REQUEST.	
990, PART XII, LINE 2C	
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	