

GREATER HORIZONS  
FORM 990  
PUBLIC  
DISCLOSURE  
TAX YEAR 2019

# IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2019, or fiscal year beginning 01/01, 2019, and ending 12/31, 20 19

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

# 2019

Name of exempt organization

GREATER HORIZONS

Employer identification number

20-0849590

Name and title of officer

DEBORAH WILKERSON, PRESIDENT AND CEO

### Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

<b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) . . . . .	<b>1b</b> <u>361566026</u>
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) . . . . .	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) . . . . .	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5). . . . .	<b>4b</b> _____
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, line 3c) . . . . .	<b>5b</b> _____

### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

#### Officer's PIN: check one box only

I authorize BKD, LLP to enter my PIN 4 2 2 7 8 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_

Date ▶ \_\_\_\_\_

### Part III Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

4 3 3 7 2 2 4 4 0 1 6  
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.**

ERO's signature ▶ \_\_\_\_\_

Date ▶ \_\_\_\_\_

**COPY**

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form to the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2019)

Form **990**

Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

- ▶ Do not enter Social Security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

# 2019

**Open to Public Inspection**

**A** For the **2019** calendar year, or tax year beginning , **2019**, and ending , **20**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization GREATER HORIZONS			<b>D</b> Employer identification number 20-0849590
	Doing Business As			<b>E</b> Telephone number (816) 842-0944
	Number and street (or P.O. box if mail is not delivered to street address) 1055 BROADWAY BLVD		Room/suite STE 130	<b>G</b> Gross receipts \$ 777,891,736.
	City or town, state or province, country, and ZIP or foreign postal code KANSAS CITY, MO 64105			
<b>F</b> Name and address of principal officer: DEBORAH WILKERSON 1055 BROADWAY BLVD, STE 130, KANSAS CITY, MO 64105			<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			<b>J</b> Website: WWW.GREATERHORIZONS.ORG	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation: 2004	<b>M</b> State of legal domicile: MO

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	6.
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	5.
	<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	0.
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	5.
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	478,311.
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	300,641,757.	310,668,828.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	52,430,475.	50,182,017.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	872,927.	715,181.
		353,945,159.	361,566,026.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	137,832,932.	209,667,908.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	273,290.	278,804.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 252,738.		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	26,709,774.	26,409,400.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	164,815,996.	236,356,112.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	189,129,163.	125,209,914.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	1,084,480,172.	1,366,583,482.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20.	752,895,756.	873,094,399.
	331,584,416.	493,489,083.	

## Part II Signature Block

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

<b>Sign Here</b>	Signature of officer	Date			
	DEBORAH WILKERSON Type or print name and title	PRESIDENT AND CEO			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name MICHAEL J ENGLE	Preparer's signature <b>COPY</b>	Date	Check <input type="checkbox"/> if self-employed	PTIN P00482834
	Firm's name ▶ BKD, LLP	Firm's EIN ▶ 44-0160260		Phone no. 816-221-6300	
	Firm's address ▶ 1201 WALNUT, SUITE 1700 KANSAS CITY, MO 64106-2246				

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2019)

# Application for Automatic Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.  GREATER HORIZONS	Taxpayer identification number (TIN)  20-0849590
	Number, street, and room or suite no. If a P.O. box, see instructions. 1055 BROADWAY BLVD STE 130	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. KANSAS CITY, MO 64105	

Enter the Return Code for the return that this application is for (file a separate application for each return) . . . . .

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

KATIE GRAY

• The books are in the care of ▶ 1055 BROADWAY BLVD, STE 130 KANSAS CITY MO 64105

Telephone No. ▶ 816 842-0944 Fax No. ▶

• If the organization does not have an office or place of business in the United States, check this box . . . . . ▶

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . . . . . . If this is for the whole group, check this box . . . . . ▶  . If it is for part of the group, check this box . . . . . ▶  and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 11/16, 2020, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶  calendar year 2019 or  
▶  tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_.

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b> \$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b> \$	0.
<b>c</b> <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b> \$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

**Part III** Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III  Yes  No

**1** Briefly describe the organization's mission:

SEE SCHEDULE O

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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

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

**4a** (Code: ) (Expenses \$ 233,550,034. including grants of \$ 209,667,908. ) (Revenue \$ 0. )

GREATER HORIZONS PROVIDED GRANTS TO OVER 5,500 CHARITABLE ORGANIZATIONS THROUGHOUT THE UNITED STATES, CONTINUING ITS MISSION TO CONNECT DONORS TO THE CHARITABLE CAUSES THEY CARE ABOUT.

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ▶ 233,550,034.

**Part IV Checklist of Required Schedules**

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question number, Yes, No. Rows 1a-1c regarding Form 1096, W-2G forms, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee reporting, tax returns, business income, foreign accounts, prohibited transactions, and charitable trusts.



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

**Section A. Governing Body and Management**

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

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ► CA, KS, MO,
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ►  
 KATIE GRAY 1055 BROADWAY BLVD, STE 130 KANSAS CITY, MO 64105 816-842-0944

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DEBORAH WILKERSON DIRECTOR/PRESIDENT	2.00 42.20	X		X				0.	379,588.	38,185.
(2) COREY ZIEGLER ASSISTANT SECRETARY	1.00 31.10			X				0.	151,538.	15,149.
(3) JIM HINSON DIRECTOR/PAST CHAIRPERSON	1.00 1.00	X						0.	0.	0.
(4) WILLIAM COUGHLIN DIRECTOR/CHAIRPERSON	1.00 1.00	X						0.	0.	0.
(5) KAY SAUNDERS DIRECTOR/SECRETARY	1.00 1.00	X						0.	0.	0.
(6) WILLIAM GAUTREAU DIRECTOR/VICE CHAIR	1.00 1.00	X						0.	0.	0.
(7) WILLIAM LYONS DIRECTOR/TREASURER	1.00 1.00	X						0.	0.	0.
(8) DIANE CANADAY DIRECTOR/SECRETARY	1.00 1.00	X						0.	0.	0.
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										



**Part VIII Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b>	Membership dues . . . . .	<b>1b</b>					
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>					
	<b>d</b>	Related organizations . . . . .	<b>1d</b>	11,061,727.				
	<b>e</b>	Government grants (contributions) . .	<b>1e</b>					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	299,607,101.				
	<b>g</b>	Noncash contributions included in lines 1a-1f. . . . .	<b>1g</b>	\$ 141,677,782.				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . . ▶		310,668,828.				
	<b>Program Service Revenue</b>	<b>2a</b>	_____	Business Code				
<b>b</b>		_____						
<b>c</b>		_____						
<b>d</b>		_____						
<b>e</b>		_____						
<b>f</b>		All other program service revenue . . . . .						
<b>g</b>		<b>Total.</b> Add lines 2a-2f . . . . . ▶		0.				
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts). . . . . ▶		28,636,712.			28,636,712.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds . ▶		0.				
	<b>5</b>	Royalties . . . . . ▶		0.				
	<b>6a</b>	Gross rents . . . . .	<b>6a</b>	(i) Real				
				(ii) Personal				
	<b>b</b>	Less: rental expenses	<b>6b</b>					
	<b>c</b>	Rental income or (loss)	<b>6c</b>					
	<b>d</b>	Net rental income or (loss) . . . . . ▶		0.				
	<b>7a</b>	Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	437,871,015.			
				(ii) Other				
	<b>b</b>	Less: cost or other basis and sales expenses . .	<b>7b</b>	416,325,710.				
	<b>c</b>	Gain or (loss) . . . . .	<b>7c</b>	21,545,305.				
	<b>d</b>	Net gain or (loss) . . . . . ▶		21,545,305.			21,545,305.	
<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>		0.				
			<b>8b</b>	0.				
			<b>c</b>	Net income or (loss) from fundraising events. . . . . ▶	0.			
<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>		0.				
			<b>9b</b>	0.				
			<b>c</b>	Net income or (loss) from gaming activities. . . . . ▶	0.			
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>		0.				
			<b>10b</b>	0.				
			<b>c</b>	Net income or (loss) from sales of inventory. . . . . ▶	0.			
<b>Miscellaneous Revenue</b>	<b>11a</b>	K-1 FLOWTHROUGH UBI & OTHER INCOME	Business Code	531110	478,311.	478,311.		
	<b>b</b>	=						
	<b>c</b>	=						
	<b>d</b>	All other revenue . . . . .		236,870.			236,870.	
	<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . . ▶		715,181.				
<b>12</b>	<b>Total revenue.</b> See instructions . . . . . ▶		361,566,026.		478,311.	50,418,887.		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Table with 5 columns: (A) Total expenses, (B) Program service expenses, (C) Management and general expenses, (D) Fundraising expenses. Rows include categories like Grants, Salaries, and Project Expenses.

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	3,991,355.	<b>1</b>	1,884,724.
	<b>2</b> Savings and temporary cash investments . . . . .	89,766,733.	<b>2</b>	110,354,005.
	<b>3</b> Pledges and grants receivable, net . . . . .	3,000,000.	<b>3</b>	1,500,000.
	<b>4</b> Accounts receivable, net. . . . .	1,142,319.	<b>4</b>	666,346.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0.	<b>5</b>	0.
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). . . . .	0.	<b>6</b>	0.
	<b>7</b> Notes and loans receivable, net . . . . .	862,305.	<b>7</b>	112,305.
	<b>8</b> Inventories for sale or use . . . . .	0.	<b>8</b>	0.
	<b>9</b> Prepaid expenses and deferred charges . . . . .	0.	<b>9</b>	0.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 9,953.		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 7,854.		
		3,922.	<b>10c</b>	2,099.
	<b>11</b> Investments - publicly traded securities. . . . .	947,683,088.	<b>11</b>	1,190,603,037.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	38,030,450.	<b>12</b>	61,460,966.
	<b>13</b> Investments - program-related. See Part IV, line 11. . . . .	0.	<b>13</b>	0.
	<b>14</b> Intangible assets . . . . .	0.	<b>14</b>	0.
<b>15</b> Other assets. See Part IV, line 11 . . . . .	0.	<b>15</b>	0.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	1,084,480,172.	<b>16</b>	1,366,583,482.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	49,701.	<b>17</b>	2,237.
	<b>18</b> Grants payable . . . . .	6,891,457.	<b>18</b>	25,854,562.
	<b>19</b> Deferred revenue. . . . .	0.	<b>19</b>	0.
	<b>20</b> Tax-exempt bond liabilities. . . . .	0.	<b>20</b>	0.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D. . . . .	0.	<b>21</b>	0.
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0.	<b>22</b>	0.
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0.	<b>23</b>	0.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties. . . . .	0.	<b>24</b>	0.
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .	745,954,598.	<b>25</b>	847,237,600.
	<b>26 Total liabilities.</b> Add lines 17 through 25. . . . .	752,895,756.	<b>26</b>	873,094,399.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	331,584,416.	<b>27</b>	493,489,083.
	<b>28</b> Net assets with donor restrictions. . . . .	0.	<b>28</b>	0.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund. . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds. . . . .		<b>31</b>	
	<b>32</b> Total net assets or fund balances . . . . .	331,584,416.	<b>32</b>	493,489,083.
<b>33</b> Total liabilities and net assets/fund balances. . . . .	1,084,480,172.	<b>33</b>	1,366,583,482.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	361,566,026.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	236,356,112.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	125,209,914.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	331,584,416.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	146,871,710.
<b>6</b>	Donated services and use of facilities	<b>6</b>	0.
<b>7</b>	Investment expenses	<b>7</b>	0.
<b>8</b>	Prior period adjustments	<b>8</b>	0.
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	-110,176,957.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	493,489,083.

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .  
 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? . . . . .  
 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . .  
 If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . . . .

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

Form **990** (2019)

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization  
GREATER HORIZONS

Employer identification number  
20-0849590

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

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

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

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2019

JSA  
9E1210 1.000



Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2019 (90.82%); 15 Public support percentage from 2018 Schedule A, Part II, line 14 (91.08%); 16a 33 1/3% support test - 2019 (checked); 16b 33 1/3% support test - 2018; 17a 10%-facts-and-circumstances test - 2019; 17b 10%-facts-and-circumstances test - 2018; 18 Private foundation.

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
 (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.  
 If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

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

**Section B. Total Support**

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

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

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

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

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

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

**19a 33 1/3% support tests - 2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .

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

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b>	Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	<b>2a</b>	
<b>b</b>	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	<b>2b</b>	
<b>3</b>	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	<b>3a</b>	
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	<b>3b</b>	

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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3.	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> 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)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>		

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

<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1.	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3.	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>		

**7**  Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

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

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

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

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2015	2016	2017	2018	2019	TOTAL
MISCELLANEOUS INCOME	53,539.	203,289.	52,768.	1,205,597.	236,870.	1,752,063.
<b>TOTALS</b>	<u>53,539.</u>	<u>203,289.</u>	<u>52,768.</u>	<u>1,205,597.</u>	<u>236,870.</u>	<u>1,752,063.</u>

**Schedule of Contributors**

**2019**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization  
 GREATER HORIZONS

Employer identification number  
 20-0849590

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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



Name of organization **GREATER HORIZONS**

Employer identification number  
20-0849590

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 9,485,323.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 20,127,988.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 23,950,928.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 9,736,669.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 7,071,166.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 27,976,272.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **GREATER HORIZONS**

Employer identification number  
20-0849590

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 10,233,531.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 9,452,143.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 7,060,227.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 14,832,740.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 8,176,156.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ 11,061,727.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **GREATER HORIZONS**

Employer identification number

20-0849590

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	VARIOUS SHARES OF STOCK	\$ 3,808,433.	12/31/2019
2	VARIOUS SHARES OF STOCK	\$ 13,071,518.	12/31/2019
3	VARIOUS SHARES OF STOCK	\$ 3,794,459.	12/31/2019
4	VARIOUS SHARES OF STOCK	\$ 1,030,993.	12/31/2019
5	VARIOUS SHARES OF STOCK	\$ 1,992,430.	12/31/2019
6	VARIOUS SHARES OF STOCK	\$ 23,575,831.	12/31/2019

Name of organization **GREATER HORIZONS**

Employer identification number

20-0849590

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	VARIOUS SHARES OF STOCK	\$ 9,047,181.	12/31/2019
8	VARIOUS SHARES OF STOCK	\$ 6,629,743.	12/31/2019

Name of organization **GREATER HORIZONS**

Employer identification number  
20-0849590

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

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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.

2019

Attach to Form 990.

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

GREATER HORIZONS

20-0849590

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate value of contributions, grants, and end of year, and two questions about donor advisement.

Part II Conservation Easements.

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

Form for Part II Conservation Easements. Includes checkboxes for purposes of easements, a table for 'Held at the End of the Tax Year' with rows 2a-2d, and several questions about monitoring and reporting.

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

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting art and historical treasures and a table for amounts required to be reported.

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

Schedule D (Form 990) 2019

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange program
  - e**  Other \_\_\_\_\_
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . .  **Yes**  **No**

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance . . . . .             | <b>1c</b> |
| <b>d</b> Additions during the year . . . . .     | <b>1d</b> |
| <b>e</b> Distributions during the year . . . . . | <b>1e</b> |
| <b>f</b> Ending balance . . . . .                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII . . . . .

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	21,320,363.	22,474,829.	20,546,028.	24,130,947.	24,031,218.
<b>b</b> Contributions . . . . .	882,734.	1,470,271.	1,313,617.	2,247,888.	2,007,041.
<b>c</b> Net investment earnings, gains, and losses . . . . .	3,832,060.	-1,345,869.	2,634,548.	1,376,259.	-353,902.
<b>d</b> Grants or scholarships . . . . .	814,766.	865,308.	1,607,018.	6,812,061.	1,204,345.
<b>e</b> Other expenditures for facilities and programs . . . . .	2,691.	7,877.	9,317.		12,524.
<b>f</b> Administrative expenses . . . . .	419,816.	405,683.	403,029.	397,005.	336,541.
<b>g</b> End of year balance . . . . .	24,797,884.	21,320,363.	22,474,829.	20,546,028.	24,130,947.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment  100.0000 %
  - b** Permanent endowment  \_\_\_\_\_ %
  - c** Term endowment  \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes                                 | No                                  |
|--|-------------------------------------|-------------------------------------|
| <b>(i)</b> Unrelated organizations . . . . . | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>(ii)</b> Related organizations . . . . .  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? . . . . .
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .				
<b>c</b> Leasehold improvements . . . . .				
<b>d</b> Equipment . . . . .		9,953.	7,854.	2,099.
<b>e</b> Other . . . . .				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) . . . . .				2,099.

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) FUNDS HELD FOR OTHERS	847,235,260.
(3) CHARITABLE REMAINDER TRUSTS	2,340.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) . . . . . ▶	847,237,600.

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





**Part XIII** Supplemental Information (continued)

SCHEDULE D, PART V, LINE 4

THE INTENDED USE OF THE ORGANIZATION'S ENDOWMENT FUNDS IS TO PROVIDE SCHOLARSHIPS AND GRANTS TO OTHER NONPROFIT ORGANIZATIONS.

SCHEDULE D, PART X, LINE 2

MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

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

Name of the organization

GREATER HORIZONS

Employer identification number

20-0849590

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  **Yes**  **No**

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3** Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
<b>(1)</b> CENTRAL AMERICA AND THE CARIBB	0.	0.	PASSIVE INVESTMENTS		17,202,978.
<b>(2)</b> EAST ASIA AND THE PACIFIC	0.	0.	PASSIVE INVESTMENTS		1,110,133.
<b>(3)</b> EUROPE (INCLUDING ICELAND AND	0.	0.	PASSIVE INVESTMENTS		295,815.
<b>(4)</b> NORTH AMERICA	0.	0.	PASSIVE INVESTMENTS		37,206.
<b>(5)</b> SOUTH ASIA	0.	0.	GRANTMAKING		29,000.
<b>(6)</b>					
<b>(7)</b>					
<b>(8)</b>					
<b>(9)</b>					
<b>(10)</b>					
<b>(11)</b>					
<b>(12)</b>					
<b>(13)</b>					
<b>(14)</b>					
<b>(15)</b>					
<b>(16)</b>					
<b>(17)</b>					
<b>3a</b> Subtotal . . . . .					18,675,132.
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b)					18,675,132.

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

Schedule F (Form 990) 2019

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH ASIA	INTERNATIONA	29,000.	EFT			
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . **1.**

3 Enter total number of other organizations or entities . . . . .

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . .  **Yes**  **No**
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* . . . . .  **Yes**  **No**
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* . . . . .  **Yes**  **No**
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* . . . . .  **Yes**  **No**
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* . . . . .  **Yes**  **No**
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* . . . . .  **Yes**  **No**

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

---

SCHEDULE F, PART I, LINE 2

THE ORGANIZATION FOLLOWS EXPENDITURE RESPONSIBILITY PROCEDURES WHICH INCLUDE VERIFYING THE CHARITABLE PURPOSE OF THE ORGANIZATION, OBTAINING AND REVIEWING ORGANIZING DOCUMENTS AND VERIFYING CHARITABLE PURPOSE OF ORGANIZATION AND PROGRAM. A GRANT AGREEMENT IS REQUIRED THAT INCLUDES PERIODIC REPORTING OF THE PROGRAM ACCOMPLISHMENTS AND EXPENDITURES.

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

GREATER HORIZONS

Employer identification number

20-0849590

**Part I General Information on Grants and Assistance**

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> A CHOICE FOR LIFE, INC. 701 W MUHAMMAD ALI BOULEVARD	61-1142823	501(C)(3)	21,796.				MENTAL HEALTH & CRIS
<b>(2)</b> A HOME WITHIN 1330 BROADWAY, SUITE 300 OAKLAND, CA 94612	0	501(C)(3)	30,000.				HEALTH CARE
<b>(3)</b> ABRIA PREGNANCY RESOURCES 2200 UNIVERSITY AVENUE W, SUITE 160	41-1278207	501(C)(3)	6,500.				HEALTH CARE
<b>(4)</b> ABUNDANT LIFE BAPTIST CHURCH 414 SW PERSELS ROAD LEE'S SUMMIT, MO 64081	43-1730709	501(C)(3)	9,758.				RELIGION-RELATED
<b>(5)</b> ACE MENTOR PROGRAM OF AMERICA 1501 CHERRY STREET PHILADELPHIA, PA 19102	51-0465877	501(C)(3)	26,500.				YOUTH DEVELOPMENT
<b>(6)</b> ACLU FOUNDATION OF OREGON PO BOX 40585 PORTLAND, OR 97240	13-6213516	501(C)(3)	11,275.				CIVIL RIGHTS, SOCIAL
<b>(7)</b> ACT FOR ALEXANDRIA 201 KING STREET, SUITE 200	26-4322369	501(C)(3)	1,949,970.				PHILANTHROPY, VOLUNT
<b>(8)</b> ADA BOYS CLUB 915 S HICKORY STREET ADA, OK 74820	73-0724464	501(C)(3)	6,600.				YOUTH DEVELOPMENT
<b>(9)</b> ADRIENNE ARSHT CENTER FOUNDATION, INC. 1300 BISCAYNE BOULEVARD MIAMI, FL 33132	26-2567808	501(C)(3)	25,000.				PHILANTHROPY, VOLUNT
<b>(10)</b> ADVENTURE CYCLING ASSOCIATION PO BOX 8308 MISSOULA, MT 59807	23-7427629	501(C)(3)	5,200.				RECREATION & SPORTS
<b>(11)</b> ADVOCATE CHARITABLE FOUNDATION 3075 HIGHLAND PARKWAY, SUITE 600	36-3297360	501(C)(3)	67,214.				HEALTH CARE
<b>(12)</b> AKSHAYA PATRA FOUNDATION USA 6800 OWENSMOUTH AVENUE, SUITE 230	01-0574950	501(C)(3)	5,400.				FOOD, AGRICULTURE &

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

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

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

Schedule I (Form 990) (2019)



**SCHEDULE I  
(Form 990)**

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

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

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Name of the organization

GREATER HORIZONS

Employer identification number

20-0849590

**Part I General Information on Grants and Assistance**

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ALICE LLOYD COLLEGE 100 PURPOSE ROAD PIPPA PASSES, KY 41844	61-0492351	501(C)(3)	97,200.				EDUCATION
(2) ALL HOLY SPIRIT GREEK ORTHODOX CHURCH 13530 DISCOVERY DRIVE, SUITE 16	0	501(C)(3)	17,000.				RELIGION-RELATED
(3) ALL SAINTS EPISCOPAL CHURCH 3448 N TAFT AVENUE LOVELAND, CO 80538	84-0946947	501(C)(3)	10,400.				RELIGION-RELATED
(4) ALLIANCE FOR CHILDREN'S RIGHTS 3333 WILSHIRE BLVD, SUITE 550	95-4358213	501(C)(3)	30,000.				HEALTH CARE
(5) ALLIANCE FOR COLLEGE-READY PUBLIC SCHOOLS 601 S FIGUEROA STREET, 4TH FLOOR	95-4779029	501(C)(3)	70,000.				EDUCATION
(6) ALZHEIMER'S ASSOCIATION CHARLOTTE NC 4600 PARK ROAD, SUITE 250	13-3039601	501(C)(3)	22,185.				GENERAL SUPPORT
(7) AMBLESIDE SCHOOL 1510 E PHILLIPS AVENUE CENTENNIAL, CO 80122	27-1507931	501(C)(3)	80,000.				EDUCATION
(8) AMERICAN CANCER SOCIETY - GREENVILLE 154 MILESTONE WAY GREENVILLE, SC 29615	13-1788491	501(C)(3)	23,101.				HUMAN SERVICES
(9) AMERICAN CINEMATHEQUE 6712 HOLLYWOOD BLVD HOLLYWOOD, CA 90028	95-3902004	501(C)(3)	50,000.				ARTS, CULTURE & HUMA
(10) AMERICAN ENDOWMENT FOUNDATION 5700 DARROW ROAD, SUITE 118	34-1747398	501(C)(3)	2,560,554.				PHILANTHROPY, VOLUNT
(11) AMERICAN FARM SCHOOL 800 3RD AVENUE, SUITE 2800	13-1624206	501(C)(3)	18,665.				INTERNATIONAL, FOREI
(12) AMERICAN FRIENDS OF THE MUSEE ORSAY PO BOX 4233 NEW YORK, NY 10163	27-0493043	501(C)(3)	20,000.				ARTS, CULTURE & HUMA

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

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

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Schedule I (Form 990) (2019)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

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

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Name of the organization

GREATER HORIZONS

Employer identification number

20-0849590

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  **Yes**  **No**
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) AMERICAN HEART ASSOCIATION - OMAHA, NE 9900 NICHOLAS STREET, SUITE 200	13-5613797	501(C)(3)	29,575.				DISEASES, DISORDERS
(2) AMERICAN ISRAEL EDUCATION FOUNDATION, INC. 251 H STREET NW WASHINGTON, DC 20001	52-1623781	501(C)(3)	500,000.				INTERNATIONAL, FOREI
(3) AMERICAN JEWISH COMMITTEE 165 EAST 56TH STREET NEW YORK, NY 10022	13-5563393	501(C)(3)	1,017,818.				RELIGION-RELATED
(4) AMERICAN NATIONAL RED CROSS 1201 W RIVER PARKWAY S	53-0196605	501(C)(3)	33,592.				GENERAL SUPPORT
(5) AMERICAN SOUTHWEST THEATRE COMPANY PO BOX 30001, MSC 3072 LAS CRUSES, NM 88003	0	501(C)(3)	11,250.				EDUCATION
(6) AMERICAN WHITEWATER PO BOX 1540 CULLOWHEE, NC 28723	23-7083760	501(C)(3)	6,000.				ENVIRONMENT
(7) AMERICANS UNITED FOR SEPARATION OF CHURCH A 1310 L STREET NW, SUITE 200	53-0184647	501(C)(3)	51,000.				CIVIL RIGHTS, SOCIAL
(8) AMIDEI ZION OF BOBOV 1533 48TH STREET BROOKLYN, NY 11219	11-2575751	501(C)(3)	10,000.				RELIGION-RELATED
(9) AMPUTEE COALITION OF AMERICA, INC. 900 EAST HILL AVENUE, SUITE 390	52-1701146	501(C)(3)	10,000.				HEALTH CARE
(10) ANABAPTIST MENNONITE BIBLICAL SEMINARY, INC 3003 BENHAM AVENUE ELKHART, IN 46517	35-1902148	501(C)(3)	20,000.				EDUCATION
(11) ANGELS OF GRACE FAMILY SERVICE, INC. 1220 TROUP AVENUE KANSAS CITY, KS 66104	32-0252800	501(C)(3)	30,000.				HUMAN SERVICES
(12) ANIMAL HUMANE SOCIETY 845 MEADOW LANE N GOLDEN VALLEY, MN 55422	41-0693842	501(C)(3)	26,785.				ANIMAL-RELATED

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

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

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Schedule I (Form 990) (2019)

**SCHEDULE I  
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**Grants and Other Assistance to Organizations,  
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Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

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Name of the organization

GREATER HORIZONS

Employer identification number

20-0849590

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ARADHANA COMMITTEE 18451 E SHORELAND AVENUE	34-1806829	501(C)(3)	20,000.				ARTS, CULTURE & HUMA
(2) ARCHBISHOP ALTER HIGH SCHOOL 940 E DAVID ROAD KETTERING, OH 45429	31-0652528	501(C)(3)	7,500.				EDUCATION
(3) ARCHBISHOP'S CATHOLIC APPEAL DENVER PO BOX 100316 DENVER, CO 80250	84-1481641	501(C)(3)	15,000.				RELIGION-RELATED
(4) ARCHDIOCESE OF KANSAS CITY IN KANSAS 12615 PARALLEL PARKWAY	48-1205425	501(C)(3)	40,705.				RELIGION-RELATED
(5) ARCHDIOCESE OF LOS ANGELES 3424 WILSHIRE BOULEVARD	95-1642382	501(C)(3)	9,000.				RELIGION-RELATED
(6) ARGYLE SCHOOL DISTRICT 14665 HIGHWAY 78 ARGYLE, WI 53504	0	501(C)(3)	15,000.				EDUCATION
(7) ARTIS-NAPLES 5833 PELICAN BAY BLVD NAPLES, FL 34108	59-2322926	501(C)(3)	26,600.				ARTS, CULTURE & HUMA
(8) ARTS AND RECREATION FOUNDATION OF OVERLAND 8909 W 179TH STREET OVERLAND PARK, KS 66013	48-1171599	501(C)(3)	7,615.				ARTS, CULTURE & HUMA
(9) ARTWORXLA 1930 WILSHIRE BOULEVARD, SUITE 800	95-4199692	501(C)(3)	5,780.				ARTS, CULTURE & HUMA
(10) AUGUSTANA UNIVERSITY 2001 S SUMMIT AVENUE SIOUX FALLS, SD 57197	46-0224588	501(C)(3)	50,000.				EDUCATION
(11) AUSTIN PETS ALIVE! 1156 W CESAR CHAVEZ AUSTIN, TX 78703	74-2893360	501(C)(3)	20,775.				ANIMAL-RELATED
(12) AUTUMN RIDGE CHURCH 3611 SALEM ROAD SW ROCHESTER, MN 55902	0	501(C)(3)	6,000.				RELIGION-RELATED

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

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Schedule I (Form 990) (2019)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

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Name of the organization

GREATER HORIZONS

Employer identification number

20-0849590

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(1) AVERA MCKENNAN PO BOX 5045 SIOUX FALLS, SD 57105	46-0224743	501(C)(3)	12,000.				HEALTH CARE
(2) AVILA FOUNDATION 1062 GRAND OAKS DRIVE BESSEMER, AL 35022	27-3714084	501(C)(3)	11,000.				RELIGION-RELATED
(3) B612 FOUNDATION 20 SUNNYSIDE AVENUE, SUITE 427	54-2078469	501(C)(3)	100,000.				PUBLIC SAFETY, DISAS
(4) BARBARA BUSH HOUSTON LITERACY FOUNDATION 7887 SAN FELIPE STREET, SUITE 250	46-5037878	501(C)(3)	9,690.				EDUCATION
(5) BARN BUDDIES RESCUE 7222 GRAND TETON DRIVE LAS VEGAS, NV 89131	80-0926827	501(C)(3)	10,000.				ANIMAL-RELATED
(6) BAY AREA LEGAL AID 1735 TELEGRAPH AVENUE OAKLAND, CA 94612	94-1631316	501(C)(3)	181,305.				CRIME & LEGAL-RELATE
(7) BAY AREA LYME MAJOR GIFT FUND 884 PORTOLA ROAD, SUITE A7	46-3312992	501(C)(3)	1,100,000.				DISEASES, DISORDERS
(8) BAYSIDE CHURCH 8191 SIERRA COLLEGE BOULEVARD	68-0358620	501(C)(3)	5,311.				RELIGION-RELATED
(9) BBYO 800 8TH STREET NW WASHINGTON, DC 20001	31-1794932	501(C)(3)	5,050.				RELIGION-RELATED
(10) BELL POLICY CENTER 1905 SHERMAN STREET, SUITE 900	84-1550841	501(C)(3)	30,200.				CIVIL RIGHTS, SOCIAL
(11) BELLAIRE UNITED METHODIST CHURCH 4417 BELLAIRE BLVD BELLAIRE, TX 77401	0	501(C)(3)	11,000.				RELIGION-RELATED
(12) BETHEL COLLEGE 300 E 27TH STREET NORTH NEWTON, KS 67117	48-0543782	501(C)(3)	100,000.				EDUCATION

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(1) BETHEL COMMUNITY SERVICES FOUNDATION, INC. PO BOX 2189 BETHEL, AK 99559	92-0146538	501(C)(3)	45,000.				HUMAN SERVICES
(2) BEYOND CARES FOUNDATION 902 CARNEGIE CENTER, SUITE 160	82-3982642	501(C)(3)	25,000.				HUMAN SERVICES
(3) BEYOND EMANCIPATION 675 HEGENBERGER ROAD, SUITE 100	94-3219520	501(C)(3)	10,000.				HUMAN SERVICES
(4) BIBLE TRUTH PUBLISHERS, INC. 59 W INDUSTRIAL ROAD ADDISON, IL 60101	36-2464261	501(C)(3)	8,500.				RELIGION-RELATED
(5) BIDWELL PRESBYTERIAN CHURCH 208 W FIRST STREET CHICO, CA 95928	0	501(C)(3)	8,000.				RELIGION-RELATED
(6) BIG BROTHERS BIG SISTERS FOUNDATION 1709 WALNUT STREET KANSAS CITY, MO 64108	43-1827386	501(C)(3)	5,325.				YOUTH DEVELOPMENT
(7) BIG BROTHERS BIG SISTERS OF GREATER KANSAS 1709 WALNUT STREET KANSAS CITY, MO 64108	43-6068464	501(C)(3)	10,494.				YOUTH DEVELOPMENT
(8) BIG BROTHERS BIG SISTERS OF GREATER MIAMI 550 NW 42ND AVENUE MIAMI, FL 33126	59-6166904	501(C)(3)	6,000.				YOUTH DEVELOPMENT
(9) BIG SHOULDERS FUND OF CHICAGO 212 W VAN BUREN, SUITE 900	36-3490557	501(C)(3)	6,893.				PHILANTHROPY, VOLUNT
(10) BIKE NEW YORK, INC. 475 RIVERSIDE DRIVE, 13TH FLOOR	13-4069149	501(C)(3)	10,000.				RECREATION & SPORTS
(11) BILL OF RIGHTS INSTITUTE 1310 N COURTHOUSE ROAD, SUITE 620	48-0891418	501(C)(3)	460,286.				PUBLIC & SOCIETAL BE
(12) BISHOP WARD HIGH SCHOOL 708 N 18TH STREET KANSAS CITY, KS 66102	48-0559094	501(C)(3)	6,600.				EDUCATION

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(1) BISMARCK UNITED METHODIST CHURCH 7075 HWY 7 BISMARCK, AR 71929	0	501(C)(3)	10,000.				RELIGION-RELATED
(2) BIVONA CHILD ADVOCACY CENTER ONE MOUNT HOPE AVENUE ROCHESTER, NY 14620	03-0519569	501(C)(3)	400,000.				CRIME & LEGAL-RELATE
(3) BLACKHAWK CHURCH 9620 BRADER WAY MIDDLETON, WI 53562	39-1328199	501(C)(3)	103,333.				RELIGION-RELATED
(4) BLESSED MOTHER TERESA SYRO-MALABAR CATHOLIC 1227 7TH AVE N NASHVILLE, TN 37208	0	501(C)(3)	9,700.				RELIGION-RELATED
(5) BNY MELLON CHARITABLE GIFT FUND 201 WASHINGTON STREET, SUITE 024-0062	30-0748315	501(C)(3)	2,500,000.				PHILANTHROPY, VOLUNT
(6) BOOK TRUST 789 SHERMAN STREET, SUITE 300A	20-4124164	501(C)(3)	20,000.				EDUCATION
(7) BOSTON COLLEGE TRUSTEES 140 COMMONWEALTH AVE	04-2103545	501(C)(3)	10,375.				EDUCATION
(8) BOWMAN EDUCATION FOUNDATION PO BOX 7746 AUBURN, CA 95604	45-3643936	501(C)(3)	40,000.				EDUCATION
(9) BOY SCOUTS OF AMERICA-HEART OF AMERICA COUN 10210 HOLMES ROAD KANSAS CITY, MO 64131	44-0545995	501(C)(3)	8,985.				YOUTH DEVELOPMENT
(10) BOYS & GIRLS CLUBS OF CAPISTRANO VALLEY ONE VIA POSITIVA	33-0529575	501(C)(3)	25,000.				YOUTH DEVELOPMENT
(11) BOYS & GIRLS CLUBS OF GREATER KANSAS CITY 4001 BLUE PARKWAY, SUITE 102	43-6072065	501(C)(3)	9,675.				YOUTH DEVELOPMENT
(12) BOYS & GIRLS CLUBS OF SAN FRANCISCO 380 FULTON STREET SAN FRANCISCO, CA 94102	94-1156608	501(C)(3)	10,000.				HUMAN SERVICES

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(1) BOYS AND GIRLS HOME OF NORTH CAROLINA, INC. PO BOX 127 LAKE WACCAMAW, NC 28450	58-1387871	501(C)(3)	7,000.				HUMAN SERVICES
(2) BRAIN AND BEHAVIOR RESEARCH FOUNDATION 747 THIRD AVENUE, 33RD FLOOR	31-1020010	501(C)(3)	21,000.				DISEASES, DISORDERS
(3) BRANDYWINE CONSERVANCY AND MUSEUM OF ART PO BOX 141 CHADDS FORD, PA 19317	51-6020908	501(C)(3)	10,000.				ENVIRONMENT
(4) BRAVO VAIL MUSIC FESTIVAL 2271 N FRONTAGE ROAD W, SUITE C	84-1074065	501(C)(3)	10,612.				ARTS, CULTURE & HUMA
(5) BREAST CANCER RESEARCH FOUNDATION 28 W 44TH STREET, SUITE 609	13-3727250	501(C)(3)	16,350.				MEDICAL RESEARCH
(6) BRIDGEWATER BAPTIST CHURCH OF MONTROSE, PA 107 CHURCH STREET MONTROSE, PA 18801	23-2235299	501(C)(3)	12,000.				RELIGION-RELATED
(7) BRIDGING THE GAP, INC. 1427 W 9TH STREET, SUITE 201	43-1610645	501(C)(3)	10,000.				ENVIRONMENT
(8) BROOKVILLE PARK FOUNDATION 25 ROLLING DRIVE OLD BROOKVILLE, NY 11545	11-2594788	501(C)(3)	25,000.				COMMUNITY IMPROVEMEN
(9) BROWN UNIVERSITY OF PROVIDENCE CONTROLLERS 110 ELM STREET PROVIDENCE, RI 02912	05-0258809	501(C)(3)	25,000.				EDUCATION
(10) BUCK INSTITUTE FOR RESEARCH ON AGING 8001 REDWOOD BLVD NOVATO, CA 94945	94-3030609	501(C)(3)	15,000.				MEDICAL RESEARCH
(11) CALIFORNIA ALLIANCE FOR CAREGIVERS PO BOX 576 SACRAMENTO, CA 95812	81-2865148	501(C)(3)	30,000.				HUMAN SERVICES
(12) CALIFORNIA INSTITUTE OF TECHNOLOGY 1200 E CALIFORNIA BLVD, #105-40	95-1643307	501(C)(3)	10,000.				EDUCATION

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(1) CALIFORNIA STATE UNIVERSITY - CHICO 400 WEST FIRST STREET CHICO, CA 95929	68-0219874	501(C)(3)	6,100.				EDUCATION
(2) CALLED TO GREATNESS MINISTRIES, INC. PO BOX 550 LAWRENCE, KS 66044	41-2177036	501(C)(3)	27,000.				RELIGION-RELATED
(3) CALVARY BIBLE CHURCH OF KALAMAZOO 855 S DRAKE ROAD KALAMAZOO, MI 49009	38-6007770	501(C)(3)	7,200.				RELIGION-RELATED
(4) CALVARY LUTHERAN CHURCH 1750 CALHOUN ROAD BROOKFIELD, WI 53005	0	501(C)(3)	15,000.				RELIGION-RELATED
(5) CAMA SERVICES 8595 EXPLORER DRIVE	84-1234511	501(C)(3)	10,000.				INTERNATIONAL, FOREI
(6) CAMPAIGN FOR COLLEGE OPPORTUNITY 1149 S HILL STREET, SUITE 925	20-0427622	501(C)(3)	20,000.				EDUCATION
(7) CAMPUS CRUSADE FOR CHRIST 100 LAKE HART DRIVE, SUITE 2400	95-6006173	501(C)(3)	9,800.				RELIGION-RELATED
(8) CANCER SUPPORT COMMUNITY PASADENA 76 E DEL MAR BLVD, SUITE 215	95-4201985	501(C)(3)	23,800.				MENTAL HEALTH & CRIS
(9) CANINE COMPANIONS FOR INDEPENDENCE PO BOX 446 SANTA ROSA, CA 95402	94-2494324	501(C)(3)	30,050.				GENERAL SUPPORT
(10) CAPRI CHRISTIAN CHURCH 111 E HILO STREET NAPLES, FL 34113	0	501(C)(3)	10,000.				RELIGION-RELATED
(11) CARNEGIE HALL, INC 611 CHURCH STREET LEWISBURG, WV 24901	55-0639668	501(C)(3)	6,000.				ARTS, CULTURE & HUMA
(12) CARNEGIE MELLON UNIVERSITY 5000 FORBES AVENUE PITTSBURGH, PA 15213	25-0969449	501(C)(3)	20,000.				EDUCATION

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(1) CARNIVORE PRESERVATION, INC. 1940 HANKS CHAPEL ROAD PITTSBORO, NC 27312	56-1522499	501(C)(3)	9,660.				ANIMAL-RELATED
(2) CARTER CENTER INC. 453 FREEDOM PKWY NE ATLANTA, GA 30307	58-1454716	501(C)(3)	5,775.				INTERNATIONAL, FOREI
(3) CASA VALENTINA, INC. 2103 CORAL WAY, 2ND FLOOR MIAMI, FL 33145	20-4647939	501(C)(3)	25,000.				YOUTH DEVELOPMENT
(4) CATHEDRAL OF THE MOST SACRED HEART OF JESUS 417 ERIN DRIVE, SUITE 120	62-0572260	501(C)(3)	10,000.				RELIGION-RELATED
(5) CATHOLIC COMMUNITY SERVICES OF UTAH 745 EAST 300 SOUTH SALT LAKE CITY, UT 84102	87-0212450	501(C)(3)	8,000.				HUMAN SERVICES
(6) CATHOLIC RELIEF SERVICES, INC. PO BOX 17090 BALTIMORE, MD 21297	13-5563422	501(C)(3)	7,350.				INTERNATIONAL, FOREI
(7) CATMANDU 1829 BROWN STREET CARSON CITY, NV 89701	46-3185779	501(C)(3)	15,000.				ANIMAL-RELATED
(8) CEDARS-SINAI MEDICAL CENTER 8700 BEVERLY BLVD, SUITE 2416	95-1644600	501(C)(3)	11,500.				HEALTH CARE
(9) CELEBRITY FIGHT NIGHT FOUNDATION, INC. 2111 E HIGHLAND AVENUE, SUITE 135	86-0903119	501(C)(3)	6,729.				PHILANTHROPY, VOLUNT
(10) CENTER FOR GROWTH AND OPPORTUNITY 3525 OLD MAIN HILL LOGAN, UT 84322	45-3564310	501(C)(3)	735,000.				INTERNATIONAL, FOREI
(11) CENTER FOR LAW AND SOCIAL POLICY 1200 18TH STREET NW, SUITE 200	23-7000150	501(C)(3)	30,000.				PUBLIC & SOCIETAL BE
(12) CENTER FOR MEDIA CHANGE, INC. 439 INTERNATIONAL BLVD, SUITE 1	68-0632366	501(C)(3)	10,000.				EDUCATION

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(1) CENTER FOR SCIENCE IN THE PUBLIC INTEREST 1220 L STREET NW, SUITE 300	23-7122879	501(C)(3)	5,500.				PUBLIC & SOCIETAL BE
(2) CENTRAL CHRISTIAN COLLEGE OF KANSAS 1200 S MAIN ST. MCPHERSON, KS 67460	48-0577656	501(C)(3)	10,000.				EDUCATION
(3) CENTRAL KANSAS COMMUNITY FOUNDATION 301 N MAIN ST SUITE 200 NEWTON, KS 67114	48-1221368	501(C)(3)	23,975,151.				PHILANTHROPY, VOLUNT
(4) CENTRAL TEXAS PIG RESCUE 1920 E RIVERSIDE DRIVE AUSTIN, TX 78741	81-3728284	501(C)(3)	9,000.				ANIMAL-RELATED
(5) CENTURA HEALTH 2222 N NEVADA AVENUE	84-1335382	501(C)(3)	25,000.				HEALTH CARE
(6) CHABAD JEWISH CENTER OF TOMS RIVER, INC. 2001 CHURCH ROAD TOMS RIVER, NJ 07533	20-1266177	501(C)(3)	21,700.				RELIGION-RELATED
(7) CHABAD OF RECOLETA 1483 CARROLL STREET BROOKLYN, NY 11213	46-1172810	501(C)(3)	13,500.				RELIGION-RELATED
(8) CHABAD RESOURCE CENTER OF COLUMBIA UNIVERSI 625 W 113TH STREET NEW YORK, NY 10025	56-2387284	501(C)(3)	120,000.				RELIGION-RELATED
(9) CHAMPIONS CENTRE 1819 E 72ND STREET TACOMA, WA 98404	91-0889473	501(C)(3)	42,500.				HUMAN SERVICES
(10) CHANDLER SCHOOL 1005 ARMADA DRIVE PASADENA, CA 91103	95-1983538	501(C)(3)	30,000.				EDUCATION
(11) CHANGEPOINT 6689 CHANGEPOINT DRIVE ANCHORAGE, AK 99518	0	501(C)(3)	10,000.				RELIGION-RELATED
(12) CHARITIES AID FOUNDATION OF AMERICA 225 REINEKERS LANE, SUITE 375	43-1634280	501(C)(3)	19,217.				INTERNATIONAL, FOREI

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Schedule I (Form 990) (2019)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
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OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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Name of the organization

GREATER HORIZONS

Employer identification number

20-0849590

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(1) CHARITY: WATER 40 WORTH STREET, SUITE 330	22-3936753	501(C)(3)	18,295.				INTERNATIONAL, FOREI
(2) CHARLESTON PROMISE NEIGHBORHOOD 1834 SUMMERVILLE AVENUE, SUITE 200, BLDG. 2	80-0597710	501(C)(3)	20,000.				EDUCATION
(3) CHASE OAKS CHURCH 241 LEGACY DRIVE PLANO, TX 75023	75-1784045	501(C)(3)	20,000.				RELIGION-RELATED
(4) CHILD AND FAMILY POLICY INSTITUTE OF CALIFO 2495 NATOMAS PARK DRIVE, SUITE 120	83-0371079	501(C)(3)	10,000.				HUMAN SERVICES
(5) CHILD CARE LAW CENTER 445 CHURCH STREET, 4TH FLOOR	94-2959973	501(C)(3)	40,000.				CIVIL RIGHTS, SOCIAL
(6) CHILD EVANGELISM FELLOWSHIP 17482 STATE HWY M WARRENTON, MO 63383	43-1003252	501(C)(3)	5,400.				RELIGION-RELATED
(7) CHILDREN'S ADVOCACY ALLIANCE 5258 S EASTERN AVENUE, SUITE 151	88-0394078	501(C)(3)	10,000.				CIVIL RIGHTS, SOCIAL
(8) CHILDREN'S HOSPITAL LOS ANGELES 4650 SUNSET BOULEVARD LOS ANGELES, CA 90027	95-1690977	501(C)(3)	8,020.				HEALTH CARE
(9) CHILDREN'S MERCY HOSPITAL NORTHLAND 501 NW BARRY ROAD KANSAS CITY, MO 64155	44-0605373	501(C)(3)	83,006.				HEALTH CARE
(10) CHRIST EPISCOPAL CHURCH 400 SAN JUAN DRIVE	0	501(C)(3)	15,000.				RELIGION-RELATED
(11) CHRIST THE ROCK COMMUNITY CHURCH W6254 US 10 114 MENASHA, WI 54952	0	501(C)(3)	10,800.				RELIGION-RELATED
(12) CHRISTIAN AND MISSIONARY ALLIANCE 8595 EXPLORER DRIVE	13-1623940	501(C)(3)	40,000.				RELIGION-RELATED

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(1) CHRISTIAN BROTHERS HIGH SCHOOL 4315 MARTIN LUTHER KING BLVD	68-0322360	501(C)(3)	7,000.				EDUCATION
(2) CHURCH AT THE WELL PO BOX 124 WILLISTON, VT 05495	26-3384815	501(C)(3)	31,500.				RELIGION-RELATED
(3) CHURCH OF ASCENSION 9510 WEST 127TH STREET	0	501(C)(3)	5,025.				RELIGION-RELATED
(4) CHURCH OF JESUS CHRIST OF LATTER-DAY SAINTS 50 E NORTH TEMPLE, ROOM 1521	23-7300405	501(C)(3)	16,900.				RELIGION-RELATED
(5) CHURCH OF JESUS CHRIST OF LATTER-DAY SAINTS 4051 NE KIMBALL DRIVE KANSAS CITY, MO 64161	87-0234341	501(C)(3)	39,912.				RELIGION-RELATED
(6) CHURCH OF THE NATIVITY 3800 W 119TH STREET LEAWOOD, KS 66209	48-1022818	501(C)(3)	33,025.				RELIGION-RELATED
(7) CHURCH OF THE RESURRECTION UNITED METHODIST 13720 ROE AVENUE LEAWOOD, KS 66224	48-1107898	501(C)(3)	27,415.				RELIGION-RELATED
(8) CINEFEMME 1507 7TH STREET, SUITE 477	52-2374579	501(C)(3)	20,000.				ARTS, CULTURE & HUMA
(9) CITY CENTER CHURCH 17500 W 87TH STREET LENEXA, KS 66219	0	501(C)(3)	7,600.				RELIGION-RELATED
(10) CITY GATE CHURCH, INC. 1170 GIBBS LANE GALLATIN, TN 37066	62-1584366	501(C)(3)	15,000.				RELIGION-RELATED
(11) CITY OF BURKE 822 MAIN STREET BURKE, SD 57523	0	501(C)(3)	10,000.				HUMAN SERVICES
(12) CITY OF HOPE 1500 E DUARTE ROAD DUARTE, CA 91010	95-3435919	501(C)(3)	27,120.				GENERAL SUPPORT

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OMB No. 1545-0047

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(1) CITY UNION MISSION 1100 E 11TH STREET KANSAS CITY, MO 64106	44-6005481	501(C)(3)	12,756.				HUMAN SERVICES
(2) CITYMARK CHURCH 231 W MAIN STREET LEAGUE CITY, TX 77573	0	501(C)(3)	10,000.				RELIGION-RELATED
(3) CLARIDEN SCHOOL 100 CLARIDEN RANCH ROAD SOUTHLAKE, TX 76092	75-2599601	501(C)(3)	9,000.				EDUCATION
(4) CLEAR LAKE ARTS COUNCIL PO BOX 803 CLEAR LAKE, IA 50428	42-1112483	501(C)(3)	18,000.				ARTS, CULTURE & HUMA
(5) CLUB 21 LEARNING AND RESOURCE CENTER, INC. 539 N LAKE AVENUE PASADENA, CA 91101	26-2887301	501(C)(3)	10,000.				EDUCATION
(6) CLUB DUST, INC. 145 OLD ADOBE ROAD WATSONVILLE, CA 95076	30-0083138	501(C)(3)	10,000.				HOUSING & SHELTER
(7) CO2 COALITION INC. 1621 N KENT STREET, SUITE 603	47-3722575	501(C)(3)	225,000.				ENVIRONMENT
(8) COACH2EDIFY FOUNDATION 23231 GONZALES DRIVE	45-3766238	501(C)(3)	30,000.				PHILANTHROPY, VOLUNT
(9) COACHART 312 ARIZONA AVENUE SANTA MONICA, CA 90401	94-3389547	501(C)(3)	20,640.				HEALTH CARE
(10) COALITION FOR THE ECONOMY AND JOBS IN LOS A 555 S FLOWER STREET, 9TH FLOOR	46-4589086	501(C)(3)	10,000.				COMMUNITY IMPROVEMEN
(11) COASTAL MARINE RESOURCE CENTER OF NEW YORK, 61 9TH STREET, SUITE C3 BROOKLYN, NY 11215	20-2669808	501(C)(3)	25,000.				ENVIRONMENT
(12) COLLEGE FOR EVERY STUDENT, INC. PO BOX 247 ESSEX, NY 12936	22-3159630	501(C)(3)	14,000.				YOUTH DEVELOPMENT

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(1) COLLEGE FUND OF PINELLAS COUNTY, INC. PO BOX 673 CLEARWATER, FL 33757	59-6178906	501(C)(3)	6,000.				EDUCATION
(2) COLLEGE SUCCESS FOUNDATION 15500 SE 30TH PLACE, SUITE 200	91-2036088	501(C)(3)	27,500.				EDUCATION
(3) COLONIAL PRESBYTERIAN CHURCH 12501 W 137TH STREET	44-0595113	501(C)(3)	22,025.				RELIGION-RELATED
(4) COLORADO COALITION FOR THE HOMELESS 2111 CHAMPA STREET DENVER, CO 80205	84-0951575	501(C)(3)	7,500.				HUMAN SERVICES
(5) COLORADO SCHOOL OF MINES FOUNDATION PO BOX 4005 GOLDEN, CO 80402	84-0509064	501(C)(3)	7,800.				GENERAL SUPPORT
(6) COLUMBUS COMMUNITY FOUNDATION, INC. PO BOX 323 COLUMBUS, KS 66725	48-1101272	501(C)(3)	177,306.				PHILANTHROPY, VOLUNT
(7) COLUMBUS SCHOOL FOR GIRLS 65 S DREXEL AVENUE COLUMBUS, OH 43209	31-4379452	501(C)(3)	20,000.				EDUCATION
(8) COMMON GROUND COMMUNITY BUILDING 1015 E ATCHISON STREET	82-2610650	501(C)(3)	8,500.				HUMAN SERVICES
(9) COMMUNITY CENTER OF SHAWNEE 11110 W 67TH STREET SHAWNEE, KS 66203	48-0948324	501(C)(3)	7,000.				GENERAL SUPPORT
(10) COMMUNITY FOUNDATION FOR NANTUCKET PO BOX 204 NANTUCKET, MA 02554	13-4316755	501(C)(3)	2,370,233.				PHILANTHROPY, VOLUNT
(11) COMMUNITY FOUNDATION OF CENTRAL ILLINOIS 3625 N SHERIDAN ROAD PEORIA, IL 61604	37-1283245	501(C)(3)	4,267,078.				PHILANTHROPY, VOLUNT
(12) COMMUNITY FOUNDATION OF CENTRAL MISSOURI PO BOX 6015 COLUMBIA, MO 65205	27-2930245	501(C)(3)	1,603,215.				PHILANTHROPY, VOLUNT

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(1) COMMUNITY FOUNDATION OF GREATER GREENSBORO 330 S GREENE STREET, SUITE 100	56-1380249	501(C)(3)	10,000.				PHILANTHROPY, VOLUNT
(2) COMMUNITY FOUNDATION OF HUNTSVILLE/MADISON PO BOX 332 HUNTSVILLE, AL 35804	26-3750673	501(C)(3)	4,912,794.				PHILANTHROPY, VOLUNT
(3) COMMUNITY FOUNDATION OF SOUTH ALABAMA PO BOX 990 MOBILE, AL 36601	0	501(C)(3)	4,974,147.				PHILANTHROPY, VOLUNT
(4) COMMUNITY FOUNDATION OF SOUTHERN NEW MEXICO 2600 EL PASO ROAD LAS CRUCES, NM 88001	85-0455682	501(C)(3)	15,167,994.				PHILANTHROPY, VOLUNT
(5) COMMUNITY INTEGRATED SERVICES 441 N. 5TH STREET, STE 101	23-2648381	501(C)(3)	12,000.				CIVIL RIGHTS, SOCIAL
(6) COMPASSION AND CHOICES PO BOX 485 ETNA, NH 03750	84-1328829	501(C)(3)	10,500.				CIVIL RIGHTS, SOCIAL
(7) COMPASSION INTERNATIONAL, INC. 12290 VOYAGER PARKWAY	36-2423707	501(C)(3)	17,855.				INTERNATIONAL, FOREI
(8) COMPASSIONATE CARE ALS, INC. PO BOX 1052 WEST FALMOUTH, MA 02574	04-3567819	501(C)(3)	20,000.				DISEASES, DISORDERS
(9) COMPASSUS LIVING FOUNDATION, INC. 1717 N IH-35, SUITE 130	82-2011192	501(C)(3)	10,000.				HUMAN SERVICES
(10) CONCORD BAPTIST CHURCH 3720 W TRUMAN BLVD., SUITE H	0	501(C)(3)	7,000.				RELIGION-RELATED
(11) CONGREGATION GUR ARYEH INSTITUTE 1585 CONEY ISLAND AVENUE BROOKLYN, NY 11230	52-2338851	501(C)(3)	36,000.				RELIGION-RELATED
(12) CONGREGATION SHIR HADASH 20 CHERRY BLOSSOM LANE LOS GATOS, CA 95032	94-2662529	501(C)(3)	10,150.				RELIGION-RELATED

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(1) CONGREGATION YESHIVA OHR HAMEIR PO BOX 2130 COURTLANDT MANOR, NY 10567	13-1977140	501(C)(3)	8,000.				RELIGION-RELATED
(2) CONTRA COSTA INTERFAITH TRANSITIONAL HOUSIN 399 TAYLOR BLVD, SUITE 115	91-1797391	501(C)(3)	10,000.				HOUSING & SHELTER
(3) CONVOY OF HOPE PO BOX 1125 SPRINGFIELD, MO 65801	68-0051386	501(C)(3)	76,100.				INTERNATIONAL, FOREI
(4) CORNERSTONE ORTHODOX PRESBYTERIAN CHURCH 12515 ANN LANE HOUSTON, TX 77064	0	501(C)(3)	46,000.				RELIGION-RELATED
(5) CORPORATION OF THE PRESIDENT 50 E NORTH TEMPLE, DONATIONS ROOM 1521	0	501(C)(3)	18,883.				RELIGION-RELATED
(6) COUNCIL OF KOREAN AMERICANS 1875 K STREET NW, SUITE 400	27-3496925	501(C)(3)	10,000.				ARTS, CULTURE & HUMA
(7) COURT APPOINTED SPECIAL ADVOCATES OF MORRIS 18 CATTANO AVENUE MORRISTOWN, NJ 07960	22-3123157	501(C)(3)	10,000.				CRIME & LEGAL-RELATE
(8) CREATIVE OPPORTUNITIES UNLIMITED 100 FOX CREEK ROAD BELLEVILLE, IL 62223	37-1391549	501(C)(3)	9,760.				EDUCATION
(9) CREEKSIDE COVENANT CHURCH 2315 173RD AVENUE NE REDMOND, WA 98052	0	501(C)(3)	24,000.				RELIGION-RELATED
(10) CREIGHTON UNIVERSITY 2500 CALIFORNIA PLAZA OMAHA, NE 68178	47-0376583	501(C)(3)	31,400.				EDUCATION
(11) CRISTA MINISTRIES 19303 FREMONT AVENUE N SEATTLE, WA 98133	91-6012289	501(C)(3)	88,600.				PUBLIC SAFETY, DISAS
(12) CRISTO REY KANSAS CITY 211 W LINWOOD BLVD KANSAS CITY, MO 64111	20-2842522	501(C)(3)	6,500.				EDUCATION

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(1) CROSSROADS CHRISTIAN CHURCH 5855 RENNER ROAD SHAWNEE, KS 66217	0	501(C)(3)	8,500.				RELIGION-RELATED
(2) CRYSTAL COVE ALLIANCE #5 CRYSTAL COVE NEWPORT COAST, CA 92675	33-0878633	501(C)(3)	6,000.				ENVIRONMENT
(3) CYSTIC FIBROSIS FOUNDATION - GATEWAY CHAPTE 8251 MARYLAND AVENUE, SUITE 12	13-1930701	501(C)(3)	5,128.				DISEASES, DISORDERS
(4) DA VINCI SCHOOLS FUND 201 N DOUGLAS STREET EL SEGUNDO, CA 90245	82-4350823	501(C)(3)	100,000.				EDUCATION
(5) DANIEL MURPHY SCHOLARSHIP FUND 309 W WASHINGTON, SUITE 1250	36-3675466	501(C)(3)	6,005.				EDUCATION
(6) DAYTON PERFORMING ARTS ALLIANCE 126 N MAIN STREET, SUITE 210	31-6000101	501(C)(3)	5,500.				ARTS, CULTURE & HUMA
(7) DEARBORN COMMUNITY FOUNDATION 322 WALNUT STREET LAWRENCEBURG, IN 47025	35-2036110	501(C)(3)	50,000.				PHILANTHROPY, VOLUNT
(8) DEARBORN COUNTY HOSPITAL FOUNDATION, INC. 600 WILSON CREEK ROAD	35-1272766	501(C)(3)	500,000.				HEALTH CARE
(9) DEEP FOUNDATIONS INSTITUTE EDUCATIONAL TRUS 326 LAFAYETTE AVENUE HAWTHORNE, NJ 07506	20-4021399	501(C)(3)	50,000.				EDUCATION
(10) DEFENSE PRIORITIES FOUNDATION 3400 COLUMBIA PIKE, SUITE 335	81-0714113	501(C)(3)	500,000.				HUMAN SERVICES
(11) DELLA LAMB COMMUNITY SERVICES 500 WOODLAND AVENUE KANSAS CITY, MO 64106	44-0549931	501(C)(3)	6,000.				EDUCATION
(12) DENVER ART MUSEUM, INC. 100 W 14TH AVENUE PARKWAY DENVER, CO 80204	84-6038240	501(C)(3)	6,000.				ARTS, CULTURE & HUMA

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Schedule I (Form 990) (2019)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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Name of the organization

GREATER HORIZONS

Employer identification number

20-0849590

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(1) DESTINY ARTS CENTER 970 GRACE AVENUE OAKLAND, CA 94608	94-3176726	501(C)(3)	10,000.				ARTS, CULTURE & HUMA
(2) DIOCESE OF THE MIDWEST 5037 W 83RD STREET BURBANK, IL 60459	81-4658673	501(C)(3)	100,000.				HOUSING & SHELTER
(3) DOCTORS WITHOUT BORDERS USA, INC PO BOX 5030 HAGERSTOWN, MD 21741	13-3433452	501(C)(3)	29,595.				INTERNATIONAL, FOREI
(4) DOOR OF HOPE CHURCH 270 FAIRHILL ROAD FAIRBANKS, AK 99712	0	501(C)(3)	40,800.				RELIGION-RELATED
(5) DOOR OF HOPE MINISTRIES, INC. 6602 DOMINION DRIVE MADISON, WI 53718	83-4273505	501(C)(3)	14,000.				RELIGION-RELATED
(6) DOROT, INC. 171 W 85TH STREET NEW YORK, NY 10024	13-3264005	501(C)(3)	10,000.				HUMAN SERVICES
(7) DORR INSTITUTE FOR ARTHRITIS RESEARCH AND E 1520 SAN PABLE STREET, SUITE 2000	95-4834523	501(C)(3)	10,000.				MEDICAL RESEARCH
(8) DOUGLAS ATHLETIC BOOSTER CLUB PO BOX 965 DOUGLAS, MA 01516	46-2401561	501(C)(3)	7,500.				RECREATION & SPORTS
(9) DYNAMIC GIRLS, INC. 3654 MONON STREET LOS ANGELES, CA 90027	83-1890256	501(C)(3)	10,000.				ARTS, CULTURE & HUMA
(10) EAGLE BROOK CHURCH 7015 20TH AVENUE CENTERVILLE, MN 55038	41-0872884	501(C)(3)	7,000.				RELIGION-RELATED
(11) EARLHAM COLLEGE 801 NATIONAL ROAD WEST RICHMOND, IN 47374	35-0868073	501(C)(3)	148,000.				EDUCATION
(12) EAST YARD COMMUNITIES FOR ENVIRONMENTAL JUS 2317 S ATLANTIC BLVD COMMERCE, CA 90040	46-5685097	501(C)(3)	15,000.				ENVIRONMENT

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(1) EDDY HOUSE PO BOX 6207 RENO, NV 89513	45-3023511	501(C)(3)	30,000.				HUMAN SERVICES
(2) EDUCARE DC 640 ANACOSTIA AVENUE NW	27-2481956	501(C)(3)	10,000.				HUMAN SERVICES
(3) EDUCATORS FOR EXCELLENCE - LOS ANGELES 448 S HILL STREET, SUITE 708	27-3382030	501(C)(3)	20,000.				EDUCATION
(4) EDVOICE INSTITUTE FOR RESEARCH AND EDUCATIO 1107 9TH STREET, SUTIE 680	20-5320422	501(C)(3)	31,059.				EDUCATION
(5) EMBRACE CHURCH 2800 E 57TH STREET SIOUX FALLS, SD 57108	0	501(C)(3)	37,750.				RELIGION-RELATED
(6) EMILY'S PLACE, INC. PO BOX 860911 PLANO, TX 75074	04-3726675	501(C)(3)	25,000.				HUMAN SERVICES
(7) ENGINEERING MINISTRIES INTERNATIONAL 130 E KIOWA STREET, SUITE 200	74-2213629	501(C)(3)	7,800.				INTERNATIONAL, FOREI
(8) ENHANCING SKILLS FOR LIFE 16111 PARK CENTER DRIVE HOUSTON, TX 77059	81-2619137	501(C)(3)	10,000.				HEALTH CARE
(9) ENVIRONMENTAL DEFENSE FUND, INC. 257 PARK AVENUE SOUTH, 17TH FLOOR	11-6107128	501(C)(3)	7,810.				ENVIRONMENT
(10) EQUAL JUSTICE INITIATIVE 122 COMMERCE STREET MONTGOMERY, AL 36104	63-1135091	501(C)(3)	7,550.				CRIME & LEGAL-RELATE
(11) EQUITAS HEALTH, INC. 15 W 4TH STREET, SUITE 200 DAYTON, OH 45402	31-1126780	501(C)(3)	12,000.				DISEASES, DISORDERS
(12) ESSEX COUNTY COMMUNITY FOUNDATION 175 ANDOVER STREET, SUITE 101	04-3407816	501(C)(3)	13,645,903.				PHILANTHROPY, VOLUNT

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(1) ETERNAL WORD TELEVISION NETWORK 5817 OLD LEEDS ROAD IRONDALE, AL 35210	63-0801391	501(C)(3)	15,140.				RELIGION-RELATED
(2) ETHNOS360 312 W FIRST STREET SANFORD, FL 32771	39-6024926	501(C)(3)	17,000.				RELIGION-RELATED
(3) EVANGELICALS FOR SOCIAL ACTION FRESNO, INC. 1300 E SHAW AVENUE, SUITE 136	94-2847463	501(C)(3)	5,200.				HUMAN SERVICES
(4) EVANS SCHOLARS FOUNDATION 2501 PATRIOT BOULEVARD GLENVIEW, IL 60026	36-2518129	501(C)(3)	27,974.				EDUCATION
(5) EVERYTOWN FOR GUN SAFETY SUPPORT FUND, INC. PO BOX 4184 NEW YORK, NY 10163	26-1598353	501(C)(3)	7,045.				CRIME & LEGAL-RELATE
(6) EXTREME COMMUNITY MAKEOVER PO BOX 102586 DENVER, CO 80250	27-3390755	501(C)(3)	5,500.				COMMUNITY IMPROVEMEN
(7) EZRAT ISRAEL 806 EASTERN PARKWAY BROOKLYN, NY 11213	11-3637996	501(C)(3)	46,800.				RELIGION-RELATED
(8) FACETS-MULTIMEDIA INCORPORATED 1517 W. FULLERTON AVENUE CHICAGO, IL 60614	23-7446373	501(C)(3)	10,000.				ARTS, CULTURE & HUMA
(9) FAITH EVANGELICAL FREE CHURCH 11607 M CIRCLE OMAHA, NE 68137	47-0641067	501(C)(3)	35,200.				RELIGION-RELATED
(10) FAMILY ABUSE SHELTER OF MIAMI COUNTY, INC. 16 E FRANKLIN STREET TROY, OH 45373	31-0966177	501(C)(3)	6,000.				HUMAN SERVICES
(11) FAMILY GIVING TREE 606 VALLEY WAY MILPITAS, CA 95035	77-0284682	501(C)(3)	6,900.				HUMAN SERVICES
(12) FARGO UNION MISSION, INC. PO BOX 1067 FARGO, ND 58107	45-0228056	501(C)(3)	50,000.				RELIGION-RELATED

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(1) FATHER FLANAGAN'S BOYS HOME 14100 CRAWFORD STREET BOYS TOWN, NE 68010	47-0376606	501(C)(3)	5,625.				HUMAN SERVICES
(2) FEDERALIST SOCIETY 1776 I STREET NW, SUITE 300	36-3235550	501(C)(3)	10,000.				SOCIAL SCIENCE
(3) FEDERATION OF JAIN ASSOCIATIONS IN NORTH AM 2960 MOTHER WELL COURT OAK HILL, VA 20171	54-1280028	501(C)(3)	6,002.				RELIGION-RELATED
(4) FEED MY STARVING CHILDREN 401 93RD AVENUE NW COON RAPIDS, MN 55433	41-1601449	501(C)(3)	10,452.				INTERNATIONAL, FOREI
(5) FEEDING SOUTH DAKOTA 4701 N WESTPORT AVENUE	36-3293534	501(C)(3)	15,000.				FOOD, AGRICULTURE &
(6) FELLOWSHIP ADVENTURES OPPORTUNITIES PO BOX 994 FAIRVIEW, TN 37062	47-2059130	501(C)(3)	67,500.				HUMAN SERVICES
(7) FELLOWSHIP OF CHRISTIAN ATHLETES NORTHEAST PO BOX 14185 HUNTSVILLE, AL 35815	44-0610626	501(C)(3)	51,825.				RELIGION-RELATED
(8) FIRST BAPTIST CHURCH 200 S DENVER AVENUE RUSSELLVILLE, AR 72801	0	501(C)(3)	18,100.				RELIGION-RELATED
(9) FIRST BAPTIST CHURCH OF OWENSBORO 230 JR MILLER BLVD OWENSBORO, KY 42303	0	501(C)(3)	19,500.				RELIGION-RELATED
(10) FIRST BAPTIST CHURCH OF WEST YELLOWSTONE PO BOX 148 WEST YELLOWSTONE, MT 59758	0	501(C)(3)	10,000.				RELIGION-RELATED
(11) FIRST BAPTIST CHURCH ROGERS 3364 W PLEASANT GROVE ROAD ROGERS, AR 72758	0	501(C)(3)	16,000.				RELIGION-RELATED
(12) FIRST BIBLE CHURCH 3202 SPRING AVENUE SW DECATUR, AL 35603	0	501(C)(3)	6,575.				RELIGION-RELATED

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(1) FIRST FOCUS 1400 EYE STREET NW, SUITE 650	81-3185002	501(C)(3)	10,000.				HUMAN SERVICES
(2) FIRST PRESBYTERIAN CHURCH OF LAS CRUCES 200 E BOUTZ ROAD LAS CRUCES, NM 88005	0	501(C)(3)	15,500.				RELIGION-RELATED
(3) FIRST TEE OF GREATER PASADENA 1133 ROSEMONT AVENUE PASADENA, CA 91103	25-1924033	501(C)(3)	10,000.				RECREATION & SPORTS
(4) FIRST UNITED METHODIST CHURCH 212 3RD STREET N ST. PETERSBURG, FL 33701	0	501(C)(3)	21,300.				RELIGION-RELATED
(5) FIRST UNITED METHODIST CHURCH OF GROVE 1005 LEISURE ROAD GROVE, OK 74344	73-1116596	501(C)(3)	7,733.				RELIGION-RELATED
(6) FISHER HOUSE FOUNDATION, INC. 12300 TWINBROOK PARKWAY, SUITE 410	11-3158401	501(C)(3)	7,260.				PUBLIC & SOCIETAL BE
(7) FLATIRONS COMMUNITY CHURCH 400 W SOUTH BOULDER ROAD, SUITE 1700	98-0853600	501(C)(3)	31,299.				RELIGION-RELATED
(8) FLINTRIDGE PREPARATORY SCHOOL 4543 CROWN AVENUE LA CANADA, CA 91011	95-1643324	501(C)(3)	12,500.				EDUCATION
(9) FLOATING DOCTORS, INC. 20964 WAVEVIEW DRIVE TOPANGA, CA 90290	30-0492985	501(C)(3)	26,000.				HEALTH CARE
(10) FOOD FOR LANE COUNTY 700 BAILEY HILL ROAD EUGENE, OR 97402	93-0888347	501(C)(3)	5,250.				FOOD, AGRICULTURE &
(11) FORT HAYS STATE UNIVERSITY FOUNDATION ROBBINS CENTER, ONE TIGER PLACE	48-6108086	501(C)(3)	6,000.				GENERAL SUPPORT
(12) FOSTER YOUTH EDUCATION FUND 2443 FAIR OAKS BLVD, SUITE 392	20-0680594	501(C)(3)	40,000.				EDUCATION

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(1) FOUNDATION OF COMMUNITY ASSISTANCE AND LEAD 765 NW 36TH STREET MIAMI, FL 33127	31-1471952	501(C)(3)	52,000.				PUBLIC & SOCIETAL BE
(2) FRANKLIN COUNTY COMMUNITY FOUNDATION 527 MAIN STREET BROOKVILLE, IN 47012	35-2034336	501(C)(3)	25,000.				PHILANTHROPY, VOLUNT
(3) FRIENDS CHURCH 5091 MOUNTAIN VIEW AVENUE	95-2250846	501(C)(3)	6,800.				RELIGION-RELATED
(4) FRIENDS OF BALLONA WETLANDS PO BOX 5159 PLAYA DEL REY, CA 90296	95-3264072	501(C)(3)	6,500.				ENVIRONMENT
(5) FRIENDS OF CHABAD IN BAKA 114 COLONY ROAD NEW HAVEN, CT 06511	0	501(C)(3)	6,000.				RELIGION-RELATED
(6) FRIENDS OF LAS VEGAS ACADEMY 315 S 7TH STREET LAS VEGAS, NV 89101	31-1771038	501(C)(3)	7,900.				EDUCATION
(7) FRIENDS OF ORGAN MOUNTAINS-DESERT PEAKS PO BOX 2676 LAS CRUCES, NM 88004	27-5027211	501(C)(3)	10,000.				ENVIRONMENT
(8) FRIENDS OF THE PRAIRIE DU CHIEN PUBLIC LIBR 125 S. WACOUTA AVENUE	39-1937703	501(C)(3)	6,000.				EDUCATION
(9) FRIENDS OF THE ZOO, INC. OF KANSAS CITY, MO 6800 ZOO DRIVE KANSAS CITY, MO 64132	43-6048888	501(C)(3)	14,010.				ANIMAL-RELATED
(10) FRONTIER SCHOOLS, INC. 30 W PERSHING ROAD, SUITE 402	42-1692516	501(C)(3)	5,800.				EDUCATION
(11) FULCRUM FOUNDATION 710 9TH AVENUE SEATTLE, WA 98104	16-1616262	501(C)(3)	10,000.				EDUCATION
(12) FULFILLMENT FUND 6100 WILSHIRE BOULEVARD, SUITE 600	95-3180934	501(C)(3)	35,000.				EDUCATION

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(1) G42 INC. PO BOX 17 FREDERICKSBURG, TX 78624	26-0734218	501(C)(3)	6,000.				RELIGION-RELATED
(2) GABRIELLE'S ANGEL FOUNDATION FOR CANCER RES 142 W 57TH STREET, FLOOR 11	13-3916689	501(C)(3)	26,200.				MEDICAL RESEARCH
(3) GARFIELD ELEMENTARY SCHOOL PTO 420 FILBERT STREET SAN FRANCISCO, CA 94133	27-2142608	501(C)(3)	8,000.				EDUCATION
(4) GATEWAY CHURCH - NASHVILLE, INC. 1288 LEWISBURG PIKE FRANKLIN, TN 37064	20-4393680	501(C)(3)	58,600.				RELIGION-RELATED
(5) GATEWAY REGION YMCA 600 LOUGHBOROUGH AVENUE ST. LOUIS, MO 63111	43-0653616	501(C)(3)	9,740.				HUMAN SERVICES
(6) GETTYSBURG COLLEGE 300 NORTH WASHINGTON STREET	23-1352641	501(C)(3)	5,050.				EDUCATION
(7) GIDEON HAUSNER JEWISH DAY SCHOOL 450 SAN ANTONIO ROAD PALO ALTO, CA 94306	77-0245931	501(C)(3)	6,800.				EDUCATION
(8) GIDEONS INTERNATIONAL PO BOX 140800 NASHVILLE, TN 37214	36-2270051	501(C)(3)	9,150.				RELIGION-RELATED
(9) GILDA'S CLUB CHICAGO 537 N WELLS STREET CHICAGO, IL 60610	36-4115144	501(C)(3)	5,050.				GENERAL SUPPORT
(10) GIRL SCOUTS OF NE KANSAS AND NW MISSOURI 8383 BLUE PARKWAY DRIVE	43-0892926	501(C)(3)	22,775.				YOUTH DEVELOPMENT
(11) GIVE SOMETHING BACK 902 CARNEGIE CENTER, SUITE 160	81-1504712	501(C)(3)	1,862,500.				EDUCATION
(12) GIVING THE BASICS, INC. 927 S 7TH STREET KANSAS CITY, KS 66105	45-3069975	501(C)(3)	6,125.				HUMAN SERVICES

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Schedule I (Form 990) (2019)



**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

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Name of the organization

GREATER HORIZONS

Employer identification number

20-0849590

**Part I General Information on Grants and Assistance**

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(1) GLOBAL DOWN SYNDROME FOUNDATION 3239 E 2ND AVENUE DENVER, CO 80206	26-4431001	501(C)(3)	11,500.				DISEASES, DISORDERS
(2) GLOBAL HOPE NETWORK INTERNATIONAL 934 N MAGNOLIA AVENUE, SUITE 310	75-3088613	501(C)(3)	7,500.				PUBLIC & SOCIETAL BE
(3) GOLD HOUSE FOUNDATION, INC. 5120 W GOLDFLEAF CIRCLE, SUITE 180	83-3636419	501(C)(3)	20,000.				HUMAN SERVICES
(4) GOLDEN APPLE FOUNDATION FOR EXCELLENCE IN T 8 S MICHIGAN AVENUE, SUITE 700	36-3392992	501(C)(3)	10,850.				GENERAL SUPPORT
(5) GOLDMAN SACHS PHILANTHROPY FUND 200 S STREET, 15TH FLOOR NEW YORK, NY 10282	31-1774905	501(C)(3)	69,533.				PHILANTHROPY, VOLUNT
(6) GOLISANO CHILDREN'S HOSPITAL 300 E RIVER ROAD, PO BOX 270032	16-0743209	501(C)(3)	549,000.				MEDICAL RESEARCH
(7) GOOD NEIGHBOR CENTER 441 RICE STREET SAINT PAUL, MN 55103	47-3282758	501(C)(3)	10,000.				HUMAN SERVICES
(8) GOOD SHEPHERD CATHOLIC CHURCH 2626 E 7TH AVENUE PARKWAY DENVER, CO 80206	84-0404921	501(C)(3)	17,700.				RELIGION-RELATED
(9) GOODIE TWO SHOES FOUNDATION 10620 SOUTHERN HIGHLANDS PARKWAY	20-8862386	501(C)(3)	13,100.				HUMAN SERVICES
(10) GOSPEL MISSIONARY UNION 10000 NORTH OAK TRAFFICWAY	44-0594428	501(C)(3)	9,425.				RELIGION-RELATED
(11) GRACE UNITED METHODIST CHURCH 2113 OLD MONROVIA ROAD NW	0	501(C)(3)	36,000.				RELIGION-RELATED
(12) GRASSROOTS ECOLOGY 3921 E BAYSHORE ROAD, SUITE 202	81-3707643	501(C)(3)	10,000.				ENVIRONMENT

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(1) GREATER KANSAS CITY COMMUNITY FOUNDATION 1055 BROADWAY BLVD, STE 130	43-1152398	501(C)(3)	168,788.				PHILANTHROPY, VOLUNT
(2) GREATER MIAMI HEBREW ACADEMY 2400 PINE TREE DRIVE MIAMI BEACH, FL 33140	59-0651086	501(C)(3)	20,000.				EDUCATION
(3) GREATER OMAHA YOUTH FOR CHRIST 5062 S 108TH STREET OMAHA, NE 68137	36-2193619	501(C)(3)	30,000.				YOUTH DEVELOPMENT
(4) GUADALUPE CENTER, INC. 509 HOPE CIRCLE IMMOKALEE, FL 34142	59-2617151	501(C)(3)	10,000.				EDUCATION
(5) GUARDIAN AD LITEM FOUNDATION 14250 49TH STREET N, SUITE 4000	59-2961546	501(C)(3)	25,000.				HUMAN SERVICES
(6) GUFFEY COMMUNITY CHARTER SCHOOL FOUNDATION PO BOX 147 GUFFEY, CO 80820	84-1518078	501(C)(3)	10,000.				EDUCATION
(7) GUIBORD CENTER 540 S COMMONWEALTH AVENUE	27-2054081	501(C)(3)	120,000.				RELIGION-RELATED
(8) GUIDE DOGS FOR THE BLIND, INC. PO BOX 151200 SAN RAFAEL, CA 94915	94-1196195	501(C)(3)	5,075.				HUMAN SERVICES
(9) GUIDESTONE FINANCIAL RESOURCES OF THE SOUTH 5005 LBJ FREEWAY DALLAS, TX 75244	75-0939949	501(C)(3)	13,000.				RELIGION-RELATED
(10) GUITARS OVER GUNS ORGANIZATION, INC. 169 E FLAGER STREET, SUITE 1134	26-2644682	501(C)(3)	5,100.				YOUTH DEVELOPMENT
(11) HABITAT FOR HUMANITY OF KANSAS CITY 1423 E LINWOOD BLVD KANSAS CITY, MO 64109	43-1175749	501(C)(3)	7,650.				HOUSING & SHELTER
(12) HAPPY BOTTOMS 303 W 79TH STREET KANSAS CITY, MO 64114	27-2423540	501(C)(3)	5,505.				GENERAL SUPPORT

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(1) HARVARD-WESTLAKE SCHOOL 3700 COLDWATER CANYON AVENUE	95-1644019	501(C)(3)	30,000.				EDUCATION
(2) HARVESTERS-THE COMMUNITY FOOD NETWORK 3801 TOPPING AVENUE KANSAS CITY, MO 64129	43-1208665	501(C)(3)	41,957.				FOOD, AGRICULTURE &
(3) HARVEY MUDD COLLEGE 301 PLATT BLVD CLAREMONT, CA 91711	95-1911219	501(C)(3)	1,318,400.				EDUCATION
(4) HEART TO HEART INTERNATIONAL, INC. PO BOX 15566 LENEXA, KS 66285	48-1108359	501(C)(3)	5,600.				INTERNATIONAL, FOREI
(5) HEIFER PROJECT INTERNATIONAL INC. 1 WORLD AVENUE LITTLE ROCK, AR 72202	35-1019477	501(C)(3)	9,246.				INTERNATIONAL, FOREI
(6) HELPS INTERNATIONAL, INC. 16610 DALLAS PARKWAY, SUITE 2025	75-1966419	501(C)(3)	22,400.				INTERNATIONAL, FOREI
(7) HENRY E. HUNTINGTON LIBRARY & ART GALLERY 1151 OXFORD ROAD SAN MARINO, CA 91108	95-1644589	501(C)(3)	19,000.				ARTS, CULTURE & HUMA
(8) HIGHER IMPACT 500 BELL AVENUE TAFT, CA 93268	27-1418740	501(C)(3)	10,000.				YOUTH DEVELOPMENT
(9) HIGHLAND PARK UNITED METHODIST CHURCH 3300 MOCKINGBIRD LANE DALLAS, TX 75205	0	501(C)(3)	30,000.				RELIGION-RELATED
(10) HINSDALE HOSPITAL FOUNDATION 120 NORTH OAK STREET HINSDALE, IL 60521	52-1466387	501(C)(3)	10,000.				HEALTH CARE
(11) HOLMES FAMILY EDUCATION FOUNDATION 4300 MIDWAY ROAD TAFT, CA 93268	81-3084371	501(C)(3)	500,000.				EDUCATION
(12) HOLY FAMILY CATHOLIC CHURCH 9100 CROCKETT ROAD BRENTWOOD, TN 37027	0	501(C)(3)	10,000.				RELIGION-RELATED

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<b>(1)</b> HOLY NAME CATHOLIC CHURCH 16 S IOWA STREET KANSAS CITY, KS 66103	48-0564490	501(C)(3)	6,200.				RELIGION-RELATED
<b>(2)</b> HOLY NAME SCHOOL 1007 SOUTHWEST BLVD KANSAS CITY, KS 66103	0	501(C)(3)	69,000.				EDUCATION
<b>(3)</b> HOLY SPIRIT PARISH 130 S 6TH STREET E MISSOULA, MT 59801	0	501(C)(3)	5,100.				RELIGION-RELATED
<b>(4)</b> HOLY TRINITY CATHOLIC CHURCH 9150 PFLUMM ROAD LENEXA, KS 66215	48-6092154	501(C)(3)	12,557.				RELIGION-RELATED
<b>(5)</b> HOMER CITY UNITED PREBYTERIAN 40 E ELM STREET HOMER CITY, PA 15748	0	501(C)(3)	10,000.				RELIGION-RELATED
<b>(6)</b> HONESTREPORTING USA 165 E 56TH STREET, 2ND FLOOR	06-1611859	501(C)(3)	155,100.				ARTS, CULTURE & HUMA
<b>(7)</b> HOPE HALL SCHOOL 1612 BUFFALO ROAD ROCHESTER, NY 14624	16-1463706	501(C)(3)	10,000.				EDUCATION
<b>(8)</b> HOPE HOUSE, INC. PO BOX 577 LEE'S SUMMIT, MO 64063	43-1265685	501(C)(3)	21,800.				HUMAN SERVICES
<b>(9)</b> HRS TRUE HOPE 134 WOODLAND ROAD GEORGETOWN, TX 78628	20-5347588	501(C)(3)	15,000.				INTERNATIONAL, FOREI
<b>(10)</b> HUMANE EDUCATION ADVOCATES REACHING TEACHER PO BOX 738 MAMARONECK, NY 10543	41-2055310	501(C)(3)	150,000.				ENVIRONMENT
<b>(11)</b> HUMANE SOCIETY OF THE UNITED STATES 1255 23RD STREET, NW, SUITE 450	53-0225390	501(C)(3)	31,653.				ANIMAL-RELATED
<b>(12)</b> HUNTINGTON MEMORIAL HOSPITAL 100 W CALIFORNIA BOULEVARD	95-1644036	501(C)(3)	20,250.				HEALTH CARE

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(1) HUNTINGTON'S DISEASE SOCIETY OF AMERICA, IN 3286 IVANHOE AVENUE ST. LOUIS, MO 63139	13-3349872	501(C)(3)	5,525.				DISEASES, DISORDERS
(2) HUTCHINSON COMMUNITY FOUNDATION PO BOX 298 HUTCHINSON, KS 67504	48-1076910	501(C)(3)	4,514,083.				PHILANTHROPY, VOLUNT
(3) ICE911 RESEARCH 325 SHARON PARK DRIVE, SUITE 632	26-4434262	501(C)(3)	350,000.				ENVIRONMENT
(4) I'M WITH THEM 1820 W ORANGEWOOD AVENUE, SUITE 105	83-1037188	501(C)(3)	120,000.				CRIME & LEGAL-RELATE
(5) IMAGINATION PRODUCTIONS, INC 11110 W OAKLAND PARK BLVD, SUITE 288	26-1264680	501(C)(3)	10,000.				RELIGION-RELATED
(6) IMMACULATE CONCEPTION ST. JOSEPH PARISH 1107 N ORLEANS STREET CHICAGO, IL 60610	36-2171711	501(C)(3)	19,350.				RELIGION-RELATED
(7) IMPACT ETERNITY NOW, INC. 1779 HIGHWAY 109 S VINTON, LA 70668	27-4453813	501(C)(3)	10,348.				RELIGION-RELATED
(8) IMPACTASSETS, INC. 7315 WISCONSIN AVENUE, SUITE 1000 W	26-2048480	501(C)(3)	1,728,065.				PHILANTHROPY, VOLUNT
(9) INDEPENDENT INSTITUTE 100 SWAN WAY OAKLAND, CA 94621	94-3008370	501(C)(3)	5,200.				SOCIAL SCIENCE
(10) INDIAN RIVER COMMUNITY FOUNDATION PO BOX 643968 VERO BEACH, FL 32964	20-1729243	501(C)(3)	9,340,239.				PHILANTHROPY, VOLUNT
(11) INNER CITY IMPACT 3327 W FULLERTON AVENUE CHICAGO, IL 60647	23-7165220	501(C)(3)	5,400.				YOUTH DEVELOPMENT
(12) INNOCENCE PROJECT OF TEXAS 300 BURNETT STREET, SUITE 160	20-5992659	501(C)(3)	15,000.				CRIME & LEGAL-RELATE

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(1) INSTITUTE FOR HUMANE STUDIES 3434 WASHINGTON BLVD ARLINGTON, VA 22201	94-1623852	501(C)(3)	20,550.				GENERAL SUPPORT
(2) INTERNATIONAL DEVELOPMENT ENTERPRISES 1031 33RD STREET, SUITE 270	23-2220051	501(C)(3)	12,000.				INTERNATIONAL, FOREI
(3) INTERNATIONAL JUSTICE MISSION PO BOX 58147 WASHINGTON, DC 20037	54-1722887	501(C)(3)	6,070.				GENERAL SUPPORT
(4) INTERNATIONAL MEDICAL CORPS 12400 WILSHIRE BLVD., SUITE 1500	95-3949646	501(C)(3)	10,000.				INTERNATIONAL, FOREI
(5) INTERNATIONAL RESCUE COMMITTEE, INC. 1210 S BASCOM AVENUE, SUITE 227	13-5660870	501(C)(3)	10,300.				GENERAL SUPPORT
(6) INTERVARSITY CHRISTIAN FELLOWSHIP PO BOX 7895 MADISON, WI 53707	36-2171714	501(C)(3)	26,500.				RELIGION-RELATED
(7) INVESTIGATIVE PROJECT ON TERRORIST FOUNDATI 5614 CONNECTICUT AVENUE NW, SUITE 341	13-4331855	501(C)(3)	10,000.				PUBLIC SAFETY, DISAS
(8) IOWA STATE UNIVERSITY FOUNDATION PO BOX 2230 AMES, IA 50010	42-1143702	501(C)(3)	8,200.				GENERAL SUPPORT
(9) JACKSON COUNTY CASA 2544 HOLMES KANSAS CITY, MO 64108	43-1401328	501(C)(3)	10,025.				CRIME & LEGAL-RELATE
(10) JACKSONVILLE CHAPEL 264 JACKSONVILLE ROAD	22-1979776	501(C)(3)	7,600.				RELIGION-RELATED
(11) JACOB'S WELL CHURCH 1617 W 42ND STREET KANSAS CITY, MO 64111	43-1871713	501(C)(3)	15,000.				RELIGION-RELATED
(12) JAFCO CHILDREN'S FOUNDATION, INC. 4200 N UNIVERSITY DRIVE SUNRISE, FL 33351	65-0334267	501(C)(3)	125,000.				HUMAN SERVICES

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(1) JAIN SOCIETY OF HOUSTON 3905 ARC STREET HOUSTON, TX 77063	76-0059835	501(C)(3)	13,000.				RELIGION-RELATED
(2) JAIPUR FOOT INC. USA 590 5TH AVENUE, 15TH FLOOR	46-4903618	501(C)(3)	449,000.				INTERNATIONAL, FOREI
(3) JAPANESE AMERICAN MUSEUM OF SAN JOSE 535 N FIFTH STREET SAN JOSE, CA 95112	77-0229249	501(C)(3)	6,000.				ARTS, CULTURE & HUMA
(4) JDRF INTERNATIONAL 1 N LASALLE STREET, SUITE 1200	23-1907729	501(C)(3)	16,773.				GENERAL SUPPORT
(5) JEREMIAH PROGRAM, MINNEAPOLIS-ST. PAUL 1510 LAUREL AVENUE MINNEAPOLIS, MN 55403	41-1801834	501(C)(3)	5,500.				HUMAN SERVICES
(6) JERUSALEM FOUNDATION, INC. 420 LEXINGTON AVENUE, SUITE 1645	13-2563745	501(C)(3)	50,000.				RELIGION-RELATED
(7) JEWISH COMMUNITY RELATIONS COUNCIL OF SAN F 131 STEUART STREET, SUITE 205	94-1156335	501(C)(3)	10,000.				ARTS, CULTURE & HUMA
(8) JEWISH FAMILY SERVICE OF LOS ANGELES 3580 WILSHIRE BLVD., SUITE 700	95-1691013	501(C)(3)	10,000.				HUMAN SERVICES
(9) JEWISH FEDERATION OF GREATER DALLAS 7800 NORTHAVEN ROAD DALLAS, TX 75230	75-0800654	501(C)(3)	10,200.				PHILANTHROPY, VOLUNT
(10) JEWISH FEDERATIONS OF NORTH AMERICA, INC. 25 BROADWAY, 17TH FLOOR NEW YORK, NY 10004	13-1624240	501(C)(3)	7,000.				HUMAN SERVICES
(11) JEWISH SENIOR NETWORK 3503 OLYMPIA AVENUE BALTIMORE, MD 21215	46-4369063	501(C)(3)	18,000.				RELIGION-RELATED
(12) JOHN QUINCY ADAMS SOCIETY 1320 COURTHOUSE ROAD SUITE 500	81-3308969	501(C)(3)	500,000.				EDUCATION

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Schedule I (Form 990) (2019)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

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Name of the organization

GREATER HORIZONS

Employer identification number

20-0849590

**Part I General Information on Grants and Assistance**

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) JOHNSON COUNTY COMMUNITY COLLEGE 12345 COLLEGE BLVD OVERLAND PARK, KS 66210	48-0735009	501(C)(3)	20,000.				EDUCATION
(2) JOHNSON COUNTY INTERFAITH HOSPITALITY NETWO 6315 W 110TH STREET OVERLAND PARK, KS 66211	20-0118693	501(C)(3)	5,056.				HOUSING & SHELTER
(3) JUDICIAL WATCH, INC. 425 THIRD STREET SW, SUITE 800	52-1885088	501(C)(3)	11,335.				CRIME & LEGAL-RELATE
(4) JUNIOR ACHIEVEMENT OF SOUTHEAST TEXAS 2115 E GOVERNORS CIRCLE HOUSTON, TX 77092	74-1153957	501(C)(3)	7,762.				GENERAL SUPPORT
(5) JUST KEEP LIVIN FOUNDATION 15260 VENTURA BLVD, SUITE 2100	20-3921057	501(C)(3)	7,250.				YOUTH DEVELOPMENT
(6) JUVENILE PROTECTIVE ASSOCIATION 1707 N HALSTED CHICAGO, IL 60614	36-2167765	501(C)(3)	10,000.				HUMAN SERVICES
(7) KANSAS CITY ART INSTITUTE 4415 WARWICK BOULEVARD	44-0546278	501(C)(3)	6,200.				EDUCATION
(8) KANSAS CITY BALLETS ASSOCIATION 500 W PERSHING ROAD KANSAS CITY, MO 64108	43-6052680	501(C)(3)	11,050.				ARTS, CULTURE & HUMA
(9) KANSAS CITY MARINE CORPS RESERVE TOYS FOR T 3805 E 155TH STREET KANSAS CITY, MO 64147	20-3021444	501(C)(3)	6,135.				HUMAN SERVICES
(10) KANSAS PUBLIC TELEVISION - KTWU-TV 11 1700 SW COLLEGE AVENUE TOPEKA, KS 66621	48-6105561	501(C)(3)	100,500.				ARTS, CULTURE & HUMA
(11) KANSAS SCHOOL OF CLASSICAL BALLETS 7330 W 80TH STREET OVERLAND PARK, KS 66204	27-4825435	501(C)(3)	10,000.				ARTS, CULTURE & HUMA
(12) KANSAS STATE UNIVERSITY FOUNDATION 1800 KIMBALL AVENUE, SUITE 200	48-0667209	501(C)(3)	328,515.				EDUCATION

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(1) KANSAS UNIVERSITY ENDOWMENT ASSOCIATION - K 1120 W 11TH STREET LAWRENCE, KS 66044	48-0547734	501(C)(3)	87,375.				GENERAL SUPPORT
(2) KCETLINK 2900 W ALAMEDA AVENUE BURBANK, CA 91505	95-2211661	501(C)(3)	5,095.				ARTS, CULTURE & HUMA
(3) KCUR-FM 89.3 4825 TROOST AVENUE, SUITE 202	43-6003859	501(C)(3)	14,490.				ARTS, CULTURE & HUMA
(4) KENT DENVER SCHOOL 4000 E QUINCY AVENUE ENGLEWOOD, CO 80113	84-0242810	501(C)(3)	15,000.				EDUCATION
(5) KERN COMMUNITY FOUNDATION 3300 TRUXTUN AVENUE, SUITE 220	77-0555874	501(C)(3)	1,306,683.				PHILANTHROPY, VOLUNT
(6) KIDSTLC, INC. 480 S ROGERS ROAD OLATHE, KS 66062	48-0774593	501(C)(3)	7,875.				HUMAN SERVICES
(7) KING OF KINGS CHURCH 11615 I STREET OMAHA, NE 68137	0	501(C)(3)	15,316.				RELIGION-RELATED
(8) KLL MEMORIAL SCHOLARSHIP FOUNDATION PO BOX 23395 OVERLAND PARK, KS 66283	37-1565433	501(C)(3)	6,500.				EDUCATION
(9) KOCE-TV FOUNDATION PO BOX 33816 LOS ANGELES, CA 90033	95-3220724	501(C)(3)	5,325.				ARTS, CULTURE & HUMA
(10) KOREAN AMERICAN MEDICAL FOUNDATION, INC. 200 SYLVAN AVENUE, #22	26-2851129	501(C)(3)	30,000.				EDUCATION
(11) KSDS ASSISTANCE DOGS, INC. 120 W 7TH STREET WASHINGTON, KS 66968	48-1080879	501(C)(3)	5,100.				HUMAN SERVICES
(12) LA CASA NORTE 3533 W NORTH AVENUE CHICAGO, IL 60647	36-4041525	501(C)(3)	8,500.				HUMAN SERVICES

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OMB No. 1545-0047

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(1) LA FAMILY HOUSING 7843 LANKERSHIM BOULEVARD	95-3920560	501(C)(3)	10,000.				HOUSING & SHELTER
(2) LA GRANGE MEMORIAL HOSPITAL FOUNDATION 5101 WILLOW SPRINGS ROAD LAGRANGE, IL 60525	30-0247776	501(C)(3)	10,000.				HEALTH CARE
(3) LA JOLLA COUNTRY DAY SCHOOL 9409 REGENTS ROAD LA JOLLA, CA 92037	95-1875978	501(C)(3)	139,000.				EDUCATION
(4) LA SEMILLA FOOD CENTER 101 E JOY DRIVE ANTHONY, NM 88021	27-2486484	501(C)(3)	15,000.				FOOD, AGRICULTURE &
(5) LAHAINALUNA HIGH SCHOOL FOUNDATION PO BOX 11617 LAHAINA, HI 96761	99-0348748	501(C)(3)	12,500.				EDUCATION
(6) LAHAK HANOCOS, INC. 788 EASTERN PARKWAY, SUITE 408	01-0890941	501(C)(3)	39,000.				RELIGION-RELATED
(7) LAKESHORE FOUNDATION 800 SOUTHWOOD BLVD, SUITE 204	46-3313924	501(C)(3)	30,000.				EDUCATION
(8) LAKESIDE CHAUTAUQUA FOUNDATION 236 WALNUT AVENUE	20-4072755	501(C)(3)	20,000.				ARTS, CULTURE & HUMA
(9) LA'S BEST 200 N SPRING STREET, SUITE M-120	95-4311058	501(C)(3)	10,000.				EDUCATION
(10) LEAD TO READ 6022 N STRATHBURY AVENUE	82-1256215	501(C)(3)	7,420.				EDUCATION
(11) LEAGUE OF WOMEN VOTERS OF NEW YORK STATE ED 62 GRAND STREET ALBANY, NY 12207	13-6215058	501(C)(3)	9,000.				PUBLIC & SOCIETAL BE
(12) LEARNING AND LOVING EDUCATION CENTER 16890 CHURCH STREET, SUITE 16	20-3270605	501(C)(3)	25,000.				EDUCATION

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<b>(1)</b> LEAWOOD UNITED METHODIST CHURCH 2915 W 95TH STREET LEAWOOD, KS 66206	0	501(C)(3)	56,000.				RELIGION-RELATED
<b>(2)</b> LENEXA BAPTIST CHURCH 15320 W 87TH STREET PARKWAY	48-1088165	501(C)(3)	7,525.				RELIGION-RELATED
<b>(3)</b> LEUKEMIA & LYMPHOMA SOCIETY - DALLAS TX 8111 LBJ FREEWAY, SUITE 425	13-5644916	501(C)(3)	36,683.				DISEASES, DISORDERS
<b>(4)</b> LIBERTY MEMORIAL ASSOCIATION 100 W 26TH STREET KANSAS CITY, MO 64108	43-6052673	501(C)(3)	6,270.				ARTS, CULTURE & HUMA
<b>(5)</b> LIFE IMPACT INTERNATIONAL PO BOX 7523 THOUSAND OAKS, CA 91359	26-2944042	501(C)(3)	6,000.				INTERNATIONAL, FOREI
<b>(6)</b> LIFE PROMOTIONS, INC. 3000 N POINTER ROAD APPLETON, WI 54911	39-1372893	501(C)(3)	25,000.				YOUTH DEVELOPMENT
<b>(7)</b> LIFECHURCH 2205 2ND STREET CORALVILLE, IA 52241	0	501(C)(3)	20,000.				RELIGION-RELATED
<b>(8)</b> LIFESAVERS FOUNDATION, INC. 561 W CAMPBELL ROAD, SUITE 101	20-2066448	501(C)(3)	15,000.				HUMAN SERVICES
<b>(9)</b> LIFESONG UNITED METHODIST CHURCH 360 EMERSON ROAD REEDS SPRING, MO 65737	45-2439548	501(C)(3)	22,500.				RELIGION-RELATED
<b>(10)</b> LIGMINCHA INTERNATIONAL 554 DRUMHELLER LANE SHIPMAN, VA 22971	52-1772036	501(C)(3)	25,600.				ARTS, CULTURE & HUMA
<b>(11)</b> LITERACY KANSAS CITY 3036 TROOST AVENUE KANSAS CITY, MO 64109	43-1435729	501(C)(3)	29,347.				EDUCATION
<b>(12)</b> LIVING HOPE CHURCH 345 KEOUGH DRIVE PIPERTON, TN 38017	0	501(C)(3)	5,575.				RELIGION-RELATED

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<b>(1)</b> LIVING WATERS TABERNACLE 1701 S SHERMAN STREET DENVER, CO 80210	51-0144900	501(C)(3)	50,825.				ENVIRONMENT
<b>(2)</b> LOCKTON CARES, INC. 444 W 47TH STREET, SUITE 900	41-2113872	501(C)(3)	5,785.				HUMAN SERVICES
<b>(3)</b> LOLLIPOP THEATER NETWORK, INC. 7461 BEVERLY BLVD, SUITE 304	04-3700586	501(C)(3)	20,100.				ARTS, CULTURE & HUMA
<b>(4)</b> LONG BEACH COMMUNITY FOUNDATION 400 OCEANGATE, SUITE 800	20-5054010	501(C)(3)	5,432,256.				PHILANTHROPY, VOLUNT
<b>(5)</b> LOS ANGELES BALLE 11755 EXPOSITION BLVD LOS ANGELES, CA 90064	20-1819852	501(C)(3)	10,000.				ARTS, CULTURE & HUMA
<b>(6)</b> LOS ANGELES COUNTY MUSEUM OF ART - LACMA 5905 WILSHIRE BOULEVARD	95-2264067	501(C)(3)	103,130.				ARTS, CULTURE & HUMA
<b>(7)</b> LOS ANGELES OPERA COMPANY 135 N GRAND AVENUE LOS ANGELES, CA 90012	95-2096402	501(C)(3)	32,000.				ARTS, CULTURE & HUMA
<b>(8)</b> LOS ANGELES ORPHAN ASYLUM 7600 E GRAVES AVENUE ROSEMEAD, CA 91770	95-1716803	501(C)(3)	10,000.				HUMAN SERVICES
<b>(9)</b> LOS ANGELES REGIONAL FOOD BANK 1734 E 41ST STREET LOS ANGELES, CA 90058	95-3135649	501(C)(3)	6,500.				FOOD, AGRICULTURE &
<b>(10)</b> LOS ANGELES UNIFIED SCHOOL DISTRICT 333 S BEAUDRY AVENUE, 24TH FLOOR	68-0503221	501(C)(3)	10,000.				EDUCATION
<b>(11)</b> LOTUS ENDOWMENT FUND, INC. 3921 ALTON ROAD, SUITE 470	92-0233563	501(C)(3)	250,000.				HOUSING & SHELTER
<b>(12)</b> LOUDOUN COUNTRY DAY SCHOOL, INC. 20600 RED CEDAR DRIVE LEESBURG, VA 20175	54-0662863	501(C)(3)	10,000.				EDUCATION

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(1) LOYOLA HIGH SCHOOL OF LOS ANGELES 1901 VENICE BLVD LOS ANGELES, CA 90006	95-1664109	501(C)(3)	100,000.				EDUCATION
(2) LUCKY PEARL INTERIORS, INC. 300 CADMAN PLAZA WEST, 12TH FLOOR	83-0972521	501(C)(3)	10,000.				COMMUNITY IMPROVEMEN
(3) LUTHERAN SOCIAL SERVICES OF NORTHERN CALIFO 1465 CIVIC COURT CONCORD, CA 94520	94-1659687	501(C)(3)	10,000.				HUMAN SERVICES
(4) MACHNE ISRAEL, INC. 770 EASTERN PARKWAY BROOKLYN, NY 11213	11-6042675	501(C)(3)	12,571.				RELIGION-RELATED
(5) MAKE-A-WISH FOUNDATION OF AMERICA PO BOX 97104 WASHINGTON, DC 20090	86-0481941	501(C)(3)	33,775.				HEALTH CARE
(6) MANCHESTER UNIVERSITY 604 E COLLEGE AVENUE	35-0868127	501(C)(3)	16,000.				EDUCATION
(7) MARCH OF DIMES - SAN FRANCISCO 101 MONTGOMERY STREET	13-1846366	501(C)(3)	38,579.				DISEASES, DISORDERS
(8) MARIAN HIGH SCHOOL 7400 MILITARY AVENUE OMAHA, NE 68134	47-0526910	501(C)(3)	5,100.				EDUCATION
(9) MARINE MAMMAL CENTER 2000 BUNKER ROAD SAUSALITO, CA 94965	51-0144434	501(C)(3)	50,175.				ANIMAL-RELATED
(10) MARINE RECONNAISSANCE FOUNDATION PO BOX 5020 SONORA, CA 95370	46-3009425	501(C)(3)	10,000.				PUBLIC & SOCIETAL BE
(11) MARINER'S CHURCH 5001 NEWPORT COAST DRIVE IRVINE, CA 92603	95-2419940	501(C)(3)	160,000.				RELIGION-RELATED
(12) MARTIN COUNTY COMMUNITY FOUNDATION 789 SW FEDERAL HIGHWAY, SUITE 214	65-0024030	501(C)(3)	2,342,335.				PHILANTHROPY, VOLUNT

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(1) MARTIN LUTHER KING JR CENTER FOR NONVIOLENT 449 AUBURN AVENUE NE ATLANTA, GA 30312	58-1030989	501(C)(3)	14,000.				RELIGION-RELATED
(2) MAYFIELD JUNIOR SCHOOL 405 S EUCLID AVENUE PASADENA, CA 91101	95-2559423	501(C)(3)	7,000.				EDUCATION
(3) MELISSA A. STONEBERGER FOUNDATION 5731 HIDDEN CREEK COURT	81-2752690	501(C)(3)	40,000.				HUMAN SERVICES
(4) MENNONITE HISTORIANS OF EASTERN PENNSYLVANI 565 YODER ROAD HARLEYSVILLE, PA 19438	23-7401119	501(C)(3)	12,500.				ARTS, CULTURE & HUMA
(5) MENTOR, THE NATIONAL MENTORING PARTNERSHIP, 201 S STREET, SUITE 615 BOSTON, MA 02111	52-1674088	501(C)(3)	20,000.				YOUTH DEVELOPMENT
(6) MERCY CORPS INTERNATIONAL PO BOX 2669, DEPT. W PORTLAND, OR 97208	91-1148123	501(C)(3)	8,750.				INTERNATIONAL, FOREI
(7) MERCYFIRST 525 CONVENT ROAD SYOSSET, NY 11791	11-1635089	501(C)(3)	10,000.				MENTAL HEALTH & CRIS
(8) MERKOS L'INYONEI CHINUCH, INC. 770 EASTERN PKWY BROOKLYN, NY 11213	11-6001111	501(C)(3)	10,000.				RELIGION-RELATED
(9) MESIVTA OF LONG BEACH 205 W BEECH STREET LONG BEACH, NY 11561	11-2818825	501(C)(3)	10,000.				RECREATION & SPORTS
(10) METRO SQUASH 6100 S COTTAGE GROVE AVENUE	20-2614486	501(C)(3)	11,726.				GENERAL SUPPORT
(11) METROPOLITAN MUSEUM OF ART 1000 FIFTH AVENUE NEW YORK, NY 10028	13-1624086	501(C)(3)	6,000.				ARTS, CULTURE & HUMA
(12) MIAMI BEACH JEWISH COMMUNITY CENTER, INC. 4221 PINE TREE DRIVE MIAMI BEACH, FL 33140	59-2788834	501(C)(3)	25,000.				HUMAN SERVICES

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

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

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Schedule I (Form 990) (2019)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

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Name of the organization

GREATER HORIZONS

Employer identification number

20-0849590

**Part I General Information on Grants and Assistance**

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**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) MIAMI CITY BALLET, INC. 2200 LIBERTY AVENUE MIAMI BEACH, FL 33139	59-2578534	501(C)(3)	20,000.				ARTS, CULTURE & HUMA
(2) MICHAEL J FOX FOUNDATION FOR PARKINSON'S RE PO BOX 4777 NEW YORK, NY 10163	13-4141945	501(C)(3)	6,875.				MEDICAL RESEARCH
(3) MICHIGAN HUMANE SOCIETY 30300 TELEGRAPH ROAD, SUITE 220	38-1358206	501(C)(3)	10,000.				ANIMAL-RELATED
(4) MIDLANDS HUMANE SOCIETY PO BOX 1951 COUNCIL BLUFFS, IA 51502	20-5105144	501(C)(3)	10,000.				ANIMAL-RELATED
(5) MID-PACIFIC INSTITUTE 2445 KAALA STREET HONOLULU, HI 96822	99-0073514	501(C)(3)	13,000.				EDUCATION
(6) MILBANK COMMUNITY FOUNDATION 904 E FOURTH AVENUE MILBANK, SD 57252	46-0427565	501(C)(3)	15,000.				PHILANTHROPY, VOLUNT
(7) MILLARD COMMUNITY CHURCH 12656 WEIR STREET OMAHA, NE 68137	0	501(C)(3)	20,000.				RELIGION-RELATED
(8) MILLIGAN COLLEGE PO BOX 750 MILLIGAN, TN 37682	62-0535755	501(C)(3)	15,020.				EDUCATION
(9) MISERICORDIA HOME 6300 N RIDGE AVENUE CHICAGO, IL 60660	36-2170153	501(C)(3)	7,600.				GENERAL SUPPORT
(10) MISSION AVIATION FELLOWSHIP PO BOX 47 NAMPA, ID 83653	95-1920983	501(C)(3)	8,000.				RELIGION-RELATED
(11) MISSION TO THE WORLD PO BOX 744165 ATLANTA, GA 30374	58-2325982	501(C)(3)	6,400.				RELIGION-RELATED
(12) MISSION WACO MISSION WORLD, INC. 1315 N 15TH STREET WACO, TX 76707	74-2605621	501(C)(3)	10,000.				RELIGION-RELATED

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<b>(1)</b> MITAKUYE FOUNDATION PO BOX 300 SANTA MONICA, CA 90406	46-3984522	501(C)(3)	25,000.				MENTAL HEALTH & CRIS
<b>(2)</b> MOCKINGBIRD SOCIETY 2100 24TH AVENUE S, SUITE 240	91-2051340	501(C)(3)	12,000.				YOUTH DEVELOPMENT
<b>(3)</b> MOONRIDGE FOUNDATION PO BOX 1766 LAS VEGAS, NV 89125	61-1747676	501(C)(3)	20,000.				PHILANTHROPY, VOLUNT
<b>(4)</b> MOORINGS PRESBYTERIAN CHURCH 791 HARBOR DRIVE NAPLES, FL 34103	59-1309473	501(C)(3)	20,000.				RELIGION-RELATED
<b>(5)</b> MOTION PICTURE AND TELEVISION FUND 23388 MULHOLLAND DRIVE, MS 220	95-1652916	501(C)(3)	95,236.				ARTS, CULTURE & HUMA
<b>(6)</b> MOUNT CARMEL MINISTRIES PO BOX 579 ALEXANDRIA, MN 56308	41-1577937	501(C)(3)	12,000.				RELIGION-RELATED
<b>(7)</b> MOUNT MITCHELL PRAIRIE GUARDS PO BOX 136 WAMEGO, KS 66547	27-1948414	501(C)(3)	25,000.				RECREATION & SPORTS
<b>(8)</b> MOUNT OLIVET LUTHERAN CHURCH 5025 KNOX AVENUE S MINNEAPOLIS, MN 55419	41-0773766	501(C)(3)	50,232.				RELIGION-RELATED
<b>(9)</b> MOUNT VERNON LADIES' ASSOCIATION OF THE UNI PO BOX 110 MOUNT VERNON, VA 22121	54-0564701	501(C)(3)	52,500.				ARTS, CULTURE & HUMA
<b>(10)</b> MULTIPLE MYELOMA RESEARCH FOUNDATION INC. PO BOX 414238 BOSTON, MA 02241	06-1504413	501(C)(3)	10,575.				DISEASES, DISORDERS
<b>(11)</b> NAF 218 W 40TH STREET, 5TH FLOOR	0	501(C)(3)	25,000.				YOUTH DEVELOPMENT
<b>(12)</b> NARAL PRO-CHOICE AMERICA FOUNDATION 1725 I STREET NW, SUITE 900	52-1100361	501(C)(3)	6,750.				CIVIL RIGHTS, SOCIAL

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(1) NATIONAL FOSTER YOUTH ACTION NETWORK 200 PINE STREET, 3RD FLOOR	26-3757824	501(C)(3)	40,000.				YOUTH DEVELOPMENT
(2) NATIONAL GRAIN & FEED FOUNDATION 1400 CRYSTAL DRIVE SUITE 260	52-0846693	501(C)(3)	10,000.				PHILANTHROPY, VOLUNT
(3) NATIONAL LOUIS UNIVERSITY 122 S MICHIGAN AVENUE CHICAGO, IL 60603	36-2167804	501(C)(3)	90,000.				EDUCATION
(4) NATIONAL MULTIPLE SCLEROSIS SOCIETY - GEORG 950 E PACES FERRY ROAD NE, SUITE 110	13-5661935	501(C)(3)	24,950.				DISEASES, DISORDERS
(5) NATIONAL PHILANTHROPIC TRUST 165 TOWNSHIP LINE ROAD, SUITE 1200	23-7825575	501(C)(3)	500,000.				PHILANTHROPY, VOLUNT
(6) NATIONAL VETERANS WELLNESS & HEALING CENTER PO BOX 805 ANGEL FIRE, NM 87710	27-1330398	501(C)(3)	7,400.				PUBLIC & SOCIETAL BE
(7) NATIVITY OF OUR LORD CATHOLIC CHURCH 1900 WELLESLEY AVENUE ST. PAUL, MN 55105	0	501(C)(3)	12,000.				RELIGION-RELATED
(8) NAZARETH LUTHERAN CHURCH 7401 UNIVERSITY AVENUE	0	501(C)(3)	11,000.				RELIGION-RELATED
(9) NELSON GALLERY FOUNDATION 4525 OAK STREET KANSAS CITY, MO 64111	44-6012977	501(C)(3)	11,500.				ARTS, CULTURE & HUMA
(10) NEMA FOUNDATION, INC. DBA PROVISIONBRIDGE PO BOX 157 TALLULAH FALLS, GA 30573	27-4357830	501(C)(3)	15,000.				PHILANTHROPY, VOLUNT
(11) NET MINISTRIES, INC. 110 CRUSADER AVENUE WEST	41-1637054	501(C)(3)	8,750.				RELIGION-RELATED
(12) NEUROMUSCULAR DISEASE FOUNDATION 269 S BEVERLY DRIVE, SUITE 1206	06-1789643	501(C)(3)	50,000.				DISEASES, DISORDERS

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(1) NEVADA COMMUNITY FOUNDATION 410 S. RAMPART BLVD., SUITE 390	88-0241420	501(C)(3)	4,618,496.				PHILANTHROPY, VOLUNT
(2) NEVER SAY NEVER FOUNDATION, INC. 3965 NE 15TH COURT ROAD OCALA, FL 34479	27-3023471	501(C)(3)	6,000.				RECREATION & SPORTS
(3) NEW BETHEL AME CHURCH 11601 MENCHACA RD AUSTIN, TX 78748	0	501(C)(3)	30,000.				RELIGION-RELATED
(4) NEW BETHEL BAPTIST CHURCH 6632 KENTUCKY AVENUE BIRMINGHAM, AL 35212	0	501(C)(3)	10,000.				RELIGION-RELATED
(5) NEW CREATION, INC. 544 E SPRUCE STREET OLATHE, KS 66061	82-1688889	501(C)(3)	65,000.				HUMAN SERVICES
(6) NEW HORIZONS FOUNDATION 5550 TECH CENTER DRIVE, SUITE 305	72-1551621	501(C)(3)	6,000.				PHILANTHROPY, VOLUNT
(7) NEW LIFE CHAPEL 113 RIVERFRONT DRIVE MADISON, AL 35756	0	501(C)(3)	12,000.				RELIGION-RELATED
(8) NO KID HUNGRY BY SHARE OUR STRENGTH PO BOX 75475 BALTIMORE, MD 21275	52-1367538	501(C)(3)	5,700.				FOOD, AGRICULTURE &
(9) NO LIMITS THEATER GROUP, INC. 9801 WASHINGTON BLVD, 2ND FLOOR	95-4603048	501(C)(3)	15,000.				EDUCATION
(10) NORTH AMERICAN COUNCIL ON ADOPTABLE CHILDRE 970 RAYMOND AVENUE, SUITE 106	51-0188951	501(C)(3)	10,000.				HUMAN SERVICES
(11) NORTH CAROLINA STATE UNIVERSITY 2016 HARRIS HALL/ BOX 7302	56-6000756	501(C)(3)	8,075.				EDUCATION
(12) NORTH RIDGE CHURCH 1303 CENTENNIAL PARKWAY WAUNAKEE, WI 53597	80-0734267	501(C)(3)	20,000.				RELIGION-RELATED

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(1) NORTHERN CALIFORNIA GRANTMAKERS 160 SPEAR STREET, SUITE 360	94-2761355	501(C)(3)	8,000.				PHILANTHROPY, VOLUNT
(2) NORTHERN PIDMONT COMMUNITY FOUNDATION PO BOX 5 CULPEPER, VA 22701	31-1742955	501(C)(3)	1,818,605.				PHILANTHROPY, VOLUNT
(3) NORTHRIDGE CHURCH 316 LINCOLN STREET SABETHA, KS 66534	0	501(C)(3)	27,880.				RELIGION-RELATED
(4) NORTHWEST ATLANTIC MARINE ALLIANCE, INC. 222 MAIN STREET GLOUCESTER, MA 01930	01-0516646	501(C)(3)	175,000.				ENVIRONMENT
(5) NORTHWESTERN MEMORIAL HEALTHCARE 541 NORTH FAIRBANKS COURT, SUITE 800	36-3152959	501(C)(3)	5,100.				GENERAL SUPPORT
(6) NORTHWESTERN MEMORIAL HEALTHCARE 251 E HURON ST, GALTER PAVILION STE 3-200	36-3155315	501(C)(3)	5,500.				HEALTH CARE
(7) NORTHWESTERN UNIVERSITY PRITZKER SCHOOL OF 375 E CHICAGO AVENUE CHICAGO, IL 60611	0	501(C)(3)	10,000.				EDUCATION
(8) NYU LANGONE HEALTH SYSTEM ONE PARK AVENUE, 5TH FLOOR	47-2613531	501(C)(3)	1,000,000.				HEALTH CARE
(9) OBRIA GROUP, INC. 17731 IRVINE BOULEVARD, SUITE 201-B	59-3804603	501(C)(3)	9,000.				HUMAN SERVICES
(10) OCCIDENTAL COLLEGE 1600 CAMPUS ROAD LOS ANGELES, CA 90041	95-1667177	501(C)(3)	10,000.				EDUCATION
(11) OHIO STATE UNIVERSITY FOUNDATION 1480 W LANE AVENUE COLUMBUS, OH 43221	31-1145986	501(C)(3)	193,021.				EDUCATION
(12) OKLAHOMA SWARM BASKETBALL CLUB PO BOX 6932 EDMOND, OK 73083	26-4687085	501(C)(3)	14,000.				RECREATION & SPORTS

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(1) OLD TOWN SCHOOL OF FOLK MUSIC 4544 N LINCOLN AVENUE CHICAGO, IL 60625	36-2373635	501(C)(3)	10,000.				ARTS, CULTURE & HUMA
(2) ONE WORLD ACADEMY NORTH AMERICA 3940 LAUREL CANYON BOULEVARD, SUITE 946	26-3427369	501(C)(3)	25,000.				RELIGION-RELATED
(3) ONEJUSTICE 433 CALIFORNIA STREET, SUITE 815	94-2589423	501(C)(3)	30,000.				CIVIL RIGHTS, SOCIAL
(4) ONEOC 1901 E 4TH STREET, SUITE 100	95-2021700	501(C)(3)	4,109,193.				PHILANTHROPY, VOLUNT
(5) OPERATION BREAKTHROUGH, INC. 3039 TROOST AVENUE KANSAS CITY, MO 64109	43-0971560	501(C)(3)	9,875.				HUMAN SERVICES
(6) OPPORTUNITY INTERNATIONAL, INC. 550 W VAN BUREN STREET, SUITE 200	54-0907624	501(C)(3)	5,025.				INTERNATIONAL, FOREI
(7) ORANGE COUNTY GANG REDUCTION AND INTERVENTI 1451 QUAIL STREET, SUITE 101	46-2600505	501(C)(3)	38,640.				EDUCATION
(8) OREGON PUBLIC BROADCASTING 7140 SW MACADAM AVENUE PORTLAND, OR 97219	93-0814638	501(C)(3)	6,000.				ARTS, CULTURE & HUMA
(9) ORPHAN GRAIN TRAIN PO BOX 1466 NORFOLK, NE 68702	31-1614650	501(C)(3)	8,000.				INTERNATIONAL, FOREI
(10) ORPHANED STARFISH FOUNDATION, INC. 55 EXCHANGE PLACE, SUITE 402	31-1782130	501(C)(3)	15,000.				HUMAN SERVICES
(11) OVERLAKE SCHOOL 20301 NE 108TH STREET REDMOND, WA 98053	0	501(C)(3)	100,000.				EDUCATION
(12) OXFORD UNIVERSITY UNITED METHODIST CHURCH 424 S 10TH STREET OXFORD, MS 38655	0	501(C)(3)	65,840.				RELIGION-RELATED

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(1) OYATE NETWORKING PROJECT, INC. PO BOX 316 KYLE, SD 57752	46-0438929	501(C)(3)	15,000.				COMMUNITY IMPROVEMEN
(2) OZARKS FOOD HARVEST PO BOX 5746 SPRINGFIELD, MO 65803	43-1426384	501(C)(3)	5,250.				FOOD, AGRICULTURE &
(3) PACE UNIVERSITY 861 BEDFORD ROAD PLEASANTVILLE, NY 10570	13-5562314	501(C)(3)	18,000.				EDUCATION
(4) PACIFIC COUNCIL ON INTERNATIONAL POLICY 725 S FIGUEROA STREET, SUITE 450	95-4520471	501(C)(3)	50,000.				INTERNATIONAL, FOREI
(5) PACIFIC LUTHERAN UNIVERSITY 12180 PARK AVENUE SOUTH TACOMA, WA 98447	91-0565571	501(C)(3)	30,050.				EDUCATION
(6) PANCREATIC CANCER ACTION NETWORK, INC. 1500 ROSECRANS AVENUE, SUITE 200	33-0841281	501(C)(3)	102,183.				DISEASES, DISORDERS
(7) PANGEA EDUCATIONAL DEVELOPMENT GROUP 641 W LAKE STREET, SUITE 200	27-4001293	501(C)(3)	8,000.				INTERNATIONAL, FOREI
(8) PARISH EPISCOPAL SCHOOL 4101 SIGMA ROAD DALLAS, TX 75244	75-1390485	501(C)(3)	5,520.				EDUCATION
(9) PARK CENTURY SCHOOL 3939 LANDMARK STREET CULVER CITY, CA 90232	95-2539719	501(C)(3)	8,000.				EDUCATION
(10) PARKWAY FELLOWSHIP 27043 FARM TO MARKET 1093	0	501(C)(3)	16,100.				RELIGION-RELATED
(11) PARTNERS INTERNATIONAL 1119 E WESTVIEW COURT SPOKANE, WA 99218	94-1393427	501(C)(3)	6,500.				RELIGION-RELATED
(12) PASADENA HUMANE SOCIETY 361 S RAYMOND AVENUE PASADENA, CA 91105	95-1643344	501(C)(3)	6,280.				ANIMAL-RELATED

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Schedule I (Form 990) (2019)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

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Name of the organization

GREATER HORIZONS

Employer identification number

20-0849590

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) PASS-A-GRILLE BEACH COMMUNITY CHURCH 107 16TH AVENUE ST. PETE BEACH, FL 33706	0	501(C)(3)	110,000.				RELIGION-RELATED
(2) PATH 2201 NOTTINGHAM DRIVE NAPERVILLE, IL 60565	47-1562358	501(C)(3)	5,660.				GENERAL SUPPORT
(3) PAUL SMITHS COLLEGE OF ARTS AND SCIENCES PO BOX 265 PAUL SMITHS, NY 12970	15-0533545	501(C)(3)	20,000.				EDUCATION
(4) PAWS CHICAGO 1997 N CLYBOURN AVENUE CHICAGO, IL 60614	36-4219778	501(C)(3)	5,845.				ANIMAL-RELATED
(5) PEACE OFFICER JAIL CHAPLAINS ASSOCIATION PO BOX 6444 FARGO, ND 58109	20-4363997	501(C)(3)	25,000.				CRIME & LEGAL-RELATE
(6) PEMBROKE HILL SCHOOL 400 W 51ST STREET KANSAS CITY, MO 64112	43-1326059	501(C)(3)	27,275.				EDUCATION
(7) PENNSYLVANIA STATE UNIVERSITY ONE OLD MAIN UNIVERSITY PARK, PA 16802	24-6000376	501(C)(3)	10,000.				EDUCATION
(8) PIVOTAL 75 E SANTA CLARA STREET, SUITE 1450	77-0166138	501(C)(3)	10,000.				YOUTH DEVELOPMENT
(9) PLACER COMMUNITY FOUNDATION 219 MAPLE STREET, SUITE 200	94-6093213	501(C)(3)	1,006,586.				PHILANTHROPY, VOLUNT
(10) PLANNED PARENTHOOD FEDERATION OF AMERICA IN PO BOX 97166 WASHINGTON, DC 20077	13-1644147	501(C)(3)	35,841.				HEALTH CARE
(11) PLATT PARK CHURCH 1601 S CLARKSON STREET DENVER, CO 80210	0	501(C)(3)	25,000.				RELIGION-RELATED
(12) PRESIDENT AND FELLOWS OF HARVARD COLLEGE 124 MOUNT AUBURN STREET CAMBRIDGE, MA 02138	04-2103580	501(C)(3)	20,100.				GENERAL SUPPORT

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<b>(1)</b> PRIMROSE HILL SCHOOL 23 SPRING BROOK PARK RHINEBECK, NY 12572	47-1840473	501(C)(3)	20,000.				EDUCATION
<b>(2)</b> PRINCETON UNIVERSITY PO BOX 5357 PRINCETON, NJ 08543	21-0634501	501(C)(3)	5,800.				GENERAL SUPPORT
<b>(3)</b> PUBLIC INTEREST LAW PROJECT 449 15TH STREET, SUITE 301	94-3243666	501(C)(3)	20,000.				CRIME & LEGAL-RELATE
<b>(4)</b> PULMONARY FIBROSIS FOUNDATION 230 E OHIO STREET, SUITE 500	84-1558631	501(C)(3)	5,600.				DISEASES, DISORDERS
<b>(5)</b> PURDUE UNIVERSITY 403 W WOOD STREET WEST LAFAYETTE, IN 47907	35-6002041	501(C)(3)	8,300.				GENERAL SUPPORT
<b>(6)</b> QUALITY LIVING, INC. 6404 N 70TH PLAZA OMAHA, NE 68104	47-0665946	501(C)(3)	50,000.				HEALTH CARE
<b>(7)</b> R.M. PYLES BOYS CAMP 27211 HENRY MAYO DRIVE VALENCIA, CA 91355	95-1810837	501(C)(3)	35,000.				YOUTH DEVELOPMENT
<b>(8)</b> RACE TO ERASE MS 1875 CENTURY PARK EAST, SUITE 980	84-1238541	501(C)(3)	45,000.				MEDICAL RESEARCH
<b>(9)</b> RADHA KRISHNA TEMPLE OF DALLAS 1450 N WATTERS ROAD ALLEN, TX 75013	26-3490578	501(C)(3)	16,601.				RELIGION-RELATED
<b>(10)</b> RAYMORE COMMUNITY FOUNDATION 100 N MUNICIPAL CIRCLE RAYMORE, MO 64083	82-4658523	501(C)(3)	27,500.				HUMAN SERVICES
<b>(11)</b> RAYMORE-PECULIAR BAND BOOSTERS CLUB, INC. PO BOX 913 RAYMORE, MO 64083	43-1481991	501(C)(3)	18,500.				EDUCATION
<b>(12)</b> RAZORBACK FOUNDATION, INC. 1295 S RAZORBACK ROAD, SUITE A	71-0540644	501(C)(3)	13,600.				EDUCATION

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(1) READ TO THEM, INC. 2201 W BROAD ST, SUITE 206	20-0953916	501(C)(3)	10,000.				EDUCATION
(2) READERS 2 LEADERS P.O. BOX 195076 DALLAS, TX 75219	90-0641325	501(C)(3)	15,000.				EDUCATION
(3) REDEMPTION CHURCH 105 NORTECH PARKWAY SAN JOSE, CA 95134	0	501(C)(3)	53,600.				RELIGION-RELATED
(4) REDEMPTION CHURCH 515 S. RIDGEVIEW RD. OLATHE, KS 66061	20-2016800	501(C)(3)	7,000.				RELIGION-RELATED
(5) REDWOOD HIGH MUSIC BOOSTERS 395 DOHERTY DRIVE, ROOM 181A	27-3289992	501(C)(3)	8,000.				EDUCATION
(6) REDWOOD HIGH SCHOOL FOUNDATION 395 DOHERTY DRIVE, ROOM 181A	68-0396973	501(C)(3)	6,000.				EDUCATION
(7) REENAS BAIS YAAKOV 71 ETHEL ROAD WEST PISCATAWAY, NJ 08854	0	501(C)(3)	7,200.				EDUCATION
(8) REENGAGED MINISTRIES 228 PARKVIEW WAY NEWTOWN, PA 18940	47-3565011	501(C)(3)	10,000.				RELIGION-RELATED
(9) REFUGEE AND IMMIGRANT CENTER FOR EDUCATION 1305 N FLORES STREET SAN ANTONIO, TX 78212	74-2436920	501(C)(3)	11,150.				CIVIL RIGHTS, SOCIAL
(10) REGENTS OF THE UNIVERSITY OF CALIFORNIA, DA ONE SHIELDS AVENUE DAVIS, CA 95616	94-6036494	501(C)(3)	31,000.				EDUCATION
(11) REGENTS OF THE UNIVERSITY OF MICHIGAN 3003 S STATE STREET ANN ARBOR, MI 48109	38-6006309	501(C)(3)	5,125.				EDUCATION
(12) RENAISSANCE CHARITABLE FOUNDATION, INC. 8910 PURDUE ROAD, SUITE 555	35-2129262	501(C)(3)	63,408.				PHILANTHROPY, VOLUNT

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<b>(1)</b> RENOVATION LIFE CHURCH, INC. PO BOX 451548 KISSIMMEE, FL 34745	46-4144932	501(C)(3)	10,000.				RELIGION-RELATED
<b>(2)</b> RESTORING THE SOUL, INC. PO BOX 36126 LAKEWOOD, CO 80215	42-1560993	501(C)(3)	125,000.				RELIGION-RELATED
<b>(3)</b> RETRIEVE A GOLDEN OF MINNESOTA 5800 BAKER ROAD, SUITE 120	41-1856124	501(C)(3)	32,339.				ANIMAL-RELATED
<b>(4)</b> RIVER FOOD PANTRY 2201 DARWIN ROAD MADISON, WI 53704	20-4179749	501(C)(3)	15,000.				FOOD, AGRICULTURE &
<b>(5)</b> RIVER OAK CHRISTIAN ACADEMY 919 WILDWOOD DRIVE JEFFERSON CITY, MO 65109	0	501(C)(3)	30,063.				EDUCATION
<b>(6)</b> RIVERWIND, INC. 215 BAY VIEW ROAD, SUITE 150-10	47-1855409	501(C)(3)	8,500.				RELIGION-RELATED
<b>(7)</b> ROCKHURST HIGH SCHOOL 9301 STATE LINE ROAD KANSAS CITY, MO 64114	44-0662501	501(C)(3)	6,225.				EDUCATION
<b>(8)</b> ROCKHURST UNIVERSITY 1100 ROCKHURST ROAD KANSAS CITY, MO 64110	44-0545813	501(C)(3)	48,150.				EDUCATION
<b>(9)</b> ROCKY MOUNTAIN COLLEGE 1511 POLY DRIVE BILLINGS, MT 59102	81-0235407	501(C)(3)	100,000.				EDUCATION
<b>(10)</b> ROCKY MOUNTAIN INSTITUTE 2490 JUNCTION PLACE, SUITE 200	74-2244146	501(C)(3)	55,000.				SCIENCE & TECHNOLOGY
<b>(11)</b> RONALD MCDONALD HOUSE CHARITIES OF KANSAS C 2502 CHERRY STREET KANSAS CITY, MO 64108	43-1190760	501(C)(3)	5,595.				HEALTH CARE
<b>(12)</b> ROOM TO READ 465 CALIFORNIA STREET, SUITE 1000	91-2003533	501(C)(3)	18,225.				EDUCATION

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(1) ROSELAND CHARTER SCHOOL 1691 BURBANK AVENUE SANTA ROSA, CA 95407	43-2029144	501(C)(3)	25,000.				EDUCATION
(2) ROSSER FOUNDATION - A PURE CHARITABLE TRUST 1901 N ARMISTEAD AVENUE HAMPTON, VA 23666	54-6338714	501(C)(3)	12,000.				RELIGION-RELATED
(3) ROTARY CLUB OF GLENVIEW SUNRISE CHARITABLE PO BOX 382 GLENVIEW, IL 60025	36-3890734	501(C)(3)	10,000.				PHILANTHROPY, VOLUNT
(4) ROTARY CLUB OF LAS CRUCES FOUNDATION PO BOX 1912 LAS CRUCES, NM 88004	81-3600619	501(C)(3)	12,500.				PHILANTHROPY, VOLUNT
(5) ROWLA 629 ALTA AVENUE SANTA MONICA, CA 90402	27-1390903	501(C)(3)	22,000.				YOUTH DEVELOPMENT
(6) RX FOR READING 141 N BRISTOL AVENUE LOS ANGELES, CA 90049	95-4240189	501(C)(3)	1,625,000.				EDUCATION
(7) SAINT ANTHONY ON THE DESERT EPISCOPAL CHURCH 12990 E SHEA BLVD SCOTTSDALE, AZ 85259	0	501(C)(3)	5,196.				RELIGION-RELATED
(8) SAINT LUKE'S FOUNDATION, INC. 901 E 104TH STREET KANSAS CITY, MO 64131	44-6014699	501(C)(3)	7,860.				HEALTH CARE
(9) SAINT VRAIN MILL PRESERVATION AND HISTORICA PO BOX 1282 MORA, NM 87732	46-1355698	501(C)(3)	7,000.				ARTS, CULTURE & HUMA
(10) SAINTS PETER AND PAUL CHURCH 411 PIONEER STREET SENECA, KS 66538	0	501(C)(3)	10,000.				RELIGION-RELATED
(11) SALVATION ARMY - BRANSON CORPS 1114 STANLEY BOULEVARD BRANSON, MO 65616	22-2406433	501(C)(3)	9,379.				HUMAN SERVICES
(12) SALVATION ARMY - FRIENDS OF THE SALVATION A 24600 S TAMiami TRL, SUITE 212	13-2923701	501(C)(3)	25,727.				HUMAN SERVICES

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(1) SALVATION ARMY - NORTHLAND CENTER 5306 N OAK TRAFFICWAY KANSAS CITY, MO 64118	44-0545998	501(C)(3)	5,690.				HUMAN SERVICES
(2) SAMARITAN'S PURSE PO BOX 3000 BOONE, NC 28607	58-1437002	501(C)(3)	25,600.				RELIGION-RELATED
(3) SAN MARINO COMMUNITY CHURCH 1750 VIRGINIA ROAD SAN MARINO, CA 91108	95-1691779	501(C)(3)	53,000.				RELIGION-RELATED
(4) SANTA BARBARA INTERNATIONAL FILM FESTIVAL, 1528 CHAPALA STREET, SUITE 203	77-0073674	501(C)(3)	17,640.				ARTS, CULTURE & HUMA
(5) SANTA CATALINA SCHOOL 1500 MARK THOMAS DRIVE MONTEREY, CA 93940	94-1156652	501(C)(3)	35,000.				EDUCATION
(6) SANTA CLARA UNIVERSITY 500 EL CAMINO REAL SANTA CLARA, CA 95053	94-1156617	501(C)(3)	12,500.				EDUCATION
(7) SANTA MONICA-MALIBU EDUCATION FOUNDATION 1645 16TH STREET SANTA MONICA, CA 90404	95-3787674	501(C)(3)	10,000.				EDUCATION
(8) SANTA ROSA MEMORIAL HOSPITAL 101 BROOKWOOD AVENUE, SUITE 202	94-1231005	501(C)(3)	105,000.				HEALTH CARE
(9) SAVE A PET, INC. PO BOX 266 GRAYSLAKE, IL 60030	23-7304570	501(C)(3)	50,000.				ANIMAL-RELATED
(10) SAVE THE STORKS 4050 LEE VANCE VIEW, SUITE 300	46-1031815	501(C)(3)	6,025.				HEALTH CARE
(11) SCHOOL OF FAITH 13240 CRAIG STREET OVERLAND PARK, KS 66213	20-3126204	501(C)(3)	25,825.				RELIGION-RELATED
(12) SCHOOLHOUSE CONNECTION 4401A CONNECTICUT AVENUE NW, SUITE 145	81-5042929	501(C)(3)	10,000.				CIVIL RIGHTS, SOCIAL

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<b>(1)</b> SCHWAB CHARITABLE FUND PO BOX 628298 ORLANDO, FL 32862	31-1640316	501(C)(3)	69,701.				PHILANTHROPY, VOLUNT
<b>(2)</b> SCOTTISH RITE MASONIC CHILDREN'S LEARNING C PO BOX 357 LAS CRUCES, NM 88004	74-2841018	501(C)(3)	11,800.				EDUCATION
<b>(3)</b> SEATTLE PREPARATORY SCHOOL 2400 11TH AVENUE E SEATTLE, WA 98102	91-0644000	501(C)(3)	10,000.				EDUCATION
<b>(4)</b> SECOND HARVEST FOOD BANK OF SANTA CLARA AND 750 CURTNER AVENUE SAN JOSE, CA 95125	94-2614101	501(C)(3)	12,100.				FOOD, AGRICULTURE &
<b>(5)</b> SEIZE THE DAY MEDIA, INC. 333 E AMADO ROAD, UNIT 1021	82-2062727	501(C)(3)	25,000.				ARTS, CULTURE & HUMA
<b>(6)</b> SHARING AND CARING HANDS, INC. 525 N 7TH STREET MINNEAPOLIS, MN 55405	36-3412619	501(C)(3)	10,264.				HUMAN SERVICES
<b>(7)</b> SHEPHERD'S CANYON RETREAT, INC. PO BOX 51510 PHOENIX, AZ 85076	26-3930639	501(C)(3)	10,000.				RELIGION-RELATED
<b>(8)</b> SHRIJI MANDIR 6116 OCEAN TERR DRIVE	06-1689071	501(C)(3)	12,001.				RELIGION-RELATED
<b>(9)</b> SHRINERS HOSPITALS FOR CHILDREN PO BOX 1510 RANSON, WV 25438	04-2121377	501(C)(3)	5,150.				HEALTH CARE
<b>(10)</b> SHRINERS HOSPITALS FOR CHILDREN 2025 E RIVER PARKWAY MINNEAPOLIS, MN 55415	36-2193608	501(C)(3)	8,375.				HEALTH CARE
<b>(11)</b> SHUMLA ARCHAEOLOGICAL RESEARCH & EDUCATION PO BOX 627 COMSTOCK, TX 78837	74-2869788	501(C)(3)	50,000.				SCIENCE & TECHNOLOGY
<b>(12)</b> SILICON VALLEY LEADERSHIP GROUP FOUNDATION 2001 GATEWAY PLACE, SUITE 101E	91-2140464	501(C)(3)	9,000.				ENVIRONMENT

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Schedule I (Form 990) (2019)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

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Name of the organization

GREATER HORIZONS

Employer identification number

20-0849590

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(1) SILVERDALE BAPTIST CHURCH 7236 BONNY OAKS DRIVE CHATTANOOGA, TN 37421	62-0946357	501(C)(3)	31,000.				RELIGION-RELATED
(2) SIMON WIESENTHAL CENTER 1399 S ROXBURY DRIVE LOS ANGELES, CA 90035	95-3964928	501(C)(3)	25,000.				ARTS, CULTURE & HUMA
(3) SISTERS OF ST. JOSEPH OF ROCHESTER 150 FRENCH ROAD ROCHESTER, NY 14618	16-0743089	501(C)(3)	20,000.				RELIGION-RELATED
(4) SKIDMORE COLLEGE 815 BROADWAY SARATOGA SPRINGS, NY 12866	14-1338562	501(C)(3)	10,000.				EDUCATION
(5) SKIRBALL CULTURAL CENTER 2701 N SEPULVEDA BOULEVARD	95-4538371	501(C)(3)	40,000.				ARTS, CULTURE & HUMA
(6) SLOW FOOD VENTURA COUNTY 494 CAMINO MANZANAS THOUSAND OAKS, CA 91360	47-2873660	501(C)(3)	50,000.				FOOD, AGRICULTURE &
(7) SMITH CENTER OF THE PERFORMING ARTS 361 SYMPHONY PARK LAS VEGAS, NV 89106	88-0361875	501(C)(3)	10,055.				ARTS, CULTURE & HUMA
(8) SOAR FOR YOUTH PO BOX 1291 BERKELEY, CA 94701	26-4425202	501(C)(3)	10,000.				HUMAN SERVICES
(9) SOCIAL VENTURE PARTNERS - LOS ANGELES 800 WILSHIRE BLVD., SUITE 200	51-0563566	501(C)(3)	10,000.				PHILANTHROPY, VOLUNT
(10) SOCIETY FOR SCIENCE AND THE PUBLIC PO BOX 1674 WILLIAMSPORT, PA 17703	53-0196483	501(C)(3)	10,000.				SCIENCE & TECHNOLOGY
(11) SOTERIA DES MOINES 3250 SE SOTERIA AVENUE	0	501(C)(3)	6,000.				RELIGION-RELATED
(12) SOUL WHISPERER MINISTRIES 1651 SUTTER LANE CORONA, CA 92879	80-0703884	501(C)(3)	57,000.				RELIGION-RELATED

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(1) SOUTH CENTRAL COMMUNITY FOUNDATION 114 W 5TH STREET PRATT, KS 67124	48-1156704	501(C)(3)	17,316,125.				PHILANTHROPY, VOLUNT
(2) SOUTH CENTRAL COMMUNITY FOUNDATION 114 W 5TH STREET PRATT, KS 67124	48-1243847	501(C)(3)	419,831.				PHILANTHROPY, VOLUNT
(3) SOUTH DAKOTA SCHOOL OF MINES AND TECHNOLOGY 330 EAST KANSAS CITY STREET, SUITE 200	46-6011771	501(C)(3)	5,400.				GENERAL SUPPORT
(4) SOUTHERN CALIFORNIA PUBLIC RADIO 474 S RAYMOND AVENUE PASADENA, CA 91105	95-4765734	501(C)(3)	5,125.				ARTS, CULTURE & HUMA
(5) SOUTHERN POVERTY LAW CENTER, INC. 400 WASHINGTON AVENUE MONTGOMERY, AL 36104	63-0598743	501(C)(3)	16,300.				CIVIL RIGHTS, SOCIAL
(6) SPECIAL OLYMPICS NEBRASKA, INC. 9427 F STREET OMAHA, NE 68127	47-0546346	501(C)(3)	10,000.				RECREATION & SPORTS
(7) SPECIALISTS IN GLOBAL HEALTH 2240 ENCINITAS BLVD SUITE D429	45-5000834	501(C)(3)	39,000.				HEALTH CARE
(8) SPECTRUM, INC. 31 ELMWOOD AVENUE BURLINGTON, VT 05401	03-0253232	501(C)(3)	51,200.				YOUTH DEVELOPMENT
(9) SPERA FOUNDATION 2607 W GREENLEAF AVENUE, APT 2	83-1079874	501(C)(3)	10,000.				EDUCATION
(10) SPRING VALLEY BIBLE CHURCH PO BOX 833007 RICHARDSON, TX 75080	0	501(C)(3)	10,000.				RELIGION-RELATED
(11) ST. ANDREWS PRESBYTERIAN CHURCH 609 CENTER STREET MOUNT AIRY, MD 21771	0	501(C)(3)	6,000.				RELIGION-RELATED
(12) ST. AUGUSTINE INDIAN MISSION SCHOOL PO BOX GG WINNEBAGO, NE 68071	47-0398898	501(C)(3)	6,000.				EDUCATION

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(1) ST. BARTHOLOMEW CATHOLIC CHURCH 1306 27TH STREET COLUMBUS, IN 47201	0	501(C)(3)	26,000.				RELIGION-RELATED
(2) ST. CHARLES PREPARATORY SCHOOL 2010 E BROAD STREET COLUMBUS, OH 43209	0	501(C)(3)	45,550.				EDUCATION
(3) ST. EUGENE CATHOLIC CHURCH 207 N JOHNSON DRIVE MCGREGOR, TX 76657	0	501(C)(3)	54,000.				RELIGION-RELATED
(4) ST. FRANCIS DE SALES CATHOLIC SCHOOL 135 S BUESCHING ROAD LAKE ZURICH, IL 60047	36-2665039	501(C)(3)	100,000.				EDUCATION
(5) ST. ISIDORE CATHOLIC STUDENT CENTER PARISH 711 DENSON AVENUE MANHATTAN, KS 66502	26-0863611	501(C)(3)	5,200.				RELIGION-RELATED
(6) ST. JAMES CATHOLIC CHURCH 562 VINE STREET MADISON, GA 30650	0	501(C)(3)	6,000.				RELIGION-RELATED
(7) ST. JOAN OF ARC CATHOLIC CHURCH 3122 S 74TH STREET OMAHA, NE 68124	0	501(C)(3)	7,000.				RELIGION-RELATED
(8) ST. JOHN VIANNEY CATHOLIC CHURCH 449 N WATER AVENUE GALLATIN, TN 37066	0	501(C)(3)	20,500.				RELIGION-RELATED
(9) ST. JOHN'S EPISCOPAL CATHEDRAL 514 W ADAMS BOULEVARD	0	501(C)(3)	6,000.				RELIGION-RELATED
(10) ST. JOHN'S LUTHERAN CHURCH 4500 BUENA VISTA ROAD BAKERSFIELD, CA 93311	0	501(C)(3)	10,000.				RELIGION-RELATED
(11) ST. JOSEPH'S HOSPITAL HEALTH CENTER FOUNDAT 973 JAMES ST., STE 250 SYRACUSE, NY 13203	22-2149775	501(C)(3)	6,000.				HEALTH CARE
(12) ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC. 501 ST. JUDE PLACE MEMPHIS, TN 38105	62-0646012	501(C)(3)	61,125.				HEALTH CARE

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(1) ST. LAWRENCE UNIVERSITY 23 ROMODA DRIVE CANTON, NY 13617	15-0532239	501(C)(3)	10,000.				EDUCATION
(2) ST. LUKE UNITED METHODIST CHURCH 1400 CLAYTON AVENUE TUPELO, MS 38804	0	501(C)(3)	15,000.				RELIGION-RELATED
(3) ST. MARGARET MARY'S CHURCH 6116 DODGE STREET OMAHA, NE 68132	0	501(C)(3)	5,875.				RELIGION-RELATED
(4) ST. MARY AND ST. JOHN THE BELOVED MONASTERY 8640 SQUIRES LANE NE WARREN, OH 44484	0	501(C)(3)	5,043.				RELIGION-RELATED
(5) ST. MARY'S CATHOLIC CHURCH 9208 MAIN STREET ST. BENEDICT, KS 66538	0	501(C)(3)	10,000.				RELIGION-RELATED
(6) ST. MARY'S COLLEGE 110 LE MANS HALL NOTRE DAME, IN 46556	0	501(C)(3)	10,000.				EDUCATION
(7) ST. MICHAEL THE ARCHANGEL SCHOOL 14201 NALL AVENUE LEAWOOD, KS 66224	0	501(C)(3)	6,000.				EDUCATION
(8) ST. MONICA CATHOLIC COMMUNITY 725 CALIFORNIA AVENUE	95-1642385	501(C)(3)	30,000.				RELIGION-RELATED
(9) ST. OLAF COLLEGE 1520 ST. OLAF AVENUE NORTHFIELD, MN 55057	41-0693979	501(C)(3)	25,000.				EDUCATION
(10) ST. PATRICK'S CATHOLIC CHURCH 1357 NE 42ND TERRACE KANSAS CITY, MO 64116	0	501(C)(3)	5,500.				RELIGION-RELATED
(11) ST. PAUL AMERICAN COPTIC ORTHODOX CHURCH 3002 DOW AVENUE, SUITE 140 TUSTIN, CA 92780	0	501(C)(3)	5,043.				RELIGION-RELATED
(12) ST. PAUL POLICE K-9 FOUNDATION PO BOX 17008 SAINT PAUL, MN 55117	41-1791700	501(C)(3)	10,868.				ANIMAL-RELATED

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(1) ST. PAUL'S UNITED METHODIST CHURCH 324 S JACKSON STREET PAPIILLION, NE 68046	0	501(C)(3)	12,775.				RELIGION-RELATED
(2) ST. PETER'S PARISH 815 E MEYER BLVD KANSAS CITY, MO 64131	44-0546198	501(C)(3)	15,000.				RELIGION-RELATED
(3) ST. PIUS X / ST. LEO SCHOOL 6905 BLONDO STREET OMAHA, NE 68104	0	501(C)(3)	5,405.				EDUCATION
(4) ST. THOMAS MORE PARISH 11822 HOLMES ROAD KANSAS CITY, MO 64131	43-6064126	501(C)(3)	14,300.				RELIGION-RELATED
(5) ST. THOMAS THE APOSTLE EPISCOPAL CHURCH 12251 ANTIOCH ROAD OVERLAND PARK, KS 66213	0	501(C)(3)	23,500.				RELIGION-RELATED
(6) ST. VINCENT DE PAUL HOLY ROSARY 4139 42ND AVENUE SW SEATTLE, WA 98116	13-5562362	501(C)(3)	25,500.				HUMAN SERVICES
(7) ST. VINCENT DE PAUL SOCIETY 2626 E 7TH AVENUE PARKWAY DENVER, CO 80206	0	501(C)(3)	11,000.				RELIGION-RELATED
(8) STADIA PO BOX 699 UNIONTOWN, OH 44685	05-0556267	501(C)(3)	30,000.				RELIGION-RELATED
(9) STAND TOGETHER TRUST 1310 N COURTHOUSE ROAD, SUITE 700	27-3197768	501(C)(3)	60,000.				PUBLIC & SOCIETAL BE
(10) STANFORD UNIVERSITY GRADUATE SCHOOL OF BUSI 518 MEMORIAL WAY STANFORD, CA 94305	94-1156365	501(C)(3)	350,600.				EDUCATION
(11) STARK MOUNTAIN FOUNDATION PO BOX 1221 FAYSTON, VT 05673	03-0369897	501(C)(3)	16,500.				ENVIRONMENT
(12) STEADFAST BIBLE FELLOWSHIP 2440 S 141ST CIRCLE OMAHA, NE 68144	20-0793317	501(C)(3)	13,000.				RELIGION-RELATED

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(1) STONY BROOK FOUNDATION, INC. 230 ADMINISTRATION BUILDING	11-6077945	501(C)(3)	200,500.				EDUCATION
(2) STOP FOODBORNE ILLNESS, INC. 4809 N RAVENSWOOD, SUITE 214	45-2742509	501(C)(3)	10,000.				HEALTH CARE
(3) STRAYDOG, INC. PO BOX 1465 GUN BARREL CITY, TX 75147	75-2756374	501(C)(3)	30,000.				ANIMAL-RELATED
(4) STUART PUBLIC LIBRARY 111 E FRONT STREET STUART, IA 50250	0	501(C)(3)	10,000.				EDUCATION
(5) SUMMIT COMMUNITY CHURCH 927 E TERRA LANE O'FALLON, MO 63366	0	501(C)(3)	30,800.				RELIGION-RELATED
(6) SUSTAINABLE AGRICULTURE AND FOOD SYSTEMS FU 601 E ARRELLAGA STREET, SUITE 101	83-2593081	501(C)(3)	75,000.				FOOD, AGRICULTURE &
(7) TAHOE TRUCKEE COMMUNITY FOUNDATION PO BOX 366 TRUCKEE, CA 96160	68-0416404	501(C)(3)	24,694,536.				PHILANTHROPY, VOLUNT
(8) TAMPA BAY PERFORMING ARTS CENTER, INC. 1010 NORTH W.C. MACINNES PLACE	59-2037085	501(C)(3)	10,000.				ARTS, CULTURE & HUMA
(9) TAU BETA PI ASSOCIATION, INC. PO BOX 2697 KNOXVILLE, TN 37901	62-0479545	501(C)(3)	10,000.				EDUCATION
(10) TECHNOSERVE, INC. 1777 N KENT STREET, SUITE 1100	13-2626135	501(C)(3)	10,000.				INTERNATIONAL, FOREI
(11) TEEN LEADERSHIP FOUNDATION PO BOX 7342 NEWPORT BEACH, CA 92658	20-8707656	501(C)(3)	100,000.				YOUTH DEVELOPMENT
(12) TEMPLE BETH EL OF GREAT NECK 5 OLD MILL ROAD GREAT NECK, NY 11023	11-1771935	501(C)(3)	100,000.				DISEASES, DISORDERS

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(1) TEMPLE EMANU-EL PO BOX 205114 DALLAS, TX 75320	75-2872570	501(C)(3)	5,556.				RELIGION-RELATED
(2) TEXAS A & M UNIVERSITY PO BOX 30016 COLLEGE STATION, TX 77842	74-2245072	501(C)(3)	10,250.				GENERAL SUPPORT
(3) TEXAS A & M UNIVERSITY 12TH MAN FOUNDATION PO BOX 2800 COLLEGE STATION, TX 77841	74-1185725	501(C)(3)	100,000.				EDUCATION
(4) TEXAS CHRISTIAN UNIVERSITY TCU BOX 297044 FORT WORTH, TX 76129	75-0827465	501(C)(3)	26,000.				EDUCATION
(5) TEXAS EXES SCHOLARSHIP FOUNDATION PO BOX 7278 AUSTIN, TX 78713	74-1587488	501(C)(3)	12,825.				EDUCATION
(6) TEXAS INDIA FORUM 12600 CARDINAL MEADOW SUGAR LAND, TX 77478	84-2398788	501(C)(3)	25,000.				RELIGION-RELATED
(7) TEXAS PUBLIC RADIO 8401 DATAPOINT DRIVE, SUITE 800	74-2559514	501(C)(3)	10,000.				ARTS, CULTURE & HUMA
(8) TEXAS TECH UNIVERSITY BOX 45025 LUBBOCK, TX 79409	75-6002622	501(C)(3)	10,050.				GENERAL SUPPORT
(9) THANKSGIVING LUTHERAN CHURCH 3702 S 370 PLAZA BELLEVUE, NE 68123	47-0664528	501(C)(3)	12,200.				RELIGION-RELATED
(10) THE CHILDREN'S PLACE, INC. 2 E 59TH STREET KANSAS CITY, MO 64113	51-0195216	501(C)(3)	7,760.				CRIME & LEGAL-RELATE
(11) THE COMMUNITY FOUNDATION OF HOWARD COUNTY 10630 LITTLE PATUXENT PARKWAY, SUITE 315	52-0937644	501(C)(3)	1,160,936.				PHILANTHROPY, VOLUNT
(12) THE COMMUNITY FOUNDATION OF MIDDLE TENNESSE 3833 CLEGHORN AVENUE, SUITE 400	62-1471789	501(C)(3)	8,769.				PHILANTHROPY, VOLUNT

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

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Schedule I (Form 990) (2019)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

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Name of the organization

GREATER HORIZONS

Employer identification number

20-0849590

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) THE COMMUNITY FOUNDATION SERVING BOULDER CO 1123 SPRUCE STREET BOULDER, CO 80302	84-1171836	501(C)(3)	7,472,184.				PHILANTHROPY, VOLUNT
(2) THE CROSSING CHURCH 3615 SOUTHLAND DRIVE COLUMBIA, MO 65201	43-1887401	501(C)(3)	20,000.				RELIGION-RELATED
(3) THE NATURE CONSERVANCY, INC. 4245 N FAIRFAX DRIVE, SUITE 100	53-0242652	501(C)(3)	11,260.				ENVIRONMENT
(4) THE NAVIGATORS PO BOX 6079 ALBERT LEA, MN 56007	84-6007896	501(C)(3)	59,050.				RELIGION-RELATED
(5) THE ROAD HOME PO BOX 2788 SALT LAKE CITY, UT 84110	87-0212465	501(C)(3)	10,000.				HOUSING & SHELTER
(6) THE ROCK OF KC 12750 N WINAN ROAD KANSAS CITY, MO 64163	41-2098261	501(C)(3)	7,200.				RELIGION-RELATED
(7) THE TREVOR PROJECT PO BOX 69232 WEST HOLLYWOOD, CA 90069	95-4681287	501(C)(3)	21,035.				MENTAL HEALTH & CRIS
(8) THEATREZONE INC. 100 CAPTAINS ROW, APT 306 CHELSEA, MA 02150	04-3341328	501(C)(3)	10,000.				ARTS, CULTURE & HUMA
(9) THREE SQUARE 4190 N PECOS ROAD LAS VEGAS, NV 89115	30-0396918	501(C)(3)	10,350.				FOOD, AGRICULTURE &
(10) TIDES FOUNDATION PO BOX 29903 SAN FRANCISCO, CA 94129	51-0198509	501(C)(3)	93,042.				PHILANTHROPY, VOLUNT
(11) TIFERES BAIS YAAKOV, INC. 613 OAK STREET LAKEWOOD, NJ 08701	22-3462019	501(C)(3)	10,000.				EDUCATION
(12) TILLY'S LIFE CENTER 17 PASTEUR IRVINE, CA 92618	45-5468732	501(C)(3)	27,225.				YOUTH DEVELOPMENT

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(1) TIP OF THE SPEAR FOUNDATION 2311 CEDAR SPRINGS ROAD, SUITE 350	45-3000590	501(C)(3)	50,000.				PUBLIC & SOCIETAL BE
(2) TORAH DAY SCHOOL OF DALLAS 6921 FRANKFORD ROAD DALLAS, TX 75252	16-1626550	501(C)(3)	6,800.				EDUCATION
(3) TOWN OF DEDHAM 140 WHITING AVENUE DEDHAM, MA 02026	0	501(C)(3)	10,000.				HUMAN SERVICES
(4) TRAINING LEADERS INTERNATIONAL PO BOX 310 WHEATON, IL 60187	80-0366071	501(C)(3)	6,200.				RELIGION-RELATED
(5) TRINITY BAPTIST CHURCH 221 ERVIN ROAD MOORESVILLE, NC 28117	0	501(C)(3)	6,000.				RELIGION-RELATED
(6) TRINITY VINEYARD CHRISTIAN FELLOWSHIP 12 S 7TH AVENUE ST. CHARLES, IL 60174	0	501(C)(3)	6,000.				RELIGION-RELATED
(7) TRUCKEE MEADOWS COMMUNITY COLLEGE FOUNDATIO 700 DANDINI BOULEVARD RENO, NV 89512	88-0185319	501(C)(3)	30,000.				EDUCATION
(8) TRUSTEE OF COLUMBIA UNIVERSITY IN THE CITY 622 W 113TH STREET, MC 4524	13-5598093	501(C)(3)	8,600.				EDUCATION
(9) TRUSTEES OF DARTMOUTH COLLEGE 6066 DEVELOPMENT OFFICE HANOVER, NH 03755	02-0222111	501(C)(3)	7,250.				EDUCATION
(10) TURNING POINT SCHOOL 8780 NATIONAL BOULEVARD	95-2668485	501(C)(3)	10,000.				EDUCATION
(11) UC BERKELEY FOUNDATION 2080 ADDISON STREET, #4200	94-6090626	501(C)(3)	205,000.				EDUCATION
(12) UCLA FOUNDATION 10920 WILSHIRE BOULEVARD, #1400	95-2250801	501(C)(3)	10,000.				EDUCATION

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GREATER HORIZONS

Employer identification number

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<b>(1)</b> UMKC FOUNDATION 5115 OAK STREET KANSAS CITY, MO 64112	26-0840496	501(C)(3)	5,550.				EDUCATION
<b>(2)</b> UNBOUND PO BOX 219114 KANSAS CITY, MO 64121	43-1243999	501(C)(3)	21,031.				INTERNATIONAL, FOREI
<b>(3)</b> UNION GOSPEL MISSION ASSOCIATION OF ST. PAU 77 E NINTH STREET SAINT PAUL, MN 55101	41-0705847	501(C)(3)	10,000.				HUMAN SERVICES
<b>(4)</b> UNITARIAN UNIVERSALIST CHURCH OF BOULDER 5001 PENNSYLVANIA AVENUE BOULDER, CO 80303	0	501(C)(3)	8,700.				RELIGION-RELATED
<b>(5)</b> UNITED AGAINST POVERTY, INC. 1400 27TH STREET VERO BEACH, FL 32960	11-3697936	501(C)(3)	20,000.				EMPLOYMENT
<b>(6)</b> UNITED JEWISH APPEAL FEDERATION OF JEWISH P PO BOX 4227 NEW YORK, NY 10261	51-0172429	501(C)(3)	750,000.				PHILANTHROPY, VOLUNT
<b>(7)</b> UNITED NATIONS WATCH - USA PO BOX 5872 WASHINGTON, DC 20016	45-1683502	501(C)(3)	10,000.				CIVIL RIGHTS, SOCIAL
<b>(8)</b> UNITED PARENTS 391 S DAWSON DRIVE, SUITE 1A	77-0275298	501(C)(3)	10,000.				HUMAN SERVICES
<b>(9)</b> UNITED SERVICE ORGANIZATIONS PO BOX 96860 WASHINGTON, DC 20077	13-1610451	501(C)(3)	5,050.				PUBLIC & SOCIETAL BE
<b>(10)</b> UNITED WAY FOR SOUTHEASTERN MICHIGAN 3011 W. GRAND BLVD., SUITE 500	20-3099071	501(C)(3)	5,025.				PHILANTHROPY, VOLUNT
<b>(11)</b> UNITED WAY OF GREATER KANSAS CITY PO BOX 871400 KANSAS CITY, MO 64187	44-0545812	501(C)(3)	22,500.				PHILANTHROPY, VOLUNT
<b>(12)</b> UNITED WAY OF GREATER LOS ANGELES 1150 S OLIVE STREET, SUITE T500	95-2274801	501(C)(3)	35,000.				PHILANTHROPY, VOLUNT

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(1) UNITED WAY OF GREATER ST. LOUIS PO BOX 500280 ST. LOUIS, MO 63150	43-0714167	501(C)(3)	6,600.				PHILANTHROPY, VOLUNT
(2) UNITED WAY OF METROPOLITAN DALLAS, INC. 1800 N LAMAR STREET DALLAS, TX 75202	75-6005352	501(C)(3)	15,000.				PHILANTHROPY, VOLUNT
(3) UNIVERSITY OF ARIZONA FOUNDATION PO BOX 210109 TUCSON, AZ 85721	86-6050388	501(C)(3)	25,000.				EDUCATION
(4) UNIVERSITY OF ARKANSAS FOUNDATION, INC. 4301 W MARKHAM STREET, SLOT 623F	71-6056774	501(C)(3)	5,010.				EDUCATION
(5) UNIVERSITY OF CALIFORNIA SAN FRANCISCO FOUN PO BOX 45339 SAN FRANCISCO, CA 94145	94-2829914	501(C)(3)	30,000.				EDUCATION
(6) UNIVERSITY OF CHICAGO 5235 S HARPER COURT, 4TH FLOOR	36-2177139	501(C)(3)	29,150.				EDUCATION
(7) UNIVERSITY OF CHICAGO BOOTH SCHOOL OF BUSIN 5807 S WOODLAWN AVENUE CHICAGO, IL 60637	0	501(C)(3)	5,650.				EDUCATION
(8) UNIVERSITY OF DAYTON 300 COLLEGE PARK DAYTON, OH 45469	31-0536715	501(C)(3)	85,000.				EDUCATION
(9) UNIVERSITY OF DENVER PO BOX 910585 DENVER, CO 80291	0	501(C)(3)	10,000.				EDUCATION
(10) UNIVERSITY OF MEMPHIS FOUNDATION P.O. BOX 1000 MEMPHIS, TN 38101	62-6048540	501(C)(3)	1,000,000.				EDUCATION
(11) UNIVERSITY OF MINNESOTA 106 PLEASANT STREET S.E.	0	501(C)(3)	21,735.				EDUCATION
(12) UNIVERSITY OF MONTANA FOUNDATION PO BOX 7159 MISSOULA, MT 59807	81-0362989	501(C)(3)	10,075.				GENERAL SUPPORT

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(1) UNIVERSITY OF NEBRASKA FOUNDATION 1010 LINCOLN MALL, SUITE 300	47-0379839	501(C)(3)	14,350.				GENERAL SUPPORT
(2) UNIVERSITY OF NOTRE DAME DU LAC 1100 GRACE HALL NOTRE DAME, IN 46556	35-0868188	501(C)(3)	27,340.				GENERAL SUPPORT
(3) UNIVERSITY OF OKLAHOMA FOUNDATION 100 W TIMBERDELL ROAD NORMAN, OK 73109	73-6091755	501(C)(3)	8,340.				EDUCATION
(4) UNIVERSITY OF OREGON FOUNDATION 1720 E 13TH AVENUE, SUITE 410	93-6015767	501(C)(3)	12,000.				EDUCATION
(5) UNIVERSITY OF OZARKS 415 N COLLEGE AVENUE CLARKSVILLE, AR 72830	71-0236867	501(C)(3)	8,000.				EDUCATION
(6) UNIVERSITY OF RICHMOND 114 UR DRIVE	54-0505965	501(C)(3)	10,250.				EDUCATION
(7) UNIVERSITY OF SCRANTON 800 LINDEN ST SCRANTON, PA 18510	24-0795495	501(C)(3)	50,000.				EDUCATION
(8) UNIVERSITY OF SOUTH DAKOTA FOUNDATION 1110 N DAKOTA STREET VERMILLION, SD 57069	46-6018891	501(C)(3)	7,500.				EDUCATION
(9) UNIVERSITY OF SOUTHERN CALIFORNIA - ROSSIER 1150 S OLIVE STREET, 25TH FLOOR	95-1642394	501(C)(3)	18,300.				EDUCATION
(10) UNIVERSITY OF ST. THOMAS 2115 SUMMIT AVENUE ST. PAUL, MN 55105	41-0693970	501(C)(3)	25,500.				EDUCATION
(11) UNIVERSITY OF TEXAS AT AUSTIN PO BOX 7458 AUSTIN, TX 78713	74-6000203	501(C)(3)	24,450.				EDUCATION
(12) UNIVERSITY OF TEXAS AT SAN ANTONIO ONE UTSA CIRCLE SAN ANTONIO, TX 78249	74-1717115	501(C)(3)	10,000.				EDUCATION

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(1) UNLIMITED POTENTIAL, INC. PO BOX 1355 WARSAW, IN 46581	31-1014369	501(C)(3)	7,500.				RECREATION & SPORTS
(2) VALLEY BIBLE CHURCH 7106 JOHNSON DRIVE PLEASANTON, CA 94588	0	501(C)(3)	60,000.				RELIGION-RELATED
(3) VALLEY CHRISTIAN COUNSELING CENTER, INC. 1112 NODAK DRIVE S FARGO, ND 58103	45-0419100	501(C)(3)	150,000.				MENTAL HEALTH & CRIS
(4) VALLEY DREAM CENTER, INC. 1835 N WINERY AVENUE FRESNO, CA 93703	46-5082395	501(C)(3)	8,400.				PUBLIC & SOCIETAL BE
(5) VALUES-IN-ACTION FOUNDATION 6700 BETA DRIVE, SUITE 120	34-1795459	501(C)(3)	20,000.				PHILANTHROPY, VOLUNT
(6) VARIETY BOYS AND GIRLS CLUB 2530 CINCINNATI ST LOS ANGELES, CA 90033	95-1919219	501(C)(3)	25,000.				YOUTH DEVELOPMENT
(7) VARIETY THE CHILDREN'S CHARITY OF SOUTHERN 4601 WILSHIRE BLVD, SUITE 260	95-1330495	501(C)(3)	32,300.				YOUTH DEVELOPMENT
(8) VENICE ARTS 13445 BEACH AVENUE VENICE, CA 90292	95-4427386	501(C)(3)	10,000.				ARTS, CULTURE & HUMA
(9) VERBUM DEI HIGH SCHOOL 11100 S CENTRAL AVENUE	95-2225787	501(C)(3)	20,000.				EDUCATION
(10) VERMONT CENTER FOR EMERGING TECHNOLOGIES, I 23 MANSFIELD AVENUE BURLINGTON, VT 05405	30-0275435	501(C)(3)	5,001.				COMMUNITY IMPROVEMEN
(11) VETERANS MEDICAL RESEARCH FOUNDATION 3350 LA JOLLA VILLAGE DRIVE, SUITE 151A	33-0189397	501(C)(3)	143,968.				MEDICAL RESEARCH
(12) VILLAGE PRESBYTERIAN CHURCH 6641 MISSION ROAD PRAIRIE VILLAGE, KS 66208	48-0559097	501(C)(3)	16,050.				RELIGION-RELATED

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<b>(1)</b> VINCEREMOS RIDING CENTER 13300 6TH COURT NORTH LOXAHATCHEE, FL 33470	59-2274451	501(C)(3)	20,000.				HEALTH CARE
<b>(2)</b> VISITATION PARISH 5141 MAIN STREET KANSAS CITY, MO 64112	44-0642461	501(C)(3)	10,000.				RELIGION-RELATED
<b>(3)</b> WALHALLA ASSEMBLY OF GOD CHURCH 300 5TH STREET WALHALLA, ND 58282	0	501(C)(3)	11,500.				RELIGION-RELATED
<b>(4)</b> WALNUT HILLS BAPTIST CHURCH 1014 JAMESTOWN ROAD WILLIAMSBURG, VA 23185	0	501(C)(3)	15,212.				RELIGION-RELATED
<b>(5)</b> WATER'S EDGE CHURCH 19600 HARRISON STREET GRETNA, NE 68028	0	501(C)(3)	15,000.				RELIGION-RELATED
<b>(6)</b> WAYNE PRESBYTERIAN CHURCH 125 E LANCASTER AVENUE WAYNE, PA 19087	23-1370479	501(C)(3)	8,000.				RELIGION-RELATED
<b>(7)</b> WAYSIDE WAIFS, INC. 3901 MARTHA TRUMAN ROAD	44-0605374	501(C)(3)	281,321.				ANIMAL-RELATED
<b>(8)</b> WEDNESDAY'S GIFT PO BOX 2668 SAN RAFAEL, CA 94912	26-2655374	501(C)(3)	10,000.				HUMAN SERVICES
<b>(9)</b> WELLNESS HOUSE 131 N COUNTY LINE ROAD HINSDALE, IL 60521	36-3636933	501(C)(3)	9,600.				HUMAN SERVICES
<b>(10)</b> WESLEY UNITED METHODIST CHURCH 566 N FIFTH STREET SAN JOSE, CA 95112	0	501(C)(3)	165,000.				RELIGION-RELATED
<b>(11)</b> WEST HILLS CHURCH OF THE NAZARENE PO BOX 1345 TAFT, CA 93268	0	501(C)(3)	20,000.				RELIGION-RELATED
<b>(12)</b> WEST LOS ANGELES SYMPHONY PO BOX 25115 LOS ANGELES, CA 90025	95-4412529	501(C)(3)	10,000.				ARTS, CULTURE & HUMA

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

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

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

Schedule I (Form 990) (2019)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

GREATER HORIZONS

Employer identification number

20-0849590

**Part I General Information on Grants and Assistance**

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) WESTCHESTER COUNTRY DAY SCHOOL 2045 N OLD GREENSBORO ROAD	58-1518268	501(C)(3)	65,000.				EDUCATION
(2) WESTMINSTER PRESBYTERIAN CHURCH 777 COBURG ROAD EUGENE, OR 97401	0	501(C)(3)	7,607.				RELIGION-RELATED
(3) WESTOVER CHURCH 505 MUIRS CHAPEL ROAD GREENSBORO, NC 27410	0	501(C)(3)	25,000.				RELIGION-RELATED
(4) WESTRIDGE SCHOOL FOR GIRLS, INC. 324 MADELINE DRIVE PASADENA, CA 91105	95-1644047	501(C)(3)	20,000.				EDUCATION
(5) WHATCOM DISPUTE RESOLUTION CENTER 206 PROSPECT STREET BELLINGHAM, WA 98225	91-1552277	501(C)(3)	12,066.				HUMAN SERVICES
(6) WILD AND FREE WILDLIFE PROGRAM PO BOX 241 GARRISON, MN 56450	41-1729359	501(C)(3)	9,660.				ANIMAL-RELATED
(7) WILDLIFE REHABILITATION CENTER 2530 DALE STREET N ROSEVILLE, MN 55113	41-1588791	501(C)(3)	9,660.				ANIMAL-RELATED
(8) WILDWOOD OUTDOOR EDUCATION CENTER INC 7095 W 399TH STREET LACYGNE, KS 66040	43-1154205	501(C)(3)	20,000.				EDUCATION
(9) WILL ROGERS MOTION PICTURE PIONEERS FOUNDAT 6767 FOREST LAWN DRIVE SUITE 303	15-0533551	501(C)(3)	315,828.				HEALTH CARE
(10) WILLIAMS COLLEGE 75 PARK STREET WILLIAMSTOWN, MA 01267	04-2104847	501(C)(3)	5,100.				EDUCATION
(11) WILLIAMSON COLLEGE 274 MALLORY STATION ROAD FRANKLIN, TN 37067	0	501(C)(3)	12,000.				EDUCATION
(12) WINDSOR CROSSING COMMUNITY CHURCH 114 N EATHERTON ROAD CHESTERFIELD, MO 63005	43-1546804	501(C)(3)	6,500.				RELIGION-RELATED

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

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

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

Schedule I (Form 990) (2019)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

GREATER HORIZONS

Employer identification number

20-0849590

**Part I General Information on Grants and Assistance**

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) WISEBURN EDUCATION FOUNDATION 5309 W 135TH STREET HAWTHORNE, CA 90250	95-4583405	501(C)(3)	10,000.				EDUCATION
(2) WITHALL 5354 PARKDALE DRIVE, FLOOR 2	26-0419231	501(C)(3)	5,350.				MENTAL HEALTH & CRIS
(3) WOMEN'S INTERNATIONAL ZIONIST ORGANIZATION 2934 1/2 N BEVERLY GLEN CIRCLE #714	13-3041381	501(C)(3)	14,000.				CIVIL RIGHTS, SOCIAL
(4) WOODINVILLE ALLIANCE CHURCH 13940 NE 166TH STREET WOODINVILLE, WA 98072	91-1078277	501(C)(3)	48,000.				RELIGION-RELATED
(5) WOODLAND MEMORIAL HOSPITAL FOUNDATION 1321 COTTONWOOD STREET, SUITE 305	94-6167964	501(C)(3)	27,000.				HEALTH CARE
(6) WOODLAND PRESBYTERIAN CHURCH 1324 COLUMBIA DRIVE WOODLAND, CA 95695	94-2190412	501(C)(3)	17,500.				RELIGION-RELATED
(7) WORKING CAPITAL FOR COMMUNITY NEEDS INC 517 N SEGOE ROAD, SUITE 209	39-1521683	501(C)(3)	50,000.				INTERNATIONAL, FOREI
(8) WORLD REACH, INC. PO BOX 26155 BIRMINGHAM, AL 35260	63-0838799	501(C)(3)	14,342.				RELIGION-RELATED
(9) WORLD VISION INTERNATIONAL PO BOX 9716 FEDERAL WAY, WA 98063	95-1922279	501(C)(3)	5,015.				INTERNATIONAL, FOREI
(10) WOUNDED WARRIOR PROJECT, INC. PO BOX 758516 TOPEKA, KS 66675	20-2370934	501(C)(3)	7,620.				PUBLIC & SOCIETAL BE
(11) WYATT PARK BAPTIST CHURCH 2902 N LEONARD ROAD ST. JOSEPH, MO 64506	44-0571342	501(C)(3)	10,050.				RELIGION-RELATED
(12) WYCLIFFE ASSOCIATES, INC. PO BOX 620143 ORLANDO, FL 32862	95-2584324	501(C)(3)	34,500.				RELIGION-RELATED

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

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

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

Schedule I (Form 990) (2019)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

GREATER HORIZONS

Employer identification number

20-0849590

**Part I General Information on Grants and Assistance**

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) WYCLIFFE BIBLE TRANSLATORS, INC. PO BOX 628200 ORLANDO, FL 32862	95-1831097	501(C)(3)	9,925.				RELIGION-RELATED
(2) X PRIZE FOUNDATION, INC. 800 CORPORATE POINTE, SUITE 350	52-1876879	501(C)(3)	300,000.				EDUCATION
(3) YAKIMA FAMILY YMCA 5 N NACHES AVENUE YAKIMA, WA 98901	91-0568717	501(C)(3)	40,000.				HUMAN SERVICES
(4) YAMPA VALLEY COMMUNITY FOUNDATION PO BOX 881869 STEAMBOAT SPRINGS, CO 80488	84-0794536	501(C)(3)	66,375.				PHILANTHROPY, VOLUNT
(5) YESHIVA OF BROOKLYN TALMUDICAL SCHOOL 1470 OCEAN PARKWAY, SUITE 74	11-2496436	501(C)(3)	8,000.				RELIGION-RELATED
(6) YESHIVA SHAAREI TZION 71 ETHEL ROAD WEST PISCATAWAY, NJ 08854	22-3249733	501(C)(3)	27,000.				RELIGION-RELATED
(7) YESHIVATH BETH MOSHE OF SCRANTON 930 HICKORY STREET SCRANTON, PA 18505	23-6409333	501(C)(3)	8,000.				EDUCATION
(8) YMCA OF GREATER SEATTLE 909 FOURTH AVENUE SEATTLE, WA 98104	91-0482710	501(C)(3)	50,000.				HUMAN SERVICES
(9) YMCA OF LONG ISLAND, INC. 121 DOSORIS LANE GLEN COVE, NY 11542	11-1649914	501(C)(3)	10,000.				HUMAN SERVICES
(10) YOLO LAND TRUST PO BOX 1196 WOODLAND, CA 95776	68-0160105	501(C)(3)	31,000.				ENVIRONMENT
(11) YOLOARTS PO BOX 8250 WOODLAND, CA 95776	94-2814155	501(C)(3)	25,000.				ARTS, CULTURE & HUMA
(12) YOUNG LIFE CHICAGO NORTHSIDE 2958 N DAMEN AVENUE #302 CHICAGO, IL 60618	84-0385934	501(C)(3)	91,315.				YOUTH DEVELOPMENT

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

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

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

Schedule I (Form 990) (2019)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

GREATER HORIZONS

Employer identification number

20-0849590

**Part I General Information on Grants and Assistance**

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) YOUR COMMUNITY FOUNDATION PO BOX 44 IOLA, KS 66749	43-1923000	501(C)(3)	11,500.				PHILANTHROPY, VOLUNT
(2) YOUTH AMBASSADORS, INC. 5809 MICHIGAN AVENUE KANSAS CITY, MO 64130	45-5220294	501(C)(3)	5,075.				YOUTH DEVELOPMENT
(3) YOUTH ENTREPRENEURS, INC. 4111 E 37TH ST N, SUITE D101	48-1187886	501(C)(3)	20,000.				EDUCATION
(4) YOUTHBRIDGE COMMUNITY FOUNDATION 12977 N FORTY DRIVE, SUITE 368	43-6064111	501(C)(3)	2,451,429.				PHILANTHROPY, VOLUNT
(5) YU-AI KAI - JAPANESE AMERICAN COMMUNITY SEN 588 N FOURTH STREET SAN JOSE, CA 95112	94-2427398	501(C)(3)	10,000.				HUMAN SERVICES
(6) ZAKAT FOUNDATION OF AMERICA PO BOX 639 WORTH, IL 60482	36-4476244	501(C)(3)	25,000.				HUMAN SERVICES
(7) ZION MENNONITE CHURCH 149 E CHERRY LANE SOUDERTON, PA 18964	0	501(C)(3)	20,000.				RELIGION-RELATED
(8) ZOOLOGICAL SOCIETY OF SAN DIEGO PO BOX 120551 SAN DIEGO, CA 92112	95-1648219	501(C)(3)	7,000.				ANIMAL-RELATED
(9) ISLAND GREEN BUILDING ASSOCIATION 5000 ESTATE ENIGHED ST. JOHN, VI 00830	66-0714681	501(C)(3)	10,000.				ENVIRONMENT
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 849.

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

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

Schedule I (Form 990) (2019)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 SCHOLARSHIPS	383.	1,478,463.			
2					
3					
4					
5					
6					
7					

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

SCHEDULE I, PART I, LINE 2

ALL GRANT RECOMMENDATIONS ARE REVIEWED TO ENSURE THE GRANT IS FOR CHARITABLE PURPOSES AND NO GOODS OR SERVICES WILL BE RECEIVED.

GRANTEES ARE CHECKED AGAINST THE IRS PUBLIC CHARITY LIST AND WATCH LIST. GRANT DISBURSEMENTS SPECIFY GRANT PURPOSE AND REQUIRE THAT THE GRANTEE CONFIRM THAT THEY WILL BE USED FOR THAT PURPOSE. SIGNIFICANT RESTRICTED PURPOSE GRANTS ARE MONITORED THROUGHOUT PERIODIC PROGRESS REPORTS, SITE VISITS AND FINAL GRANT REPORTS WHICH REQUIRE A REPORT OF EXPENDITURES AND A SUMMARY OF ACCOMPLISHMENTS.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

GREATER HORIZONS

**Compensation Information**

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Employer identification number

20-0849590

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2019



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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DEBORAH WILKERSON DIRECTOR/PRESIDENT	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	304,086.	75,226.	276.	28,000.	10,185.	417,773.	0.
2 COREY ZIEGLER ASSISTANT SECRETARY	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	132,298.	19,091.	149.	15,149.	0.	166,687.	0.
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(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.

COMPENSATION FROM A RELATED ORGANIZATION

THE COMPENSATION BEING REPORTED FOR DEBORAH WILKERSON AND COREY ZIEGLER

IS FROM THE GREATER KANSAS CITY COMMUNITY FOUNDATION, A RELATED TAX

EXEMPT ORGANIZATION. THE GREATER KANSAS CITY COMMUNITY FOUNDATION USES A

COMPENSATION COMMITTEE, AN INDEPENDENT COMPENSATION CONSULTANT, A

COMPENSATION SURVEY OR STUDY AND APPROVAL BY THE BOARD OR COMPENSATION

COMMITTEE TO ESTABLISH COMPENSATION.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization <b>GREATER HORIZONS</b>	Employer identification number <b>20-0849590</b>
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**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art . . . . .				
2 Art - Historical treasures . . . . .				
3 Art - Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles. . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities - Publicly traded . . . . .	X	817.	121,750,517.	FAIR MARKET VALUE
10 Securities - Closely held stock . . . . .	X	4.	3,725,419.	APPRAISAL
11 Securities - Partnership, LLC, or trust interests . . . . .	X	5.	16,201,846.	APPRAISAL
12 Securities - Miscellaneous . . . . .				
13 Qualified conservation contribution - Historic structures . . . . .				
14 Qualified conservation contribution - Other . . . . .				
15 Real estate - Residential . . . . .				
16 Real estate - Commercial . . . . .				
17 Real estate - Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( )				
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . **29** 4.

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

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

Schedule M (Form 990) 2019

JSA

9E1298 1.000

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

---

NUMBER OF CONTRIBUTIONS

THE NUMBERS IN COLUMN B REPRESENT THE NUMBER OF CONTRIBUTIONS MADE.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

GREATER HORIZONS

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

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Employer identification number

20-0849590

FORM 990, PART I, LINE 1 AND PART III, LINE 1

GREATER HORIZONS IS A LEADING PROVIDER OF CHARITABLE GIVING SERVICES,  
OFFERING CUSTOM SOLUTIONS TO A WIDE RANGE OF PHILANTHROPISTS, INCLUDING  
FAMILIES, COMPANIES AND COMMUNITY FOUNDATIONS. GREATER HORIZONS IS  
POWERED BY THE GREATER KANSAS CITY COMMUNITY FOUNDATION. THE COMMUNITY  
FOUNDATION CREATED GREATER HORIZONS IN 2004, TO SERVE THOSE WHO WISH TO  
GIVE UNDER A NATIONAL ENTITY.

FORM 990, PART VI, SECTION A, LINE 2

PER THE IRS INSTRUCTIONS, CERTAIN BUSINESS RELATIONSHIPS BETWEEN THE  
ORGANIZATION'S CURRENT OFFICERS, DIRECTORS, TRUSTEES, OR KEY EMPLOYEES,  
AS REPORTED IN PART VII, SECTION A, MUST BE DISCLOSED. BECAUSE OF THE  
INTERRELATED NATURE OF THE FILING ORGANIZATION WITH ITS RELATED ENTITIES  
(AS DISCLOSED ON SCHEDULE R), ALL OF THE OFFICERS AND DIRECTORS HAVE  
OVERLAPPING RESPONSIBILITIES AND THUS HAVE A BUSINESS RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 7A

THE GREATER KANSAS CITY COMMUNITY FOUNDATION'S EXECUTIVE COMMITTEE IS  
APPOINTED AS THE BOARD OF DIRECTORS OF GREATER HORIZONS. THE COMMUNITY  
FOUNDATION IS A RELATED, TAX-EXEMPT ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 7B

BY SERVING AS THE BOARD OF DIRECTORS OF GREATER HORIZONS, THE GREATER  
KANSAS CITY COMMUNITY FOUNDATION'S EXECUTIVE COMMITTEE IS AUTHORIZED TO

Name of the organization GREATER HORIZONS	Employer identification number 20-0849590
--	--

MAKE GOVERNANCE DECISIONS FOR THE ORGANIZATION.

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

AN INDEPENDENT ACCOUNTING FIRM PREPARES AND REVIEWS THE 990. THE 990 IS THEN REVIEWED BY THE ORGANIZATION'S OFFICERS AND ACCOUNTING PERSONNEL.

ANY QUESTIONS OR CONCERNS THE ORGANIZATION'S OFFICERS AND ACCOUNTING PERSONNEL HAVE ARE ADDRESSED AND ANY CORRECTIONS OR CLARIFICATIONS MADE.

A COPY OF THE 990 IS PRESENTED TO THE GREATER KANSAS CITY COMMUNITY FOUNDATION AUDIT COMMITTEE FOR REVIEW AND ACCEPTANCE PRIOR TO FILING. THE GREATER KANSAS CITY COMMUNITY FOUNDATION AUDIT COMMITTEE REPORTS DIRECTLY TO THE GREATER KANSAS CITY COMMUNITY FOUNDATION BOARD OF DIRECTORS ON THE STATUS OF THEIR REVIEW. A FINAL COPY IS MADE AVAILABLE TO THE BOARD OF DIRECTORS FOLLOWING REVIEW BY THE AUDIT COMMITTEE.

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

ANNUALLY, EACH OFFICER, BOARD MEMBER AND COMMITTEE MEMBER ARE ASKED TO REVIEW THE CONFLICT OF INTEREST POLICY AND UPDATE THEIR DISCLOSURE. THIS INFORMATION IS AVAILABLE TO THE BOARD CHAIR AND IS USED TO ENSURE THAT SHOULD A CONFLICT OF INTEREST ARISE THAT THE BOARD OR COMMITTEE MEMBER INVOLVED ABSTAINS FROM VOTING OR PARTICIPATING IN ANY DECISION.

FORM 990, PART VI, SECTION C, LINE 18

COPIES OF DOCUMENTS ARE PROVIDED ELECTRONICALLY OR BY MAIL UPON REQUEST.

FORM 990, PART VI, SECTION C, LINE 19

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

Name of the organization GREATER HORIZONS	Employer identification number 20-0849590
--	--

FORM 990, PART XI, LINE 9

CHANGE IN FUNDS HELD FOR OTHERS	\$ (114,101,312)
CHANGE IN CHARITABLE REMAINDER TRUST LIABILITY	\$ 4,402,666
K-1 FLOWTHROUGH UBI & OTHER (INCOME)/LOSS	\$ (478,311)
	-----
	\$ (110,176,957)

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**

▶ **Attach to Form 990.**

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

Name of the organization

GREATER HORIZONS

Employer identification number

20-0849590

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) GREATER KANSAS CITY COMMUNITY FOUNDATION 43-1152398 1055 BROADWAY BLVD, SUITE 130 KANSAS CITY, MO 64105	COMMUNITY FDN	MO	501(C)(3)	8	N/A		X
(2) BLUE RIVER LAND TRUST LTD. 90-0615944 1055 BROADWAY BLVD, SUITE 130 KANSAS CITY, MO 64105	CONSERVATION	KS	501(C)(3)	12A	GKCCF	X	
(3) ANN AND GARY DICKINSON FAMILY CHARITABLE 43-1799476 1055 BROADWAY BLVD, SUITE 130 KANSAS CITY, MO 64105	GRANTMAKING	MO	501(C)(3)	12A	GKCCF	X	
(4) ALLEN AND GLORIA BLOCK FOUNDATION 42-1239579 1055 BROADWAY BLVD, SUITE 130 KANSAS CITY, MO 64105	GRANTMAKING	KS	501(C)(3)	12A	GKCCF	X	
(5) GREATER NORTHWEST KANSAS COMMUNITY FDN 48-1025832 1055 BROADWAY BLVD, SUITE 130 KANSAS CITY, MO 64105	COMMUNITY FDN	KS	501(C)(3)	12A	GKCCF	X	
(6) HIGHLAND KANSAS CITY FOUNDATION, INC. 45-3961865 1055 BROADWAY BLVD, SUITE 130 KANSAS CITY, MO 64105	GRANTMAKING	TX	501(C)(3)	12A	GKCCF	X	
(7) JACK AND HELYN MILLER FOUNDATION 43-6070986 1055 BROADWAY BLVD, SUITE 130 KANSAS CITY, MO 64105	GRANTMAKING	MO	501(C)(3)	12A	GKCCF	X	

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

Schedule R (Form 990) 2019



**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**

▶ **Attach to Form 990.**

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

Name of the organization

GREATER HORIZONS

Employer identification number

20-0849590

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) GREATER LEE'S SUMMIT HEALTHCARE FDN 1055 BROADWAY BLVD, SUITE 130 KANSAS CITY, MO 64105 43-1341459	GRANTMAKING	MO	501(C)(3)	12A	GKCCF	X	
(2) KANSAS CITY PUBLIC LIBRARY FOUNDATION 1055 BROADWAY BLVD, SUITE 130 KANSAS CITY, MO 64105 20-3506595	GRANTMAKING	MO	501(C)(3)	12A	GKCCF	X	
(3) IRVIN E AND NEVADA P LINSOMB FOUNDATION 1055 BROADWAY BLVD, SUITE 130 KANSAS CITY, MO 64105 43-1499815	GRANTMAKING	MO	501(C)(3)	12A	GKCCF	X	
(4) STANLEY H DURWOOD FOUNDATION 1055 BROADWAY BLVD, SUITE 130 KANSAS CITY, MO 64105 43-6828087	GRANTMAKING	MO	501(C)(3)	12A	GKCCF	X	
(5) ROSS FAMILY FOUNDATION 1055 BROADWAY BLVD, SUITE 130 KANSAS CITY, MO 64105 47-2899369	GRANTMAKING	MO	501(C)(3)	12A	GKCCF	X	
(6) REHABILITATION INSTITUTE FOUNDATION 1055 BROADWAY BLVD, SUITE 130 KANSAS CITY, MO 64105 43-1543614	GRANTMAKING	MO	501(C)(3)	12A	GKCCF	X	
(7) PARSONS AREA COMMUNITY FOUNDATION 1055 BROADWAY BLVD, SUITE 130 KANSAS CITY, MO 64105 48-1152358	COMMUNITY FDN	KS	501(C)(3)	12A	GKCCF	X	

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

Schedule R (Form 990) 2019

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

GREATER HORIZONS

Employer identification number

20-0849590

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) POLSKY FAMILY SUPPORTING FOUNDATION 1055 BROADWAY BLVD, SUITE 130 KANSAS CITY, MO 64105 48-1092843	GRANTMAKING	KS	501(C)(3)	12A	GKCCF	X	
(2) REAL ESTATE CHARITABLE FOUNDATION 1055 BROADWAY BLVD, SUITE 130 KANSAS CITY, MO 64105 43-1912033	GRANTMAKING	MO	501(C)(3)	12A	GKCCF	X	
(3) GREATER HORIZONS TRUST 1055 BROADWAY BLVD, SUITE 130 KANSAS CITY, MO 64105 82-2581863	GRANTMAKING	MO	501(C)(3)	12A	GKCCF	X	
(4) GREATER HORIZONS FOUNDATION 1055 BROADWAY BLVD, SUITE 130 KANSAS CITY, MO 64105 82-2577698	GRANTMAKING	MO	501(C)(3)	12A	GKCCF	X	
(5) CASALENA FOUNDATION 1055 BROADWAY BLVD, SUITE 130 KANSAS CITY, MO 64105 83-2198097	GRANTMAKING	DE	501(C)(3)	12A	GKCCF	X	
(6)							
(7)							

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

Schedule R (Form 990) 2019

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) MORRIS AND CHASE REAL ESTATE L 4200 SOMERSET DRIVE, SUITE 242	REAL ESTATE	KS	N/A	N/A				X			X	
(2) SAXENA MILAN DAF, LLC 84-41066 4041 SOUTH 173RD CIRCLE OMAHA,	INVESTMENTS	NE	GH	EXCLUDED	0.	-195,939.		X			X	99.0000
(3) SCHUMACHER MILAN DAF, LLC 84-4 17507 DOUGLAS STREET OMAHA, NE	INVESTMENTS	NE	GH	EXCLUDED	0.	-195,939.		X			X	99.0000
(4)												
(5)												
(6)												
(7)												

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) CHARITABLE REMAINDER TRUSTS (2)	CHARITABLE TRUST	MO	GH						X
(2) CHARITABLE REMAINDER TRUSTS (31)	CHARITABLE TRUST	MO	GKCCF						X
(3)									
(4)									
(5)									
(6)									
(7)									

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		X
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		X
<b>f</b> Dividends from related organization(s) . . . . .		X
<b>g</b> Sale of assets to related organization(s) . . . . .		X
<b>h</b> Purchase of assets from related organization(s) . . . . .		X
<b>i</b> Exchange of assets with related organization(s) . . . . .		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	X	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	X	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .		X
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .		X
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .		X
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

**Part VI** **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

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**Part VII** **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

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Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

For calendar year 2019 or other tax year beginning 01/01, 2019, and ending 12/31, 2019.

2019

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

A Check box if address changed

Name of organization (Check box if name changed and see instructions.)

D Employer identification number (Employees' trust, see instructions.)

B Exempt under section 501(c)(3) 408(e) 220(e) 408A 530(a) 529(a)

Print or Type

GREATER HORIZONS

Number, street, and room or suite no. If a P.O. box, see instructions.

20-0849590

1055 BROADWAY BLVD

STE 130

E Unrelated business activity code (See instructions.)

City or town, state or province, country, and ZIP or foreign postal code

KANSAS CITY, MO 64105

525990

C Book value of all assets at end of year

F Group exemption number (See instructions.)

1366583482.

G Check organization type 501(c) corporation 501(c) trust 401(a) trust Other trust

H Enter the number of the organization's unrelated trades or businesses. Describe the only (or first) unrelated trade or business here. INVESTMENTS IN PARTNERSHIPS

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No

J The books are in care of KATIE GRAY Telephone number 816-842-0944

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include 1a Gross receipts or sales, 2 Cost of goods sold, 3 Gross profit, 4a Capital gain net income, 4b Net gain (loss), 5 Income (loss) from a partnership, 6 Rent income, 7 Unrelated debt-financed income, 8 Interest, annuities, royalties, and rents, 9 Investment income, 10 Exploited exempt activity income, 11 Advertising income, 12 Other income, 13 Total.

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include 14 Compensation of officers, directors, and trustees, 15 Salaries and wages, 16 Repairs and maintenance, 17 Bad debts, 18 Interest, 19 Taxes and licenses, 20 Depreciation, 21 Less depreciation claimed, 22 Depletion, 23 Contributions to deferred compensation plans, 24 Employee benefit programs, 25 Excess exempt expenses, 26 Excess readership costs, 27 Other deductions, 28 Total deductions, 29 Unrelated business taxable income before net operating loss deduction, 30 Deduction for net operating loss, 31 Unrelated business taxable income.

For Paperwork Reduction Act Notice, see instructions.

# Application for Automatic Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.  GREATER HORIZONS	Taxpayer identification number (TIN)  20-0849590
	Number, street, and room or suite no. If a P.O. box, see instructions. 1055 BROADWAY BLVD STE 130	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. KANSAS CITY, MO 64105	

Enter the Return Code for the return that this application is for (file a separate application for each return) . . . . . 07

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

KATIE GRAY

• The books are in the care of ▶ 1055 BROADWAY BLVD, STE 130 KANSAS CITY MO 64105

Telephone No. ▶ 816 842-0944 Fax No. ▶

• If the organization does not have an office or place of business in the United States, check this box . . . . . ▶

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . . . . . . If this is for the whole group, check this box . . . . . ▶  . If it is for part of the group, check this box . . . . . ▶  and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 11/16, 2020, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶  calendar year 2019 or  
▶  tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_.

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b> \$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b> \$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b> \$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**For Privacy Act and Paperwork Reduction Act Notice, see instructions.**



Part III Total Unrelated Business Taxable Income

Table with 3 columns: Line number, Description, and Amount. Rows include 32-39 detailing unrelated business taxable income calculations.

Part IV Tax Computation

Table with 3 columns: Line number, Description, and Amount. Rows include 40-45 detailing tax computation steps.

Part V Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Rows include 46a-46e, 47-49, 50-51g, 52-56 detailing tax and payments.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Question number, Description, and Yes/No columns. Rows include 57-59 regarding foreign activities and tax-exempt interest.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature and Preparer information section including fields for Signature of officer, Date, Title, Print/Type preparer's name, Firm's name, Firm's address, Date, and Preparer's signature.

May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [ ] No



**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation ▶

<b>1</b> Inventory at beginning of year . . . . .	<b>1</b>		<b>6</b> Inventory at end of year . . . . .	<b>6</b>	
<b>2</b> Purchases . . . . .	<b>2</b>		<b>7</b> <b>Cost of goods sold.</b> Subtract line		
<b>3</b> Cost of labor . . . . .	<b>3</b>		6 from line 5. Enter here and in Part		
<b>4a</b> Additional section 263A costs			I, line 2 . . . . .	<b>7</b>	
(attach schedule) . . . . .	<b>4a</b>				
<b>b</b> Other costs (attach schedule) . . . . .	<b>4b</b>		<b>8</b> Do the rules of section 263A (with respect to		<b>Yes</b> <b>No</b>
<b>5</b> <b>Total.</b> Add lines 1 through 4b . . . . .	<b>5</b>		property produced or acquired for resale) apply		
			to the organization? . . . . .		X

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

<b>1. Description of property</b>		
(1)		
(2)		
(3)		
(4)		
<b>2. Rent received or accrued</b>		
<b>(a)</b> From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	<b>(b)</b> From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	<b>3(a)</b> Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	
<b>(c) Total income.</b> Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) . . . . . ▶		<b>(b) Total deductions.</b> Enter here and on page 1, Part I, line 6, column (B) ▶

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

<b>1. Description of debt-financed property</b>		<b>2. Gross income from or allocable to debt-financed property</b>	<b>3. Deductions directly connected with or allocable to debt-financed property</b>	
			<b>(a)</b> Straight line depreciation (attach schedule)	<b>(b)</b> Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
<b>4. Amount of average acquisition debt on or allocable to debt-financed property</b> (attach schedule)	<b>5. Average adjusted basis of or allocable to debt-financed property</b> (attach schedule)	<b>6. Column 4 divided by column 5</b>	<b>7. Gross income reportable</b> (column 2 x column 6)	<b>8. Allocable deductions</b> (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
<b>Totals</b> . . . . . ▶			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
<b>Total dividends-received deductions</b> included in column 8 . . . . . ▶				

**Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

Totals . . . . . ▶

**Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).

Totals . . . . . ▶

**Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 25.

Totals . . . . . ▶

**Schedule J – Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						

Totals (carry to Part II, line (5)) . . . ▶

**Part II** **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I.</b> . . . . . ▶						
<b>Totals, Part II (lines 1-5)</b> . . . . . ▶	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 26.

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2) ATCH 3		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14 . . . . . ▶			

**SCHEDULE M  
(Form 990-T)**

**Unrelated Business Taxable Income from an  
Unrelated Trade or Business**

OMB No. 1545-0047

**2019**

For calendar year 2019 or other tax year beginning 01/01, 2019, and ending 12/31, 2019.

Department of the Treasury  
Internal Revenue Service

▶ **Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.**

▶ **Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).**

Open to Public Inspection for  
501(c)(3) Organizations Only

Name of the organization

GREATER HORIZONS

Employer identification number

20-0849590

Unrelated Business Activity Code (see instructions) ▶ 525990

Describe the unrelated trade or business ▶ GALLOWAY & COMPANY INC

<b>Part I Unrelated Trade or Business Income</b>			(A) Income	(B) Expenses	(C) Net
<b>1a</b>	Gross receipts or sales				
<b>b</b>	Less returns and allowances	<b>c Balance ▶</b>	<b>1c</b>		
<b>2</b>	Cost of goods sold (Schedule A, line 7)		<b>2</b>		
<b>3</b>	Gross profit. Subtract line 2 from line 1c		<b>3</b>		
<b>4a</b>	Capital gain net income (attach Schedule D)		<b>4a</b> 55,535.		55,535.
<b>b</b>	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		<b>4b</b>		
<b>c</b>	Capital loss deduction for trusts		<b>4c</b>		
<b>5</b>	Income (loss) from a partnership or an S corporation (attach statement) <u>ATTCH 4</u>		<b>5</b> 4,380.		4,380.
<b>6</b>	Rent income (Schedule C)		<b>6</b>		
<b>7</b>	Unrelated debt-financed income (Schedule E)		<b>7</b>		
<b>8</b>	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)		<b>8</b>		
<b>9</b>	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		<b>9</b>		
<b>10</b>	Exploited exempt activity income (Schedule I)		<b>10</b>		
<b>11</b>	Advertising income (Schedule J)		<b>11</b>		
<b>12</b>	Other income (See instructions; attach schedule)		<b>12</b>		
<b>13</b>	<b>Total.</b> Combine lines 3 through 12		<b>13</b> 59,915.		59,915.

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)

<b>14</b>	Compensation of officers, directors, and trustees (Schedule K)	<b>14</b>	
<b>15</b>	Salaries and wages	<b>15</b>	
<b>16</b>	Repairs and maintenance	<b>16</b>	
<b>17</b>	Bad debts	<b>17</b>	
<b>18</b>	Interest (attach schedule) (see instructions)	<b>18</b>	
<b>19</b>	Taxes and licenses	<b>19</b>	
<b>20</b>	Depreciation (attach Form 4562)	<b>20</b>	
<b>21</b>	Less depreciation claimed on Schedule A and elsewhere on return	<b>21a</b>	
		<b>21b</b>	
<b>22</b>	Depletion	<b>22</b>	
<b>23</b>	Contributions to deferred compensation plans	<b>23</b>	
<b>24</b>	Employee benefit programs	<b>24</b>	
<b>25</b>	Excess exempt expenses (Schedule I)	<b>25</b>	
<b>26</b>	Excess readership costs (Schedule J)	<b>26</b>	
<b>27</b>	Other deductions (attach schedule)	<b>27</b>	
<b>28</b>	<b>Total deductions.</b> Add lines 14 through 27	<b>28</b>	
<b>29</b>	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	<b>29</b>	59,915.
<b>30</b>	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	<b>30</b>	
<b>31</b>	Unrelated business taxable income. Subtract line 30 from line 29	<b>31</b>	59,915.

For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

ATTACHMENT 1FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS OR S CORPORATIONS

COMMONFUND CAPITAL INTERNATIONAL PARTNERS VI, LP	33.
STATE STREET MSCI EAFE INDEX NON-LENDING	10.
STATE STREET MSCI EAFE INDEX NON-LENDING 2	4.
BUCKEYE PARTNERS LP	-69.
BUCKEYE PARTNERS LP-2	-107.
ENERGY TRANSFER LP	-883.
ENTERPRISE PRODUCTS PARTNERS LP	-8,568.
FORTRESS TRANSPORTATION & INFRASTRUCTURE INVESTORS	2,573.
FORTRESS TRANSPORTATION & INFRASTRUCTURE INVESTORS	148.
GENESIS ENERGY LP	-2,596.
MAGELLAN MIDSTREAM PARTNERS, LP	-587.
MAGELLAN MIDSTREAM PARTNERS, LP-2	-81.
STONE RIDGE HOLDINGS GROUP LP	506.
THE BLACKSTONE GROUP LP	7.
WESTERN GAS PARTNERS LP	-1,871.
ENERGY TRANSFER LP-2	-505.
COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII, LP	913.
RLH SILVERADO, LP	
CHENIERE ENERGY PARTNERS LP	627.
STATE STREET RUSSELL SMALL CAP COMPLETENESS INDEX	8.
STATE STREET RUSSELL SMALL CAP COMPLETENESS INDEX	4.
BAIN CAPITAL FUND XII LP	979.
BROWN ADVISORY PRIVATE EQUITY PARTNERS VII	-24.
INCOME (LOSS) FROM PARTNERSHIPS	<u>-9,479.</u>

ATTACHMENT 2

FORM 990T - PART II - LINE 27 - TOTAL OTHER DEDUCTIONS

INVESTMENT INTEREST	49,251.
PORTFOLIO DEDUCTIONS	777.

PART II - LINE 27 - OTHER DEDUCTIONS	<u>50,028.</u>
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ATTACHMENT 3SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

<u>NAME AND ADDRESS</u>	<u>TITLE</u>	<u>BUSINESS PERCENT</u>	<u>COMPENSATION</u>
DEBORAH WILKERSON 1055 BROADWAY BLVD STE 130 KANSAS CITY, MO 64105	DIRECTOR/PRESIDENT	0	0.
JIM HINSON 1055 BROADWAY BLVD STE 130 KANSAS CITY, MO 64105	DIRECTOR/PAST CHAIRPERSON	0	0.
WILLIAM COUGHLIN 1055 BROADWAY BLVD STE 130 KANSAS CITY, MO 64105	DIRECTOR/CHAIRPERSON	0	0.
KAY SAUNDERS 1055 BROADWAY BLVD STE 130 KANSAS CITY, MO 64105	DIRECTOR/SECRETARY	0	0.
WILLIAM GAUTREUX 1055 BROADWAY BLVD STE 130 KANSAS CITY, MO 64105	DIRECTOR/VICE CHAIR	0	0.
COREY ZIEGLER 1055 BROADWAY BLVD STE 130 KANSAS CITY, MO 64105	ASSISTANT SECRETARY	0	0.
WILLIAM LYONS 1055 BROADWAY BLVD STE 130 KANSAS CITY, MO 64105	DIRECTOR/TREASURER	0	0.
DIANE CANADAY 1055 BROADWAY BLVD STE 130 KANSAS CITY, MO 64105	DIRECTOR/SECRETARY	0	0.
TOTAL COMPENSATION			<u>0.</u>



GALLOWAY & COMPANY INC

SCHEDULE M - INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

4,380.

**SCHEDULE D  
(Form 1120)**

Department of the Treasury  
Internal Revenue Service

**Capital Gains and Losses**

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.  
▶ Go to [www.irs.gov/Form1120](http://www.irs.gov/Form1120) for instructions and the latest information.

OMB No. 1545-0123

**2019**

Name: **GREATER HORIZONS** Employer identification number: **20-0849590**

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year?  Yes  No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

**Part I Short-Term Capital Gains and Losses** (See instructions.)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . . . . .				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .	95,350.	39,684.		55,666.
<b>4</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37 . . . . .				<b>4</b>
<b>5</b> Short-term capital gain or (loss) from like-kind exchanges from Form 8824 . . . . .				<b>5</b>
<b>6</b> Unused capital loss carryover (attach computation) . . . . .				<b>6</b> ( )
<b>7</b> Net short-term capital gain or (loss). Combine lines 1a through 6 in column h . . . . .				<b>7</b> 55,666.

**Part II Long-Term Capital Gains and Losses** (See instructions.)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . . . . .				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .	68,225.			68,225.
<b>11</b> Enter gain from Form 4797, line 7 or 9 . . . . .				<b>11</b>
<b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37 . . . . .				<b>12</b>
<b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824 . . . . .				<b>13</b>
<b>14</b> Capital gain distributions (see instructions) . . . . .				<b>14</b>
<b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column h . . . . .				<b>15</b> 68,225.

**Part III Summary of Parts I and II**

<b>16</b> Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) . . . . .	<b>16</b>	55,666.
		68,225.
<b>17</b> Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) . . . . .	<b>17</b>	
<b>18</b> Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns. . . . .	<b>18</b>	123,891.

Note: If losses exceed gains, see *Capital Losses* in the instructions.

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2019

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form8949](http://www.irs.gov/Form8949) for instructions and the latest information.  
▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Attachment  
Sequence No. **12A**

Name(s) shown on return GREATER HORIZONS	Social security number or taxpayer identification number 20-0849590
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Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part I Short-Term.** Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

**Note:** You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box A, B, or C below. Check only one box.** If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). <b>See the separate instructions.</b>		(h) <b>Gain or (loss).</b> Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	PARTNERSHIP STCG	VARIOUS	VARIOUS	131.				131.
	SALE OF S CORPORATION STOCK	08/01/2019	10/01/2019	95,219.	39,684.			55,535.
<b>2 Totals.</b>	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b> above is checked), or <b>line 3</b> (if <b>Box C</b> above is checked) ▶			95,350.	39,684.			55,666.

**Note:** If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

**For Paperwork Reduction Act Notice, see your tax return instructions.** Form **8949** (2019)

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

**Social security number or taxpayer identification number**

GREATER HORIZONS

20-0849590

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part II Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box D, E, or F below. Check only one box.** If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (F)** Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). <b>See the separate instructions.</b>		(h) <b>Gain or (loss).</b> Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	PARTNERSHIP LTCC	VARIOUS	VARIOUS	68,225.				68,225.
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 8b</b> (if <b>Box D</b> above is checked), <b>line 9</b> (if <b>Box E</b> above is checked), or <b>line 10</b> (if <b>Box F</b> above is checked) ►				68,225.				68,225.

**Note:** If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

Department of the Treasury
Internal Revenue Service

Attach to your tax return.

Attachment
Sequence No. 27

Go to www.irs.gov/Form4797 for instructions and the latest information.

Name(s) shown on return: GREATER HORIZONS
Identifying number: 20-0849590

1 Enter the gross proceeds from sales or exchanges reported to you for 2019 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20. See instructions. 1

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft - Most Property Held More Than 1 Year (see instructions)

Table with 7 columns: (a) Description of property, (b) Date acquired, (c) Date sold, (d) Gross sales price, (e) Depreciation allowed or allowable since acquisition, (f) Cost or other basis, plus improvements and expense of sale, (g) Gain or (loss). Row 1: ATTACHMENT 1, -180.

3 Gain, if any, from Form 4684, line 39. 3
4 Section 1231 gain from installment sales from Form 6252, line 26 or 37. 4
5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824. 5
6 Gain, if any, from line 32, from other than casualty or theft. 6
7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows. 7 -180.

Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

8 Nonrecaptured net section 1231 losses from prior years. See instructions. 8
9 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions. 9

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

Table with 7 columns: (a) Description of property, (b) Date acquired, (c) Date sold, (d) Gross sales price, (e) Depreciation allowed or allowable since acquisition, (f) Cost or other basis, plus improvements and expense of sale, (g) Gain or (loss). Row 1: ATTACHMENT 2, 359,699.

11 Loss, if any, from line 7. 11 ( 180 )
12 Gain, if any, from line 7 or amount from line 8, if applicable. 12
13 Gain, if any, from line 31. 13
14 Net gain or (loss) from Form 4684, lines 31 and 38a. 14
15 Ordinary gain from installment sales from Form 6252, line 25 or 36. 15
16 Ordinary gain or (loss) from like-kind exchanges from Form 8824. 16
17 Combine lines 10 through 16. 17 359,519.

18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.

a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040 or Form 1040-SR), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions. 18a
b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040 or Form 1040-SR), Part I, line 4. 18b

For Paperwork Reduction Act Notice, see separate instructions.

**Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255**  
(see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)		
A					
B					
C					
D					
These columns relate to the properties on lines 19A through 19D. ▶		Property A	Property B	Property C	Property D
20	Gross sales price (Note: See line 1 before completing.)	20			
21	Cost or other basis plus expense of sale . . . . .	21			
22	Depreciation (or depletion) allowed or allowable . . . . .	22			
23	Adjusted basis. Subtract line 22 from line 21 . . . . .	23			
24	Total gain. Subtract line 23 from line 20. . . . .	24			
<b>25 If section 1245 property:</b>					
a	Depreciation allowed or allowable from line 22 . . . . .	25a			
b	Enter the smaller of line 24 or 25a. . . . .	25b			
<b>26 If section 1250 property:</b> If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.					
a	Additional depreciation after 1975. See instructions . . . . .	26a			
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions . . . . .	26b			
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e . . . . .	26c			
d	Additional depreciation after 1969 and before 1976 . . . . .	26d			
e	Enter the smaller of line 26c or 26d . . . . .	26e			
f	Section 291 amount (corporations only) . . . . .	26f			
g	Add lines 26b, 26e, and 26f . . . . .	26g			
<b>27 If section 1252 property:</b> Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.					
a	Soil, water, and land clearing expenses . . . . .	27a			
b	Line 27a multiplied by applicable percentage. See instructions . . . . .	27b			
c	Enter the smaller of line 24 or 27b . . . . .	27c			
<b>28 If section 1254 property:</b>					
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions . . . . .	28a			
b	Enter the smaller of line 24 or 28a . . . . .	28b			
<b>29 If section 1255 property:</b>					
a	Applicable percentage of payments excluded from income under section 126. See instructions . . . . .	29a			
b	Enter the smaller of line 24 or 29a. See instructions . . . . .	29b			

**Summary of Part III Gains.** Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24 . . . . .	30	
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13 . . . . .	31	
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6 . . . . .	32	

**Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less**  
(see instructions)

		(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years . . . . .	33	
34	Recomputed depreciation. See instructions . . . . .	34	
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report . . . . .	35	







FEDERAL FOOTNOTES

THE TAXPAYER HAS REPORTED ORDINARY INCOME UPON THE DISPOSITION OF UNITS IN:

BUCKEYE PARTNERS, LP  
CHENIERE ENERGY PARTNERS, LP  
ENERGY TRANSFER, LP  
ENTERPRISE PRODUCTS PARTNERS, LP  
GENESIS ENERGY, LP  
MAGELLAN MIDSTREAM PARTNERS, LP  
WESTERN GAS PARTNERS, LP

AS PROVIDED BY THE GENERAL PARTNER. THE AMOUNT WAS DETERMINED IN ACCORDANCE WITH THE INTERNAL REVENUE CODE SECTION 751. DETAILED INFORMATION IS AVAILABLE IN THE OFFICE OF THE GENERAL PARTNER UPON REQUEST.

**Return by a U.S. Transferor of Property  
 to a Foreign Corporation**

▶ Go to [www.irs.gov/Form926](http://www.irs.gov/Form926) for instructions and the latest information.  
 ▶ Attach to your income tax return for the year of the transfer or distribution.

**Part I U.S. Transferor Information** (see instructions)

Name of transferor GREATER HORIZONS Identifying number (see instructions) 20-0849590

- 1 Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation? . . .  Yes  No
- 2 If the transferor was a corporation, complete questions 2a through 2d.
- a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations? . . . . .  Yes  No
- b Did the transferor remain in existence after the transfer? . . . . .  Yes  No
- If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

- c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? . . . . .  Yes  No
- If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation

- d Have basis adjustments under section 367(a)(4) been made? . . . . .  Yes  No

- 3 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.
- a List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership
<u>VICOF II FEEDER LP</u>	<u>98-1375424</u>

- b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? . . . . .  Yes  No
- c Is the partner disposing of its **entire** interest in the partnership? . . . . .  Yes  No
- d Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? . . . . .  Yes  No

**Part II Transferee Foreign Corporation Information** (see instructions)

4 Name of transferee (foreign corporation) VICOF II DESIGNATED ACTIVITY COMPANY 5a Identifying number, if any 98-1372044

6 Address (including country) 10 EARLSFORT TERRACE DUBLIN EI 2 D02 T380 5b Reference ID number (see instructions)

7 Country code of country of incorporation or organization (see instructions) EI

8 Foreign law characterization (see instructions) CORPORATION

9 Is the transferee foreign corporation a controlled foreign corporation? . . . . .  Yes  No

For Paperwork Reduction Act Notice, see separate instructions.

**Part III Information Regarding Transfer of Property** (see instructions)

**Section A - Cash**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	VARIOUS		103,341.		

**10** Was cash the only property transferred?  **Yes**  **No**  
 If "Yes," skip the remainder of Part III and go to Part IV.

**Section B - Other Property (other than intangible property subject to section 367(d))**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
Property with built-in loss					
Totals					

- 11** Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed?  **Yes**  **No**
- 12a** Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation?  **Yes**  **No**  
 If "Yes," go to line 12b.
- b** Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation?  **Yes**  **No**  
 If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.
- c** Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation?  **Yes**  **No**  
 If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.
- d** Enter the transferred loss amount included in gross income as required under section 91 ► \$ \_\_\_\_\_
- 13** Did the transferor transfer property described in section 367(d)(4)?  **Yes**  **No**  
 If "No," skip Section C and questions 14a through 15.

**Section C - Intangible Property Subject to Section 367(d)**

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer (see instructions)
Property described in sec. 367(d)(4)						
Totals						

- 14a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years?  Yes  No
- b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life?  Yes  No
- c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property?  Yes  No
- d If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ► \$ \_\_\_\_\_
- 15 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?  Yes  No

**Supplemental Part III Information Required To Be Reported** (see instructions)

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**Part IV Additional Information Regarding Transfer of Property** (see instructions)

- 16 Enter the transferor's interest in the transferee foreign corporation before and after the transfer.  
(a) Before 0.639 % (b) After 0.632 %
- 17 Type of nonrecognition transaction (see instructions) ► IRC SEC. 351
- 18 Indicate whether any transfer reported in Part III is subject to any of the following.
  - a Gain recognition under section 904(f)(3)  Yes  No
  - b Gain recognition under section 904(f)(5)(F)  Yes  No
  - c Recapture under section 1503(d)  Yes  No
  - d Exchange gain under section 987  Yes  No
- 19 Did this transfer result from a change in entity classification?  Yes  No
- 20a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? See instructions. If "Yes," complete lines 20b and 20c.  Yes  No
- b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ► \$ \_\_\_\_\_
- c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?  Yes  No
- 21 Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions  Yes  No

Return of U.S. Persons With Respect to Certain Foreign Partnerships

2019

Department of the Treasury Internal Revenue Service

Attach to your tax return. Go to www.irs.gov/Form8865 for instructions and the latest information. Information furnished for the foreign partnership's tax year beginning 01/01/2019, and ending 12/31/2019

Attachment Sequence No. 118

Name of person filing this return GREATER HORIZONS Filer's identification number 20-0849590

Filer's address (if you aren't filing this form with your tax return) 1055 BROADWAY BLVD, STE 130 KANSAS CITY, MO 64105 A Category of filer (see Categories of Filers in the instructions and check applicable box(es)): 1 [ ] 2 [ ] 3 [X] 4 [ ] B Filer's tax year beginning 01/01/2019, and ending 12/31/2019

C Filer's share of liabilities: Nonrecourse \$ Qualified nonrecourse financing \$ Other \$

D If filer is a member of a consolidated group but not the parent, enter the following information about the parent: Name EIN Address

E Check if any excepted specified foreign financial assets are reported on this form. See instructions.

F Information about certain other partners (see instructions)

Table with 4 columns: (1) Name, (2) Address, (3) Identification number, (4) Check applicable box(es) (Category 1, Category 2, Constructive owner)

G1 Name and address of foreign partnership VICOF II FEEDER LP C/O WALKERS CORPORATE LIMITED CAYMAN CORP. 27 HOSPITAL ROAD GEORGE TOWN GRAND CAYMAN CJ KY1-9008 2(a) EIN (if any) 98-1375424 2(b) Reference ID number (see instructions) 01 3 Country under whose laws organized CJ

4 Date of organization 06/27/2017 5 Principal place of business CJ 6 Principal business activity code number 523900 7 Principal business activity INVESTMENTS 8a Functional currency USD 8b Exchange rate (see instructions) 1.000000000000

H Provide the following information for the foreign partnership's tax year:

1 Name, address, and identification number of agent (if any) in the United States CHRIS MUNSON 835 WEST 6TH STREET SUITE 1400 AUSTIN, TX 78703 2 Check if the foreign partnership must file: [ ] Form 1042 [ ] Form 8804 [X] Form 1065 Service Center where Form 1065 is filed:

3 Name and address of foreign partnership's agent in country of organization, if any 4 Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different STMT 1 CHRIS MUNSON

5 During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions [ ] Yes [ ] No If "Yes," enter the total amount of the disallowed deductions \$ 6 Is the partnership a section 721(c) partnership, as defined in Temporary Regulations section 1.721(c)-1T(b)(14)? [ ] Yes [ ] No 7 Were any special allocations made by the foreign partnership? [X] Yes [ ] No 8 Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions 9 How is this partnership classified under the law of the country in which it's organized? PARTNERSHIP 10a Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Reg. 1.1503(d)-1(b)(4) or part of a combined separate unit under Reg. 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b. [ ] Yes [ ] No b If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Reg. 1.1503(d)-1(b)(5)(ii)? [ ] Yes [ ] No 11 Does this partnership meet both of the following requirements? 1. The partnership's total receipts for the tax year were less than \$250,000. 2. The value of the partnership's total assets at the end of the tax year was less than \$1 million. If "Yes," don't complete Schedules L, M-1, and M-2. [ ] Yes [ ] No

- 12 a** Is the filer of this Form 8865 claiming a foreign-derived intangible income deduction (under section 250) with respect to any amounts listed on Schedule N?  Yes  No
- b** If "Yes," enter the amount of gross income derived from sales, leases, exchanges, or other dispositions (but not licenses) from transactions with or by the foreign partnership that the filer included in its computation of foreign-derived deduction eligible income (FDDEI) \_\_\_\_\_
- c** If "Yes," enter the amount of gross income derived from a license of property to or by the foreign partnership that the filer included in its computation of FDDEI. \_\_\_\_\_
- d** If "Yes," enter the amount of gross income derived from services provided to or by the foreign partnership that the filer included in its computation of FDDEI. \_\_\_\_\_
- 13** Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in the partnership or of receiving a distribution from the partnership \_\_\_\_\_
- 14** At any time during the tax year were any transfers between the partnership and its partners subject to the disclosure requirements of Regulations section 1.707-8?  Yes  No
- 15 a** Were there any transfers of property or money within a 2-year period between the partnership and any of its partners that would require disclosure under Regs. 1.703-3 or 1.707-6? If "Yes," attach a statement identifying the transfers, the amount or value of each transfer, and an explanation of the tax treatment. See instructions for exceptions.  Yes  No
- b** Did the partnership assume a liability or receive property subject to a liability where such liability was incurred by a partner within a 2-year period of transferring the property to the partnership? If "Yes," attach a statement identifying the property transferred, the amount or value of each transfer, the debt assumed or taken by the partnership, and an explanation of the tax treatment  Yes  No

Sign Here Only if You're Filing This Form Separately and Not With Your Tax Return.

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

Signature of general partner or limited liability company member \_\_\_\_\_ Date \_\_\_\_\_

Paid Preparer Use Only

Print/Type preparer's name <b>MICHAEL J ENGLE</b>	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN <b>P00482834</b>
Firm's name <b>BKD, LLP</b>	Firm's EIN <b>44-0160260</b>		Firm's address <b>1201 WALNUT, SUITE 1700 KANSAS CITY, MO 64106-2246</b>	
Phone no. <b>816-221-6300</b>				

**Schedule A**

**Constructive Ownership of Partnership Interest.** Check the boxes that apply to the filer. If you check box **b**, enter the name, address, and U.S. taxpayer identification number (if any) of the person(s) whose interest you constructively own. See instructions.

- a**  Owns a direct interest **b**  Owns a constructive interest

Name	Address	Identification number (if any)	Check if foreign person	Check if direct partner

**Schedule A-1**

**Certain Partners of Foreign Partnership** (see instructions)

Name	Address	Identification number (if any)	Check if foreign person

**Schedule A-2**

**Foreign Partners of Section 721(c) Partnership** (see instructions)

Name of foreign partner	Address	Country of organization (if any)	U.S. taxpayer identification number (if any)	Check if related to U.S. transferor	Percentage interest	
					Capital	Profits
					%	%
					%	%

Does the partnership have any other foreign person as a direct partner?  Yes  No

**Schedule A-3**

**Affiliation Schedule.** List all partnerships (foreign or domestic) in which the foreign partnership owns a direct interest or indirectly owns a 10% interest.

Name	Address	EIN (if any)	Total ordinary income or loss	Check if foreign partnership
SEE STATEMENT 2				

**Schedule B Income Statement - Trade or Business Income**

**Caution:** Include **only** trade or business income and expenses on lines 1a through 22 below. See the instructions for more information.

<b>Income</b>	<b>1a</b> Gross receipts or sales . . . . .	<b>1a</b>		
	<b>b</b> Less returns and allowances . . . . .	<b>1b</b>		<b>1c</b>
	<b>2</b> Cost of goods sold . . . . .			<b>2</b>
	<b>3</b> Gross profit. Subtract line 2 from line 1c . . . . .			<b>3</b>
	<b>4</b> Ordinary income (loss) from other partnerships, estates, and trusts (attach statement) . . . . .			<b>4</b>
	<b>5</b> Net farm profit (loss) (attach Schedule F (Form 1040)) . . . . .			<b>5</b>
	<b>6</b> Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797) . . . . .			<b>6</b>
	<b>7</b> Other income (loss) (attach statement) . . . . .			<b>7</b>
<b>8</b> <b>Total income (loss).</b> Combine lines 3 through 7 . . . . .			<b>8</b>	
<b>Deductions</b> (see instructions for limitations)	<b>9</b> Salaries and wages (other than to partners) (less employment credits) . . . . .			<b>9</b>
	<b>10</b> Guaranteed payments to partners . . . . .			<b>10</b>
	<b>11</b> Repairs and maintenance . . . . .			<b>11</b>
	<b>12</b> Bad debts . . . . .			<b>12</b>
	<b>13</b> Rent . . . . .			<b>13</b>
	<b>14</b> Taxes and licenses . . . . .			<b>14</b>
	<b>15</b> Interest (see instructions) . . . . .			<b>15</b>
	<b>16a</b> Depreciation (if required, attach Form 4562) . . . . .	<b>16a</b>		
	<b>b</b> Less depreciation reported elsewhere on return . . . . .	<b>16b</b>		<b>16c</b>
	<b>17</b> Depletion ( <b>Don't</b> deduct oil and gas depletion.) . . . . .			<b>17</b>
	<b>18</b> Retirement plans, etc. . . . .			<b>18</b>
<b>19</b> Employee benefit programs . . . . .			<b>19</b>	
<b>20</b> Other deductions (attach statement) . . . . .			<b>20</b>	
<b>21</b> <b>Total deductions.</b> Add the amounts shown in the far right column for lines 9 through 20 . . . . .			<b>21</b>	
<b>22</b> <b>Ordinary business income (loss)</b> from trade or business activities. Subtract line 21 from line 8 . . . . .			<b>22</b>	
<b>Tax and Payment</b>	<b>23</b> Reserved for future use . . . . .			<b>23</b>
	<b>24</b> Reserved for future use . . . . .			<b>24</b>
	<b>25</b> Reserved for future use . . . . .			<b>25</b>
	<b>26</b> Reserved for future use . . . . .			<b>26</b>
	<b>27</b> Reserved for future use . . . . .			<b>27</b>
	<b>28</b> Reserved for future use . . . . .			<b>28</b>
	<b>29</b> Reserved for future use . . . . .			<b>29</b>
	<b>30</b> Reserved for future use . . . . .			<b>30</b>

**Schedule K Partners' Distributive Share Items**

**Total amount**

<b>Income (Loss)</b>	<b>1</b> Ordinary business income (loss) (Schedule B, line 22) . . . . .			<b>1</b>
	<b>2</b> Net rental real estate income (loss) (attach Form 8825) . . . . .			<b>2</b>
	<b>3a</b> Other gross rental income (loss) . . . . .	<b>3a</b>		
	<b>b</b> Expenses from other rental activities (attach statement) . . . . .	<b>3b</b>		
	<b>c</b> Other net rental income (loss). Subtract line 3b from line 3a . . . . .			<b>3c</b>
	<b>4</b> Guaranteed payments: <b>a</b> Services <b>4a</b> <b>b</b> Capital <b>4b</b> . . . . .			
	<b>c</b> Total. Add line 4a and line 4b . . . . .			<b>4c</b>
	<b>5</b> Interest income . . . . .			<b>5</b>
	<b>6</b> Dividends and dividend equivalents: <b>a</b> Ordinary dividends . . . . .			<b>6a</b>
	<b>b</b> Qualified dividends . . . . .	<b>6b</b>		
	<b>c</b> Dividend equivalents . . . . .	<b>6c</b>		
<b>7</b> Royalties . . . . .			<b>7</b>	
<b>8</b> Net short-term capital gain (loss) (attach Schedule D (Form 1065)) . . . . .			<b>8</b>	
<b>9a</b> Net long-term capital gain (loss) (attach Schedule D (Form 1065)) . . . . .			<b>9a</b>	
<b>b</b> Collectibles (28%) gain (loss) . . . . .	<b>9b</b>			
<b>c</b> Unrecaptured section 1250 gain (attach statement) . . . . .	<b>9c</b>			
<b>10</b> Net section 1231 gain (loss) (attach Form 4797) . . . . .			<b>10</b>	
<b>11</b> Other income (loss) (see instructions) Type ▶			<b>11</b>	
<b>Deductions</b>	<b>12</b> Section 179 deduction (attach Form 4562) . . . . .			<b>12</b>
	<b>13a</b> Contributions . . . . .			<b>13a</b>
	<b>b</b> Investment interest expense . . . . .			<b>13b</b>
	<b>c</b> Section 59(e)(2) expenditures: <b>(1)</b> Type ▶ <b>(2)</b> Amount ▶			<b>13c(2)</b>
<b>d</b> Other deductions (see instructions) Type ▶			<b>13d</b>	

<b>Schedule K Partners' Distributive Share Items (continued)</b>		<b>Total amount</b>	
<b>Self-Employment</b>	<b>14a</b> Net earnings (loss) from self-employment. . . . .	<b>14a</b>	
	<b>b</b> Gross farming or fishing income. . . . .	<b>14b</b>	
	<b>c</b> Gross nonfarm income. . . . .	<b>14c</b>	
<b>Credits</b>	<b>15a</b> Low-income housing credit (section 42(j)(5)). . . . .	<b>15a</b>	
	<b>b</b> Low-income housing credit (other) . . . . .	<b>15b</b>	
	<b>c</b> Qualified rehabilitation expenditures (rental real estate) (attach Form 3468) . . . . .	<b>15c</b>	
	<b>d</b> Other rental real estate credits (see instructions) Type ▶ _____	<b>15d</b>	
	<b>e</b> Other rental credits (see instructions) Type ▶ _____	<b>15e</b>	
	<b>f</b> Other credits (see instructions) Type ▶ _____	<b>15f</b>	
<b>Foreign Transactions</b>	<b>16a</b> Name of country or U.S. possession ▶ _____		
	<b>b</b> Gross income from all sources. . . . .	<b>16b</b>	
	<b>c</b> Gross income sourced at partner level . . . . .	<b>16c</b>	
	<b>Foreign gross income sourced at partnership level</b>		
	<b>d</b> Reserved for future use ▶ _____ <b>e</b> Foreign branch category. . . . . ▶	<b>16e</b>	
	<b>f</b> Passive category ▶ _____ <b>g</b> General category ▶ _____ <b>h</b> Other (attach statement) ▶	<b>16h</b>	
	<b>Deductions allocated and apportioned at partner level</b>		
	<b>i</b> Interest expense ▶ _____ <b>j</b> Other . . . . . ▶	<b>16j</b>	
	<b>Deductions allocated and apportioned at partnership level to foreign source income</b>		
	<b>k</b> Reserved for future use ▶ _____ <b>l</b> Foreign branch category. . . . . ▶	<b>16l</b>	
	<b>m</b> Passive category ▶ _____ <b>n</b> General category ▶ _____ <b>o</b> Other (attach statement) ▶	<b>16o</b>	
	<b>p</b> Total foreign taxes (check one): <input type="checkbox"/> Paid <input type="checkbox"/> Accrued. . . . .	<b>16p</b>	
	<b>q</b> Reduction in taxes available for credit (attach statement) . . . . .	<b>16q</b>	
	<b>r</b> Other foreign tax information (attach statement)		
<b>Alternative Minimum Tax (AMT) Items</b>	<b>17a</b> Post-1986 depreciation adjustment. . . . .	<b>17a</b>	
	<b>b</b> Adjusted gain or loss. . . . .	<b>17b</b>	
	<b>c</b> Depletion (other than oil and gas). . . . .	<b>17c</b>	
	<b>d</b> Oil, gas, and geothermal properties - gross income. . . . .	<b>17d</b>	
	<b>e</b> Oil, gas, and geothermal properties - deductions . . . . .	<b>17e</b>	
	<b>f</b> Other AMT items (attach statement) . . . . .	<b>17f</b>	
<b>Other Information</b>	<b>18a</b> Tax-exempt interest income . . . . .	<b>18a</b>	
	<b>b</b> Other tax-exempt income . . . . .	<b>18b</b>	
	<b>c</b> Nondeductible expenses. . . . .	<b>18c</b>	
	<b>19a</b> Distributions of cash and marketable securities. . . . .	<b>19a</b>	
	<b>b</b> Distributions of other property. . . . .	<b>19b</b>	
	<b>20a</b> Investment income. . . . .	<b>20a</b>	
	<b>b</b> Investment expenses. . . . .	<b>20b</b>	
	<b>c</b> Other items and amounts (attach statement)		

<b>Schedule L Balance Sheets per Books. (Not required if Item H11, page 1, is answered "Yes.")</b>				
<b>Assets</b>	Beginning of tax year		End of tax year	
	(a)	(b)	(c)	(d)
<b>1</b> Cash . . . . .				
<b>2a</b> Trade notes and accounts receivable. . . . .				
<b>b</b> Less allowance for bad debts . . . . .				
<b>3</b> Inventories . . . . .				
<b>4</b> U.S. government obligations. . . . .				
<b>5</b> Tax-exempt securities . . . . .				
<b>6</b> Other current assets (attach statement)				
<b>7a</b> Loans to partners (or persons related to partners) . . . . .				
<b>b</b> Mortgage and real estate loans . . . . .				
<b>8</b> Other investments (attach statement)				
<b>9a</b> Buildings and other depreciable assets				
<b>b</b> Less accumulated depreciation. . . . .				
<b>10a</b> Depletable assets . . . . .				
<b>b</b> Less accumulated depletion . . . . .				
<b>11</b> Land (net of any amortization) . . . . .				
<b>12a</b> Intangible assets (amortizable only) . . . . .				
<b>b</b> Less accumulated amortization . . . . .				



**Schedule L Balance Sheets per Books.** (Not required if Item H11, page 1, is answered "Yes.") (continued)

	Beginning of tax year		End of tax year	
	(a)	(b)	(c)	(d)
13 Other assets (attach statement) . . . .				
14 Total assets . . . . .				
<b>Liabilities and Capital</b>				
15 Accounts payable . . . . .				
16 Mortgages, notes, bonds payable in less than 1 year				
17 Other current liabilities (attach statement)				
18 All nonrecourse loans . . . . .				
19 a Loans from partners (or persons related to partners)				
b Mortgages, notes, bonds payable in 1 year or more				
20 Other liabilities (attach statement) . .				
21 Partners' capital accounts . . . . .				
22 Total liabilities and capital . . . . .				

**Schedule M Balance Sheets for Interest Allocation**

	(a) Beginning of tax year	(b) End of tax year
1 Total U.S. assets . . . . .		
2 Total foreign assets:		
a Passive category . . . . .		
b General category . . . . .		
c Other (attach statement) . . . . .		

**Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return.** (Not required if Item H11, page 1, is answered "Yes.")

1 Net income (loss) per books . .		6 Income recorded on books this tax year not included on Schedule K, lines 1 through 11 (itemize):	
2 Income included on Schedule K, lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10, and 11 not recorded on books this tax year (itemize): \$ _____		a Tax-exempt interest \$ _____	
3 Guaranteed payments (other than health insurance) . . . . .		7 Deductions included on Schedule K, lines 1 through 13d, and 16p not charged against book income this tax year (itemize):	
4 Expenses recorded on books this tax year not included on Schedule K, lines 1 through 13d, and 16p (itemize):		a Depreciation \$ _____	
a Depreciation \$ _____			
b Travel and entertainment \$ _____		8 Add lines 6 and 7. . . . .	
5 Add lines 1 through 4. . . . .		9 Income (loss). Subtract line 8 from line 5 . . . . .	

**Schedule M-2 Analysis of Partners' Capital Accounts.** (Not required if Item H11, page 1, is answered "Yes.")

1 Balance at beginning of tax year		6 Distributions: a Cash . . . . .	
2 Capital contributed:		b Property. . . . .	
a Cash . . . . .		7 Other decreases (itemize): \$ _____	
b Property . . . . .			
3 Net income (loss) per books . .		8 Add lines 6 and 7. . . . .	
4 Other increases (itemize): \$ _____		9 Balance at end of tax year. Subtract line 8 from line 5 . . . . .	
5 Add lines 1 through 4. . . . .			

**Schedule N Transactions Between Controlled Foreign Partnership and Partners or Other Related Entities**

**Important:** Complete a separate Form 8865 and Schedule N for each controlled foreign partnership. Enter the totals for each type of transaction that occurred between the foreign partnership and the persons listed in columns (a) through (d).

Transactions of foreign partnership	(a) U.S. person filing this return	(b) Any domestic corporation or partnership controlling or controlled by the U.S. person filing this return	(c) Any other foreign corporation or partnership controlling or controlled by the U.S. person filing this return	(d) Any U.S. person with a 10% or more direct interest in the controlled foreign partnership (other than the U.S. person filing this return)
1 Sales of inventory . . . . .				
2 Sales of property rights (patents, trademarks, etc.) . . . . .				
3 Compensation received for technical, managerial, engineering, construction, or like services . . . . .				
4 Commissions received . . . . .				
5 Rents, royalties, and license fees received . . . . .				
6 Distributions received . . . . .				
7 Interest received . . . . .				
8 Other . . . . .				
9 Add lines 1 through 8 . . . . .				
10 Purchases of inventory . . . . .				
11 Purchases of tangible property other than inventory . . . . .				
12 Purchases of property rights (patents, trademarks, etc.) . . . . .				
13 Compensation paid for technical, managerial, engineering, construction, or like services . . . . .				
14 Commissions paid . . . . .				
15 Rents, royalties, and license fees paid . . . . .				
16 Distributions paid . . . . .				
17 Interest paid . . . . .				
18 Other . . . . .				
19 Add lines 10 through 18 . . . . .				
20 Amounts borrowed (enter the maximum loan balance during the tax year). See instructions. . . . .				
21 Amounts loaned (enter the maximum loan balance during the tax year). See instructions. . . . .				

**SCHEDULE O**  
**(Form 8865)**

(Rev. December 2018)  
Department of the Treasury  
Internal Revenue Service

**Transfer of Property to a Foreign Partnership**  
**(Under Section 6038B)**

▶ Attach to Form 8865. See the Instructions for Form 8865.  
▶ Go to [www.irs.gov/Form8865](http://www.irs.gov/Form8865) for instructions and the latest information.

OMB No. 1545-1668

Name of transferor VICOF II FEEDER LP		Filer's identifying number 20-0849590
Name of foreign partnership VICOF II FEEDER LP	EIN (if any) 98-1375424	Reference ID number (see instructions) 01

- 1 a** Is the partnership a section 721(c) partnership (as defined in Temporary Regulations section 1.721(c)-1T(b)(14))? See instructions . . . . .  Yes  No
- b** If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of property? . . . . .  Yes  No
- 2** Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? . . . . .  Yes  No

**Part I Transfers Reportable Under Section 6038B**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Recovery period	(f) Section 704(c) allocation method	(g) Gain recognized on transfer
Cash	VARIOUS		136,625.				
Stock, notes receivable and payable, and other securities							
Inventory							
Tangible property used in trade or business							
Intangible property described in section 197(f)(9)							
Intangible property, other than intangible property described in section 197(f)(9)							
Other property							
<b>Totals</b>			136,625.				

**3** Enter the transferor's percentage interest in the partnership: (a) Before the transfer 0.639 % (b) After the transfer 0.632 %

**Supplemental Information Required To Be Reported** (see instructions):

**Part II Dispositions Reportable Under Section 6038B**

(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner

**Part III** Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or section 904(f)(5)(F)? . . . . .  Yes  No

For Paperwork Reduction Act Notice, see the Instructions for Form 8865.

Schedule O (Form 8865) 12-2018

JSA

9X1920 2.000

FORM 8865, PAGE 1 DETAIL

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ITEM H4 - CUSTODIAN OF BOOKS AND RECORDS

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NAME LINE 1:	CHRIS MUNSON
ADDRESS LINE 1:	835 WEST 6TH STREET
ADDRESS LINE 2:	SUITE 1400
CITY:	AUSTIN
STATE:	TX
ZIP:	78703

FORM 8865, PAGE 2 DETAIL

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SCHEDULE A-3 - AFFILIATION SCHEDULE

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NAME LINE 1:	VIDA INSURANCE CREDIT OPPORTUNITY FUND II, LP
ADDRESS LINE 1:	C/O WALKERS CORPORATE LIMITED
ADDRESS LINE 2:	CAYMAN CORP 27 HOSPITAL ROAD
CITY:	GEORGE TOWN
PROVINCE:	GRAND CAYMAN
COUNTRY:	CJ
POSTAL CODE:	KY1-9008
ID:	98-1370277
FOREIGN PARTNERSHIP:	X

Return of U.S. Persons With Respect to Certain Foreign Partnerships

2019

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form8865 for instructions and the latest information. Information furnished for the foreign partnership's tax year beginning 01/01/2019, and ending 12/31/2019

Attachment Sequence No. 118

Name of person filing this return GREATER HORIZONS Filer's identification number 20-0849590

Filer's address (if you aren't filing this form with your tax return) 1055 BROADWAY BLVD, STE 130 KANSAS CITY, MO 64105

A Category of filer (see Categories of Filers in the instructions and check applicable box(es)): 1 [ ] 2 [ ] 3 [X] 4 [ ]

B Filer's tax year beginning 01/01/2019, and ending 12/31/2019

C Filer's share of liabilities: Nonrecourse \$ Qualified nonrecourse financing \$ Other \$

D If filer is a member of a consolidated group but not the parent, enter the following information about the parent: Name EIN Address

E Check if any excepted specified foreign financial assets are reported on this form. See instructions.

F Information about certain other partners (see instructions)

Table with 4 columns: (1) Name, (2) Address, (3) Identification number, (4) Check applicable box(es) (Category 1, Category 2, Constructive owner)

G1 Name and address of foreign partnership BAIN CAPITAL FUND XII, L.P. C/O MAPLES CORPORATE SERVICES LTD SOUTH CHURCH ST, P.O. BOX 309 GEORGE TOWN GRAND CAYMAN CJ KY1-1104

2(a) EIN (if any) 98-1352571 2(b) Reference ID number (see instructions) 01 3 Country under whose laws organized CJ

Table with 6 columns: 4 Date of organization (09/01/2017), 5 Principal place of business (CJ), 6 Principal business activity code number (523900), 7 Principal business activity (INVESTING), 8a Functional currency (USD), 8b Exchange rate (1.000000000000)

H Provide the following information for the foreign partnership's tax year:

1 Name, address, and identification number of agent (if any) in the United States 2 Check if the foreign partnership must file: [ ] Form 1042 [ ] Form 8804 [X] Form 1065 Service Center where Form 1065 is filed:

3 Name and address of foreign partnership's agent in country of organization, if any STMT 1 MAPLES CORPORATE SERVICES LIMITED UGLAND HOUSE 4 Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different STMT 1 BAIN CAPITAL FUND XII, L.P.

5 During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions [ ] Yes [X] No If "Yes," enter the total amount of the disallowed deductions \$

6 Is the partnership a section 721(c) partnership, as defined in Temporary Regulations section 1.721(c)-1T(b)(14)? [ ] Yes [X] No 7 Were any special allocations made by the foreign partnership? [X] Yes [ ] No

8 Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions

9 How is this partnership classified under the law of the country in which it's organized? [ ] EXEMPTED [ ] LIMITED [X] PARTNERSHIP

10a Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Reg. 1.1503(d)-1(b)(4) or part of a combined separate unit under Reg. 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b. [ ] Yes [ ] No

b If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Reg. 1.1503(d)-1(b)(5)(ii)? [ ] Yes [ ] No

11 Does this partnership meet both of the following requirements? 1. The partnership's total receipts for the tax year were less than \$250,000. 2. The value of the partnership's total assets at the end of the tax year was less than \$1 million. If "Yes," don't complete Schedules L, M-1, and M-2. [ ] Yes [ ] No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form 8865 (2019)

- 12 a Is the filer of this Form 8865 claiming a foreign-derived intangible income deduction (under section 250) with respect to any amounts listed on Schedule N?  Yes  No
- b If "Yes," enter the amount of gross income derived from sales, leases, exchanges, or other dispositions (but not licenses) from transactions with or by the foreign partnership that the filer included in its computation of foreign-derived deduction eligible income (FDDEI) \_\_\_\_\_
- c If "Yes," enter the amount of gross income derived from a license of property to or by the foreign partnership that the filer included in its computation of FDDEI. \_\_\_\_\_
- d If "Yes," enter the amount of gross income derived from services provided to or by the foreign partnership that the filer included in its computation of FDDEI. \_\_\_\_\_
- 13 Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in the partnership or of receiving a distribution from the partnership \_\_\_\_\_
- 14 At any time during the tax year were any transfers between the partnership and its partners subject to the disclosure requirements of Regulations section 1.707-8?  Yes  No
- 15 a Were there any transfers of property or money within a 2-year period between the partnership and any of its partners that would require disclosure under Regs. 1.703-3 or 1.707-6? If "Yes," attach a statement identifying the transfers, the amount or value of each transfer, and an explanation of the tax treatment. See instructions for exceptions.  Yes  No
- b Did the partnership assume a liability or receive property subject to a liability where such liability was incurred by a partner within a 2-year period of transferring the property to the partnership? If "Yes," attach a statement identifying the property transferred, the amount or value of each transfer, the debt assumed or taken by the partnership, and an explanation of the tax treatment  Yes  No

**Sign Here Only if You're Filing This Form Separately and Not With Your Tax Return.** Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member) is based on all information of which preparer has any knowledge.

Signature of general partner or limited liability company member \_\_\_\_\_ Date \_\_\_\_\_

<b>Paid Preparer Use Only</b>	Print/Type preparer's name MICHAEL J ENGLE	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00482834
	Firm's name <input type="checkbox"/> BKD, LLP	Firm's EIN <input type="checkbox"/> 44-0160260			
	Firm's address <input type="checkbox"/> 1201 WALNUT, SUITE 1700 KANSAS CITY, MO 64106-2246	Phone no. 816-221-6300			

**Schedule A Constructive Ownership of Partnership Interest.** Check the boxes that apply to the filer. If you check box **b**, enter the name, address, and U.S. taxpayer identification number (if any) of the person(s) whose interest you constructively own. See instructions.

- a  Owns a direct interest
- b  Owns a constructive interest

Name	Address	Identification number (if any)	Check if foreign person	Check if direct partner

**Schedule A-1 Certain Partners of Foreign Partnership** (see instructions)

Name	Address	Identification number (if any)	Check if foreign person

**Schedule A-2 Foreign Partners of Section 721(c) Partnership** (see instructions)

Name of foreign partner	Address	Country of organization (if any)	U.S. taxpayer identification number (if any)	Check if related to U.S. transferor	Percentage interest	
					Capital	Profits
					%	%
					%	%

Does the partnership have any other foreign person as a direct partner?  Yes  No

**Schedule A-3 Affiliation Schedule.** List all partnerships (foreign or domestic) in which the foreign partnership owns a direct interest or indirectly owns a 10% interest.

Name	Address	EIN (if any)	Total ordinary income or loss	Check if foreign partnership
SEE STATEMENT 2				

Schedule B Income Statement - Trade or Business Income

Caution: Include only trade or business income and expenses on lines 1a through 22 below. See the instructions for more information.

Table with columns for Income, Deductions, and Tax and Payment. Rows include: 1a Gross receipts or sales, 1b Less returns and allowances, 2 Cost of goods sold, 3 Gross profit, 4 Ordinary income, 5 Net farm profit, 6 Net gain, 7 Other income, 8 Total income, 9 Salaries and wages, 10 Guaranteed payments to partners, 11 Repairs and maintenance, 12 Bad debts, 13 Rent, 14 Taxes and licenses, 15 Interest, 16a Depreciation, 16b Less depreciation, 17 Depletion, 18 Retirement plans, 19 Employee benefit programs, 20 Other deductions, 21 Total deductions, 22 Ordinary business income, 23-30 Reserved for future use.

Schedule K Partners' Distributive Share Items

Table with columns for Income (Loss) and Deductions. Rows include: 1 Ordinary business income, 2 Net rental real estate income, 3a Other gross rental income, 3b Expenses from other rental activities, 3c Other net rental income, 4 Guaranteed payments (a Services, b Capital), 5 Interest income, 6 Dividends and dividend equivalents, 7 Royalties, 8 Net short-term capital gain, 9a Net long-term capital gain, 9b Collectibles gain, 9c Unrecaptured section 1250 gain, 10 Net section 1231 gain, 11 Other income, 12 Section 179 deduction, 13a Contributions, 13b Investment interest expense, 13c(2) Section 59(e)(2) expenditures, 13d Other deductions.



<b>Schedule K Partners' Distributive Share Items (continued)</b>		<b>Total amount</b>	
<b>Self-Employment</b>	<b>14a</b> Net earnings (loss) from self-employment. . . . .	<b>14a</b>	
	<b>b</b> Gross farming or fishing income. . . . .	<b>14b</b>	
	<b>c</b> Gross nonfarm income. . . . .	<b>14c</b>	
<b>Credits</b>	<b>15a</b> Low-income housing credit (section 42(j)(5)). . . . .	<b>15a</b>	
	<b>b</b> Low-income housing credit (other) . . . . .	<b>15b</b>	
	<b>c</b> Qualified rehabilitation expenditures (rental real estate) (attach Form 3468) . . . . .	<b>15c</b>	
	<b>d</b> Other rental real estate credits (see instructions) Type ▶ _____	<b>15d</b>	
	<b>e</b> Other rental credits (see instructions) Type ▶ _____	<b>15e</b>	
	<b>f</b> Other credits (see instructions) Type ▶ _____	<b>15f</b>	
<b>Foreign Transactions</b>	<b>16a</b> Name of country or U.S. possession ▶ _____		
	<b>b</b> Gross income from all sources. . . . .	<b>16b</b>	
	<b>c</b> Gross income sourced at partner level . . . . .	<b>16c</b>	
	<b>Foreign gross income sourced at partnership level</b>		
	<b>d</b> Reserved for future use ▶ _____ <b>e</b> Foreign branch category. . . . . ▶	<b>16e</b>	
	<b>f</b> Passive category ▶ _____ <b>g</b> General category ▶ _____ <b>h</b> Other (attach statement) ▶	<b>16h</b>	
	<b>Deductions allocated and apportioned at partner level</b>		
	<b>i</b> Interest expense ▶ _____ <b>j</b> Other . . . . . ▶	<b>16j</b>	
	<b>Deductions allocated and apportioned at partnership level to foreign source income</b>		
	<b>k</b> Reserved for future use ▶ _____ <b>l</b> Foreign branch category. . . . . ▶	<b>16l</b>	
	<b>m</b> Passive category ▶ _____ <b>n</b> General category ▶ _____ <b>o</b> Other (attach statement) ▶	<b>16o</b>	
	<b>p</b> Total foreign taxes (check one): ▶ <input type="checkbox"/> Paid <input type="checkbox"/> Accrued. . . . .	<b>16p</b>	
	<b>q</b> Reduction in taxes available for credit (attach statement) . . . . .	<b>16q</b>	
	<b>r</b> Other foreign tax information (attach statement)		
<b>Alternative Minimum Tax (AMT) Items</b>	<b>17a</b> Post-1986 depreciation adjustment. . . . .	<b>17a</b>	
	<b>b</b> Adjusted gain or loss. . . . .	<b>17b</b>	
	<b>c</b> Depletion (other than oil and gas). . . . .	<b>17c</b>	
	<b>d</b> Oil, gas, and geothermal properties - gross income. . . . .	<b>17d</b>	
	<b>e</b> Oil, gas, and geothermal properties - deductions . . . . .	<b>17e</b>	
	<b>f</b> Other AMT items (attach statement) . . . . .	<b>17f</b>	
<b>Other Information</b>	<b>18a</b> Tax-exempt interest income . . . . .	<b>18a</b>	
	<b>b</b> Other tax-exempt income . . . . .	<b>18b</b>	
	<b>c</b> Nondeductible expenses. . . . .	<b>18c</b>	
	<b>19a</b> Distributions of cash and marketable securities. . . . .	<b>19a</b>	
	<b>b</b> Distributions of other property. . . . .	<b>19b</b>	
	<b>20a</b> Investment income. . . . .	<b>20a</b>	
	<b>b</b> Investment expenses. . . . .	<b>20b</b>	
	<b>c</b> Other items and amounts (attach statement)		

<b>Schedule L Balance Sheets per Books. (Not required if Item H11, page 1, is answered "Yes.")</b>				
<b>Assets</b>	Beginning of tax year		End of tax year	
	(a)	(b)	(c)	(d)
<b>1</b> Cash . . . . .				
<b>2a</b> Trade notes and accounts receivable. . . . .				
<b>b</b> Less allowance for bad debts . . . . .				
<b>3</b> Inventories . . . . .				
<b>4</b> U.S. government obligations. . . . .				
<b>5</b> Tax-exempt securities . . . . .				
<b>6</b> Other current assets (attach statement)				
<b>7a</b> Loans to partners (or persons related to partners) . . . . .				
<b>b</b> Mortgage and real estate loans . . . . .				
<b>8</b> Other investments (attach statement)				
<b>9a</b> Buildings and other depreciable assets				
<b>b</b> Less accumulated depreciation. . . . .				
<b>10a</b> Depletable assets . . . . .				
<b>b</b> Less accumulated depletion . . . . .				
<b>11</b> Land (net of any amortization) . . . . .				
<b>12a</b> Intangible assets (amortizable only) . . . . .				
<b>b</b> Less accumulated amortization . . . . .				

**Schedule L Balance Sheets per Books.** (Not required if Item H11, page 1, is answered "Yes.") (continued)

Table with 4 columns: (a) Beginning of tax year, (b) Beginning of tax year, (c) End of tax year, (d) End of tax year. Rows include: 13 Other assets, 14 Total assets, Liabilities and Capital, 15 Accounts payable, 16 Mortgages, notes, bonds payable in less than 1 year, 17 Other current liabilities, 18 All nonrecourse loans, 19 a Loans from partners, b Mortgages, notes, bonds payable in 1 year or more, 20 Other liabilities, 21 Partners' capital accounts, 22 Total liabilities and capital.

**Schedule M Balance Sheets for Interest Allocation**

Table with 2 columns: (a) Beginning of tax year, (b) End of tax year. Rows include: 1 Total U.S. assets, 2 Total foreign assets: a Passive category, b General category, c Other (attach statement).

**Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return.** (Not required if Item H11, page 1, is answered "Yes.")

Table with 2 columns: Book side (lines 1-5) and Return side (lines 6-9). Rows include: 1 Net income (loss) per books, 2 Income included on Schedule K, lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10, and 11 not recorded on books this tax year (itemize): \$, 3 Guaranteed payments (other than health insurance), 4 Expenses recorded on books this tax year not included on Schedule K, lines 1 through 13d, and 16p (itemize): a Depreciation \$, b Travel and entertainment \$, 5 Add lines 1 through 4, 6 Income recorded on books this tax year not included on Schedule K, lines 1 through 11 (itemize): a Tax-exempt interest \$, 7 Deductions included on Schedule K, lines 1 through 13d, and 16p not charged against book income this tax year (itemize): a Depreciation \$, 8 Add lines 6 and 7, 9 Income (loss). Subtract line 8 from line 5.

**Schedule M-2 Analysis of Partners' Capital Accounts.** (Not required if Item H11, page 1, is answered "Yes.")

Table with 2 columns: Book side (lines 1-5) and Return side (lines 6-9). Rows include: 1 Balance at beginning of tax year, 2 Capital contributed: a Cash, b Property, 3 Net income (loss) per books, 4 Other increases (itemize): \$, 5 Add lines 1 through 4, 6 Distributions: a Cash, b Property, 7 Other decreases (itemize): \$, 8 Add lines 6 and 7, 9 Balance at end of tax year. Subtract line 8 from line 5.

**Schedule N Transactions Between Controlled Foreign Partnership and Partners or Other Related Entities**

**Important:** Complete a separate Form 8865 and Schedule N for each controlled foreign partnership. Enter the totals for each type of transaction that occurred between the foreign partnership and the persons listed in columns (a) through (d).

Transactions of foreign partnership	(a) U.S. person filing this return	(b) Any domestic corporation or partnership controlling or controlled by the U.S. person filing this return	(c) Any other foreign corporation or partnership controlling or controlled by the U.S. person filing this return	(d) Any U.S. person with a 10% or more direct interest in the controlled foreign partnership (other than the U.S. person filing this return)
1 Sales of inventory . . . . .				
2 Sales of property rights (patents, trademarks, etc.) . . . . .				
3 Compensation received for technical, managerial, engineering, construction, or like services . . . . .				
4 Commissions received . . . . .				
5 Rents, royalties, and license fees received . . . . .				
6 Distributions received . . . . .				
7 Interest received . . . . .				
8 Other . . . . .				
9 Add lines 1 through 8 . . . . .				
10 Purchases of inventory . . . . .				
11 Purchases of tangible property other than inventory . . . . .				
12 Purchases of property rights (patents, trademarks, etc.) . . . . .				
13 Compensation paid for technical, managerial, engineering, construction, or like services . . . . .				
14 Commissions paid . . . . .				
15 Rents, royalties, and license fees paid . . . . .				
16 Distributions paid . . . . .				
17 Interest paid . . . . .				
18 Other . . . . .				
19 Add lines 10 through 18 . . . . .				
20 Amounts borrowed (enter the maximum loan balance during the tax year). See instructions. . . . .				
21 Amounts loaned (enter the maximum loan balance during the tax year). See instructions. . . . .				

**SCHEDULE O**  
**(Form 8865)**

(Rev. December 2018)  
Department of the Treasury  
Internal Revenue Service

**Transfer of Property to a Foreign Partnership**  
**(Under Section 6038B)**

▶ Attach to Form 8865. See the Instructions for Form 8865.  
▶ Go to [www.irs.gov/Form8865](http://www.irs.gov/Form8865) for instructions and the latest information.

OMB No. 1545-1668

Name of transferor <b>BAIN CAPITAL FUND XII, L.P.</b>		Filer's identifying number <b>20-0849590</b>
Name of foreign partnership <b>BAIN CAPITAL FUND XII, L.P.</b>	EIN (if any) <b>98-1352571</b>	Reference ID number (see instructions) <b>01</b>

- 1 a** Is the partnership a section 721(c) partnership (as defined in Temporary Regulations section 1.721(c)-1T(b)(14))? See instructions . . . . .  Yes  No
- b** If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of property? . . . . .  Yes  No
- 2** Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? . . . . .  Yes  No

**Part I Transfers Reportable Under Section 6038B**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Recovery period	(f) Section 704(c) allocation method	(g) Gain recognized on transfer
Cash	VARIOUS		431,996.				
Stock, notes receivable and payable, and other securities							
Inventory							
Tangible property used in trade or business							
Intangible property described in section 197(f)(9)							
Intangible property, other than intangible property described in section 197(f)(9)							
Other property							
<b>Totals</b>			431,996.				

**3** Enter the transferor's percentage interest in the partnership: (a) Before the transfer **0.011 %** (b) After the transfer **0.012 %**

**Supplemental Information Required To Be Reported** (see instructions):

**Part II Dispositions Reportable Under Section 6038B**

(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner

**Part III** Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or section 904(f)(5)(F)? . . . . .  Yes  No

For Paperwork Reduction Act Notice, see the Instructions for Form 8865.

Schedule O (Form 8865) 12-2018

JSA

9X1920 2.000

FORM 8865, PAGE 1 DETAIL

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ITEM H3 - AGENT IN COUNTRY OF ORIGIN

-----

NAME LINE 1: MAPLES CORPORATE SERVICES LIMITED  
NAME LINE 2: UGLAND HOUSE  
ADDRESS LINE 1: SOUTH CHURCH STREET, P.O. BOX 309  
CITY: GEORGE TOWN  
STATE: GRAND CAYMAN  
COUNTRY: CJ  
POSTAL CODE: KY1-1104

ITEM H4 - CUSTODIAN OF BOOKS AND RECORDS

-----

NAME LINE 1: BAIN CAPITAL FUND XII, L.P.  
ADDRESS LINE 1: 200 CLARENDON STREET FL 41  
CITY: BOSTON  
STATE: MA  
ZIP: 02116-5016

FORM 8865, PAGE 2 DETAIL

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SCHEDULE A-3 - AFFILIATION SCHEDULE

-----

NAME LINE 1: BCPE RADIUS HOLDINGS, L.P.  
ADDRESS LINE 1: SOUTH CHURCH STREET, P.O. BOX 309  
CITY: GEORGE TOWN  
PROVINCE: GRAND CAYMAN  
COUNTRY: CJ  
POSTAL CODE: KY1-1104  
ID: 98-1393040  
FOREIGN PARTNERSHIP: X

NAME LINE 1: BCPE RADIUS HOLDINGS GP LIMITED  
ADDRESS LINE 1: SOUTH CHURCH STREET, P.O. BOX 309  
CITY: GEORGE TOWN  
PROVINCE: GRAND CAYMAN  
COUNTRY: CJ  
POSTAL CODE: KY1-1104  
ID: 98-1393818  
FOREIGN PARTNERSHIP: X

NAME LINE 1: BC PERCEPTION HOLDINGS L.P. LIMITED  
ADDRESS LINE 1: 200 CLARENDON STREET FL 41  
CITY: BOSTON  
STATE: MA  
ZIP: 02116-5016  
ID: 83-1334143

NAME LINE 1: BLUE (BC) US, L.P.  
ADDRESS LINE 1: 47 ESPLANADE  
CITY: ST. HELIER  
COUNTRY: JE  
POSTAL CODE: JE1 OBD  
ID: 98-1455839  
FOREIGN PARTNERSHIP: X

NAME LINE 1: BLUE (BC) HOLDINGS, L.P.  
ADDRESS LINE 1: 47 ESPLANADE  
CITY: ST. HELIER  
COUNTRY: JE  
POSTAL CODE: JE1 OBD  
ID: 98-1455673

FORM 8865, PAGE 2 DETAIL

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SCHEDULE A-3 - AFFILIATION SCHEDULE (CONT'D)

-----

FOREIGN PARTNERSHIP: X

NAME LINE 1: BCPE HERCULES HOLDINGS, L.P.  
ADDRESS LINE 1: 14460 VARSITY BRANDS WAY  
CITY: FARMERS BRANCH  
STATE: TX  
ZIP: 75244  
ID: 83-1092076

NAME LINE 1: BCPE PANGAEA HOLDINGS CAYMAN, L.P.  
ADDRESS LINE 1: SOUTH CHURCH STREET, P.O. BOX 309  
CITY: GEORGE TOWN  
PROVINCE: GRAND CAYMAN  
COUNTRY: CJ  
POSTAL CODE: KY1-1104  
ID: 98-1413758  
FOREIGN PARTNERSHIP: X

NAME LINE 1: BCPE PANGAEA INTERMEDIATE HOLDINGS CAYMAN,  
NAME LINE 2: L.P.  
ADDRESS LINE 1: SOUTH CHURCH STREET, P.O. BOX 309  
CITY: GEORGE TOWN  
PROVINCE: GRAND CAYMAN  
COUNTRY: CJ  
POSTAL CODE: KY1-1104  
ID: 98-1414001  
FOREIGN PARTNERSHIP: X

NAME LINE 1: BCPE PANGAEA CAYMAN, L.P.  
ADDRESS LINE 1: SOUTH CHURCH STREET, P.O. BOX 309  
CITY: GEORGE TOWN  
PROVINCE: GRAND CAYMAN  
COUNTRY: CJ  
POSTAL CODE: KY1-1104  
ID: 98-1414004  
FOREIGN PARTNERSHIP: X

FORM 8865, PAGE 2 DETAIL

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SCHEDULE A-3 - AFFILIATION SCHEDULE (CONT'D)

-----

NAME LINE 1: BCPE CYCLE HOLDINGS, L.P.  
ADDRESS LINE 1: 200 CLARENDON STREET FL 41  
CITY: BOSTON  
STATE: MA  
ZIP: 02116-5016  
ID: 83-3654117

NAME LINE 1: BAIN RELISH INVESTOR, L.P.  
ADDRESS LINE 1: 200 CLARENDON STREET FL 41  
CITY: BOSTON  
STATE: MA  
ZIP: 02116-5016  
ID: 84-2326905

NAME LINE 1: ZELIS PARENT, L.P.  
ADDRESS LINE 1: 399 BOYLSTON STREET, 13TH FLOOR  
CITY: BOSTON  
STATE: MA  
ZIP: 02116  
ID: 84-2765040

NAME LINE 1: ZELIS HOLDINGS, L.P.  
ADDRESS LINE 1: 399 BOYLSTON STREET, 13TH FLOOR  
CITY: BOSTON  
STATE: MA  
ZIP: 02116  
ID: 84-3122150



Name(s) shown on return

GREATER HORIZONS

Identifying number

20-0849590

**Part I Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT)**  
(See instructions and complete Part(s) III before Parts I and II.)

1	General business credit from line 2 of all Parts III with box A checked		1
2	Passive activity credits from line 2 of all Parts III with box B checked	2 324	
3	Enter the applicable passive activity credits allowed for 2019. See instructions		3
4	Carryforward of general business credit to 2019. Enter the amount from line 2 of Part III with box C checked. See instructions for statement to attach		4
5	Carryback of general business credit from 2020. Enter the amount from line 2 of Part III with box D checked. See instructions		5
6	Add lines 1, 3, 4, and 5		6

**Part II Allowable Credit**

7	Regular tax before credits: <ul style="list-style-type: none"> <li>Individuals. Enter the sum of the amounts from Form 1040 or 1040-SR, line 12a, and Schedule 2 (Form 1040 or 1040-SR), line 2, or the sum of the amounts from Form 1040-NR, lines 42 and 44.</li> <li>Corporations. Enter the amount from Form 1120, Schedule J, Part I, line 2; or the applicable line of your return</li> <li>Estates and trusts. Enter the sum of the amounts from Form 1041, Schedule G, lines 1a and 1b; or the amount from the applicable line of your return</li> </ul>		7
8	Alternative minimum tax: <ul style="list-style-type: none"> <li>Individuals. Enter the amount from Form 6251, line 11</li> <li>Corporations. Enter -0-</li> <li>Estates and trusts. Enter the amount from Schedule I (Form 1041), line 54</li> </ul>		8
9	Add lines 7 and 8		9
10a	Foreign tax credit	10a	10c
b	Certain allowable credits (see instructions)	10b	
c	Add lines 10a and 10b		
11	<b>Net income tax.</b> Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16		11
12	<b>Net regular tax.</b> Subtract line 10c from line 7. If zero or less, enter -0-	12	14
13	Enter 25% (0.25) of the excess, if any, of line 12 over \$25,000. See instructions	13	
14	Tentative minimum tax: <ul style="list-style-type: none"> <li>Individuals. Enter the amount from Form 6251, line 9</li> <li>Corporations. Enter -0-</li> <li>Estates and trusts. Enter the amount from Schedule I (Form 1041), line 52</li> </ul>		
15	Enter the greater of line 13 or line 14		15
16	Subtract line 15 from line 11. If zero or less, enter -0-		16
17	Enter the <b>smaller</b> of line 6 or line 16 <b>C corporations:</b> See the line 17 instructions if there has been an ownership change, acquisition, or reorganization.		17

For Paperwork Reduction Act Notice, see separate instructions.

**Part II Allowable Credit** (continued)

**Note:** If you are not required to report any amounts on line 22 or 24 below, skip lines 18 through 25 and enter -0- on line 26.

18	Multiply line 14 by 75% (0.75). See instructions . . . . .	18	
19	Enter the greater of line 13 or line 18 . . . . .	19	
20	Subtract line 19 from line 11. If zero or less, enter -0- . . . . .	20	
21	Subtract line 17 from line 20. If zero or less, enter -0- . . . . .	21	
22	Combine the amounts from line 3 of all Parts III with box A, C, or D checked . . . . .	22	
23	Passive activity credit from line 3 of all Parts III with box B checked <u>23</u>		
24	Enter the applicable passive activity credit allowed for 2019. See instructions . . . . .	24	
25	Add lines 22 and 24 . . . . .	25	
26	Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21 or line 25 . . . . .	26	
27	Subtract line 13 from line 11. If zero or less, enter -0- . . . . .	27	
28	Add lines 17 and 26 . . . . .	28	
29	Subtract line 28 from line 27. If zero or less, enter -0- . . . . .	29	
30	Enter the general business credit from line 5 of all Parts III with box A checked. . . . .	30	
31	Reserved . . . . .	31	
32	Passive activity credits from line 5 of all Parts III with box B checked <u>32</u>		
33	Enter the applicable passive activity credits allowed for 2019. See instructions . . . . .	33	
34	Carryforward of business credit to 2019. Enter the amount from line 5 of Part III with box C checked and line 6 of Part III with box G checked. See instructions for statement to attach . . . . .	34	
35	Carryback of business credit from 2020. Enter the amount from line 5 of Part III with box D checked. See instructions . . . . .	35	
36	Add lines 30, 33, 34, and 35. . . . .	36	
37	Enter the <b>smaller</b> of line 29 or line 36 . . . . .	37	
38	<b>Credit allowed for the current year.</b> Add lines 28 and 37. Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return. <ul style="list-style-type: none"> <li>• Individuals. Schedule 3 (Form 1040 or 1040-SR), line 6, or Form 1040-NR, line 51 . . . . .</li> <li>• Corporations. Form 1120, Schedule J, Part I, line 5c . . . . .</li> <li>• Estates and trusts. Form 1041, Schedule G, line 2b . . . . .</li> </ul>	38	

Name(s) shown on return

Identifying number

GREATER HORIZONS

20-0849590

Part III General Business Credits or Eligible Small Business Credits (see instructions)

Complete a separate Part III for each box checked below. See instructions.

- A General Business Credit From a Non-Passive Activity
B [X] General Business Credit From a Passive Activity
C General Business Credit Carryforwards
D General Business Credit Carrybacks
E Reserved
F Reserved
G Eligible Small Business Credit Carryforwards
H Reserved

I If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III

Table with 3 columns: (a) Description of credit, (b) If claiming the credit from a pass-through entity, enter the EIN, (c) Enter the appropriate amount. Rows include 1a-1zz, 2, 3, 4a-4z, 5, 6.

# Credit for Increasing Research Activities

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form6765](http://www.irs.gov/Form6765) for instructions and the latest information.

Attachment  
Sequence No. **81**

Name(s) shown on return

Identifying number

GREATER HORIZONS

20-0849590

**Section A - Regular Credit.** Skip this section and go to Section B if you are electing or previously elected (and are not revoking) the alternative simplified credit.

1	Certain amounts paid or incurred to energy consortia (see instructions) . . . . .		<b>1</b>
2	Basic research payments to qualified organizations (see instructions) . . . . .	<b>2</b>	
3	Qualified organization base period amount . . . . .	<b>3</b>	
4	Subtract line 3 from line 2. If zero or less, enter -0- . . . . .		<b>4</b>
5	Wages for qualified services (do not include wages used in figuring the work opportunity credit) . . . . .	<b>5</b>	
6	Cost of supplies . . . . .	<b>6</b>	
7	Rental or lease costs of computers (see instructions) . . . . .	<b>7</b>	
8	Enter the applicable percentage of contract research expenses. See instructions . . . . .	<b>8</b>	
9	Total qualified research expenses. Add lines 5 through 8 . . . . .	<b>9</b>	
10	Enter fixed-base percentage, but not more than 16% (0.16) (see instructions) . . . . .	<b>10</b>	%
11	Enter average annual gross receipts. See instructions . . . . .	<b>11</b>	
12	Multiply line 11 by the percentage on line 10 . . . . .	<b>12</b>	
13	Subtract line 12 from line 9. If zero or less, enter -0- . . . . .	<b>13</b>	
14	Multiply line 9 by 50% (0.50) . . . . .	<b>14</b>	
15	Enter the <b>smaller</b> of line 13 or line 14 . . . . .		<b>15</b>
16	Add lines 1, 4, and 15 . . . . .		<b>16</b>
17	Are you electing the reduced credit under section 280C? ▶ Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes," multiply line 16 by 15.8% (0.158). If "No," multiply line 16 by 20% (0.20) and see the instructions for the statement that must be attached. Members of controlled groups or businesses under common control, see instructions for the statement that must be attached. . . . .		<b>17</b>

**Section B - Alternative Simplified Credit.** Skip this section if you are completing Section A.

18	Certain amounts paid or incurred to energy consortia (see the line 1 instructions) . . . . .		<b>18</b>
19	Basic research payments to qualified organizations (see the line 2 instructions) . . . . .	<b>19</b>	
20	Qualified organization base period amount (see the line 3 instructions) . . . . .	<b>20</b>	
21	Subtract line 20 from line 19. If zero or less, enter -0- . . . . .		<b>21</b>
22	Add lines 18 and 21 . . . . .		<b>22</b>
23	Multiply line 22 by 20% (0.20) . . . . .		<b>23</b>
24	Wages for qualified services (do not include wages used in figuring the work opportunity credit) . . . . .	<b>24</b>	
25	Cost of supplies . . . . .	<b>25</b>	
26	Rental or lease costs of computers (see the line 7 instructions) . . . . .	<b>26</b>	
27	Enter the applicable percentage of contract research expenses. See the line 8 instructions . . . . .	<b>27</b>	
28	Total qualified research expenses. Add lines 24 through 27 . . . . .	<b>28</b>	
29	Enter your total qualified research expenses for the prior 3 tax years. If you had no qualified research expenses in any one of those years, skip lines 30 and 31 . . . . .	<b>29</b>	
30	Divide line 29 by 6.0 . . . . .	<b>30</b>	
31	Subtract line 30 from line 28. If zero or less, enter -0- . . . . .	<b>31</b>	
32	Multiply line 31 by 14% (0.14). If you skipped lines 30 and 31, multiply line 28 by 6% (0.06) . . . . .		<b>32</b>
33	Add lines 23 and 32 . . . . .		<b>33</b>
34	Are you electing the reduced credit under section 280C? ▶ Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes," multiply line 33 by 79% (0.79). If "No," enter the amount from line 33 and see the line 17 instructions for the statement that must be attached. Members of controlled groups or businesses under common control, see instructions for the statement that must be attached. . . . .		<b>34</b>

For Paperwork Reduction Act Notice, see separate instructions.

**Section C - Current Year Credit**

<b>35</b>	Enter the portion of the credit from Form 8932, line 2, that is attributable to wages that were also used to figure the credit on line 17 or line 34 (whichever applies) . . . . .	<b>35</b>	
<b>36</b>	Subtract line 35 from line 17 or line 34 (whichever applies). If zero or less, enter -0- . . . . .	<b>36</b>	
<b>37</b>	Credit for increasing research activities from partnerships, S corporations, estates, and trusts . . .	<b>37</b>	324.
<b>38</b>	Add lines 36 and 37. . . . . <ul style="list-style-type: none"> <li>• Estates and trusts, go to line 39.</li> <li>• Partnerships and S corporations not electing the payroll tax credit, stop here and report this amount on Schedule K.</li> <li>• Partnerships and S corporations electing the payroll tax credit, complete Section D and report on Schedule K the amount on this line reduced by the amount on line 44.</li> <li>• Eligible small businesses, stop here and report the credit on Form 3800, Part III, line 4i. See instructions for the definition of eligible small business.</li> <li>• Filers other than eligible small businesses, stop here and report the credit on Form 3800, Part III, line 1c.</li> </ul> <b>Note:</b> Qualified small business filers, other than partnerships and S corporations, electing the payroll tax credit must complete Form 3800 before completing Section D.	<b>38</b>	324.
<b>39</b>	Amount allocated to beneficiaries of the estate or trust (see instructions) . . . . .	<b>39</b>	
<b>40</b>	Estates and trusts, subtract line 39 from line 38. For eligible small businesses, report the credit on Form 3800, Part III, line 4i. See instructions. For filers other than eligible small businesses, report the credit on Form 3800, Part III, line 1c . . . . .	<b>40</b>	

**Section D - Qualified Small Business Payroll Tax Election and Payroll Tax Credit.** Skip this section if the payroll tax election does not apply. See instructions.

<b>41</b>	Check this box if you are a qualified small business electing the payroll tax credit. See instructions <input type="checkbox"/>		
<b>42</b>	Enter the portion of line 36 elected as a payroll tax credit (do not enter more than \$250,000). See instructions . . . . .	<b>42</b>	
<b>43</b>	General business credit carryforward from the current year (see instructions). Partnerships and S corporations, skip this line and go to line 44 . . . . .	<b>43</b>	
<b>44</b>	Partnerships and S corporations, enter the smaller of line 36 or line 42. All others, enter the smallest of line 36, line 42, or line 43. Enter here and on the applicable line of Form 8974, Part 1, column (e). Members of controlled groups or businesses under common control, see instructions for the statement that must be attached. . . . .	<b>44</b>	

**Greater Horizons**  
**Form 990-T, Line 30 - Net Operating Loss Deduction**  
**Tax Year: 12/31/2019**

**EIN: 20-0849590**

<b>Loss Year Ending</b>	<b>NOL Generated</b>	<b>Loss Previously used</b>	<b>Loss Available</b>
12/31/2018	(340,019)		(340,019)
Net Operating Loss Available			(340,019)
Net Operating Loss Deduction (Limited to Taxable Income) - 12/31/2019			
Net Operating Loss Carryforward to 12/31/2020			(340,019)

**Greater Horizons**  
**Form 990-T, Line 36 - Net Operating Loss Deduction**  
**Tax Year: 12/31/2019**

**EIN: 20-0849590**

**NET OPERATING LOSS DEDUCTION**

<b>Loss Year Ending</b>	<b>NOL Generated</b>	<b>Loss Previously used</b>	<b>Loss Available</b>
12/31/2016	(147,365)		(147,365)
12/31/2017	(300,232)		(300,232)
Net Operating Loss Available			(447,597)
Net Operating Loss Deduction (Limited to Taxable Income) - 12/31/2019			428,212
Net Operating Loss Carryforward to 12/31/2020			(19,385)

Net Operating Losses were generated from unrelated business losses that were pass-through to the organization from investments reported on Schedule K-1, Line 20V.