

			** PUBLIC DISCLOSURE COPY * Return of Organization Exempt From	n Income Tax	OMB No. 1545-0047		
Form 990		90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (ons) 2022		
Department of the Treasury Internal Revenue Service			Do not enter social security numbers on this form as it may	-	Open to Public Inspection		
	Check if		organization	D Employer identi			
	applicab	le:	organization	D Employer identi	incation number		
	Addre chang Name	HOT1	zons Greater Washington Inc				
Ļ	chang	ge Doing bi	usiness as	27-1476			
	returr Final returr	Number	and street (or P.O. box if mail is not delivered to street address) Room/s Cathedral Ave NW	uite E Telephone numb			
	termi		own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	1,669,506.		
	Amer returr		ington, DC 20008	H(a) Is this a group	return		
	Appli tion	F Name a	nd address of principal officer: Ann Kay	for subordinate	es? Yes X No		
	pendi	same	as C above	H(b) Are all subordinates	included? Yes No		
<u> </u>	Tax-ex	empt status:		527 If "No," attach	a list. See instructions		
	Websi		zonsgreaterwashington.org	H(c) Group exempt			
			X Corporation Trust Association Other L Y	Year of formation: 2009	M State of legal domicile: DC		
Pa	art I	Summary					
ė	1	Briefly describ	e the organization's mission or most significant activities: Prepares	students fro	om under-		
Governance			ed communities to succeed by building				
ern	2	Check this bo					
Š	3						
			lependent voting members of the governing body (Part VI, line 1b)				
Activities &	5		of individuals employed in calendar year 2022 (Part V, line 2a)				
tivit	6 Total number		of volunteers (estimate if necessary) d business revenue from Part VIII, column (C), line 12				
Ac	/a		business taxable income from Form 990-T, Part I, line 11				
				Prior Year	Current Year		
	8	Contributions	and grants (Part VIII, line 1h)	2,180,301			
one	9		ce revenue (Part VIII, line 2g)	5,261			
Revenue	10	•	come (Part VIII, column (A), lines 3, 4, and 7d)	19,786			
ž	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,590	-		
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,210,938			
	13		nilar amounts paid (Part IX, column (A), lines 1-3)	0	-		
	14	Benefits paid t	to or for members (Part IX, column (A), line 4)	0			
ŝ	15	Salaries, other	compensation, employee benefits (Part IX, column (A), lines 5-10)	919,141			
Expenses	16a	Professional fu	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) 280, 990.	0	. 0.		
g	. ь	Total fundraisi	ng expenses (Part IX, column (D), line 25) 280, 990.				
Ш			es (Part IX, column (A), lines 11a-11d, 11f-24e)	469,508			
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,388,649			
	19	Revenue less	expenses. Subtract line 18 from line 12	822,289			
S OL				Beginning of Current Year			
Net Assets or	20	Total assets (F		1,491,450			
etA	21		(Part X, line 26)	142,889			
	<u>22</u> art II	Net assets or Signature	fund balances. Subtract line 21 from line 20	1,348,561	. 1,111,965.		
		-		tomonto and to the best of a	au knowledge and helief it is		
			I declare that I have examined this return, including accompanying schedules and sta Declaration of preparer (other than officer) is based on all information of which prep		ny knowledge and beller, it is		
			; · · · · · ·				
0.		Signature of of	ficer	Date			

Sign	Signature of officer		Dale					
Here	Ann Kay, Treasurer							
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date Check PTIN					
Paid	Kimberley D. VanHuss, CPA		self-employed P00214470					
Preparer	Firm's name Kositzka, Wicks an	nd Company	Firm's EIN 54-1342298					
Use Only	Firm's address 5270 Shawnee Road	, Suite 250						
	Alexandria, VA 22	312	Phone no. (703) 642-2700)				
May the II	May the IRS discuss this return with the preparer shown above? See instructions							

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2022)

	990 (2022) Horizo	ns Greater Wash	ington Inc	2	7-1476998	Page
Par		•				X
4	Check if Schedule O contains a Briefly describe the organization's miss		this Part III			🔼
'	Horizons Greater Was		ition-fre	e academic and	enrichmen	t.
	program serving pub					0
	underserved communit					n
	is to advance educat					
2	Did the organization undertake any sig				--	
-					Yes	XN
	If "Yes," describe these new services of					
3	Did the organization cease conducting		n how it conducts,	any program services?	Yes	XNo
	If "Yes," describe these changes on So			,		
4	Describe the organization's program se	ervice accomplishments for ea	ch of its three large	st program services, as meas	sured by expenses.	
	Section 501(c)(3) and 501(c)(4) organiz	ations are required to report th	e amount of grants	and allocations to others, th	e total expenses, a	nd
	revenue, if any, for each program servi					
4a		., 277, 077. including grai	its of \$) (Revenue \$		
	Horizons offers an :					
	that build critical					d
	emotional development					
	years and transition					
	the whole child whi					
	hone their craft with					n
	our program, we par barriers to learning					
	providing transport				ident and	
	providing transports	acion, supplies,	and mear	5•		
	In 2023 our hallmar	k summer prograt	gerved 4	22 students in	our large	et.
	roster ever and we					
4b	(Code:) (Expenses \$					
4c	(Code:) (Expenses \$	including grar	ate of \$) (Revenue \$		
10	(code) (Expenses ©			/ (nevenue ¢ _		
4d	Other program services (Describe on S	Schedule Q.)				
	(Expenses \$	including grants of \$)	(Revenue \$)	
4e	Total program service expenses	1,277,077.	,	•	, 	
					Form 9	90 (2022
32002	2 12-13-22	See Schedul	e O for Co	<pre>ontinuation(s)</pre>		
~ ~	14 786335 50020.001		3	RIZONS GREATER		F 0 0 0

Form 990 (Washington	Inc
Part IV	Checklist of	Required Scheo	dules		

1 Its en organization described in section 501(k)0 or 4947(a)(1) (there than a private foundation?) 1 X 2 Its en organization required to complete Schedule 0, Schedule 0, Cantibustors? See instructions 2 X 3 X 2 X 3 X 4 Section 501(k)2) organization angage in lobbying activities, or have a section 501(k) election in effect during the tax year? If Yes, "complete Schedule C, Part I 3 X 5 Section 501(k)2) organization. Did the organization angage in lobbying activities, or have a section 501(k) election in effect during the tax year? If Yes, "complete Schedule C, Part II 5 X 6 Did the organization reaction action any other organization that receives membership dues, assessments, or the endyta tax organization reaction action action action tax that organization tax that receives one passes, or other similar assets? If Yes, "complete Schedule D, Part I 6 X 9 Did the organization action at amount in Part X, line 21, for serve or or custodial account labitity, serve as a custodian for amounts not listel in Part X, no provide ceredit Ourseling, det management, credit repair, or debt negotiation services? 7 X 10 Did the organization report an amount in Part X, line 21, for serve or custodial account labitity, serve as a custodian for amounts in the serve and the organization report an amount in Part X, line 127, if Yes, "complete Schedule D, Part VI<				Yes	No
2 Is the organization engage in direct on index 0.5 Schedule of Combutors? See instructions 2 X 3 Did the organization engage in direct on index 0.5 (Fig. 2.7 (I) 3 X 4 Section 501(b)(2) organizations. Did the organization engage in loobying activities, or have a section 501(b) election in effect 4 X 5 Is the organization a section 501(c)(4). 501(c)(6). or 501(c)(6) or 501(c)(6) or 501(c)(6). Or 501(c)(6)	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3 Dit the organization engage in cliract or indirect political campaign activities on behalf of or in opposition to candidates for public official "I "Yes," complete Schedule C, Part II 3 X 4 Section 501(k)0 organizations. Did the organization imgage in kobying activities, or have a section 501(k)1 election in effect of the section section 501(k) election in effect of the section of the organization match and with one or any similar amounts as defined in Rev. Proc. Bel 197 ("Yes," complete Schedule C, Part II 4 X 5 Did the organization match and y donner advised times or any similar loads or any similar times verse on page. The environment, historic and areas, or historic structures? ("Yes," complete Schedule D, Part II 6 X 9 Did the organization match and sections of works of art, historical trassures, or other similar assets? (I'Yes," complete Schedule D, Part II 7 X 9 Did the organization match and sections of works of art, historical trassures, or other similar assets? (I'Yes, 'complete Schedule D, Part II) 8 X 9 Did the organization and organization, hold assets in domorestricted endowments or in lasted Part X, line 17, line 18, match and line 19, I'Yes, 'complete Schedule D, Part II 9 X 10 X 10 X 10 X 10 X 10 X 10 X 11 <		If "Yes," complete Schedule A			
a Section 50(kg) organizations. Didt enorganization engage in lobbying activities, or have a section 50(kg) election in effect during the taxy year / tryes, 'complete Schedule C, Part II 4 X 5 Is the organization a section 50(kg), 50	2		2	X	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? (I *Yes, * complete Schedule C, Part II. 4 X 5 Is the organization a section 501(h)(h, 501(c)(0), or	3				
during the tax year? If Yes, * complete Schedule C, Part II 4 X 5 Is the organization a section S(10(4), 501(6)(5) or 501(6)(5) o			3		<u> </u>
5 Is the organization a sector S01(c)(4), 501(c)(5), or 501(c)(6), organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 99-197. If "Yes," complete Schedule C, Part II 5 X 6 Did the organization markatina and y domor advessed funds or any similar indice carcounts for which domors have the right to provide advice on the distribution or investment in such funds or accounts? If "Yes," complete Schedule D, Part II 6 X 7 XX 8 Did the organization nearbox in clucitors II "Yes," complete Schedule D, Part II 7 X 8 Did the organization market or did a conservation (Including assements to preserve open space). 7 X 9 Did the organization nearbox in the order of the organization in anount in Part X, line 21, for secrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide cerdit counseling, dett management, credit repair, or dett negolitation services? 8 X 9 Did the organization anount for lond, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 10 X 11 The organization report an amount for rimestments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 13/ "Yes," complete Schedule D, Part VI 10 X 11 The organization report an amount for rimestimsereso and resport an Part X, line 1	4				
eminal amounts as defined in Rev. Proc. 98-197. #"xs_" complete Schedule Q, Part II 5 X 6 Dot the organization maintain any domer advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part I 6 X 7 Did the organization native or hold a consenvation easement, including easements to preserve open space, the environment, historical freesures, or other similar assets? If "Yes," complete Schedule D, Part II 6 X 8 Did the organization maintain collections of works of art, historical freesures, or other similar assets? If "Yes," complete Schedule D, Part II 8 X 9 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quals endowments? If "Yes," complete Schedule D, Part V 8 X 10 If the organization services? 9 X 10 If the organization services? 9 X 10 If the organization services? 9 X 11 If the organization services? 9 X 12 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 10 X 13 X 14 X 16 X <tr< td=""><td></td><td></td><td>4</td><td></td><td><u> </u></td></tr<>			4		<u> </u>
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? // 'Yes,' complete Schedule D, Part // B	5				
provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 X 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the anvironment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV 8 X 9 Did the organization report an amount in Part X, line 21, for escrow or cutoolial account liability, serve as a cutodiain for amounts not listed in Part X, view, "complete Schedule D, Part IV 8 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments? 10 X 11 the organization report an amount for lawestments - organize and anomunt for investments - organize anomunt for investments - organize and amount for other assets in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11a X 10 Did the organization report an amount for other assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11a X 10 Did the organization report an amount for other			5		<u> </u>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 X 8 X Schedule D, Part III 8 X 9 Did the organization maintain collections of works of art, historical treasures, or other similar asset? If "Yes," complete Schedule D, Part II 8 X 9 Did the organization, for the Part X, ine 21, for escrow or custodial account liability, serve as a custodian for amounts no tilted in Part X, ior provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 10 If the organization memotifs? If "Yes," complete Schedule D, Part V 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11 X 12 Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI 11 X 13 Did the organization report an amount for investments - porgan related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI 114 X 14 Did the organization solution stor other assets in Part X, line 27, If Yes, "complete	6				
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8 Did the organization maintain collections of works of art, historical breasures, or other similar assets? // 'Yes,' complete Schedule D, Part III 8 X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, sarve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization, factory of through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V 10 X 11 If the organization is one or any of the following questions is 'Yes,' then complete Schedule D, Part SV, VII, VII, VII, VX, or X, as applicable. 11a X 12 Did the organization report an amount for land, buildings, and equipment in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16// trives,' complete Schedule D, Part VII 11a X 13 Did the organization report an amount for investments - rogram related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16// trives,' complete Schedule D, Part XIII 11a X 14 Did the organization incort or the relabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X 11d X 110 Did the organization submit or torbar assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16// trives,' complete Schedule D, Part X	7				v
Schedule D, Part III 8 X 9 Did the organization report an amount in Part X, line 21, for escrew or outsodial 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? 9 X 10 Did the organization, directly or through a related organization, hold assets in donorrestricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 10 X a Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X b Did the organization report an amount for investments - organ related In Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XIII 11a X c Did the organization report an amount for ther labilities in Part X, line 15, this is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XIII 11a X c Did the organization organization oxidant tax positions under FIN 48 (ASC 7407 If "Yes," complete Schedule D, Part X 11e X 11 X 11a X 11a X 12 Did the organization oxidated, independent audited			7		<u> </u>
9 Did the organization report an amount in Part X, line 21, for escrew 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? 9 X 10 Did the organization, directly or through a related organization, hold assets in donorrestricted endowments or in quasi endowments? <i>II</i> 'Yes,' complete Schedule D, Part V 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>II</i> 'Yes,' complete Schedule D, Part V, VII, VII, VII, VII, VII, VII, VII,	8				v
amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X If "Yes," complete Schedule D, Part V 10 X 10 X 11 If the organization, directly or through a related organization, should assets in donor-restricted endowments or in quasi endowments? (#'Yes," complete Schedule D, Part V 10 X 12 If 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? (#'Yes," complete Schedule D, Part VI 11 X 13 Did the organization report an amount for investments - other assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? (#'Yes," complete Schedule D, Part VI 11 X 14 Did the organization report an amount for investments - other assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? (#'Yes," complete Schedule D, Part VII 11 X 15 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? (#'Yes," complete Schedule D, Part X 114 X 14 Did the organization separate or consolidated financial statements for the tax year? (#'Yes," complete Schedule D, Part X 114 X 15 Did the organization nexparte or onsonclutes on more than 350.00 of agregate re	_	,	8		<u> </u>
If 'Yes,' complete Schedule D, Part IV 9 X 10 Did the organization, directly or through a related organization, hold assets in donorrestricted endowments 10 X 11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Part V 10 X 12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? // 'Yes,' complete Schedule D, Part V 11 11 13 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? // 'Yes,' complete Schedule D, Part VI 11 X 14 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? // 'Yes,' complete Schedule D, Part VI 116 X 15 Did the organization report an amount for other labilities in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? // 'Yes,' complete Schedule D, Part X 116 X 16 Did the organization report an amount for other labilities in Part X, line 25? // 'Yes,' complete Schedule D, Part X 111 X 110 Did the organization separate independent audited financial statements for the tax year? // 'Yes,' complete Schedule D, Part X 111 X 120 Did the organization included in consolidated, independent audited financial statements for the tax year? // 'Yes,' complete Schedule D, Part X	9				
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V 10 X 11 If the organization is answer to any of the following questions is 'Yes,'' then complete Schedule D, Parts VI, VII, VII, IX, or X, as applicable. 11a X 20 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,'' complete Schedule D, Part VII 11b X 21 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 167 If 'Yes,'' complete Schedule D, Part VIII 11c X 21 Did the organization report an amount for other insets in Part X, line 15% the is 5% or more of its total assets reported in Part X, line 167 If 'Yes,'' complete Schedule D, Part VIII 11c X 21 Did the organization report an amount for other labilities in Part X, line 257 If 'Yes,'' complete Schedule D, Part X 11d X 21 Did the organization report an amount for other labilities in Part X, line 257 If 'Yes,'' complete Schedule D, Part X 11d X 21 Did the organization orbitan separate, independent audited financial statements for the tax year' III' Yes, '' complete Schedule D, Part X 11d X 21 Did the organization aschool described in section 170(b)(1/(k)(ii) If 'Yes, '' co					v
or in quasi endowments? # "Yes," complete Schedule D, Part V 10 X 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, KJ, or X, as applicable. 11a X a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? # "Yes," complete Schedule D, Part VI 11b X b Did the organization report an amount for investments - other securities in Part X, line 12?, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b X c Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c X d Did the organization report an amount for other liabilities in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e X 12a Did the organization is apprate protocoldated financial statements for the tax year? 11f X 13 X 11e X 11e X 14a Did the organization nucluded in consolidated, independent audited financial statements for the tax year? 11f X 14a Did the organization as achoid describue in Part X, line 15, 000 of grants or other assistance t	40		9		
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, VX, or X, as applicable. 11 a) Did the organization report an amount for land, buildings, and equipment in Part X, line 10? // "Yes," complete Schedule D, Part V 11a X b) Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 167 // "Yes," complete Schedule D, Part V /// 11a X c) Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 167 // "Yes," complete Schedule D, Part V /// 11c X c) 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 167 // "Yes," complete Schedule D, Part X /// 11d X c) 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 167 // "Yes," complete Schedule D, Part X 11d X 11d Did the organization separate, independent audited financial statements for the tax year complete Schedule D, Part X 11f X 12a Did the organization asonargene asolica stope schedule E, Part X /// and X/// 11f X 12b Ma N//// N//// 11d <td>10</td> <td></td> <td>10</td> <td></td> <td>v</td>	10		10		v
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 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part II</i> 19 Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> 19 Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> 20a Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> 21 X 	16				
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18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," 18 X 19 Did the organization operate one or more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," 19 X 20a Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i> 21 X	17				37
1c and 8a? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization operate one or more than \$5,000 of grants or other assistance to any domestic organization or 21 X			17		<u> </u>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 X	18			77	
complete Schedule G, Part III 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II 21 X			18	<u> </u>	
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II 21 X	19				77
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II 21 X					
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II 21 X					<u> </u>
domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II			20b		
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 Horizons Greater Washington Inc
 27-1476998
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 Part IV
 Checklist of Required Schedules (continued)
 Page 4

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 6			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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Form	990 (2022) Horizons Greater Washington Inc	27-1476	998	P	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 106			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	counts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact		5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit			
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	s required			
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	4		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	4		
11	Section 501(c)(12) organizations. Enter:				
	Gross income from members or shareholders	11a	4		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		<u>13a</u>		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b	-		
с	Enter the amount of reserves on hand	13c			17
14a			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				37
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac				1
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.			0000	
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Form 990	(2022)
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Horizons Greater Washington Inc

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Part VI	Governance, Management,	and Disclosu	Ire. For each "Yes"	response to lines 2 through 7b l	below,	and fo	ra "No	" response
	to line 8a, 8b, or 10b below, describe	the circumstance	es, processes, or cha	nges on Schedule O. See instru	ictions.			

	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	18			
	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 0.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	18			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with	any other			
	officer, director, trustee, or key employee?			2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the					
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		X
6	Did the organization have members or stockholders?			6		X
- 7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
	more members of the governing body?	-		7a		x
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, st			10		
	persons other than the governing body?		,	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea			10		
		-	-	00	х	
-	The governing body? Each committee with authority to act on behalf of the governing body?			8a 0h	X	
b				8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
<u> </u>	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	<u>Code.)</u>			
					Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	•				
				10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y befo	re filing the form?	11a	X	
b						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a 12b	X X	
b	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	′es," a	lescribe			
	on Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approva	l by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	Х	
	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	vith a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		-			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filedDC					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd <u>99</u> 0)-T (section 501(c)(3)s	onlv)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.			5.1.9)		~~~
			abadula ()			
19						
13		innet (or interest policy, and	man	Jai	
20	statements available to the public during the tax year.	ke er	drooordo			
20	State the name, address, and telephone number of the person who possesses the organization's boo The Organization - 202-939-8885	oks an	u records			
	3000 Cathedral Ave NW, Washington, DC 20008					
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Part VII	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							
● List al	 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. 							

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an		compensation	compensation	amount of			
	week		officer and a director/trustee)		from	from related	other			
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee	upens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional		nploy	st con yee	-	1033-1120)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationo
(1) Michael Di Marco	40.00				×	1 0	ш			
Executive Director				х				152,463.	Ο.	5,008.
(2) Jane Wu Brower	1.00									
Director		Х						0.	Ο.	Ο.
(3) Norman Walters	1.00									
Director		Х						0.	0.	0.
(4) Mary Josephine Talbott	1.00									
Director		Х						0.	0.	0.
(5) Jalene Spain Thomas	1.00									
Director		Х						0.	0.	0.
(6) D. Archibald Smart	1.00									
Director		Х						0.	0.	0.
(7) Karla Silvestre	1.00									
Director		Х						0.	0.	0.
<pre>(8) Jessica Morales</pre>	1.00									
Director		Х						0.	0.	0.
(9) Diane Mooney	1.00									-
Director		Х						0.	0.	0.
(10) Carolyn Mansfield	1.00									-
Director		Х						0.	0.	0.
(11) Mary Kwak	1.00									
Director		Х						0.	0.	0.
(12) Matthew Gould	1.00								•	
Director	1 00	X						0.	0.	0.
(13) Joseph Conrad	1.00								0	0
Director	1 00	Х						0.	0.	0.
(14) John DeSarbo	1.00							•	0	0
Director	1 00	Х						0.	0.	0.
(15) Ivelina Benitez	1.00							•	0	0
Director	1 00	Х						0.	0.	0.
(16) Tomi Fadeyi-Jones	1.00	77		v					<u>^</u>	•
President	1 00	Х		Х		-		0.	0.	0.
(17) Jennifer Loven	1.00	v		v				0.	0.	0.
Vice President		Х		Х				U .	υ.	Eorm 990 (2022)

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Form 990 (2022)

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Form 990 (2022) Horizons	Greater	w	las	hi	ng	to	n	Inc	27-1476	998 Page 8
Part VII Section A. Officers, Directors, Trus		oloye	ees,			ghes	t C	ompensated Employee	s (continued)	
(A)	(B) Average			(C Posi	C) ition			(D)	(E)	(F)
Name and title	hours per		not c	heck ı	more	than c s both		Reportable compensation	Reportable compensation	Estimated amount of
	week					r/trust		from	from related	other
	(list any hours for	irector						the	organizations	compensation
	related	e or d	stee			nsated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	truste	nal tru		oyee	omper		1099-NEC)	,	and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(18) Ann Kay	1.00	lnc	lns	0ff	Key	Hic em	Foi			
Treasurer	1.00	х		x				0.	0.	0.
(19) Gabriella Hoehn- Saric	4.00									<u> </u>
Secretary		х		х				0.	0.	0.
1b Subtotal								152,463.	0.	5,008.
c Total from continuation sheets to Part VI								0.	0.	0.
d Total (add lines 1b and 1c)								152,463.	0.	5,008.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100	000 of reportable	1
compensation from the organization										⊥ Yes No
3 Did the organization list any former officer,	director truste	⊳ k		mnl	ove	e or	hia	hest compensated emp	lovee on	
line 1a? If "Yes," complete Schedule J for s			-	•	-			• •	•	3 X
4 For any individual listed on line 1a, is the su										
and related organizations greater than \$150	0,000? If "Yes,	" со	mple	ete S	Sche	edule	J f	or such individual		4 X
5 Did any person listed on line 1a receive or a	-				-			-		
rendered to the organization? <i>If "Yes," corr</i> Section B. Independent Contractors	plete Schedule	e J fo	or sl	ich r	perso	on .				5 X
1 Complete this table for your five highest co	mnensated ind	ene	nder	nt co	ontra	actor	e th	nat received more than 9	100 000 of compense	tion from
the organization. Report compensation for	-									
(A)	222			0				(B)		(C)
Name and business address NONE Description of services Cor							Compensation			
							_			
							\dashv			
2 Total number of independent contractors (ii	ncluding but p	nt lin	niter	t to t	thos	e lie	ted	above) who received m	ore than	
\$100,000 of compensation from the organiz	•				0)				
										000

232008 12-13-22

		(2022) Horizons Gr	eater Was	hington Inc		27-1476	998 Page 9
Pa	rt VII	Statement of Revenue					
		Check if Schedule O contains a respon	nse or note to any		(B)	(C)	(D)
				(A) Total revenue	Related or exempt function revenue		Revenue excluded from tax under sections 512 - 514
S S	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b		_			
, G	с		275,081	•			
àifts ar A	d	Related organizations 1d					
s, o	е	Government grants (contributions) 1e	378,687	•			
tion S	f	All other contributions, gifts, grants, and					
ibu		similar amounts not included above 1f	865,561	<u> </u>			
ontr of O	g	Noncash contributions included in lines 1a-1f					
<u>a õ</u>	h	Total. Add lines 1a-1f		1,519,329.	1		
	•		Business Cod	e			
Program Service Revenue	2 a						
Serv	b c						
	d						
Be	e						
Pro	f	All other program service revenue					
	g						
	3	Investment income (including dividends, in					
				23,598.			23,598.
	4	Income from investment of tax-exempt bor	-				
	5	Royalties					
		(i) Real	(ii) Personal	_			
	6 a			_			
				-			
	с С	Rental income or (loss) 6c Net rental income or (loss)					
		Gross amount from sales of (i) Securiti	es (ii) Other				
	<i>i</i> u	assets other than inventory 7a		-			
	b	Less: cost or other basis		-			
е		and sales expenses 7b					
venue	с	Gain or (loss)					
A)	d	Net gain or (loss)					
Other Re	8 a	Gross income from fundraising events (not					
đ		including \$ 275,081. of					
		contributions reported on line 1c). See					
		Part IV, line 18	8a 115,539 8b 115,539				
		Less: direct expenses Net income or (loss) from fundraising even		0.			
		Gross income from gaming activities. See					
	. u	Part IV, line 19	9a 6,400				
	b	Less: direct expenses	9b 0				
		Net income or (loss) from gaming activities		6,400.			6,400.
	10 a	Gross sales of inventory, less returns					
		and allowances	10a				
		5	10b				
-+	С	Net income or (loss) from sales of inventor					
s		Other Ingers	Business Cod				
leot	11 a	Other Income	900099	4,640.	4,640.		<u> </u>
Miscellaneous Revenue	b				+		
Sce	с С	All other revenue	—				
Ξ	u e	Total. Add lines 11a-11d		4,640.			
	12	Total revenue. See instructions		1,553,967.		0.	29,998.
232009	9 12-13			-	-		Form 990 (2022

 Form 990 (2022)
 Horizons Greater Washington Inc

 Part IX
 Statement of Functional Expenses

1 Grants and other assistance to domestic guarantees. See Part IV, line 21	Sect	ion 501(c)(3) and 501(c)(4) organizations must comple			nplete column (A).	
(b, b, b, and 10b of Part Will. expenses general expenses	Do			(B)	(C) Management and	(D)
and domestic governments. Ske Part IV, line 21			Total expenses			expenses
2 Carta and other assistance to domestic individuals. See Part IV, line 22 Image: Comparison of the comparison of compari	1	Grants and other assistance to domestic organizations				
individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign occurrent, services, foreign individuals. See Part IV, lines 15 and 16 4 Bereffs paid to or for members. 5 Compensation of current officers, directors, trustees, and key employees 6 Compensition on linulude above to signallide persons (described in section 49560(1)(1) and persons (described in section 49560(3)(8) 7 Other salaries and wages 803,564. 8 Deraffs paid (add) to employee contributions (individuals. 803,564. 9 Other employee benefits 89,293. 9 Other employee benefits 89,293. 9 Other employee benefits 89,293. 9 Other employee benefits 90 9 Other (inte 1g anount exceeds 10% of line 25, column (A), amount, list ine 1g acpenses on Sch 0.0 146,517. 9 Other (inte 1g anount exceeds 10% of line 25, column (A), amount, list ine 1g acpenses on Sch 0.0 146,827. 9 Advertising and promotion 65,706. 65,015. 6 Occupancy 3,427. 3,427. 7 Travel 588. 338. 250.		and domestic governments. See Part IV, line 21				
3 Gents and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Image: Compensation of Current Offices, directors,	2	Grants and other assistance to domestic				
organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 10 Image: Compensation of current officers, directors, furuates, and key employees 164,602.90,531.16,460.57, 6 Compensation not included above to disgualified persons described in section 4988(L(3)/8) 803,564.589,956.47,829.165, 7 Other salaries and wages 803,564.589,956.47,829.165, 8 Pension flaa acruals and contributions (include section 401(k) and 403(b) employer contributions) 803,564.589,956.47,829.165, 9 Other employee benefits 89,293.62,643.6,165.20, 9 Parson flaases 89,293.62,643.6,165.20, 11 Fees for services (nonemployees): a Management 89,293.62,643.6,165.20, 9 Other employee benefits 90,049.29, 9 Other (II in 11 gamount acceds 10% of line 25, column (A), anount, list line 11g expenses on Sch.0, 20 Adverting and promotion 56,115.6,115.6,691.1,602.6,015.6,691.1,602.6,015.6,016.6,		individuals. See Part IV, line 22				
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above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) 184,011. 184,011. a Transportation 184,011. 184,011. b Food & hospitality 95,843. 94,942. 901. c In-kind supplies, food 29,731. 29,731. 17,487. d Field trips 17,487. 17,487. 56,191. 29,760. 4, 25 Total functional expenses. Add lines 1 through 24e 1,799,053. 1,277,077. 240,986. 280,	23		24,284.		24,284.	
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b Food & hospitality 95,843. 94,942. 901. c In-kind supplies, food 29,731. 29,731. 901. d Field trips 17,487. 17,487. e All other expenses 56,191. 21,999. 29,760. 4, 25 Total functional expenses. Add lines 1 through 24e 1,799,053. 1,277,077. 240,986. 280,	-		184 011	18/ 011		
c In-kind supplies, food 29,731. 29,731. d Field trips 17,487. 17,487. e All other expenses 56,191. 21,999. 29,760. 4, 25 Total functional expenses. Add lines 1 through 24e 1,799,053. 1,277,077. 240,986. 280,			-	-	901	
d Field trips 17,487. 17,487. e All other expenses 56,191. 21,999. 29,760. 4, 25 Total functional expenses. Add lines 1 through 24e 1,799,053. 1,277,077. 240,986. 280,	u o		-		JUI •	
e All other expenses 56,191. 21,999. 29,760. 4, 25 Total functional expenses. Add lines 1 through 24e 1,799,053. 1,277,077. 240,986. 280,	ט ה		-	-		
25 Total functional expenses. Add lines 1 through 24e 1,799,053. 1,277,077. 240,986. 280,			-	-	29 760	4,432.
		· · · · · · · · · · · · · · · · · · ·	-	-		280,990
			±,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		210,000	200,000
reported in column (B) joint costs from a combined	-0					
educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)						

11

232010 12-13-22

Form 990 (2022)

10080214 786335 50020.001

orizons Grea	ter Wasl	hington Inc	
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27-1476998 Page 11

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	251,705.	1	456,725.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	425,078.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ŝ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	3,604. 13,322.
Ř	9	Prepaid expenses and deferred charges	17 050	9	13,322.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	428,368.	12	363,217.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,491,450.	16	1,261,946.
	17	Accounts payable and accrued expenses	67,089.	17	74,181.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Example and the second line in the line of the second se		21	
ŝ	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abi		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	75,800.	24	75,800.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	142,889.	26	149,981.
		Organizations that follow FASB ASC 958, check here X			
ces		and complete lines 27, 28, 32, and 33.			
an	27	Net assets without donor restrictions		27	678,663.
Ba	28	Net assets with donor restrictions	567,940.	28	433,302.
pur		Organizations that do not follow FASB ASC 958, check here			
Ę		and complete lines 29 through 33.			
S S	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net	32	Total net assets or fund balances	1,348,561.	32	1,111,965.
	33	Total liabilities and net assets/fund balances	1,491,450.	33	1,261,946.

Form **990** (2022)

Form 990 (2022)
Part X Balance Sheet Но

Form	1990 (2022) Horizons Greater Washington Inc	27-1	476998	Pag	_{ge} 12		
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,553				
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,799				
3	Revenue less expenses. Subtract line 2 from line 1	3	-245				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	<u>1,348,561</u> 9,966.				
5	5 Net unrealized gains (losses) on investments 5						
6	Donated services and use of facilities	6					
7	Investment expenses	7		.,4	76.		
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	1,111	.,90	<u>55.</u>		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,					
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				

Form **990** (2022)

232012 12-13-22

SCHEDULE A (Form 990) Department of the Treasury Internal Revenue Service	Complete if the orga 4	Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.						
Name of the organizat	ion				Employer	identification number		
	Horizons Great	er Washingto	n Inc			7-1476998		
	for Public Charity Status.				IS.			
1 A church, co 2 A school de 3 A hospital o 4 A medical recity, and sta		ion of churches described (Attach Schedule E (Forr ganization described in s onjunction with a hospital	d in section 170(n 990).) ection 170(b)(1)(/ I described in sec	b)(1)(A)(i). A)(iii). stion 170(b)(1)(A		· · · · · · · · · · · · · · · · · · ·		
5 🗌 An organiza	ion operated for the benefit of a c	ollege or university owned	d or operated by a	governmental u	nit describe	ed in		
 6 A federal, st 7 X An organization section 170 8 A communitien A communi	(b)(1)(A)(iv). (Complete Part II.) ate, or local government or govern ion that normally receives a subst (b)(1)(A)(vi). (Complete Part II.) y trust described in section 170(k ral research organization describe or a non-land-grant college of agr	antial part of its support f)(1)(A)(vi). (Complete Par d in section 170(b)(1)(A)	rom a governmen t II.) (ix) operated in co	tal unit or from the private the private term of t	land-grant	college		
activities rel income and See section 11 An organiza 12 An organiza more public lines 12a thr a Type I. A the suppo	ion that normally receives (1) mor- ated to its exempt functions, subje- unrelated business taxable incom 509(a)(2). (Complete Part III.) ion organized and operated exclu- ion organized and operated exclu- y supported organizations describ- ough 12d that describes the type supporting organization operated, rted organization(s) the power to r on. You must complete Part IV, §	ect to certain exceptions; e (less section 511 tax) from sively to test for public satistically for the benefit of, to bed in section 509(a)(1) of of supporting organization supervised, or controlled egularly appoint or elect a	and (2) no more the om businesses ac fety. See section operform the func- or section 509(a)(n and complete lin by its supported of	nan 33 1/3% of it quired by the org n 509(a)(4). tions of, or to ca 2) . See section nes 12e, 12f, and organization(s), t	s support fr ganization a rry out the 509(a)(3). C I 12g. ypically by g	rom gross investment fter June 30, 1975. purposes of one or Check the box on giving		
	supporting organization supervise		tion with its supp	orted organizatio	n(s) by hav	ina		
	management of the supporting or			-		-		
organizati c D Type III fu its suppor	on(s). You must complete Part IV nctionally integrated. A support ted organization(s) (see instruction on-functionally integrated. A sup	A , Sections A and C. ng organization operated as). You must complete	in connection wit Part IV, Sections	h, and functiona A, D, and E.	lly integrate	d with,		
that is not requireme	functionally integrated. The organ nt (see instructions). You must co	ization generally must sat	tisfy a distribution s A and D, and P a	requirement and art V.	l an attentiv			
	box if the organization received a y integrated, or Type III non-functi			sатурет, туре	п, туре Ш			
	- for a standard and a standard in a time to	onany integrated support						
	ving information about the support							
(i) Name of sup organizatic	ported (ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(v) Is the organization Iis in your governing docume Yes No	(v) Amount o support (see i	-	(vi) Amount of other support (see instructions)		

Total

Horizons Greater Washington Inc

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	1341846.	954,409.	1095725.	2147276.	1461681.	7000937.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	1241046	054 400	1005805	0148086	1461601	8000008
	Total. Add lines 1 through 3	1341846.	954,409.	1095725.	2147276.	1461681.	7000937.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						699 024
	column (f)						<u>677,834.</u> 6323103.
	Public support. Subtract line 5 from line 4.						0323103.
		(-) 0010	(1-) 0010	(-) 0000	(1) 0001	(-) 0000	(6) T . + .
	ndar year (or fiscal year beginning in)	(a) 2018 1341846.	(b) 2019 954,409.	(c) 2020 1095725.	(d) 2021 2147276.	(e)2022 1461681.	(f) Total 7000937.
	Amounts from line 4	1941040.	954,409.	1095725.	214/2/0.	1401001.	1000951.
0	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources	2,540.	4,341.	2,953.	19,786.	23,598.	53,218.
٥	Net income from unrelated business	2,340.	4,5410	2,555.	19,7000	23,390.	55,210.
3	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10			-			7054155.
	Gross receipts from related activities,	etc. (see instructio	ons)			12	57,724.
	First 5 years. If the Form 990 is for the		,	ourth. or fifth tax v	/ear as a section 5		•
	organization, check this box and stop						
Sec	ction C. Computation of Publi						
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	89.64 %
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	87.24 %
16a	33 1/3% support test - 2022. If the o	organization did no	t check the box or	n line 13, and line ⁻	14 is 33 1/3% or m	ore, check this bo	and
	stop here. The organization qualifies	as a publicly supp	orted organization				X
b	33 1/3% support test - 2021. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual		•••				
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	nd line 14 is 10% o	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	est. The organizatio	n qualifies as a pu	blicly supported o	rganization		
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets the						
	organization meets the facts-and-circu		-		• •		
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a		
						Schedule A	(Form 990) 2022

232022 12-09-22

qualify under the tests listed b Section A. Public Support	elow, please comp	olete Part II.)					
	() 00/0	(1) 00 (0)	()	(1) 000 ((2)
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e)	2022	(f) Total
1 Gifts, grants, contributions, and							
membership fees received. (Do not include any "unusual grants.")							
2 Gross receipts from admissions, merchandise sold or services per-							
formed, or facilities furnished in							
any activity that is related to the							
organization's tax-exempt purpose 3 Gross receipts from activities that							
are not an unrelated trade or bus-							
iness under section 513							
4 Tax revenues levied for the organ-							
ization's benefit and either paid to							
or expended on its behalf							
5 The value of services or facilities							
furnished by a governmental unit to							
the organization without charge							
6 Total. Add lines 1 through 5							
7a Amounts included on lines 1, 2, and							
3 received from disqualified persons							
b Amounts included on lines 2 and 3 received							
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the							
amount on line 13 for the year							
c Add lines 7a and 7b							
8 Public support. (Subtract line 7c from line 6.)							
Section B. Total Support	I	Γ	Γ	1	1	T	
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e)	2022	(f) Total
9 Amounts from line 6							
10a Gross income from interest, dividends, payments received on							
securities loans, rents, royalties,							
and income from similar sources							
b Unrelated business taxable income							
(less section 511 taxes) from businesses							
acquired after June 30, 1975							
c Add lines 10a and 10b							
11 Net income from unrelated business activities not included on line 10b,							
whether or not the business is							
regularly carried on							
12 Other income. Do not include gain or loss from the sale of capital							
assets (Explain in Part VI.)							
13 Total support. (Add lines 9, 10c, 11, and 12.)						l	
14 First 5 years. If the Form 990 is for the	-			•		-	
check this box and stop here Section C. Computation of Publ	ic Support Do	rcontago				<u></u>	
					45		0/
15 Public support percentage for 2022 (15		<u>%</u>
16 Public support percentage from 2021 Section D. Computation of Invest					16		%
			ing 12 golumn (f)		17		04
					18		<u> </u>
18 Investment income percentage from19a 33 1/3% support tests - 2022. If the			on line 14 and line			and line 17	
more than 33 1/3%, check this box a							
b 33 1/3% support tests - 2021. If the							L
line 18 is not more than 33 1/3%, che							
20 Private foundation. If the organization							
232023 12-09-22	ST GIG HOL OHEON &	557 01 1110 14, 19	a, or 190, oneon li	10 DOX AND SEE INS			
LOLDED IE OU EE							,

Schedule A (Form 990) 2022 Horizons Greater Washington Inc 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

16

10080214 786335 50020.001

Horizons Greater Washington Inc

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

17

232024 12-09-22

Sche	dule A (Form 990) 2022 HOLLZOIIS GLEACEL WASHINGCON THE	2/-14/099	<u>o Pa</u>	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Vas	No

m di ei oi su su 2 D oi P	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization</i> (s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.					
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.					
2	Did the organization operate for the benefit of any supported organization other than the supported					
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in					
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,					
	supervised, or controlled the supporting organization.	2				
Sec	tion C. Type II Supporting Organizations					

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

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to sat	isfy the Integral Part Test duri	ng the vear (see instruction	s).
	Check the box next to the method that the organization used to sai	isiy the integral Part Test duri	ng ine year (see manuci	

a ____ The organization satisfied the Activities Test. Complete line 2 below.

b		The organization	is the parent of	each of its supported	organizations.	Complete line 3 below.
---	--	------------------	------------------	-----------------------	----------------	------------------------

С	The organization	n supported	a government	al entity.	Describe in	Part VI how	vou supported a	governmental entity	(see instructions	s).

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 232025 12-09-22

3b | | Schedule A (Form 990) 2022

2a

2b

3a

Yes No

1 176000

10080214 786335 50020.001

18 2 05050 HODTRONG GD

Schedule A (Form 990) 2022
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Schedule A (Form 990) 2022 Horizons Greater Washington Inc Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

			00.1070 (
1	Check here if the organization satisfied the Integral Part Test as a qualifyir			Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount				Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990) 2022

232026 12-09-22

Schedule A (Form 990) 2022 Horizons Greater Washington Inc Inc Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions 1 1 Amounts paid to supported organizations to accomplish exempt purposes 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported 1

Current Year

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

Schedule A (Form 990) 2022

Form 990) 2022	Hor	izons	Greater	Washin	gton Ir	nc	27-147699	8 Page
Part IV, Section A, line 1; Part IV, Sect	lines 1, 2, 3b, 3 tion D, lines 2 a	3c, 4b, 4c, 5 and 3; Part I\	a, 6, 9a, 9b, 9 /, Section E, I	ic, 11a, 11b, a ines 1c, 2a, 2b	nd 11c; Part b, 3a, and 3b;	V, Section B, Part V, line 1	17a or 17b; Part III, line 12 lines 1 and 2; Part IV, Sec ; Part V, Section B, line 1e; additional information.	tion C,
							Schedule A (For	

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

ber

Internal Revenue Service					
Name of the organizatio	n	Employer identification num			
	Horizons Greater Washington Inc	27-1476998			
Organization type (che	ck one):				
Filers of:	Section:				
Form 990 or 990-EZ	X 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				
	on is covered by the General Rule or a Special Rule. 11(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Specia	al Rula. See instructions			
General Rule					
For an organiz	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions tot any one contributor. Complete Parts I and II. See instructions for determining a contribu				
Special Rules					
sections 509(a contributor, du	ation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% supp)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16t uring the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount o D-EZ, line 1. Complete Parts I and II.	b, and that received from any one			
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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

Schedule B (Form 990) (2022)

Department of the Treasury

		\$	50,000.	Noncash (Complete Part I noncash contrib	
223452 11-15-22		1		Schedule B (Form	1 990) (2022)
10080214 786335 50020.001	23 2022.05050	HORIZONS	GREATER	WASHINGT	50020.01

<u> 1 </u>		\$34,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$45,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>3</u>		\$65,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)
<u>No.</u> <u>5</u> 	name, auu ess, anu ∠ir + 4	Total contributions \$	Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 6 </u>		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Horizons Greater Washington Inc

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

(b)

Name, address, and ZIP + 4

Employer identification number

(d)

Type of contribution

27-1476998

(c)

Total contributions

Page 2

Schedule B (Form 990) (2022)	

Name of organization

Part I

(a)

No.

	\$37,000.	Noncash
		(Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$329,782.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b)	(c) Total contributions	(d) Type of contribution
Name, address, and ZIP + 4	\$	Person Payroll OK Noncash OK (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	Person Payroll On Complete Part II for noncash contributions.)
(b)	(c)	(d)
Name, address, and ZIP + 4	Total contributions	Type of contribution Person
(b) Name, address, and ZIP + 4	(c) Total contributions	(d)
	\$	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)

Horizons Greater Washington Inc

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

(b)

Name, address, and ZIP + 4

(a)

No.

(a)

No.

(a) No.

(a)

No.

(a) No.

(a)

No.

8

7

Employer identification number

Person Payroll

(d)

Type of contribution

X

27-1476998

(c)

Total contributions

Page 2

Schedule B (Form 990) (2022)

2022.05050 HORIZONS GREATER WASHINGT 50020.01

24

223452 11-15-22

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

25

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

Horizons Greater Washington Inc

Name of organization

Part II

Employer identification number

27 - 1476998

223453 11-15-22

Schedule B (Form 990) (2022)

Schedule I	B (Form 990) (2022)			Page
	rganization			Employer identification number
Horizo	ons Greater Washington	Inc		27-1476998
Part III	Exclusively religious, charitable, etc., contribu	tions to organizations described in a) through (e) and the following line e charitable, etc., contributions of \$1,000 of	entry. For organ	7), (8), or (10) that total more than \$1,000 for the year
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of g	_ gift	
	Transferee's name, address,	and ZIP + 4	Rela	tionship 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 g	gift	
	Transferee's name, address,	and ZIP + 4	Rela	tionship 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 g	l	
	Transferee's name, address,	and ZIP + 4	Rela	tionship 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	Rela	tionship of transferor to transferee
223454 11-15	5-22	i		Schedule B (Form 990) (2022

SCHEDU	LE D
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(Form	990)
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Supplemental Financial Statements

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

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

2022 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

 $\begin{array}{c} \text{Employer identification number} \\ 27-1476998 \end{array}$

	Horizons Greater Wa			27-1476998
Par	t I Organizations Maintaining Donor Advise	d Funds or Other	Similar Funds or <i>I</i>	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.		
		(a) Donor advis	ed funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	writing that the assets h	eld in donor advised fu	unds
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor o			
	impermissible private benefit?			Yes No
Par	t II Conservation Easements. Complete if the org	ganization answered "Y	es" on Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recrea		_	storically important land area
	Protection of natural habitat	, L		ertified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contril	oution in the form of a o	conservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				
c	Number of conservation easements on a certified historic stru			•
	Number of conservation easements included in (c) acquired a			
-				2d
3	Number of conservation easements modified, transferred, rel			·
•	year	euseu, extinguierieu, er		
4	Number of states where property subject to conservation eas	ement is located		
5	Does the organization have a written policy regarding the per		tion handling of	
Ŭ	violations, and enforcement of the conservation easements it	h al da O		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		and enforcing conserva	
Ŭ		nanaling of violations, t		alon casements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations and e	nforcing conservation (easements during the year
•				casements during the year
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirement	nts of section $170(h)(4)(4)$	(B)(i)
Ũ	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation			
5	balance sheet, and include, if applicable, the text of the footr		· · · · · · · · · · · · · · · · · · ·	
	organization's accounting for conservation easements.		o manola otatomonto	
Par		Art, Historical Tr	easures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	·	
1a	If the organization elected, as permitted under FASB ASC 95		venue statement and b	alance sheet works
	of art, historical treasures, or other similar assets held for put			
	service, provide in Part XIII the text of the footnote to its finar			
h	If the organization elected, as permitted under FASB ASC 95			ace sheet works of
	art, historical treasures, or other similar assets held for public	· ·		
	provide the following amounts relating to these items:			
				¢
	(i) Revenue included on Form 990, Part VIII, line 1			
2	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical tree	asures or other similar		
2	-		-	
~	the following amounts required to be reported under FASB A Revenue included on Form 990, Part VIII, line 1	-		2
	Revenue included on Form 990, Part VIII, line 1			
	Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions			
				Schedule D (Form 990) 2022
232051	09-01-22	27		
		<u> </u>		

Sche	dule D (Form 990) 2022 Horizon	s Greater W	lashington	Inc			76998	Page 2
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Othe	er Simila	r Assets	continu	ed)
3	Using the organization's acquisition, accession	on, and other records	, check any of the t	following that make s	significant u	use of its		
	collection items (check all that apply):							
а	Public exhibition	d	Loan or exc	hange program				
b	Scholarly research	е	Other					
с	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	how they further th	ne organization's exe	mpt purpo	se in Part	XIII.	
5	During the year, did the organization solicit o		•	-				
	to be sold to raise funds rather than to be ma		•				Yes	No
Par	t IV Escrow and Custodial Arrang					. Part IV.	line 9. or	
	reported an amount on Form 990, Par		5			, , ,	,	
1a	Is the organization an agent, trustee, custodi	an or other intermedi	arv for contribution	s or other assets not	included			
	on Form 990, Part X?						Yes	No
b	If "Yes," explain the arrangement in Part XIII							
~			owing table.				Amount	
с	Beginning balance				1c			
	Additions during the year							
ŭ	Distributions during the year							
f	Ending balance				16 1f			
	Did the organization include an amount on Fe						Yes	No
	If "Yes," explain the arrangement in Part XIII.				• • • • • • • • • • • • • • • • • • • •	····· ∟		
Par						<u></u>		
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three y	ears hack	(e) Four y	ears hack
10	Paginning of year balance	165,677.	179,943.	152,914.	(,			ouro buon
	Beginning of year balance	50,384.	1,5,513,	102,511.				
b	Contributions	24,200.	-13,358.	27,914.				
	Net investment earnings, gains, and losses	24,200.	13,330.	27,514.				
	Grants or scholarships							
е	Other expenditures for facilities							
	and programs	1 476	908.	885.				
t	Administrative expenses	1,476.		-	1	E2 014		
g	End of year balance	238,785.	165,677.	179,943.	1	52,914.		
2	Provide the estimated percentage of the curr)) held as:				
a	Board designated or quasi-endowment	58.0000	_%					
b	Permanent endowment <u>42.0000</u>	%						
С		%						
	The percentages on lines 2a, 2b, and 2c show							
За	Are there endowment funds not in the posse	ssion of the organiza	tion that are held ar	nd administered for t	he			
	organization by:							es No
	(i) Unrelated organizations						3a(i)	X
_	(ii) Related organizations						3a(ii)	<u> </u>
b	If "Yes" on line 3a(ii), are the related organiza						3b	
4	Describe in Part XIII the intended uses of the		vment funds.					
Fai	t VI Land, Buildings, and Equipm		Devis N/ Kasadda O					
	Complete if the organization answere					— — — —		
	Description of property	(a) Cost or of	. ,		Accumulate	be	(d) Book v	/alue
		basis (investm	ient) Dasis	(other) de	epreciation			
	Land							
	Buildings							
	Leasehold improvements							
d	Equipment							
e	Other							
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part >	(, column (B), line 1	0c.)		<u></u>		0.
						Schedule	D (Form S	990) 2022

(a) Description of security or category (including name of security)	(b) Book value	1b. See Form 990, Part X, (c) Method of valuation	n: Cost or end-of-year market value
1) Financial derivatives	(-)	(-)	······································
2) Closely held equity interests			
3) Other			
(A) Community FD Investment			
(B) Fund	124,432.	End-of-Year	Market Value
(C) GWCF Quasi-Endowment Fund	137,983.		Market Value
(D) Endowment Fund	100,802.		Market Value
(E)			
(F)			
(G)			
(H)			
fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	363,217.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1c. See Form 990, Part X,	line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation	n: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1d. See Form 990, Part X,	line 15.
(a) [Description		(b) Book value
	1		
(1)	•		
(1) (2)	•		
(2)	·		
(2) (3)	·		
(2) (3) (4)	·		
(2) (3) (4) (5)			
(2) (3) (4) (5) (6)			
(2) (3) (4) (5) (6) (7)			
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line			
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of Complete if the organization answered "Yes" of	15.)		
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of Complete if the organization answered "Yes" of	15.)		Part X, line 25.
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes	15.)		Part X, line 25.
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2)	15.)		Part X, line 25.
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) (3)	15.)		Part X, line 25.
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) (3) (4)	15.)		Part X, line 25.
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	15.)		Part X, line 25.
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	15.)		Part X, line 25.
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	15.)		Part X, line 25.
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	15.)		Part X, line 25.
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	15.) on Form 990, Part IV, line 1	1e or 11f. See Form 990, F	Part X, line 25.

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

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	edule D (Form 990) 2022 Horizons Greater Washingt				1476998 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statem	nents With F	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	1,750,314.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	9,966.		
b	Donated services and use of facilities	2b	187,857.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	<u>197,823.</u> 1,552,491.
3	Subtract line 2e from line 1			3	1,552,491.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,476.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	1,476.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)			5	1,553,967.
	retario e and se (mis must equal Form 330, Falt 1, line 12.)				=/000/0010
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ments With	Expenses per F		n.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12	ments With 2a.	Expenses per F		n.
9 Pa	rt XII Reconciliation of Expenses per Audited Financial State	ments With 2a.	Expenses per F		1,986,910.
	rt XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12	ments With 2a.	Expenses per F	letur	n.
1	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements	ments With	Expenses per F	letur	n.
1 2	rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ments With 2a. 	Expenses per F	letur	n.
1 2	rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a. 2a 2a 2a 2a	Expenses per F	letur	n.
1 2	rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a. 2a. 2a. 2b. 2b. 2c.	Expenses per F	letur	n. <u>1,986,910.</u>
1 2 a b c	rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a. 2a. 2b 2c 2c 2d	Expenses per F	letur	n. <u>1,986,910.</u>
1 2 a b c	rt XII Reconciliation of Expenses per Audited Financial States Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a. 2a 2a 2b 2c 2d	Expenses per F	leturi 1	n.
1 2 b c d e	rt XII Reconciliation of Expenses per Audited Financial States Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a. 2a 2a 2b 2c 2d	Expenses per F	leturi 1 2e	n. <u>1,986,910.</u>
1 2 b c d e 3	rt XII Reconciliation of Expenses per Audited Financial States Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a. 2a. 2b 2b 2c 2d	Expenses per F	leturi 1 2e	n. <u>1,986,910.</u>
1 2 3 4	rt XII Reconciliation of Expenses per Audited Financial States Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a. 2a 2b 2b 2c 2d 2d	Expenses per F	leturi 1 2e	n. <u>1,986,910.</u>
1 2 a b c d e 3 4 a	rt XII Reconciliation of Expenses per Audited Financial States Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a. 2a. 2b 2b 2c 2d 2d	Expenses per F	1 1 2e 3 4c	n. <u>1,986,910.</u> <u>187,857.</u> 1,799,053. 0.
1 2 d e 3 4 b c 5	rt XII Reconciliation of Expenses per Audited Financial States Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a. 2a. 2b 2b 2c 2d 2d	Expenses per F	1 2e 3	n. <u>1,986,910.</u>

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

Part V, line 4:

	The	purpose	of	the	funds	are	to	provide	а	source	of	internal	funds	fc
--	-----	---------	----	-----	-------	-----	----	---------	---	--------	----	----------	-------	----

organizational priorities such as expanded program opportunity and

capacity building.

Part X, Line 2:

Horizons Greater Washington Inc is exempt from federal income tax as a

nonprofit organization described in Section 501(c)(3) of the Internal

Revenue Code and is classified as an organization other than a private

foundation. Horizons did not have a liability for unrelated business

income taxes for the years ended September 30, 2023 and 2022.

232054 09-01-22

Schedule D (Form 990) 2022 Horizons Greater Washington Inc 27-1476998 Page 5 Part XIII Supplemental Information (continued)
The material jurisdictions subject to potential examination by taxing
authorities include the U.S. and the District of Columbia. Management does
not believe that the ultimate outcome of any future examinations of open
tax years will have a material impact on the Organization's results of
operations. Tax years that are subject to examination by the IRS include
the fiscal years ended September 30, 2020 through 2023.

232055 09-01-22

SCHEDULE G	Suppleme	ntal Information Regarding	Func	Iraisi	ng or Gaming A	ctivi	ties	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$19				r 19, o	or if the	2022
Department of the Treasury Internal Revenue Service	0-1	Attach to Form 990 o						Open to Public Inspection
Name of the organization		o www.irs.gov/Form990 for instruc	Juons	anu u			Employer i	dentification number
	Horizon	s Greater Washingt	on 1	Inc			27-147	6998
	complete this part	Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 17	'. Form 990-I	EZ filers are not
 a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list 	ions email solicitations tations licitations on have a written o ed in Form 990, Pa highest paid indiv	f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc	non-g gover aising e ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Y	es 🗌 No be
(i) Name and addres or entity (func		(ii) Activity	have c or cor	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	tò (o f	Amount paid r retained by undraiser ed in col. (i)	
			Yes	No				
Total								
	ch the organizatio	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is e	exempt from	registration

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

Schedule G (Form 990) 2022

232081 10-27-22

Horizons Greater Washington Inc

27-1476998 Page 2

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

0200		-27-22			Sche	dule G (Form 990) 2022
		ere any of the organization's gaming licenses re Yes," explain:				Yes No
a b	Is t	ter the state(s) in which the organization conduct he organization licensed to conduct gaming and No," explain:	ctivities in each of these s	states?		
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	6	Volunteer labor	└── Yes % └── No	Yes % No	Yes %	
	5	Other direct expenses				
Direct E	4	Rent/facility costs				
Direct Expenses	3	Noncash prizes				
Se	2	Cash prizes				
Revenue	1	Gross revenue				
nue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Pa	nrt I	II Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	990, Part IV, line 19, or r	reported more than	
		Net income summary. Subtract line 10 from li	ne 3, column (d)			0.
	10	Direct expense summary. Add lines 4 through				115,539.
Ō	8 9	Entertainment Other direct expenses	115,539.			115,539.
Direct Expenses	7	Food and beverages				
Senses	6	Rent/facility costs				
	5	Noncash prizes				
	3	Gross income (line 1 minus line 2) Cash prizes	115,539.			115,539.
		Less: Contributions	275,081.			275,081.
Revenue	1	Gross receipts	390,620.			390,620.
nue			(event type)	(event type)	(total number)	
			Reach for the Stars Ga		None	(add col. (a) through col. (c))
		of fundraising event contributions and gro	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events

Schedule (G (Form 990) 2022	Horizons	Greater	Washington	Inc	27-1476998 Page 3
11 Does	the organization conduct ga					Yes No
12 Is the	e organization a grantor, bene	eficiary or trustee o	of a trust, or a m	ember of a partnership	o or other entity formed	
	minister charitable gaming?					Yes No
	ate the percentage of gaming					1 1
	organization's facility					
	utside facility					
14 Enter	the name and address of the	e person who prep	ares the organiz	ation's gaming/specia	I events books and record	ds:
Nome						
Name	e					
Addre	995					
, laan						
15a Does	the organization have a cont	tract with a third pa	arty from whom	the organization receiv	ves gaming revenue?	Yes No
b If "Ye	es," enter the amount of gami	ing revenue receive	ed by the organi	zation \$	and the am	ount
	ming revenue retained by the					
c If "Ye	es," enter name and address	of the third party:				
Name	e					
۸ddw						
Addre	ess					
16 Gami	ing manager information:					
	ng manager mormation.					
Name	e					
Gami	ng manager compensation	\$				
Desci	ription of services provided					
	Director/officer	Employee		Independent contracto	or	
				independent contracto	Ur	
17 Mand	datory distributions:					
	organization required under	state law to make	charitable distri	butions from the gami	ng proceeds to	
				-		Yes No
	the amount of distributions					
orgar	nization's own exempt activit					
Part IV						and Part III, lines 9, 9b, 10b,
	15b, 15c, 16, and 17b, as	applicable. Also p	rovide any addit	ional information. See	instructions.	
232002 10 07	7.00					Schedule G (Form 990) 2022
232083 10-27				34		

Schedule G	G (Form 990
Dort IV	Cumple

Part IV Supplemental Information (continued)	
	Sobodula C /Farma (200)
	Schedule G (Form 990)

SCHEDULE J (Form 990) Compensation Information Dot creation Officers, Directors, Trustes, Key Employees, and Highest Complete it the organization answered Yee" on Form 990, Part IV, line 23. Dot were required that the approximation answered Yee" on Form 990, Part IV, line 23. Determined the organization Determined the intermined to the organization number 27-1476998 Part U. Beckton A, line 12, compensation Employee the organization and provided any of the following to of for a person listed on Form 900, Part VI, Beckton A, line 12, complete Part III to provide any relevant information regarding these terms. Image Part VI, Beckton A, line 12, complete Part III to provide any relevant information regarding payment or membranem relevance. Image Part VI, Beckton A, line 12, complete Part III to provide any relevant information regarding payment or membranem relevance. Image Part VI, Beckton A, line 12, complete Part III to explain the information regarding payment or membranem relevance on line 1a are checked, did the organization follow a written policy legarding payment or membranem to provision of 16 the expenses decribed abovel III No. ¹ complete Part III to explain trustese, and diffees, including the CEO/Executive Director, we proved if these comparisation relevance in the information is completed in the information is completed in the information is a relevance information comparison of the ecopyrization is a stabilish the comparisation relevance and information comparison of the ecopyrization is a stabilish the comparisation relevance and information completed in the information is a completed in the information is a completed in the ecopyrization is a stabilish difference in the information is a completed in the ecopyrisation is a stabilish difference in the informati	SCHEDULE J		OMB No. 1545-0047			
Complete if the Granization answered Yee' on Form 990, Part IV, line 23. Attach to Form 990. Complete if the Granization answered Yee' on Form 990, Part IV, line 23. Attach to Form 990. The organization answered Yee' on Form 990. Form Form 1990. The organization and the latest information. Implexe identification number 27–1476998 Part II. Questions Regarding Complete Part II to provide any of the following the organization The organization and gross up payments First class or charter travel Part II. Proceeding Section 2. Proceeding Sectin 2. Proceeding Section 2. Proceeding Section 2. Pro	(Form 990)	-	F	20	იი)
Dependence Data of the organization Dependence Dependence Name of the organization Employer identification number 27-1476998 Part I Questions Regarding Compensation Yes No. 9 Check the appropriate box(es) if the organization provided any of the following to of or a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Yes No. 9 Check the appropriate box(es) if the organization provided any of the following to of or a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Yes No. 10 Travel for companions Part Part Cause or charter travel Housing allowance or residence for personal use information fees the part of the boxes on line 1a are checked, did the organization follow a writhen policy regarding payment or reintorsement or provision of all of the expense described abox? 1 10 Ite any of the boxes on line 1a are checked, did the organization tous a writhen policy regarding payment or reintorsement or provision of all of the expense described abox? 2 2 2 Indicate which, if any, of the following the organization to test babis the compensation ormittee 1 1 1 10 Compensation comultat Compensation comultee 2 2		Compensated Employees		ZU	22	
Index of the organization Co to wow.is.gov/Form990 for instructions and the latest information. Impection Name of the organization Horizons Greater Washington Inc Employer identification number 27-1476998 Part II Questions Regarding Compensation 27-1476998 Ia Check the appropriate box(es) if the organization provide 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. Yes No Indicate the appropriate box(es) if the organization provide any relevant information regarding these items. Yes No Part VII, Section A, line 1a, complete Part III to provide any relevant information regarding the personal residence Yes No Indicate which, if any, of the following the organization follow a written policy regarding psyment or relembursement or provision of all of the expanses described abow? If 'No', complete Part III to explain 1b 1b 2 Indicate which, if any, of the following the organization subset? No complete Part III to explain 2 2 3 Indicate which, if any, of the following the organization use to establish compensation of compensation committee Written employment contract 2 2 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing	Department of the Treesury					ic
Horizons Greater Washington Inc 27-1476998 Part I Questions Regarding Compensation Yes No 9 Check the appropriate box(6s) if the organization provide any of the following to or for a person listed on Form 990, Part VII, Section A, Ine 1a, Complete Part III to provide any prevent information regarding these tens. Yes No 9 Check the appropriate box(6s) if the organization provide any relevant information regarding these tens. Part VII, Section A, Ine 1a, Complete Part III to provide any relevant or social club dues or initiation fees Payments for business use of personal residence Fax informinication and gross up payments Health or social club dues or initiation fees 10 If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reinhursment or provision of all of the expenses descrided aboxed PI I'No.' complete Part III to explain 1b 2 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and efficient, including the CROENcecutive Director, negarding the ltems checked on line 1a? 1b 2 2 3 Indicate which, if any, of the following the organization used to establish the compensation committee Write menjoyment contract 1b 2 2 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, wi				Inspe	ction	
Part1 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. First-Isias or charter travel Parto and item inflation and gross-up payments Discretionary spanding account Partonal 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 reimbursment or provision of all of the expenses described above? If 'No,' complete Part III to explain 1b Did the organization require substantiation price to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation committee Compensation consultant Compensation survey or study Comparisation require explanet: train an auge/public board or companisation arrangement? 4a X During the year, did any parson listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a subled organization: are averance payment from an auguibu boade compensation arrangement?	Name of the organizat					nber
Image: the sepropriate 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. Yes No Image: the comparison of the complete Part III to provide any relevant information regarding these items. Image: the comparison of the comparison of the complete Part III to provide any relevant information regarding the series and explanates for business use of personal residence or residence for personal series (such as maid, chardfreur, cher) Image: 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 advorw? If 'No,' complete Part III to provide any relevant information 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? Image: the comparison of the CEO/Executive Director, regarding the items checked on line 1a? Image: the comparison or the CEO/Executive Director, but explain IP Part III. Image: the comparison or committee Image: the comparison or comparison or comparison to establish compensation committee Image: the comparison or a related organization to establish compensation committee Image: the comparison or comparison or comparison committee Image: the comparison or comparison or comparison or comparison committee Image: the comparison or comparison or comparison c			27-1	47699	8	
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. Computed Part III to provide any relevant information regarding these items. Import VII, Section A, line 1a. Computed Part III to provide any relevant information regarding these items. Import VII (Section A, line 1a, computed Part III to provide any relevant information regarding payment or reimbursement or provision of all of the expenses described above? If 'No,'' complete Part III to explain 2 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 exponses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the organization used to establish free compensation of the CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation comsultant 2 Imdicate which, if any, of the following the organization: 2 2 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: 4 X 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organizatio	Part I Questic	ns Regarding Compensation				
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Image: Complete Comparison of Complete CompleteCompleteComplete Complete Complete CompleteComplete Com					Yes	No
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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: 6a X a The organization? 6a X b Any related organization? 6b X f "Yes" on line 6a or 6b, describe in Part III. 6b X f "Yes" on line 6a or 6b, describe in Part III. 6b X f 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 9	•			-		v
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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: 6a X a The organization? 6a X b Any related organization? 6b X If "Yes" on line 6a or 6b, describe in Part III. 6b X 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 9				50		
contingent on the net earnings of: 6a X a The organization? 6b X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 6b X 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 9			'n			
a The organization? 6a X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 6b X 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 9			21			
b Any related organization? 6b X If "Yes" on line 6a or 6b, describe in Part III. 6b X 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 9	-	-		63		x
If "Yes" on line 6a or 6b, describe in Part III. 7 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						
 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 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 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in 						
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 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9 				7		Х
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						
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in 9 Regulations section 53.4958-6(c)? 9				8		Х
Regulations section 53.4958-6(c)?						
			<u></u>			
					n 990)	2022

232111 10-18-22

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) Michael Di Marco	(i)	152,463.	0.	0.	0.	5,008.	157,471.	0.
Executive Director	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

Schedule J (Form 990) 2022

SCHEDULE	ΞM
(Form 990)	

Department of the Treasury Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

. Inspection

22

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

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

Name of the organization

Employer identification number					
2	7-1476998				

ſ ΖU **Open to Public**

Horizons Greater Washington Inc

Pa	rt I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contri amounts report Form 990, Part VI	ted on	(d) Method of de noncash contribu	etermin	•	s
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	Х	4	4	,883.	Fair market	va	lue	
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other (Food & Hospital)	Х	0		<u>,935.</u>				
26	Other (Supplies)	Х	0	9	,796.				
27	Other ()								
28	Other ()								
29	Number of Forms 8283 received by the organiz	ation during	g the tax year for co	ontributions					
	for which the organization completed Form 828	3, Part V, D	onee Acknowledg	ement	29				
								Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, line	s 1 throug	h 28, that it			
	must hold for at least 3 years from the date of t	he initial co	ntribution, and whi	ch isn't required to	be used	for			
	exempt purposes for the entire holding period?						30a		X
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance p	olicy that re	quires the review o	of any nonstandard	contribut	tions?	31		X
32a	Does the organization hire or use third parties of	or related or	ganizations to solid	cit, process, or sell	noncash				1
	contributions?						32a	Х	
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in co	olumn (c) foi	r a type of property	for which column	(a) is cheo	cked,			
	describe in Part II.								
LHA	For Paperwork Reduction Act Notice, see	the Instruct	tions for Form 990).		Schedule I	M (Forr	n 990)	2022

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chedule M (Form 990) 2022	Horizons	Greater	Washington	Inc	
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Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Schedule M, Line 32b:

Contributions of securities are received into the Organization's

brokerage investment account (Merrill Lynch), which in turn, are then

sold. The proceeds are transferred to the operating account as needed.

Schedule M (Form 990) 2022

SCHEDULE O (Form 990)

Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



27-1476998

Form 990, Part III, Line 1, Description of Organization Mission:

Horizons Greater Washington Inc

with students, families, communities, and schools to create experiences

outside of school that inspire the joy of learning.

Form 990, Part III, Line 4a, Program Service Accomplishments:

in-person learning. All students are eligible for free or reduced-price

meals at the time of admission and are identified through our

partnerships with local schools. Students experienced gains in math,

reading, writing, and swim proficiency in small class sizes. The summer

program was supplemented by our new school year weekend programming

launched in Fall 2022 that engaged our current students and alumni

through skill-building, career exploration, and support navigating the

transition to high school and beyond.

High-quality instruction, hands-on experiential learning, and individualized support from skilled professional teachers are the pillars of our model. To ensure our approach is student-centered, holistic, and inclusive, Horizons Greater Washington's programming adheres to the Weikart Center's pyramid of program quality. The pyramid's steps - creating safe, supportive, interactive, and engaging learning environments - inform all instructional, programmatic, and site-specific decisions and goals. In alignment with the pyramid of program quality, Horizons fosters joyful and engaging environments full of academic, artistic, and athletic activities that inspire young minds.

 Through pre- and post-program stakeholder surveys, we work to ensure

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2022

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Schedule O (Form 990) 2022	Page 2
Name of the organization	Employer identification number
Horizons Greater Washington Inc	27-1476998

our students' voices and the voices of their caregivers drive program

design and improvements. We believe that every child should have access

to opportunities that help them thrive.

Form 990, Part VI, Section A, line 2:

A relation exists between Gabrielle Hoehn-Saric and Archibald Smart.

Form 990, Part VI, Section B, line 11b:

The Board of Directors receives a copy of Form 990 prior to filing and is

able to review for any changes.

Form 990, Part VI, Section B, Line 12c:

EACH DIRECTOR, OFFICER AND SENIOR STAFF MEMBER IS PROVIDED WITH AND ASKED TO ACKNOWLEDGE RECEIPT OF THE CONFLICT OF INTEREST POLICY. ANNUALLY, EACH DIRECTOR, OFFICER AND SENIOR STAFF MEMBER MUST COMPLETE A CONFLICT OF INTEREST DISCLOSURE FORM.

Form 990, Part VI, Section B, Line 15:

THE COMPENSATION OF THE EXECUTIVE DIRECTOR MUST BE APPROVED BY THE

ORGANIZATION'S BOARD OF DIRECTORS. IN ESTABLISHING THIS COMPENSATION, THE

990'S OF OTHER SIMILAR ORGANIZATIONS ARE STUDIED IN ORDER TO DETERMINE THAT

THE COMPENSATION IS REASONABLE. THE APPROVAL OF THESE SALARIES IS

DOCUMENTED IN WRITING.

Form 990, Part VI, Section C, Line 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY

AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

232212 10-28-22

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

OMB No. 1545-0047

2022 Open to Public Inspection

Employer identification number 27 - 1476998

Department of the Treasury Internal Revenue Service

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

Name of the organization

Horizons Greater Washington Inc

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

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	(f) Direct controlling entity	cont	g) 512(b)(13) rolled :ity?
				501(c)(3))		Yes	No
Horizons National - 06-1468129	Supports the network of						
120 Post Road West Suite 202	Horizons Programs across						
Westport, CT 06880	the United States	Connecticut	501(c)(3)				Х
	-						
	-						

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

Schedule R (Form 990) 2022

27-1476998 Page 2

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.

	r an			1							
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate itions?	Code V-UBI amount in box 20 of Schedule	Gener manag partn	^{Il or} Percentage ^{ing} ownership er?
		country)		sections 512-514)		455615	Yes	No	K-1 (Form 1065)	Yes	10
										+	
	•		•			-		•			

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	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) (g) Share of total income Share of end-of-year assets		(h) Percentage ownership	Sec 512(I contr ent	tion b)(13) rolled tity?
		country)		0				Yes	No

Horizons Greater Washington Inc Schedule R (Form 990) 2022

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
 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? 		103	
 a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity 	1a		x
 b Gift, grant, or capital contribution to related organization(s) 		-	X
		-	X
c Gift, grant, or capital contribution from related organization(s)			X
d Loans or loan guarantees to or for related organization(s)		+	X
e Loans or loan guarantees by related organization(s)	<u>1e</u>		
f Dividends from related organization(s)	1f		x
g Sale of assets to related organization(s)			X
 h Purchase of assets from related organization(s) 			X
i Exchange of assets with related organization(s)			X
j Lease of facilities, equipment, or other assets to related organization(s)			X
	·····		
k Lease of facilities, equipment, or other assets from related organization(s)	1k		X
I Performance of services or membership or fundraising solicitations for related organization(s)			X
m Performance of services or membership or fundraising solicitations by related organization(s)			X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			X
o Sharing of paid employees with related organization(s)			X
p Reimbursement paid to related organization(s) for expenses			X
q Reimbursement paid by related organization(s) for expenses			X
r Other transfer of cash or property to related organization(s)	1r		Х
s Other transfer of cash or property from related organization(s)			Х
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 tra	ansaction thresholds.		

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

Schedule R (Form 990) 2022 Horizons Greater Washington Inc

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 se 501(c)(3) orgs.? Yes No	(g) Share of end-of-year assets	(h Dispro tiona allocati Yes) por- ite ons? No	(j) General managir partner Yes N	(k) Percentage ownership

Schedule R (Form 990) 2022

Part VII Supplemental Information

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

Schedule R (Form 990) 2022

232165 09-14-22