# **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public

A	For th	e 2021 calendar v	ear, or tax year begin		07-	01 , 2021, a			0	6-30 ,20	22	
	Check if applicable:  C Name of organization THEOLOGICAL HORIZONS  D Employer identification nu											
$\bar{\Box}$		s change	Doing business as	LOLOGICHE NO					D Linp	58-159		
H		•	-	O hav if mail is not delive			Da am /au		□ Teles		1037	
H	Name c	· ·		O. box if mail is not delive	red to street address)		Room/sui	ite	r i eie∤	ohone number	44 2020	
$\vdash$	Initial re		1841 UNIVERSIT								44-2839	
H		turn/terminated		vince, country, and ZIP or	foreign postal code					ss receipts		
Н		ed return	Charlottesvill						\$		500,923	
Ш	Applicat	tion pending	F Name and address of pri	ncipal officer:						for subordinates?	Yes X No	
				4					subordinates included?			
		empt status: X 501(		) (insert no.)	4947(a)(1) or	527		1		st. See instruction	ons	
	Website		HEOLOGICALHORIZ					H(c) Group	•			
		organization: X Corp	poration Trust Ass	ociation Other		L Year of formati	on: 200	)O  M :	State of le	gal domicile:	<u>VA</u>	
Pá	rt I	Summary										
	1		the organization's miss	_		FOSTER AN		ANCE TH	EOLOG	CAL SCI	HOLARSHIP	
ģ		AND CONVERS	SATION IN THE C	HURCH, ACADE	MY, AND COMMU	NITY AT L	ARGE.					
auc		-										
er ne												
Governance	2		if the organization						1	1		
			g members of the gove			• • • • • • • • • • • • • • • • • • •					13	
Activities &	4	•	endent voting member	•	- '	•					11	
ξ	5		individuals employed in			• • • • •					9	
₹cti	6		volunteers (estimate if	• ,	• • • • • • • •				. 6		84	
•			ousiness revenue from	•	, .				. 7a		0	
	l t	Net unrelated bu	usiness taxable income	from Form 990-T, F	Part I, line 11		• • • •	• • • • •	.   7b		0	
								Prior Year		Curr	rent Year	
	8										500,869	
ne	9	Program service revenue (Part VIII, line 2g)									0	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)								22		
8	11	Other revenue (F	Part VIII, column (A), lir	nes 5, 6d, 8c, 9c, 10d	c, and 11e)		•				0	
	12	Total revenue - a	add lines 8 through 11 (	must equal Part VIII	, column (A), line 12	)	•	373	3,631		500,923	
	13	Grants and simila	ar amounts paid (Part I	X, column (A), lines	1-3)		•				0	
	14	Benefits paid to	or for members (Part I)	K, column (A), line 4	)		•				0	
"	15	Salaries, other co	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)								219,358	
Expenses	16	a Professional fund	draising fees (Part IX, o	column (A), line 11e	)		•				0	
per		<b>b</b> Total fundraising	expenses (Part IX, co	lumn (D), line 25)	<b></b>	54,028						
Щ	17	Other expenses	(Part IX, column (A), lir	nes 11a-11d, 11f-24	e)		•	183	3,543		250,776	
	18	Total expenses.	Add lines 13-17 (must	equal Part IX, colun	nn (A), line 25) •		•	354	1,169		470,134	
	19	Revenue less ex	penses. Subtract line	18 from line 12	• • • • • • • •		•	19	,462		30,789	
ō	Ses						Begi	nning of Curr	ent Year	End	of Year	
t Assets or	<u><u><u> </u></u></u>	Total assets (Pa	rt X, line 16)		• • • • • • • •		•	308	3,119		330,577	
t Ase	21	Total liabilities (F	Part X, line 26)		• • • • • • • •		•	21	1,712		13,349	
			nd balances. Subtract	line 21 from line 20	• • • • • • • •		•	286	,407		317,228	
	rt II	Signature I										
			that I have examined this retu ion of preparer (other than off				of my knov	vledge and be	lief, it is			
	,			,		,						
0:-		KAREN M										
Sig		Signature of o	officer						Da	ate		
He	re		MARSH, EXECUTIV	E DIRECTOR								
		1,	name and title	I						T		
		Print/Type preparer	r's name	Preparer's signature		Date		Check	if	PTIN		
Pai		AJ Smith				10-13-20	22	self-em	ployed	P0218	6396	
	pare		Smith Go	ing & Associ	ates, LLC		F	irm's EIN 🕨				
Us	e On	ly Firm's address ▶	205 2nd	St SW			P	hone no.				
			Charlott	esville VA 2	2902				434-	214-6443		
Max	, tha IE	OS discuss this ratu	ım with the preparer sh	own above? See in	etructions					X v	Ves No	

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

) (Revenue \$

(Expenses \$

including grants of \$

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

Form 990 (2021) THEOLOGICAL HORIZONS 58-1594037 Page 4 Part IV **Checklist of Required Schedules** (continued) Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 Х 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated 23 X 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 24a X 24h Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c 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 25a X 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? 25b Х 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% 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 27 Х 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 28a X X A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If 28c X 29 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Х 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Part I. . . . . . . . 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," ............ 32 complete Schedule N, Part II X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 X Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 X 35a X If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 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 X Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V ........... Yes No

0 0 Did the organization comply with backup withholding rules for reportable payments to vendors and 

4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	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 Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	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			
	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 contributions 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 services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
Ū	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	70		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
e f		76 7f		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization 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			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year • • • • • • • • • • • • • • • • • • •			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule $Q$	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see 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, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
EEA		Form 9	990 (2	(021)

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Part VI

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

Se	ction A. Governing Body and Management	-		
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			ĺ
	supervision of officers, directors, or 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 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets? • • • • • • • • • • • • • • • • • • •	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			ĺ
	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			ĺ
	stockholders, or persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body? • • • • • • • • • • • • • • • • • • •	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			ĺ
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	▼ Own website			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	KADEN MADSU (434)244_2830 1841 UNIVERSITY CIDCLE Charlottosvillo VA 22003			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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 instructions for the order in which to list the persons above.

EEA

Check this box if neither the organization nor any related		ion co	mpen	ısate	ed a	ny curr	ent	officer, director, or	trustee.		
				(	C)						
(A)	(B)	(do r	Position (do not check more than one		(D)	(E)	(F)				
Name and title	Average	box,	unles	s per	son is	both an		Reportable	Reportable	Estimated amount	
	hours per week	offic	er and	l a dir	ector	/trustee)		compensation compensation from the from related		of other compensation	
	(list any	organ		organization (W-2/	organizations W-2/	from the					
	hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	mplo	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC	organization and related organizations	
	related rganizations	ual t ctor	liona	Ì	nplo	st co	_			-	
ľ	below	ruste	l trus		/ee	mper					
	dotted line)	Ф	tee			Highest compensated employee					
						٩					
(1) KAREN MARSH	40.00										
EXECUTIVE DIRECTOR				X				104,000	0	0	
(2) ALEXANDRA ANDREWS									_	_	
DIRECTOR		X						21,400	0	0	
(3) KATHERINE HARRIS									_	_	
VICE CHAIR		X						18,200	0	0	
(4) CHARLES MARSH								_	_	_	
DIRECTOR		X						0	0	0	
(5) LIZ CARRAWAY											
DIRECTOR		X						0	0	0	
(6) CAROLYN DILLARD											
DIRECTOR		Х						0	0	0	
(7) NATHAN WALTON											
DIRECTOR		X						0	0	0	
(8) PENNY PEBBLES											
DIRECTOR		X						0	0	0	
(9) EMILIA GORE											
DIRECTOR		X						0	0	0	
(10)JANE_ANDERSON_GRIZZLE											
DIRECTOR		X						0	0	0	
(11)NANCY BEANE											
CHAIR		X						0	0	0	
(12)MELISSA WRIGHT											
DIRECTOR		X						0	0	0	
(13)HEIDI METCALF LITTLE											
DIRECTOR		X						0	0	0	
(14)BETSY_HUTSON											
SECRETARY		X		X				0	0	0	

Form **990** (2021)

THEOLOGICAL	HORIZONS	58-1594037	Page 8
ficers. Directors.	Trustees, Key Employees, and Highest Compensated Employees	(continued)	

Part	VII Section A. Officers, Directors, Trustee	s, Key Emp	loyee	s, an	nd H	lighe	est Co	mpe	ensated Employe	es (continued)			
					(	(C)							
	(A) Name and title	(B) Average hours per week	Average box, unless person is bo' officer and a director/trus					1	(D)  Reportable compensation from the organization (W-2/	(E) Reportable compensation from related organizations (W-2/	Estimated a of oth compens		
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	orga	nization	
	TT_MCFARLAND SUREER		x		x				0	0			0
<u>(17)</u>													
<u>(18)</u>													
<u>(</u> 19)													
(20)													
(21)													
(22)													
(23)													
(24)													
(25)													
1b c	Subtotal							- 1					
d	Total (add lines 1b and 1c)								143,600	0			0
2	Total number of individuals (including but not limit		isted a	bove	e) wh	no re	eceive	d mo	re than \$100,000	of			
	reportable compensation from the organization	<u> </u>										Yes	No
3	Did the organization list any <b>former</b> officer, direc	tor trustee	kev em	volar	/ee	or h	iahest	com	npensated			162	INO
	employee on line 1a? If "Yes," complete Schedu.						-				3		x
4	For any individual listed on line 1a, is the sum of re	eportable cor	npensa	ation	and	othe	er com	pens	sation from the				
	organization and related organizations greater th							edul	e J for such				
5	individual							• • •		• • • • • • • • •	4		X
3	for services rendered to the organization? <i>If "Yes</i>	•		-			_				5		x
Secti	on B. Independent Contractors	,, complete	001100	<u> </u>			po.o	<u> </u>					
1	Complete this table for your five highest compensa	ted independ	lent co	ntrac	ctors	that	recei	ved r	more than \$100,00	00 of			
	compensation from the organization. Report comp	ensation for	the cal	enda	ar ye	ear e	nding	with	or within the orga	nization's tax year.			
	(A)								(B)		(C)		
	Name and business addres	S							Description of service	es	Compens	ation	
	Total number of independent assistant first discussion	a hut nat live	tod +-	+h	مالہ م	اء ما	aber:=\	عليون					
2	Total number of independent contractors (includin received more than \$100,000 of compensation fro	_				ieu a	above)	WIIC	J				

Form 990 (2021) THEOLOGICAL HORIZONS 58-1594037 Page 9 Part VIII Statement of Revenue

		Check if Schedule O contains a response or no	ote to any line in this	s Part VIII			
		·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	1a b c d e f g h	Fundraising events		500,869			
Progra		All other program service revenue					
Other Revenue	b c d 7a b c d 8a b c c 9a b c 10a	Rental income or (loss)  Rental income or (loss)  Net rental income or (loss)  Gross amount from sales of assets other than inventory  Less: cost or other basis and sales expenses . 7b  Gain or (loss) 7c  Net gain or (loss)	eeds  (ii) Personal  (ii) Other	54	54		
Miscellanous Revenue	11a b c		Business Code				
		Total revenue See instructions		500 923	5.4	0	0

Page **10** 

# Form 990 (2021) THEOLOGICAL HORIZON Part IX Statement of Functional Expenses

ection 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).	
Check if Schedula O contains a response or note to any line in this Part IV	

	Check if Schedule O contains a response or note to	any line in this Part IX			<u>X</u>
Do r	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	<b>(D)</b> Fundraising
8b, 9	9b, and 10b of Part VIII.	rotal expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	104,000	92,560	6,240	5,200
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	86,091	76,621	5,165	4,305
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	14,052	12,506	843	703
9	Other employee benefits	15 015	10	212	
10	Payroll taxes	15,215	13,541	913	761
11	Fees for services (nonemployees):  Management				
a b	Legal	815	725	49	41
c	Accounting	5,650	5,028	339	283
d	Lobbying	3,030	3,020	333	
e	Professional fundraising services. See Part IV, line 17 •				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
ŭ	(A) amount, list line 11g expenses on Schedule O.)	43,715	23,153		20,562
12	Advertising and promotion	7,776	5,470		2,306
13	Office expenses	47,633	41,408	2,995	3,230
14	Information technology	·	·	,	<u> </u>
15	Royalties				
16	Occupancy	48,781	43,415	2,927	2,439
17	Travel	4,627	4,627		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,059	2,059		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	2,532	2,253	152	127
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а		3,929	3,306	289	334
b	SCHOLARSHIP AND SUPPORT	23,109	21,096	1,946	67
C	HONORARIUM	17,478	17,478		
d	PRINTING AND PUBLICATIONS	35,556	24,103	588	10,865
e	All other expenses	7,116	4,041	270	2,805
25 26	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the	470,134	393,390	22,716	54,028
20	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here      If following SOP 98-2 (ASC 958-720)				
	10110WITING DOT 20-2 (MOO 300-120)				Form <b>900</b> (2021)

Part X **Balance Sheet** 

		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	175,284	1	121,382
	2	Savings and temporary cash investments	132,583	2	208,943
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
ets	8	Inventories for sale or use		8	
Assets	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 34,441			
	b	Less: accumulated depreciation 10b 34,189	252	10c	252
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	308,119	16	330,577
	17	Accounts payable and accrued expenses	21,712	17	13,349
	18	Grants payable	·	18	·
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Ø	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abil		controlled entity or family member of any of these persons		22	
<b>=</b>	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	21,712	26	13,349
		Organizations that follow FASB ASC 958, check here ▶ 🗓			
(n		and complete lines 27, 28, 32, and 33.			
Ç	27	Net assets without donor restrictions	111,123	27	68,375
alar	28	Net assets with donor restrictions	175,284	28	248,853
Ö		Organizations that do not follow FASB ASC 958, check here			
جّ		and complete lines 29 through 33.			
or F	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
ASS	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	286,407	32	317,228
	33	Total liabilities and net assets/fund balances	308,119	33	330,577
			·		

-OIII	1990 (2021) THEOLOGICAL HORIZONS 53	3-15	9403		Pa	ige 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			500,	923
2	Total expenses (must equal Part IX, column (A), line 25)	2			470,	134
3	Revenue less expenses. Subtract line 2 from line 1	3			30,	789
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			286,	407
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				32
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			317,	228
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  Accrual  Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		Ī			
	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 basis, consolidated basis, or both:					
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of					
	the audit, review, or compilation of its financial statements and selection of an independent accountant?			2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Single Audit Act and OMB Circular A-133?			3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

EEA

Form **990** (2021)

### SCHEDULE A (Form 990)

### **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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. **Open to Public** Inspection

Name of the organization **Employer identification number** THEOLOGICAL HORIZONS 58-1594037 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. C Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations f Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see instructions) above (see instructions)) document? instructions) Yes No (A) (B) (C) (D) (E) Total

Soction A	Public Support
	Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)
	(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 II	Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

	on A. Public Support			I		ı	
Calen	dar year (or fiscal year beginning in) ▶	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	<b>(d)</b> 2020	<b>(e)</b> 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	244,618	288,913	334,268	373,609	500,870	1,742,278
2	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	<b>Total.</b> Add lines 1 through 3	244,618	288,913	334,268	373,609	500,870	1,742,278
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						187,162
6	Public support. Subtract line 5 from line 4.						1,555,116
	on B. Total Support						
	dar year (or fiscal year beginning in) >	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	( <b>d</b> ) 2020	(e) 2021	(f) Total
7	Amounts from line 4	244,618	288,913	334,268	373,609	500,870	1,742,278
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
_	similar sources	18	25	16	22	54	135
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10	,	`			10	1,742,413
12	Gross receipts from related activities, etc.	•	•			12	\(\alpha\)
13	First 5 years. If the Form 990 is for the or						
04	organization, check this box and stop her	<u>e </u>	<del></del>				▶ □
	on C. Computation of Public Suppor			4 1: (5)		44	
14	Public support percentage for 2021 (line 6					14	89.25 %
15 10-	Public support percentage from 2020 Sch					1/00/	95.51 %
16a	33 1/3% support test - 2021. If the organ						
<b>L</b>	box and <b>stop here.</b> The organization qual	•		•			_
b	<b>33 1/3% support test - 2020.</b> If the organ this box and <b>stop here</b> . The organization						
170	10%-facts-and-circumstances test - 202			-			
17a	10% or more, and if the organization mee	•					
						-	
	Part VI how the organization meets the fa			-	=		_
<b>L</b>	organization						_
b	10%-facts-and-circumstances test - 202						
	15 is 10% or more, and if the organization						
	in Part VI how the organization meets the						
10	organization						_
18	<b>Private foundation.</b> If the organization di						
	instructions		• • • • • • •		• • • • • • •	<u> </u>	· · · · • L

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

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	<b>(e)</b> 2021	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.") •						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	fumished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	<b>Total.</b> Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
~	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
_	line 6.)						
Secti	on B. Total Support						
	dar year (or fiscal year beginning in) ▶	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(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						
С	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.)						
14	First 5 years. If the Form 990 is for the or	ganization's fi	rst, second, thi	rd, fourth, or fit	fth tax year as	a section 501	(c)(3)
	organization, check this box and stop her	e					· · · · · <b>·</b>
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2021 (line 8	, , , , , , , , , , , , , , , , , , , ,	•	, , , , , , , , , , , , , , , , , , , ,		15	%
16	Public support percentage from 2020 Sch	edule A, Part	III, line 15 .			16	%
Secti	on D. Computation of Investment Inc						
17	Investment income percentage for 2021 (I					17	%
18	Investment income percentage from 2020					18	%
19a	33 1/3% support tests - 2021. If the orga						
	17 is not more than 33 1/3%, check this be	-	_	-			_
b	33 1/3% support tests - 2020. If the organizati						
	line 18 is not more than 33 1/3%, check this box		_			-	
20	Private foundation. If the organization did	d not check a	box on line 14,	19a, or 19b, c	heck this box a	and see instru	ctions ▶

Schedule A (Form 990) 2021 THEOLOGICAL HORIZONS Page 4 58-1594037

### Part IV **Supporting Organizations**

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

## S

ecti	ion A. All Supporting Organizations			
_			Yes	No
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.	1		
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 <b>Part VI</b> how the organization determined that the supported			
_	organization was described in section 509(a)(1) or (2).	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.	3a		
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.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	_		
_	purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	_		
_	"Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
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.	4b		
С	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 <b>Part VI</b> 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.	4c		
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 <b>Part VI</b> , 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).	5a		
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?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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 <b>Part VI.</b>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	0		
′	(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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line			
U	7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
Ju	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 <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which	Ju		
	the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit	35		
٠	from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	9с		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section	30		
. Ju	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a		
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.)	10b		

THEOLOGICAL HORIZONS

Part I	V 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 in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
C	A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in <b>Part VI</b> .	11c		
Section	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
	supervised, or controlled the supporting organization.	2		
Section	on 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 <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	4		
Sootie	the supported organization(s). on D. All Type III Supporting Organizations	1		
Secur	on b. 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		162	NO
•	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? <i>If "No," explain in Part VI how</i>			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	e inst	ructio	ons).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruc	ctions)		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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.	2a		
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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would	OI.		
•	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	25		
h	trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI</b> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard	3h		
	on as supported organizations car titles i describe in <b>Part VI</b> the tole blaved by the organization in this repart	.317		

Schedule A (Form 990) 2021 THEOLOGICAL HORIZONS Page 6 58-1594037 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	Check here if the organization satisfied the Integral Part Test as a qualifying	trus	st on Nov. 20, 1970 <i>(expla</i>	in in <b>Part VI</b> ). <b>See</b>		
instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
Section A - Adjusted Net Income			(A) Prior Year	(B) Current Year		
Secti	on A - Adjusted Net Income		(A) FIIOI Teal	(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				
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year		
- Jecti			(A) I noi Teai	(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				
	Average monthly cash balances	1b				
c	Fair market value of other non-exempt-use assets	1c				
	Total (add lines 1a, 1b, and 1c)	1d				
е	<b>Discount</b> claimed for blockage or other factors					
	(explain in detail in <b>Part VI</b> ):					
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				
	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Secti	on C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	☐ Check here if the current year is the organization's first as a non-functional	lly ir	ntegrated Type III supporting	ng organization		
	(see instructions)					

EEA Schedule A (Form 990) 2021

Excess distributions carryover to 2022. Add lines 3j

. . . .

and 4c.

8 Breakdown of line 7: a Excess from 2017

**b** Excess from 2018 c Excess from 2019 d Excess from 2020 e Excess from 2021

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Section D - Distributions Current Year							
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		1			
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed				
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organ	izations	3			
4	Amounts paid to acquire exempt-use assets			4			
5	Qualified set-aside amounts (prior IRS approval required)	- provide details in Part	VI)	5			
6	Other distributions (describe in Part VI). See instructions.		(	6			
7	Total annual distributions. Add lines 1 through 6.			7			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive				
	(provide details in Part VI). See instructions.			8			
9	Distributable amount for 2021 from Section C, line 6		!	9			
10	Line 8 amount divided by line 9 amount		1	0			
		(i)	(ii)		(iii)		
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	s l	Distributable		
		Excess Distributions	Pre-2021	Aı	mount for 2021		
1	Distributable amount for 2021 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2021						
	(reasonable cause required - explain in Part VI). See						
	instructions.						
3	Excess distributions carryover, if any, to 2021						
a	From 2016						
b	From 2017						
C	From 2018						
d	From 2019						
е	From 2020						
f	Total of lines 3a through 3e						
g	Applied to underdistributions of prior years						
h	Applied to 2021 distributable amount						
i	Carryover from 2016 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2021 from						
	Section D, line 7: \$						
а	Applied to underdistributions of prior years						
b	Applied to 2021 distributable amount						
С	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI See instructions						

Schedule A (Form 990) 2021 EEA

Schedule A (Form 990) 2021 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)