### 990 Form

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

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

OMB No. 1545-0047 2020

▶ Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Α	FOR	the A	zuzu calendar ye	ear, or tax year beginn	iing	07-0	1 , 2020, a	na enai	ng	06	-30 ,2021		
В	Chec	ck if ap	plicable:	C Name of organization TH	EOLOGICAL HORIZONS					D Employer identification number			
П	Addre	ess ch	ange	Doing business as							58-1594037		
П	Name	e chan	ige.		D. box if mail is not delivered to street ac	dress)		Room/sui	te	E Telepho	one number		
$\overline{}$		ıl returr	-	1841 UNIVERSIT		au. 000)		11001111001			(434) 244-2839		
$\overline{}$			/terminated		vince, country, and ZIP or foreign postal	code				G Gross receipts			
$\overline{}$		nded re		Charlottesvill						\$ 373,631			
=			pending	F Name and address of prir	•				H(a) le this a gr	s a group return for subordinates? Yes X No			
ш	тррп	ication	perioring	1 Hame and address of pin	icipal cineci.				H(b) Are all s				
_	Tour		status: X 501	(c)(3) 501(c) (	) <b>4</b> (insert no.) 4947(a)(1)	П г	527				. See instructions		
		site:		HEOLOGICALHORIZ	· · · · · · · · · · · · · · · · · · ·	or s	021		H(c) Group e		_		
					ociation Other		V	200		•			
	art I		ganization: X Corp	poration Trust Ass	ociation Uner F	L	Year of formation	on: 200	10   W 5	tate of lega	I domicile: VA		
	$\overline{}$		Briefly describe the organization's mission or most significant activities: TO FOSTER AND ENHANCE THEOLOGICAL SCHOLARSHIP										
				-					HINCE INI	COLOGI	CAL SCHOLARSHIP		
Activities & Governance		4	AND CONVERS	SATION IN THE C	HURCH, ACADEMY, AND	COMMON	TII AI IM	ARGE.					
nai		-											
Ve		2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets											
တိ					ning body (Part VI, line 1a)					3	12		
∘ఠ			-	-	,					4	13		
ţį					of the governing body (Part VI					-	13		
ξį				, ,	calendar year 2020 (Part V, line					5	9		
Aci				olunteers (estimate if n	• *					6	73		
					Part VIII, column (C), line 12					7a	0_		
		ь	Net unrelated bus	siness taxable income f	rom Form 990-T, Part I, line 11					7b	0		
4					(1.)			-	Prior Year		Current Year		
				d grants (Part VIII, line 1				_	334	,268	373,609		
Ž			-	revenue (Part VIII, line				-			0		
Revenue	1			ne (Part VIII, column (A				٠		16	22		
ď	1				es 5, 6d, 8c, 9c, 10c, and 11e)			٠ 📖			0		
	1	12	Total revenue - a	dd lines 8 through 11 (n	nust equal Part VIII, column (A)	, line 12)			334	,284	373,631		
	1	13 (	Grants and simila	ar amounts paid (Part ۱)	(, column (A), lines 1-3)			•			0		
	1	14	Benefits paid to d			0							
s	1	15	Salaries, other co	187	,176	170,626							
Expenses	1	16a	Professional fund	draising fees (Part IX, co	olumn (A), line 11e)						0		
bei		b	Total fundraising	expenses (Part IX, colu	ımn (D), line 25)		17,707						
ŭ	1	17 (	Other expenses (	(Part IX, column (A), lin	es 11a-11d, 11f-24e)				145	,208	183,543		
	1	18	Total expenses.	Add lines 13-17 (must e	equal Part IX, column (A), line 2	25)			332	,384	354,169		
	_	19	Revenue less ex	penses. Subtract line 1	8 from line 12				1	,900	19,462		
ssets or	ces							Begir	ning of Curre	nt Year	End of Year		
sets		20	Total assets (Par	t X, line 16)					290	,971	308,119		
ASS	<u> </u>	21	Total liabilities (Pa	art X, line 26)					24	,790	21,712		
Net A	를 2	22		d balances. Subtract li	ne 21 from line 20			-	266	,181	286,407		
Pa	art I	II	Signature	Block									
					n, including accompanying schedules ar cer) is based on all information of which			f my knowle	edge and belief	, it is			
	, соп	Cot, an	ia compicie. Deciarati	on or preparer (other than one	oci ) is based on an information of which	proparor rias e	iny knowicage.						
٠.		l	KAREN M	MARSH									
Sig	Jn	IJ	Signature of c	officer						Date			
He	re		KAREN N	MARSH, EXECUTIV	E DIRECTOR								
			Type or print r	name and title									
			Print/Type preparer	's name	Preparer's signature		Date		Check	if	PTIN		
Pai	id		John Going	g			03-08-20	22	self-emp	oloyed	P00039177		
Pre	ра	rer	Firm's name		ing & Associates, L				irm's EIN				
Us	e O	nly	Firm's address	205 2nd				Р	hone no.				
					esville VA 22902					434-2	214-6443		
May	the	IRS	discuss this retur		wn above? (see instructions)						X Yes No		

315,211

Total program service expenses

0) THEOLOGICAL HORIZONS
Checklist of Required Schedules Part IV

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		
•	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If  "Yes." complete Schedule D. Part I	_		
7	"Yes," complete Schedule D, Part I	6		Х
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		v
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"			Х
Ū	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	_		
	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		х
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		х
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	х	
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		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446		
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete  Schedule D, Parts XI and XII	120		.,
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If	12a		Х
b	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		v
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		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
4.5	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	ا مد ا		
<b>.</b>	If "Yes," complete Schedule G, Part III	19		Х
20 a		20a		Х
	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 12 if "Yes" complete Schedule I Parts I and II	21		v

Part IV

0) THEOLOGICAL HORIZONS 58-1594037 Pa
Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		х
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			Λ
-	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		v
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		X
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		26		
27	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
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
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			-22
~	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	200		
•	related organization? If "Yes," complete Schedule R, Part V, line 2	36		v
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	50		X
51	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		4,5
30		31		_ X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	20		
Do:	19? Note: All Form 990 filers are required to complete Schedule O.  t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	• • •	· · ·	
,			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	

20) THEOLOGICAL HORIZONS
Statements Regarding Other IRS Filings and Tax Compliance (continued) Form 990 (2020) Page 5 58-1594037 Part V

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 9			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
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		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
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		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
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		
0	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			
1	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.)			
2a	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 O	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		Х
	If "Yes," complete Form 4720, Schedule O.			

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.

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

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			
	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		х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
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			
	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,	76		
8	stockholders, or persons other than the governing body?	7b		Х
0	the year by the following:			
9	The governing body?	8a	х	
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 O	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		х
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		Х
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	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		Х
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	40-		
12	describe in Schedule O how this was done  Did the organization have a written whistleblower policy?	12c	х	.,,
13 14	Did the organization have a written document retention and destruction policy?	13 14		X
15	Did the process for determining compensation of the following persons include a review and approval by	14		Х
10	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
b	Other officers or key employees of the organization	15b	Λ	х
-	If "Yes" to line 15a or 15b, describe the process in 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		х
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		
	tion C. Disclosure			
17 40	List the states with which a copy of this Form 990 is required to be filed  Section 6404 requires an expeniential to make its Forms 4003 (4004 or 4004 A if applicable), 000, and 000 T (Section 501(a))			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  X Own website			
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			
	KAREN MARSH (434)244-2839, 1841 UNIVERSITY CIRCLE, Charlottesville, VA 22903			

Form	990	(2020)

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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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

Check this box if heither the organization nor any relate	iu organizatio T	II COIII	pens	alec	ı anı	Curre	III O	llicer, director, or tru	isiee.	
		(C)								
(A)	(B)				sition			(D)	(E)	(F)
Name and title	Average	,				nan one s both ar	1	Reportable	Reportable	Estimated amount
	hours			•		/trustee)		compensation	compensation	of other
	per week							from the from related organization organizations		compensation from the
	(list any hours for	or a	Ins	Q <del>f</del>	Ke.	em Hig	Fo	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related	Individual trustee or director	Institutional trustee	Officer	Key employee	jhes: ploy	Former	,		related organizations
	organizations	tor	onal		ploy	t con				
	below	uste	trus		ee	npen				
	dotted line)	Φ	lee			Highest compensated employee				
						۵				
(1) KAREN MARSH	40.00									
EXECUTIVE DIRECTOR				Х				93,250	0	0
(2) BOBBY WOODARD										
DIRECTOR		х						0	0	0
(3) HEIDI METCALF LITTLE										
DIRECTOR		х						0	0	0
(4) TAYLOR HARRIS	L									
DIRECTOR		х						0	0	0
(5) CHRISTY YATES										
ASSOCIATE DIRECTOR		x						o	0	0
(6) CHARLES MARSH										
DIRECTOR		х						o	0	0
(7) MELISSA WRIGHT										
DIRECTOR		х						o	0	0
(8) KATE HARRIS										
DIRECTOR		х						o	0	0
(9) ALEXA ANDREWS										
DIRECTOR		x						0	0	0
(10)NANCY BEANE										
DIRECTOR		х						0	0	0
(11) JANE ANDERSON GRIZZLE										
DIRECTOR		х						0	0	0
(12)STEVE SCOPER										
CHAIRMAN		х		х				0	0	0
(13)BETSY_HUTSON_										
SECRETARY	[	х		х				o	0	0
(14)MATT MCFARLAND										
TREASUREER	[	х		х				o	0	0
									•	<del></del>

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶  3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		0 (2020) THEOLOGICAL HORIZ										3-15940	37	P	age 8
(A) Name and site    Comparison of the comparis	aπ	Section A. Officers, Directors, Trustees,	Key Employ	yees, a	nd H	ligh	est (	Compe	ensa	ted Employees (o	ontinued)				
15   16   17   18   19   19   19   19   19   19   19			Average hours	box,	unles	Pos eck m s per	sition ore the	s both ar		Reportable compensation from the	Reporta compensa from rela	ition ted	<b>(F)</b> Estimated amou of other compensation		
16)  17)  18)  20)  21)  22)  23)  24)  25)  1b Subtotal  c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  7 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.			hours for related organizations below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	-			from the organization and related organization:		
17)  18)  19)  20)  21)  22)  23)  15 Subtotal  c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  7 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? if "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.	5)														
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20)  21)  22)  23)  1b Subtotal  c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year.	<u>7</u> )														
22)  23)  24)  25)  1b Subtotal  c Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.	3)														
22) 23) 24) 25) 25) 26) 27) 28) 28) 29) 29) 29) 29) 20) 20) 20) 20) 21 22) 22) 22) 23) 24) 25) 26) 27 28) 29) 29) 29) 29) 20) 20) 20) 21 22) 22) 22) 23) 24) 25) 26) 27 28) 29 29) 20) 20) 20 20 21 21 22) 22) 23) 24) 25) 26) 27 28) 29 29 29 29 20 20 20 20 20 21 21 22 22) 23) 24) 25) 26) 27 28 29 29 29 20 20 20 20 20 21 20 21 21 22 22) 23) 24) 25 26 27 28 29 29 29 29 20 20 20 20 20 20 20 20 20 20 20 20 20	9)														
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23)  24)  25)  1b Subtotal  c Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.	1)														
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to Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)	<b>1</b> )														
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3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	d	•							-	•		0			0
<ul> <li>Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual</li> <li>For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual</li> <li>Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person</li> <li>Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.</li> </ul>	2	· -		ted abo	ve) v	who	rece	eived n	nore	than \$100,000 of					
employee on line 1a? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.		reportable compensation from the organization	<u> </u>												0
employee on line 1a? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.	_													Yes	No
<ul> <li>For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual</li></ul>	3	•			ee, c		-								
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4				ion o								3		X
<ul> <li>Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person</li> <li>Section B. Independent Contractors</li> <li>Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.</li> </ul>	4	organization and related organizations greater than	\$150,000? <i>If</i>	"Yes,"	com	plete	e Sc	hedule	J fo	r such			4		
for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.	5												4		X
Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.	•	- ·			-			_	nzal				5		х
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.	ectio		Jampiole Gul	JGGIF U	,01	Juol	, pei	5011							
		Complete this table for your five highest compensa													
(A) (B)		compensation from the organization. Report compe	ensation for t	he cale	ndar	r yea	ar en	nding w	/ith o	or within the organiz	ation's tax	year.			
		(A)								(B)			(C)		
Name and business address Description of services		Name and business addres	s							Description of servic	es	(	Compens	ation	

(A)	(B)	(C)
Name and business address	Description of services	Compensation
	•	

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

Part VIII

Statement of Revenue

		Check if Schedule O cor	ntains a response	or no	te to any line in this	Part VIII			
			·		·	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
<b>(</b> )	1a b	Federated campaigns • Membership dues • • •		1a 1b					3601013 012-014
ants	С	Fundraising events		1c					
ַה פֿ <u>ַ</u>	d	Related organizations .		1d					
Contributions, Gifts, Grants and Other Similar Amounts	е	Government grants (contri		1e					
is, G	f	All other contributions, gifts	•						
tion er Si		and similar amounts not in	cluded above	1f	373,609				
ribu	g	Noncash contributions incl	luded in						
ont nd (		lines 1a-1f		1g	\$				
	h	Total. Add lines 1a-1f				373,609			
					Business Code				
e	2a								
Program Service Revenue	b								
Se enu	С								
ran Sev	d								
09 F	е								
₫		All other program service re							
		Total. Add lines 2a-2f							
	3	Investment income (includir other similar amounts)				20	20		
	4	Income from investment of				22	22		
		Royalties							
	"	Noyanies	(i) Real	• • •	(ii) Personal				
	6a	Gross rents	6a		(II) I ersonal				
		Less: rental expenses	6b						
		Rental income or (loss)	6c						
		Net rental income or (loss)			<u></u> ▶				
		Gross amount from	(i) Securitie		(ii) Other				
	'a	sales of assets			(.,, 2				
		other than inventory	7a						
	b	Less: cost or other basis							
ne		and sales expenses	7b						
ven	С	Gain or (loss)	7c						
Re	d	Net gain or (loss)		. <u></u>	<b>.</b>				
Other Revenue	8a	Gross income from fundrais	sing						
ŏ		events (not including \$ _							
		of contributions reported on							
	_	1c). See Part IV, line 18		8a					
		Less: direct expenses .		8b					
		Net income or (loss) from fu	-	·	<b>&gt;</b>				
	9a	Gross income from gaming activities, See Part IV, line 1		00					
	h	Less: direct expenses		9a 9b					
		Net income or (loss) from g			<b>.</b>				
		_	_	i.					
	10a	Gross sales of inventory, let returns and allowances		10a					
	b	Less: cost of goods sold		10b					
		Net income or (loss) from s			· <b>&gt;</b>				
					Business Code				
ns	11a								
uno Jue	b								
ella	С								
Miscellanous Revenue	d	All other revenue							
	е	Total. Add lines 11a-11d							
	12	Total revenue See instruct	ione		<b>.</b>	272 621	22	0	0

### Part IX | Statement of Functional Expenses

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

	Check if Schedule O contains a response or note to a	any line in this Part IX				
Do n	not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)	
8b, 9	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising 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	93,249	82,992	5,595	4,662	
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	55,234	49,158	3,314	2,762	
8	Pension plan accruals and contributions (include		·	•		
	section 401(k) and 403(b) employer contributions)	10,636	9,466	638	532	
9	Other employee benefits	147	131	9	7	
10	Payroll taxes	11,360	10,110	682	568	
11	Fees for services (nonemployees):	,	,			
а	Management					
b	Legal	816	726	49	41	
С	Accounting	7,398	6,584	444	370	
d	Lobbying	,	,			
е	Professional fundraising services. See Part IV, line 17					
f	Investment management fees					
g	Other. (If line 11g amount exceeds 10% of line 25, column					
•	(A) amount, list line 11g expenses on Schedule O.)	44,655	39,743	2,679	2,233	
12	Advertising and promotion	28,897	25,718	1,734	1,445	
13	Office expenses	32,426	28,859	1,946	1,621	
14	Information technology		==,,	_,,,,	=,-==	
15	Royalties					
16	Occupancy	46,520	41,403	2,791	2,326	
17	Travel	130	116	8	6	
18	Payments of travel or entertainment expenses		_			
	for any federal, state, or local public officials					
19	Conferences, conventions, and meetings	1,186	1,056	71	59	
20	Interest	,	,			
21	Payments to affiliates					
22	Depreciation, depletion, and amortization					
23	Insurance	2,596	2,310	156	130	
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	BOOKS AND JOURNALS	3,748	3,336	225	187	
b	SCHOLARSHIP AND SUPPORT	2,346	2,088	141	117	
С	HONORARIUM	11,357	10,108	681	568	
d	QB FEES	845	752	51	42	
е	All other expenses	623	555	37	31	
25	Total functional expenses. Add lines 1 through 24e	354,169	315,211	21,251	17,707	
26	Joint costs. Complete this line only if the		,		,	
	organization reported in column (B) joint costs					
	from a combined educational campaign and fundraising solicitation. Check here					
	following SOP 98-2 (ASC 958-720)					

Part X

Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X	(4)		_
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	171,509	1	175,284
	2	Savings and temporary cash investments	119,462	2	132,583
	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	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ą	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		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)	290,971	16	308,119
	17	Accounts payable and accrued expenses	24,789	17	21,712
	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	
ies	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
.iab		controlled entity or family member of any of these persons		22	
1	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	1	25	
	26	Total liabilities. Add lines 17 through 25	24,790	26	21,712
		Organizations that follow FASB ASC 958, check here			
ces		and complete lines 27, 28, 32, and 33.			
lan	27	Net assets without donor restrictions	114,306	27	111,123
Ва	28	Net assets with donor restrictions	151,875	28	175,284
ınd		Organizations that do not follow FASB ASC 958, check here			
·Fu		and complete lines 29 through 33.			
s or	29	Capital stock or trust principal, or current funds		29	
sets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	266,181	32	286,407
	33	Total liabilities and net assets/fund balances	290,971	33	308,119
EEA					Form <b>990</b> (2020)

Form		8-159	4037		Pa	age <b>12</b>
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			373,	631
2	Total expenses (must equal Part IX, column (A), line 25)	2			354,	169
3	Revenue less expenses. Subtract line 2 from line 1	3			19,462	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		266,181		
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				764
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			286,	407
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					<u>. 🗌</u>
			_		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 in					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		[	2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		[	2b		х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both:					
	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		х
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

EEA

Form 990 (2020)

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

## **Public Charity Status and Public Support**

OMB No. 1545-0047

2020

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

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

THEOLOGICAL HORIZONS					58-1594037					
Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.						S				
The	orgar	nization is not a private foundation beca	use it is: (For lines	1 through 12, check only	one box.)					
1	Ш	A church, convention of churches, or a	ssociation of church	es described in section 1	70(b)(1)(A	)(i).				
2	Ш	A school described in <b>section 170(b)(</b>	<b>1)(A)(ii).</b> (Attach Sch	nedule E (Form 990 or 99	0-EZ).)					
3	Ш	A hospital or a cooperative hospital ser	vice organization de	escribed in section 170(b	)(1)(A)(iii).					
4	Ш	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the								
	_	hospital's name, city, and state:								
5	Ш	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in								
	_	section 170(b)(1)(A)(iv). (Complete Part II.)								
6	Ш	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	Ц	A community trust described in <b>section</b>	170(b)(1)(A)(vi). (	Complete Part II.)						
9	Ш	An agricultural research organization d	escribed in <b>section</b>	170(b)(1)(A)(ix) operated	d in conjund	ction with a	land-grant college			
		or university or a non-land-grant colleg	e of agriculture (se	e instructions). Enter the	name, city,	and state	of the college or			
		university:								
10	Ш	An organization that normally receives	. ,	• • •			•			
		receipts from activities related to its ex	•							
		support from gross investment income		•		11 tax) troi	n businesses			
		acquired by the organization after June								
11	H	An organization organized and operate	•		•	, , ,				
12	Ш	An organization organized and operate								
		of one or more publicly supported orga								
	_	Check the box in lines 12a through 12a				•	_			
	а	Type I. A supporting organization of	•			` '				
		the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the								
	b	supporting organization. You must complete Part IV, Sections A and B.								
	b									
		control or management of the supporting organization vested in the same persons that control or manage the supported								
	С	organization(s). You must complete Part IV, Sections A and C.								
	·	Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.								
	d						orted organization(s)			
	u	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). <b>Yo</b>					and an attentiveness			
	е	Check this box if the organization	•				ne II Tyne III			
	Ū	_				. 1,501, 1,	po II, 13po III			
	functionally integrated, or Type III non-functionally integrated supporting organization.  f Enter the number of supported organizations									
	g	Provide the following information about		anization(s).						
		Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of		
			.,	(described on lines 1-10	listed in you		support (see	other support (see		
				above (see instructions))	docum	ent?	instructions)	instructions)		
					Yes	No				
(A)										
(B)										
(C)										
(D)										
(E)										
Toto										

990 or 990-EZ) 2020 THEOLOGICAL HORIZONS 58-1594037 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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	, ,			•	,			
Cal	endar year (or fiscal year beginning in) ▶	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total		
1	Gifts, grants, contributions, and	, ,	` '	` ,	, ,	. ,			
	membership fees received. (Do not								
	include any "unusual grants.")	242,613	244,618	288,913	334,268	373,609	1,484,021		
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	242,613	244,618	288,913	334,268	373,609	1,484,021		
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)						66,505		
6	Public support. Subtract line 5 from line 4						1,417,516		
	ction B. Total Support								
Cal	endar year (or fiscal year beginning in) ▶	(a) 2016	<b>(b)</b> 2017	(c) 2018	( <b>d</b> ) 2019	(e) 2020	(f) Total		
7	Amounts from line 4	242,613	244,618	288,913	334,268	373,609	1,484,021		
8	Gross income from interest, dividends,								
	payments received on securities loans,								
	rents, royalties, and income from								
	similar sources	23	18	25	16	22	104		
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	<b>Total support.</b> Add lines 7 through 10						1,484,125		
	Gross receipts from related activities, etc. (see					12			
13	<b>,</b>				-				
	organization, check this box and <b>stop here</b>						▶ 🗌		
Sec	ction C. Computation of Public Suppor	t Percentage	•						
	Public support percentage for 2020 (line 6, c		•			14	95.51 %		
	Public support percentage from 2019 Sched					15	93.83 %		
16a	33 1/3% support test - 2020. If the organizat								
	box and <b>stop here.</b> The organization qualifies								
b	33 1/3% support test - 2019. If the organizat								
	this box and <b>stop here.</b> The organization qua	•		•			_		
17a	10%-facts-and-circumstances test - 2020.	-					S		
	10% or more, and if the organization meets the				-	•			
	Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported								
	organization								
b	b 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line								
	15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain								
	in Part VI how the organization meets the fac			•	•		_		
46	organization						▶ ∐		
18	<b>Private foundation.</b> If the organization did no				•				
	instructions						▶ 📙		