Form 990-PF

EXTENDED TO NOVEMBER 16, 2020
Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

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

▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

1912

2019

For	cale	ndar year 2019 or tax year beginning DEC	9, 2019	, and ending	DEC 31, 2019	Open to 1 done mapaction
	, .	f foundation			A Employer identification	number
					' '	
_0	PE	N. HORIZON			84-3866276	
Nun	nber a	and street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	
_4	<u>55</u>	5 MAGNOLIA MANOR WAY			571-224-82	22
City	or 1	town, state or province, country, and ZIP or foreign p	ostal code		C If exemption application is po	anding, check here
_ <u>A</u>	LE	XANDRIA, VA 22312			1	,
G C	hecl	k all that apply: X Initial return	initial return of a f	ormer public charity	D 1. Foreign organizations	, check here
		Final return	Amended return			
		Address change	Name change		Foreign organizations me check here and attach co	mputation
H C	hecl	type of organization: X Section 501(c)(3) ex	xempt private foundation	Δt	E If private foundation sta	tus was terminated
	J Se	ection 4947(a)(1) nonexempt charitable trust	Other taxable private found	ation	under section 507(b)(1)	(A), check here
I Fa	ır m	· I	ing method: X Cash	Accrual	F If the foundation is in a	60-month termination
(fr	om l	Part II, col. (c), line 16)	ther (specify)		under section 507(b)(1)	(B), check here
	\$	1,000,000. (Part I, colur	mn (d), must be on cash bas	SIS.)		
∦ P a	r(t)	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable purposes
	_	necessarily equal the amounts in column (a))	expenses per books	income	income	(cash basis only)
	1	Contributions, gifts, grants, etc., received	1,000,000.	10,000	N/A	
	2	Check If the foundation is not required to attach Sch. B. Interest on savings and temporary				
	3	cash investments	KECE.	VED .		The second secon
	4	Dividends and interest from securities				
	58	Gross rents	S OCT 2	2020 9		
*	b	Net rental income or (loss)			Company of the second s	the man demand of the first statement in the
<u>o</u>	6a	Nét gain or (loss) from sale of ássets not on line TU Gróss salos price for all	Shiriday (See Processor Statement Control of Committee	Tallian same and an analysis of the same and		
enn	_ b	assets on line 6a	20 3 3 5 6 1 C 4 C 5 C 5 C 5 C 5 C 5 C 5 C 5 C 5 C 5			Manager Control of the Control of th
Revenu	7	Capital gain net income (from Part IV, line 2)		0.	Mary 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
_	8	Net short-term capital gain		0.40		
	9	Income modifications Gross sales less returns	3.0	Carlo de la Car		
		and allowances				3900
		Less Cost of goods sold	A PARTY NEW YORK OF THE PARTY NEW YORK OF TH	engaliti sa		200 (100 (100 (100 (100 (100 (100 (100 (
		Gross profit or (loss)		TRAIL SECTION	<u> </u>	440
	11 12	Other income Total. Add lines 1 through 11	1,000,000.	0.	<u> </u>	
	13	Compensation of officers, directors, trustees, etc	1,000,000.	0.		0.
	14	Other employee salaries and wages				``
	15	Pension plans, employee benefits	· · · · · · · · · · · · · · · · · · ·			
υ		Legal fees		-		
nse	h	Accounting fees				
Expe	r	Other professional fees				
	17	Interest				
Ĭį.	18	Taxes				_
dministrative	19	Depreciation and depletion		· · · · · · · · · · · · · · · · · · ·		
ini	20	Occupancy				
퉏	21	Travel, conferences, and meetings				
and /	22	Printing and publications				
	23	Other expenses	1			
Operating	24	Total operating and administrative				
jer.		expenses. Add lines 13 through 23	0.	0.		0.
Ö	25	Contributions, gifts, grants paid	0.		75.40	0.
		Total expenses and disbursements.				
		Add lines 24 and 25	0.	0.	-	0.
	27	Subtract line 26 from line 12:		Section 1	100	
	, a	Excess of revenue over expenses and disbursements	1,000,000.	energe de la companya de la company La companya de la co	TOTAL TOTAL CONTROL OF THE PARTY OF THE PART	
*	b	Net investment income (if negative, enter -0-)	97.146	0.	# (C) 12 (F)	at the second
j	C	Adjusted net income (if negative, enter -0-)	TARREST STATE	60 A	N/A	

10	1700	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End o	t year
8.3	idi.t	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing		1,000,000.	1,000,000.
	2	Savings and temporary cash investments		= 700,07000	
	3	Accounts receivable			ingerier 2000 and and an array of the
	١.	Less; allowance for doubtful accounts			
	4	Pledges receivable		#0c 3454446382.37 if 11,12888452.	
	1	Less: allowance for doubtful accounts			
	5	Grants receivable	•		
	6	Receivables due from officers, directors, trustees, and other]		
		disqualified persons	_		
	7	Other notes and loans receivable	COMPANY CONTRACTOR OF THE PARTY		rational and the second
	l	Less: allowance for doubtful accounts			
ın	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Ass	100	Investments - U.S. and state government obligations			
	1	Investments - corporate stock			
	1	•		- ,	
	1	Investments - corporate bonds		The contract of the contract o	
	11	Investments - land, buildings, and equipment basis		2006 - 100 AND 111 111 111 111 111 111 111 111 111 1	Children with the Company of the Company of the Company
	١	Less accumulated depreciation			
	12	Investments - mortgage loans			·
	13	Investments - other	MANAGEMENT CONTRACTOR OF CONTRACTOR	Carrage a rest in - National Control	4.75. PERMISSIAN ON A 1980 MANAFILM. 237.5 8.999
	14	Land, buildings, and equipment basis		\$164.68 BEL 41.08 BEE	
		Less accumulated depreciation			
- 1	15	Other assets (describe			
	16	Total assets (to be completed by all filers - see the			
		instructions. Also, see page 1, item I)	0.	1,000,000.	1,000,000.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
u	19	Deferred revenue			对外的需要的公共的
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			一般語 とき物で
ā	21	Mortgages and other notes payable		,	
Ξ	22	Other liabilities (describe)			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow FASB ASC 958, check here			
t A		and complete lines 24, 25, 29, and 30.			
alances	24	Net assets without donor restrictions			
Ē	25	Net assets with donor restrictions			
		Foundations that do not follow FASB ASC 958, check here			767 March 2012
Ę	J	and complete lines 26 through 30.			
Ē	26	Capital stock, trust principal, or current funds	0.	0.	
ध	27	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Se	28	Retained earnings, accumulated income, endowment, or other funds	0.	1,000,000.	COMMENTS AND ASSESSMENT OF THE PARTY OF THE
Net Assets or Fund B	29	Total net assets or fund balances	0.	1,000,000.	2005-1-7-7-8-10-1-1-1
Ž					
	30	Total liabilities and net assets/fund balances	0.	1,000,000.	
_					
ł K	art	III) Analysis of Changes in Net Assets of Fulld Ba			
1	Tota	net assets or fund balances at beginning of year - Part II, column (a), line	29		
	(mus	st agree with end-of-year figure reported on prior year's return)		1	0.
2	Ente	amount from Part I, line 27a		2	1,000,000.
		r increases not included in line 2 (itemize)		3	0.
4	Add	lines 1, 2, and 3		4	1,000,000.
		eases not included in line 2 (itemize)		5_	0.
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 29	6	1,000,000.
-					Form 990-PF (2019)

Part V.	Qualification	Under Section	4940(e) for	Reduced T	ax on N	let Investmer	nt Income	
For optional i	use by domestic priva	ate foundations subject	to the section 4	4940(a) tax on n	et investme	nt income.)		

If section 4940(d)(2) applies, leave this part blank.

If gain, also enter in Part I, line 8, column (c).

If (loss), enter -0- in Part I, line 8

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? If "Yes," the foundation doesn't qualify under section 4940(e). Do not complete this part.

1	Enter the appropriate amount in each column for each year; see the instructions before making any entries.								
	(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))					
_	2018								
	2017								
	2016								
	2015								
	2014								

2 Total of line 1, column (d)

Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years

4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5

5 Multiply line 4 by line 3

6 Enter 1% of net investment income (1% of Part I, line 27b)

7 Add lines 5 and 6

8 Enter qualifying distributions from Part XII, line 4

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

5			
6			

N/A

Yes No

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Part VI: Excise Tax Based on Investment Income (Section 4	1940(a), 4940(b),	4940(e), or 49	<u> 48 - </u>	see instructions)
1a Exempt operating foundations described in section 4940(d)(2), check here Date of ruling or determination letter: (attach copy of letter				
		· 1	7 <u>78667</u>	0.
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here of Part I, line 27b	e P and enter	176	<u>'</u>	
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, ent	er 4% of Part I, line 12,	col. (b)		
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations on	ly; others, enter -0-)		2	0.
3 Add lines 1 and 2			3	0.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations or	nly; others, enter -0-)		4	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			5	0.
6 Credits/Payments:			£ 500	では、バンターで発送機能
a 2019 estimated tax payments and 2018 overpayment credited to 2019	6a	0.		
b Exempt foreign organizations - tax withheld at source	6b	0.		
c Tax paid with application for extension of time to file (Form 8868)	6c	0.		
d Backup withholding erroneously withheld	6d	0.		
7 Total credits and payments. Add lines 6a through 6d			7	0.
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 i	s attached		8	0.
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		▶	9	0.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpa	iid	• [10	
11 Enter the amount of line 10 to be: Credited to 2020 estimated tax		Refunded >	11	
Part VII-A Statements Regarding Activities				
1a During the tax year, did the foundation attempt to influence any national, state, or local	legislation or did it part	icipate or intervene	n	🦙 Yes No
any political campaign?				1a X
b Did it spend more than \$100 during the year (either directly or indirectly) for political p	urposes? See the instru	ictions for the defini	tion	1b X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and co	pies of any materials pu	blished or		
distributed by the foundation in connection with the activities.				
c Did the foundation file Form 1120-POL for this year?				1c X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed durin				
(1) On the foundation. > \$ (2) On foundation many	agers. 🕨 💲			
e Enter the reimbursement (if any) paid by the foundation during the year for political exp	penditure tax imposed o	n foundation		
managers. ► \$0.				
2 Has the foundation engaged in any activities that have not previously been reported to	the IRS?			2 X
If "Yes," attach a detailed description of the activities.				
3 Has the foundation made any changes, not previously reported to the IRS, in its govern		of incorporation, or		3 X
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes 4a Did the foundation have unrelated business gross income of \$1,000 or more during the				4a X
b If "Yes," has it filed a tax return on Form 990-T for this year?	, you.		N	/A 4b
5 Was there a liquidation, termination, dissolution, or substantial contraction during the y	/ear?			5 X
If "Yes," attach the statement required by General Instruction T				
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfi	ed either:			
By language in the governing instrument, or				
By state legislation that effectively amends the governing instrument so that no mand	datory directions that co	nflict with the state	law	
remain in the governing instrument?				6 X
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," of	complete Part II, col. (c)	, and Part XV		7 X
8a Enter the states to which the foundation reports or with which it is registered. See instr	uctions. \blacktriangleright			
<u>VA</u>				
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to 1	the Attorney General (or	designate)		
of each state as required by General Instruction G2 if "No," attach explanation				8b X
9 Is the foundation claiming status as a private operating foundation within the meaning		4942(j)(5) for calen	dar	
year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes,"			maem	9 X
10 Did any persons become substantial contributors during the tax year? If Yes, attach a se	chedule <u>listing</u> their names a	nd addresses	<u>TMT</u>	1 10 X Form 990-PF (2019)

Ŋ.	artivities (continued)			
		\$25440 \$16450 \$16450	Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule. See instructions	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement. See instructions	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ► HERSHEL KLEINBERG Telephone no. ► 571-22	4-8	222	
	Located at ▶ 4555 MAGNOLIA MANOR WAY, ALEXANDRIA, VA ZIP+4 ▶22	312		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			
	and enter the amount of tax-exempt interest received or accrued dúring the year	N	<u>/</u> A	
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
	foreign country			
P	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	, , , s, o, ,	Yes	No
1a	During the year, did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	35.3		
	a disqualified person? Yes X No	1.5		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	18.3		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	2.50		
	(5) Transfer any income or assets to a disqualified person (or make any of either available	3633		
	for the benefit or use of a disqualified person)?		15.1	
	(6) Agree to pay money or property to a government official? (Exception. Check "No"	24 , 1861,		
	if the foundation agreed to make a grant to or to employ the official for a period after	$\frac{1}{2}f(x)$		
	termination of government service, if terminating within 90 days.)			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	\$ C.		
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions N/A	1b		
	Organizations relying on a current notice regarding disaster assistance, check here			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	13° 30°		
	before the first day of the tax year beginning in 2019?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	- 1	発売さ	
	defined in section 4942(j)(3) or 4942(j)(5)):	1		
8	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines	1.00		
	6d and 6e) for tax year(s) beginning before 2019?	展型		
	If "Yes," list the years , , , ,			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	, ta	\$ 1.50 \$ 2.50 \$	
	statement - see instructions.) N/A	2b		
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	3.3		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	883		
	during the year?			
h	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons after			
•	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose	10, 34		
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720,	A 3449		
	Schedule C, to determine if the foundation had excess business holdings in 2019.) N/A	3b	maridus Links	,a.iinid
4 a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	48		х
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	0.13/	24	
•	had not been removed from leopardy before the first day of the tax year beginning in 2019?	4b		X

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2 Compensation of five highest-paid employees (other than those	included on line 1). If none,	enter "NONE."	<u> </u>	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				· · · · · · · · · · · · · · · · · · ·
		 		
		 		
Total number of other employees paid over \$50,000				

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)	
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."	
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
	
Total number of others receiving over \$50,000 for professional services	▶ 0
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the	_
number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 N/A	
2	
_ 	
3	
4	
Part IX-B Summary of Program-Related Investments	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 N/A	
2	
All other program-related investments. See instructions.	
3	
	}
Total. Add lines 1 through 3	0 . Form 990-PF (2019)
	roim 330-r r (2019)

40	Minimum Investment Return (All domestic foundations must complete this part. Foreign four	dations	, see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	0.
b	Average of monthly cash balances	1b_	1,000,000.
C	Fair market value of all other assets	1c	0.
d	Total (add lines 1a, b, and c)	1d	1,000,000.
е	Reduction claimed for blockage or other factors reported on lines 1a and	i i	
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	1,000,000.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	15,000.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	985,000.
6	Minimum investment return. Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD	6	3,104.
<u>P</u>	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an foreign organizations, check here and do not complete this part.)	d certain	
1	Minimum investment return from Part X, line 6	1	3,104.
2a	Tax on investment income for 2019 from Part VI, line 5		
b	Income tax for 2019. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	3,104.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	3,104.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	3,104.
=	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		0
8	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	0.
D	Program-related investments - total from Part IX-B	1b 2	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes		
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a 3b	
b	Cash distribution test (attach the required schedule)	4	0.
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	-	
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	5	0.
	Adjusted qualifying distributions. Subtract line 5 from line 4	6	0.
6	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation q		
	4940(e) reduction of tax in those years.	ugiiil65 li	or the Section

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI, line 7				3,104.
2 Undistributed income, if any, as of the end of 2019		,		3,1011
a Enter amount for 2018 only			0.	
b Total for prior years:				
- voui is pice years.		0.		
3 Excess distributions carryover, if any, to 2019:				
a From 2014				
b From 2015		/v v		
c From 2016				
d From 2017				
e From 2018	aniillineanjintailliitoene ()	ининалинивот ст. соминиров	allitheeding a contratificacionina	an to this community may a
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2019 from				
Part XII, line 4: ►\$ 0.				
a Applied to 2018, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.	1	
c Treated as distributions out of corpus				
(Election required - see instructions)	0.	11	' '	, 111
d Applied to 2019 distributable amount				0.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount	0.			0.
must be shown in column (a)) 6 Enter the net total of each column as	· · · · · · · · · · · · · · · · · · ·			
indicated below:	0.			
8 Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income. Subtract		0.		
line 4b from line 2b				
e Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2018. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2019. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2020				3,104.
7 Amounts treated as distributions out of	1	յոն արագայան է է է է է է է է է է է է է է է է է է է	An tournmeaster	тта мітана видення вид
corpus to satisfy requirements imposed by		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	PH FOR HILL OF THE	tri an alif lahota (kwalitana ana 17. 190)
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.	11 11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	T THE SHEATH SHOW THAT THE TAX THE	n merromporen model i pu i re te n upb
8 Excess distributions carryover from 2014	_		· duan , ,	que conduter :
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2020.	_	·	''	
Subtract lines 7 and 8 from line 6a	0.			
O Analysis of line 9.		'	1 m	
a Excess from 2015				
b Excess from 2016				
c Excess from 2017				
d Excess from 2018				
e Excess from 2019				5 OOO DE (0040)

	990-PF (2019) OPEN HO			· · · · · ·	84-38	166276 Page 10
	rt:XIV Private Operating Fo			A, question 9)		
1 a	If the foundation has received a ruling o	L			0.405.400	
	foundation, and the ruling is effective fo				2/25/20	
b	Check box to indicate whether the found		ng foundation described in		4942(j)(3) or 49	942(j)(5)
2 a	Enter the lesser of the adjusted net	Tax year	41,0040	Prior 3 years	1	4
	income from Part I or the minimum	(a) 2019	(b) 2018	(c) 2017	(d) 2016	(e) Total
	investment return from Part X for					
	each year listed					
b	85% of line 2a					ļ
C	Qualifying distributions from Part XII,				1	
	line 4, for each year listed					
d	Amounts included in line 2c not					
	used directly for active conduct of					
	exempt activities					<u> </u>
е	Qualifying distributions made directly					
	for active conduct of exempt activities.					
	Subtract line 2d from line 2c				<u> </u>	
3	Complete 3a, b, or c for the alternative test relied upon:					
а	"Assets" alternative test - enter:					
	(1) Value of all assets					
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test - enter				\	
_	2/3 of minimum investment return					
	shown in Part X, line 6, for each year listed					ļ
	"Support" alternative test - enter:		-			
·	(1) Total support other than gross					
	investment income (interest,					
	dividends, rents, payments on	l				1
	securities loans (section 512(a)(5)), or royalties)				-	
	(2) Support from general public					1
	and 5 or more exempt					
	organizations as provided in section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from				······································	
	an exempt organization			:		
	(4) Gross investment income					
Pa	rt XV Supplementary Info	rmation (Comple	te this part only if	the foundatio	n had \$5,000 or moi	re in assets
	at any time during the	he year-see instr	uctions.)			
1	Information Regarding Foundation	n Managers:				
a	List any managers of the foundation who	o have contributed more	than 2% of the total contri	butions received by t	he foundation before the clos	e of any tax
	year (but only if they have contributed m	iore than \$5,000). (See s	ection 507(d)(2).)	•		•
NO	NE					
ь	List any managers of the foundation who	o own 10% or more of th	e stock of a corporation (c	or an equally large po	rtion of the ownership of a pa	artnership or
	other entity) of which the foundation has	s a 10% or greater interes	st.			
NOI	NE					
2	Information Regarding Contribution	on, Grant, Gift, Loan,	Scholarship, etc., Pro	grams:		
	Check here 🕨 🗓 if the foundation o					ests for funds. If
	the foundation makes gifts, grants, etc.,	to individuals or organiza	itions under other condition	ons, complete items 2	2a, b, c, and d.	
a	The name, address, and telephone numb	er or email address of th	e person to whom applica	tions should be addr	essed:	
b	The form in which applications should be	e submitted and informat	on and materials they sho	ould include:		
c	Any submission deadlines:					
d	Any restrictions or limitations on awards	s, such as by geographica	ıl areas, charıtable fields, l	ands of institutions, o	or other factors:	

Part XVI-A **Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.	Unrelat	ed business income		ided by section 512, 513, or 514	(e)
Zindi gi ede dinedine dinede etner mee indicates.	(a) Business	(b)	(C) Exclu- sion	(d)	Related or exempt
1 Program service revenue:	code	Amount	code	Amount	function income
a				_	
b					
C		-		}	
d					
e _ · _ ·			<u> </u>		· · · · · · · · · · · · · · · · · · ·
1					
g Fees and contracts from government agencies			<u> </u>		
2 Membership dues and assessments			_		
3 Interest on savings and temporary cash			l		
investments			<u> </u>		
4 Dividends and interest from securities			<u> </u>		
5 Net rental income or (loss) from real estate:	1.000 PM		3 4 2		SALAND CONTRA
a Debt-financed property		<u> </u>	<u> </u>		
b Not debt-financed property				_	
6 Net rental income or (loss) from personal					
property .			l		
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory	1				
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
	ĺ				
a			1 —		
·					
c			├		
d			 		
6			÷.,,	0.	0.
12 Subtotal. Add columns (b), (d), and (e)	1. C. C. C. C. C. C.			·—-	
13 Total. Add line 12, columns (b), (d), and (e)				13	
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities to	the Acco	emplishment of Exe	empt	Purposes	
Line No. Explain below how each activity for which incom	ne is reported	ın column (e) of Part XVI-A	contrib	outed importantly to the accom	iplishment of
the foundation's exempt purposes (other than by	y providing fu	nds for such purposes).			
	_				
					
	_				
					
					
					
					
					
					
					

Form 99			DPEN	HORIZON		_			84-	-3866276	5 P	age 13
Part	XVII				nsfers to a	nd Transactions a	nd Re	lations	hips With Nor	charitable		
1 Die	1 the o			rizations	v of the followin	ng with any other organizati	on desci	rihed in sei	ction 501(c)		Yes	No
						g to political organizations?	J., 0000	1000 111 301	01.011 00 1(0)	}	 	
		•		ation to a noncharit		• •					ŀ	
	Cash	-	g 100110	anon to a nononant	abio exempt of	gumzation of				1a(1	\	X
		r assets								1a(2	1	$\frac{1}{x}$
		nsactions:								18/2	4-	+
			noncharita	ible exempt organiza	ation					16(1	:[X
				ncharitable exempt						1b(2	1	X
		al of facilities, e		•	or yanızatıon					1b(2	_	$\frac{x}{x}$
		ai or racilities, et ibursement arra								1b(4		$\frac{x}{x}$
		is or loan guarar	-	ı						1b(5	τ	X
		-		embership or fundra	ucina coligitatio	nc.						$\frac{x}{x}$
				uling lists, other ass	-					1b(6	+	$\frac{1}{x}$
						dule. Column (b) should al	wave ch	ow the fac	market value of the		cote	
		-		•	•	ed less than fair market valu	•			•	3613,	
				other assets, or ser		ou 1633 triair ian Triairect vait	ic iii aiiy	ii aii saciii	in or sharing arrange	21110111, 3110W III		
(a) Line n		(b) Amount inv				e exempt organization	1	d) Descripti	on of transfers, transacti	ons and sharing a	rangeme	nts
<u></u>	+	(0)		(0)	N/A			-,				
	+		_	 	2(/ 11				-			
	+						<u> </u>					
	+-			-			+					
	\dashv	-			 -		\dashv					
	+	_					+-					
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	1		_	i		······	1		 			
2a	he fou	ndation directly	or indirect	tly affiliated with or	related to one	or more tax-exempt organi	zations	described				
		=		n 501(c)(3)) or in s	-					Yes	X	☐ No
		omplete the follo		,								
			me of org			(b) Type of organization			(c) Description of	relationship		
			N/A						-			
				-								
_	Under	penalties of perjury	y, i declare t	hat I have examined this	s return, including	accompanying schedules and st	atements,	and to the b	est of my knowledge	May the IRS	discuss	this
Sign	and be	elief, it is true, core	oct, and com	iptete Declaration of br	eparer (other than	taxpayer) is based on all informa	tion of wh	ich preparer	has any knowledge	return with the	ne prepar	er
Here		HUMM	Ku	my		10/12/20	<u> </u>	PRESI	DENT	X Ye		No
_	Sigi	nature of officer	or trustee			Date	Tit					
		Print/Type pre	parer's na	ıme	Preparer's si	gnature	Date		Check If	PTIN		
		1			1 2		1		self- employed	1		

10/10/20

P00286769

Firm's EIN ► 47-0813847

Phone no. (402) 330-1040

Paid

Preparer

Use Only

DENNIS BLACKMAN

Firm's name ▶ BLACKMAN & ASSOCIATES, P.C.

Firm's address ► 17445 ARBOR STREET, STE 200 OMAHA, NE 68130

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No 1545-0047

2019

Name of the organization Employer identification number OPEN HORIZON 84-3866276 Organization type (check one) Filers of: Section: 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions **General Rule** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019) Name of organization Employer identification number OPEN HORIZON 84-3866276

Part I	Contributors (see instructions) Use duplicate copies of Part I if addit	tional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	HERSHEL KLEINBERG AND LISA COHEN 4555 MAGNOLIA MANOR WAY ALEXANDRIA, VA 22312		Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		s	Person Payroll Oncash Ocomplete Part II for noncash contributions)

Employer identification number

OPEN HORIZON

84-3866276

Partill	Noncash Property (see instructions) Use duplicate copies of Part II r	f additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		- - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		- - - - - - - -	

P	ac	ıe	4

Schedule B (Form 990, 990-EZ, or 990-PF) (2019) **Employer identification number** Name of organization OPEN HORIZON 84-3866276 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this info once) Use duplicate copies of Part III if additional space is needed (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

FORM 990-PF	LIST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10	STATEMENT 1
NAME OF CONTRIBUTOR	ADDRESS	
HERSHEL KLEINBERG	4555 MAGNOLIA MANOR WAY ALEXANDRIA, VA 22312	