Department of the Treasury Internal Revenue Service

** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.



AI	For th	ne 2022 calendar year, or tax year beginning and	ending				
Β	Check i			D Employer identific	ation number		
ć	applica	Horizon Community Funds of Northern					
	Addi	ige Kentucky					
	Nam Char	lige Doing business as	82-138819	90			
	Initia retur	Number and street (or P.0. box if mail is not delivered to street address)	Room/suite	E Telephone number			
	Fina Fina	N JO T. VIALCENCEL PIAG. SCE 431		859-757-2			
	term ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	40,997,577.		
	retur			H(a) Is this a group re			
	Appl tion pend	F Name and address of principal officer: Name y Som		for subordinates			
	-	same as C above		H(b) Are all subordinates in	cluded? Yes No		
		xempt status: 🔀 501(c)(3) 📃 501(c) () (insert no.) 🗌 4947(a)(1)	or 527	1	list. See instructions		
_	Webs			H(c) Group exemption			
		of organization: X Corporation Trust Association Other	L Year	of formation: 2017 N	State of legal domicile: KY		
Pa	art I	Summary	• .				
ø	1	Briefly describe the organization's mission or most significant activities: $\frac{TO}{U}$			raise the		
anc		quality of life for all people in Norther					
Activities & Governance	2	Check this box if the organization discontinued its operations or dispos					
Š	3				20		
∞	4	Number of independent voting members of the governing body (Part VI, line 1b)		20			
ies	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		3 20			
ivit	6	Total number of volunteers (estimate if necessary)					
Act	78	Total unrelated business revenue from Part VIII, column (C), line 12			<u>-23,259.</u> 0.		
		Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>	Prior Year	Current Year		
		Or this diago and events (Dart) (III line 11)		15,630,146.	7,123,298.		
ne	8	Contributions and grants (Part VIII, line 1h)		62,923.	96,253.		
Revenue	9	Program service revenue (Part VIII, line 2g)		1,679,253.	-1,075,916.		
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-34,344.	-32,787.		
	12			17,337,978.	6,110,848.		
	13	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)		4,480,337.	4,107,554.		
	14	Development of the second second second Development (A) line (A)		0.	0.		
	40	Salaries, other compensation, employee benefits (Part IX, column (A), line 4)		410,532.	467,982.		
Expenses	16:	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.			
Den		• Total fundraising expenses (Part IX, column (D), line 25) 191, 5'					
Ĕ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		322,947.	411,144.		
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,213,816.	4,986,680.		
	19	Revenue less expenses. Subtract line 18 from line 12		12,124,162.	1,124,168.		
or	3			ginning of Current Year	End of Year		
ets (20	Total assets (Part X, line 16)		42,720,843.	39,932,880.		
Net Assets	21	Total liabilities (Part X, line 26)		7,345,947.	7,199,767.		
Net	22	Net assets or fund balances. Subtract line 21 from line 20		35,374,896.	32,733,113.		
		Signature Block	1		· · ·		

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

			10/18/2022
Sign	Signature of any som		<u>10/18/2023</u>
Here	Nancy Grayson, President		
	Type or print name and title		
	Print/Type preparer's name	Preparer's signature Date	Check PTIN
Paid	Paula Hume	Paula I. Hume. (PA 10/-	7/202 Spf-employed P00537516
Preparer	Firm's name Barnes, Dennig & O	Co., LTD	Firm's EIN 31-1119890
Use Only	Firm's address 150 East Fourth S	treet	
	Cincinnati, OH 45	202	Phone no. (513)241-8313
May the I	RS discuss this return with the preparer shown abo	ve? See instructions	X Yes No
			- 000 (2222)

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

Form 990 (2022)

	Horizon Community Funds of Northern	
Form	1 990 (2022) Kentucky 82–138 rt III Statement of Program Service Accomplishments	8190 Page 2
Par	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	To unite resources to raise the quality of life for all people	in
	Northern Kentucky.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
2	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	X Yes No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expression is any far each program apprice reported	kpenses, and
42	revenue, if any, for each program service reported. (Code:) (Expenses \$4,460,770. including grants of \$4,107,554.) (Revenue \$]	51,253.)
Ĩ	Horizon Community Funds of Northern Kentucky brings people toge	
	donate and contribute in ways that have never been available be	
	combine their resources to help break the cycle of poverty, sup	port the
	arts, spark development and innovation, enrich our children's	
	education, and improve the health and wellness of our community	
	is a community foundation designed to manage funds exclusively	
	benefit of Northern Kentucky. Horizon Community Funds has optic the full spectrum of donors, from those who want to give to a g	eneral
	community fund to those who want to recommend what charities be	
	from their gifts.	
4b	(Code:) (Expenses \$22,768. including grants of \$) (Revenue \$]	45,000.)
	Horizon Community Funds of Northern Kentucky offers outsourced accounting / bookkeeping services to local nonprofits serving t	ho
	Northern Kentucky Community.	.116
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
لم <i>ا</i> ر	Other program sonvices (Describe on Schedule O)	
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$	
4e	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses 4,483,538.	
		Form 990 (2022)
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2 2022.04030 HORIZON COMMUNITY FUNDS O 08337.T1 Horizon Community Funds of Northern

Kentucky

Part IV Checklist of Required Schedules

Form 990 (2022)

			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		<u> </u>
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		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		_X_
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	6	Х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			77
-	Schedule D, Part III	8		X
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?		х	
40	If "Yes," complete Schedule D, Part IV	9	A	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10	х	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	~	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
-	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D.			
а		11a	х	
b	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		- 23	
D	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			
Ũ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
b	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	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			
	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	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
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		_X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 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? If "Yes,"			
	complete Schedule G, Part III	19		X
20a		20a		X
	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		v	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X QQA	(2022)
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Horizon Community Funds of Northern

Form	990 (2022) Kentucky - 82-1388	190	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	<u>24a</u>		X X
	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		
	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	05-		x
L.	transaction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</i>	25a		
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	250		- 23
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Х	
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		v	
~ ~	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	<u>35a</u>		
b		35b		
36	within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
50	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
0.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	•	38	х	
Pa		-		
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>	
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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Horizon	Community	Funds	of	Northern
Kentucky	7			

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)										
			Yes	No							
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,										
	filed for the calendar year ending with or within the year covered by this return	_									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	┝──							
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	┝──							
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	<u> </u>							
4a	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)?										
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).	_		v							
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X X							
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b									
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		<u> </u>							
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?	6		x							
h	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>									
D	were not tax deductible?	6b									
7	Organizations that may receive deductible contributions under section 170(c).	00									
'a	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	х								
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х								
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required										
	to file Form 8282?	7c		X							
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d										
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X							
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	A							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8									
	sponsoring organization have excess business holdings at any time during the year? ${ m N/A}$										
9	Sponsoring organizations maintaining donor advised funds.										
a	Did the sponsoring organization make any taxable distributions under section 4966? N/A Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9a		<u> </u>							
b		9b									
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a										
	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-									
11	Section 501(c)(12) organizations. Enter:	-									
	Gross income from members or shareholders N/A 11a										
	Gross income from other sources. (Do not net amounts due or paid to other sources against	1									
	amounts due or received from them.)										
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a									
	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?N/A	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	-									
	Enter the amount of reserves on hand 13c			37							
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X X							
	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							
	excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x							
	If "Yes," complete Form 4720, Schedule O.										
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities										
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A	17		L							
	If "Yes," complete Form 6069.										
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Form 990 (2022)

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20-	Check if Schedule O contains a response or note to any line in this Part VI			X				
sec	tion A. Governing Body and Management							
_			Yes	No				
1 a	Enter the number of voting members of the governing body at the end of the tax year 1a 20	-						
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.							
b	5	-						
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, trustees, or key employees to a management company or other person?	3		X X				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х				
6	Did the organization have members or stockholders?	6		Х				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint 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, stockholders, or							
	persons other than the governing body?	7b		Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	The governing body?	8a	Х					
b	Each committee with authority to act on behalf of the governing body?	8b	Х					
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.)							
	(This Section & requests information about policies not required by the internal nevenue code.)		Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		X				
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100						
N	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х					
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.							
		10-	х					
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	X					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	120	~					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		v					
10	on Schedule O how this was done	12c	X X					
13	Did the organization have a written whistleblower policy?	13	X					
14	Did the organization have a written document retention and destruction policy?	14	~					
15	Did the process for determining compensation of the following persons include a review and approval by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a	X					
b	Other officers or key employees of the organization	15b	Х					
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar 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	Х					
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed KY , OH							
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)	availat	ole				
	for public inspection. Indicate how you made these available. Check all that apply.							
	X Own website Another's website X Upon request Other (explain on Schedule O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finano	cial					
	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							
20	Nancy Grayson - (859)653-2438							
20								
20	50 East RiverCenter Blvd, Ste. 430, Covington, KY 41011							

Horizon Community Funds of Northern Kentucky

Form 990 (2022)

82-1388190 Page 6

	Horizon Community	Funas or	Northern						
Form 990 (2022)	Kentucky			82-1388190	Page 7				
Part VII Compensat	tion of Officers, Directors, Trus	stees, Key Em	ployees, Highest Co	ompensated					
Employees, and Independent Contractors									
Check if Schec	lule O contains a response or note to an	y line in this Part V	/						
Section A. Officers, Dire	ctors, Trustees, Key Employees, and	Highest Compen	sated 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	s tax year.				
 List all of the organization 	ation's current officers, directors, truste	es (whether indivi	duals or organizations), reg	gardless of amount of compens	ation.				
Enter -0- in columns (D), (E)	and (F) if no compensation was paid.			-					

- **F** 37 - -- **b** - -

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

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

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

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

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

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

Name and title Average hours per veck week Description model Description operation between Peoptable compension from presided Reportable compension from presided Estimated and presided (1) Mancy Grayson 40.00 x 198,963. 20,356. (2) Trey Bramble 40.00 x 198,963. 20,356. (2) Trey Bramble 0.00 x 0.0.0.0. 0. (3) Valerie Nevel1 0.30 x 0.0.0.0. 0. (4) Bob Sathe 0.30 x 0.0.0.0. 0. (4) Bob Sathe 0.30 x 0.0.0.0. 0. (6) Part Verst 0.30 x 0.0.0.0. 0. (7) Kith Andrews 0.30 x 0.0.0.0. 0. (3) Part Verst 0.30 x 0.0.0.0. 0. (3) K 0.0.0.0.0.0. 0. 0. 0. (10) Chuck Session 0.30 x 0.0.0.0.0. 0.	(A)	(B)	(C)		(D)	(E)	(F)				
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Form 990 (2022)

2022.04030 HORIZON COMMUNITY FUNDS O 08337.T1

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Horizon C	Communit	У	Fu	nd	s	of	N	lorthern				-
Form 990 (2022) Kentucky									82-138	81	<u>.90 F</u>	Page 8
Part VII Section A. Officers, Directors, Trust		oloy	ees,	anc	d Hig	ghes	t C	ompensated Employee	s (continued)	 _		
(A)	(B)				C) ition			(D)	(E)		(F)	
Name and title	Average		not c	heck		than c		Reportable	Reportable		Estimat	
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	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)		organiza	
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	below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	ner				organizat	ions
	line)	Indiv	Insti	Officer	Key	High emp	Former					
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Vice Chair		Х		Х				0.	0	••		0.
(19) Bob Kohlhepp	0.50											
Investment Comm. Chair		Х		Х				0.	0	••		0.
(20) Bill Butler	1.00											•
Chair		Х		Х				0.	0	••		0.
(21) Crystal Faulkner	0.50											•
Treasurer, Finance & Audit		Х		Х				0.	0	••		0.
(22) Donna Salyers	0.30								•			•
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compensation from the organization		000	noto	u un		,	010					2
compondation nom the organization											Yes	_
3 Did the organization list any former officer,	director, trust	ee, k	ev e	mpl	ove	e. or	hia	hest compensated empl	ovee on	- F		
line 1a? If "Yes," complete Schedule J for su			-		-		-		•	- 1	3	X
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150										- 1	4 X	
5 Did any person listed on line 1a receive or a										: F		
rendered to the organization? If "Yes." com										. Г	5	X
Section B. Independent Contractors												·
1 Complete this table for your five highest cor	npensated inc	lepe	nder	nt co	ontra	actor	rs th	nat received more than \$	100,000 of compen	Isati	on from	
the organization. Report compensation for t	-	-							· · · ·			
(A)								(B)			(C)	
Name and business	address	NC	ONE	2				Description of s	ervices	Сс	ompensatio	ึ่งท
							_					
O Total number of index on doub contract. "		ot 11			+		+ c - 1		we then			
2 Total number of independent contractors (ir \$100,000 of componsation from the organized	0	or in	nitec	1 (0)	נווסs ר))	rea	above) who received mo				
\$100,000 of compensation from the organiz	auun				U	,						

Form 990 (2022)

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Horizon Community Funds of Northern

								190 Page 9
Pa	rt V	111						
			Check if Schedule O contains a response	or note to any lin		(B)	(0)	
					(A) Total revenue	Related or exempt	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
s s s s	1	2	Federated campaigns 1a					
ants			Membership dues 1b					
D D			Fundraising events	40,460.				
ifts, r A			Related organizations 10	,				
s, G nila			Government grants (contributions)					
Sig			All other contributions, gifts, grants, and					
Contributions, Gifts, Grants and Other Similar Amounts			similar amounts not included above 1f	7,082,838.				
dri		g	Noncash contributions included in lines 1a-1f					
aSo		h	Total. Add lines 1a-1f		7,123,298.			
				Business Code				
Program Service Revenue	2	а	Fund Administration	900099	96,253.			96,253.
		b						
		С						
		d						
		е						
Δ.			All other program service revenue		96,253.			
	3	g	Total. Add lines 2a-2f Investment income (including dividends, intere		30,233.			
	3				657,828.		-23,259.	681,087.
	4		other similar amounts) Income from investment of tax-exempt bond p				,	
	4 5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
			Rental income or (loss) 6c					
		d	Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a 33,100,941.					
		b	Less: cost or other basis					
enu			and sales expenses					
evenue		С	Gain or (loss) 7c -1,733,744.					
ñ			Net gain or (loss)		-1,733,744.			-1733744.
Other	8	а	Gross income from fundraising events (not					
0			including \$ 40,460. of					
			contributions reported on line 1c). See Part IV. line 18 8a	19,257.				
		h	Part IV, line 18 8a Less: direct expenses 8b					
			Net income or (loss) from fundraising events		-32,787.			-32,787.
			Gross income from gaming activities. See		, -			, -
	-	-	Part IV, line 19 9a					
		b	Less: direct expenses 9b					
			Net income or (loss) from gaming activities					
	10	а	Gross sales of inventory, less returns					
			and allowances 10a					
		b	Less: cost of goods sold 10k					
		с	Net income or (loss) from sales of inventory					
S				Business Code				
Miscellaneous Revenue	11							
llan		b						
Bev		C				<u> </u>		
Ä			All other revenue					
	12	e	Total. Add lines 11a-11d		6,110,848.	0.	-23,259.	-989,191.
23200		13-			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Form 990 (2022)

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Horizon Community Funds of Northern Form 990 (2022) Kentucky Part IX Statement of Functional Expenses

<u></u>			0		
	Check if Schedule O contains a respons	e or note to any line in t	(B)	(C)	(D)
	not include amounts reported on lines 6b,	Total expenses	Program service	Management and general expenses	Fundraising
7b,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	4,107,554.	4,107,554.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
Ū	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,	220 1 62	100 000		
	trustees, and key employees	332,163.	196,202.	53,866.	82,095.
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	103,853.	61,343.	16,842.	25,668.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	2,627.	1,552.	426.	649.
9	Other employee benefits	2,627. 939.	555.	<u>426.</u> 152.	<u>649.</u> 232.
10	Payroll taxes	28,400.	16,775.	4,606.	7,019.
11	Fees for services (nonemployees):	20,200			.,019.
	-				
	Management				
b	Legal	40 671		40 671	
	Accounting	40,671.		40,671.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	117,610.		117,610.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	27,000.	27,000.		
12	Advertising and promotion	111,203.	41,460.	999.	68,744.
13	Office expenses	1,946.	-	1,946.	
14	Information technology	36,344.	25,946.	3,361.	7,037.
15	Royalties	,			.,
		38,057.		38,057.	
16		50,057.		50,057.	
17					
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	00.401	- 4 - 4	1 - 1 - 0	100
19	Conferences, conventions, and meetings	20,431.	5,151.	15,150.	130.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,161.		1,161.	
23	Insurance	16,721.		16,721.	
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 0.)				
а					
b					
c					
d					
	All other expenses				
		4,986,680.	4,483,538.	311,568.	191,574.
<u>25</u>	Total functional expenses. Add lines 1 through 24e	-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- J, I, I, J,	511,500.	1)1,3/4.
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 if following SOP 98-2 (ASC 958-720)				Earm 990 (2022)

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Form 990 (2022)

Form 990 (2022)

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or r	note to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,713,292.	1	1,525,128.		
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			500,997.	3	501,168.
	4	Accounts receivable, net			3,333.	4	0.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sul	ostantial	contributor, or 35%			
		controlled entity or family member of any of th	nese pers	ons		5	
	6	Loans and other receivables from other disqu	alified pe	rsons (as defined			
		under section 4958(f)(1)), and persons describ	ed in sec	tion 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Å	9				24,566.	9	23,857.
	10a	Land, buildings, and equipment: cost or other	·				
		basis. Complete Part VI of Schedule D	. 10 a	6,600. 4,525.			
	b	Less: accumulated depreciation	. 10b	4,525.	3,236.	10c	2,075.
	11	Investments - publicly traded securities			39,182,364.	11	37,604,020.
	12	Investments - other securities. See Part IV, lin	e 11		1,260,773.	12	216,000.
	13	Investments - program-related. See Part IV, lin	ne 11 💠			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11	32,282.	15	60,632.		
	16	Total assets. Add lines 1 through 15 (must e	42,720,843.	16	39,932,880.		
	17	Accounts payable and accrued expenses		50,887.	17	54,912.	
	18	Grants payable		1,103,895.	18	821,830.	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet	te Part IV	of Schedule D	6,191,165.	21	6,323,025.
es	22	Loans and other payables to any current or fo	ormer offi	cer, director,			
III		trustee, key employee, creator or founder, substantial contributor, or 35%					
Liabilities		controlled entity or family member of any of the		22			
	23	Secured mortgages and notes payable to unr		· · · · · · · · · · · · · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lir	nes 17-24). Complete Part X			
				······ -		25	
	26	Total liabilities. Add lines 17 through 25	<u></u>		7,345,947.	26	7,199,767.
S		Organizations that follow FASB ASC 958, c	heck he	e X			
ice ice		and complete lines 27, 28, 32, and 33.			21 204 606	_	27 242 400
alar	27			·····	31,384,696.	27	27,343,490.
ä	28	Net assets with donor restrictions			3,990,200.	28	5,389,623.
ŭ		Organizations that do not follow FASB ASC					
Ĕ		and complete lines 29 through 33.					
ţs c	29	Capital stock or trust principal, or current fund				29	
SSG	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			35 371 006	31	20 722 112
Š	32				35,374,896. 42,720,843.	32	32,733,113.
	33	Total liabilities and net assets/fund balances			44,/40,043.	33	<u>39,932,880.</u>

Form 990 (2022)

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Form	990 (2022) Kentucky	82-3	1388190	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,11		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,980		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,124	1,10	58.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	35,374	1,89	96.
5	Net unrealized gains (losses) on investments	5	-3,76	5,95	51.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	32,733	3,11	13.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			1
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				1
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2022)

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SCHEDULE A (Form 990) Department of the Treasury Internal Revenue Service		Co	OMB No. 1545-0047						
Name of	the organizati		-	Form990 for instructior ity Funds of				Employer	identification number
		Kent	ucky	-				8	2-1388190
Part I	Reason	for Public (Charity Status.	(All organizations must c	omplete tr	nis part.) S	ee instructior	IS.	
The orga	nization is not a	private found	ation because it is: (I	For lines 1 through 12, cl	neck only (one box.)			
1	A church, cor	nvention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).		
2	A school des	cribed in sect i	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990).)				
3	-	-		anization described in se			-		
4	A medical res	earch organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
	city, and state								
5				llege or university owned	or operate	ed by a go	overnmental u	nit describe	ed in
•			Complete Part II.)				<i>·</i> · ·		
6 7 X	-		0	nental unit described in			.,		and the state of the state
7 X	-		-	ntial part of its support fr	om a gove	ernmental	unit or from tr	ie general p	Dublic described in
8	•		omplete Part II.)	(1)(A)(vi). (Complete Parl	• II)				
9	-			in section 170(b)(1)(A)(i		ad in conii	inction with a	land-grant	college
	-	-		ulture (see instructions).		-		-	-
	university:		, and conlege of agric				, and clare er	and demogra	
10		on that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
	activities rela	ted to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support fi	rom gross investment
	income and ι	Inrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	fter June 30, 1975.
	See section	509(a)(2). (Cor	mplete Part III.)						
11	An organizati	on organized a	and operated exclusi	vely to test for public saf	ety. See	section 50	09(a)(4).		
12	An organizati	on organized a	and operated exclusi	vely for the benefit of, to	perform tl	he functio	ns of, or to ca	rry out the	purposes of one or
	more publicly	supported or	ganizations describe	d in section 509(a)(1) o	r section &	509(a)(2).	See section	509(a)(3). 🤇	Check the box on
	_lines 12a thro	ough 12d that o	describes the type o	f supporting organizatior	and com	plete lines	12e, 12f, and	12g.	
a	_ Type I. A s	upporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), t	pically by	giving
		•		gularly appoint or elect a	majority o	of the direc	tors or truste	es of the su	ipporting
			complete Part IV, Se						
b 🗌			-	or controlled in connect			-		-
		-		anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported
			t complete Part IV,						al
C				g organization operated). You must complete F				iy megrate	a with,
d		0	. , .	oorting organization oper				ted organiz	zation(s)
u		-		ation generally must sati				-	
		-		nplete Part IV, Sections	•				
еГ				written determination from				II. Type III	
		-		nally integrated supportir			·) ·, ·)	···, · , ···	
f Ent	er the number	0		, , , , , , , , , , , , , , , , , , , ,					
g Pro	vide the followi	ing informatior	about the supporte	d organization(s).					
	(i) Name of supp		(ii) EIN	(iii) Type of organization (described on lines 1-10	(IV) Is the orga in your governi	anization listed ng document?	(v) Amount o	-	(vi) Amount of other
	organization			above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)
Total									

Horizon Community Funds of Northern Kentucky

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

fails to qualify under the tests listed below, please complete Part III.)

Schedule A (Form 990) 2022

Section A. Public Support										
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	12716391.	4486285.	6577932.	15630146.	7123298.	46534052.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3	12716391.	4486285.	6577932.	15630146.	7123298.	46534052.			
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)						14102725.			
	Public support. Subtract line 5 from line 4.						32431327.			
See	ction B. Total Support				1					
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
	Amounts from line 4	12716391.	4486285.	6577932.	15630146.	7123298.	46534052.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,	261 200	450 000	400 500		CO1 000				
	and income from similar sources \dots	361,328.	453,280.	498,532.	598,060.	681,087.	2592287.			
9	Net income from unrelated business									
	activities, whether or not the				2 0 0 0		2 0 0 0			
	business is regularly carried on				3,977.		3,977.			
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part VI.)						40120210			
	Total support. Add lines 7 through 10						49130316.			
12			,			12	261,853.			
13	First 5 years. If the Form 990 is for the	•		•	•					
Sa	organization, check this box and sto ction C. Computation of Publ					<u></u>				
_			-	(f)		44	66.01 %			
	Public support percentage for 2022 (•			14 15				
	Public support percentage from 2021 33 1/3% support test - 2022. If the						<u>%</u>			
108	stop here. The organization qualifies									
r	33 1/3% support test - 2021. If the		-		line 15 is 33 1/3%					
~	and stop here. The organization qua	-								
179	10% -facts-and-circumstances test									
110	and if the organization meets the fact									
	meets the facts-and-circumstances te			-	-	vine organiz				
٢	10% -facts-and-circumstances test	-			-					
	more, and if the organization meets t	-								
	organization meets the facts-and-circ									
18	Private foundation. If the organization						s			
	Schedule A (Form 990) 2022									

Horizon Community Funds of N	Northern
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Schedule A (Form 990) 2022 Kentucky Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	tion A. Public Support		,				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	22 (f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2							
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support	1	1		1	1	
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	22 (f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for the	ne organization's fi	rst. second. third.	fourth. or fifth tax	vear as a section 5	601(c)(3) ora:	anization.
	check this box and stop here	-			-		
Sec	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2022 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%
16	Public support percentage from 2021	Schedule A, Part	III, line 15			16	%
Sec	ction D. Computation of Inves	stment Income					
17	Investment income percentage for 20)22 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	2021 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2022. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and	l line 17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization quali	fies as a publicly s	supported organiza	tion	
b	33 1/3% support tests - 2021. If the	organization did r	not check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1	1/3%, and
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	as a publicly suppo	orted organiz	zation
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	tructions	
23202	23 12-09-22					Sche	edule A (Form 990) 2022
			15				

2022.04030 HORIZON COMMUNITY FUNDS O 08337.T1

1

Yes No

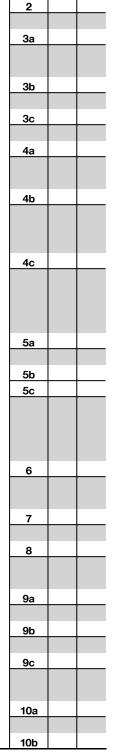
Schedule A (Form 990) 2022 Kent Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Schedule A (Form 990) 2022

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Horizon Community Funds of Northern

Sche	edule A (Form 990) 2022 Kentucky 8	2-1388190	0 Ра	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
-	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of on	e or	100	110
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's offic			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one suppo			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among t	he 1		
0	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported			
2	organization (s) that operated, supervised, or controlled the supported organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
			Vee	Na
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		
Sec	alon D. All Type In Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a ____ The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

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

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

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

3b | | Schedule A (Form 990) 2022

2a

2b

3a

Yes No

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	dule A (Form 990) 2022 Kentucky t V Type III Non-Functionally Integrated 509(a)(3) Supporti	na Orazni		82-1388190 Pa
1	Check here if the organization satisfied the Integral Part Test as a qualify			Part VI). See Instructio
	All other Type III non-functionally integrated supporting organizations mu		Sections A through E.	(B) Current Year
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	- 11 - 1 - 1	1 T	

instructions).

Schedule A (Form 990) 2022

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Horizon Community Funds of Northern Kentucky

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Sche	Schedule A (Form 990) 2022 Kentucky 82-1388190 Page 7					
Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Secti	on D - Distributions				Current Year	
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	5	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6		
_7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2022 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	IS	(iii) Distributable Amount for 2022	
1	Distributable amount for 2022 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2022 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2022					
a	From 2017					
b	From 2018					
c	From 2019					
d	From 2020					
e	From 2021					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
<u>h</u>	Applied to 2022 distributable amount					
i	Carryover from 2017 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2022 from Section D,					
	line 7: \$					
<u>a</u>	Applied to underdistributions of prior years					
b	Applied to 2022 distributable amount					
<u> </u>	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2022, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2022. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2023. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					
e	Excess from 2022					

Schedule A (Form 990) 2022

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				Funds o	f Northern	00 1000100
Schedule A Part VI	Part IV, Section A, lines 1,	2, 3b, 3c, 4b, 40 ines 2 and 3; Pa	de the explanations c, 5a, 6, 9a, 9b, 9c, rt IV, Section E, line	11a, 11b, and 1 s 1c, 2a, 2b, 3a	1c; Part IV, Section B, I , and 3b; Part V, line 1;	82–1388190 Page 8 17a or 17b; Part III, line 12; ines 1 and 2; Part IV, Section C, Part V, Section B, line 1e; Part V, dditional information.
232028 12-09-2	22					Schedule A (Form 990) 2022

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* *	PUBLIC	DISCLOSURE	COPY	* *
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Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

Schedule B

(Form 990)

Department of the Treasury

OMB No. 1545-0047

Internal Revenue Service		
Name of the organization		Employer identification numbe
	Horizon Community Funds of Northern	
	Kentucky	82-1388190
Organization type (che	eck one):	
Filers of:	Section:	
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
, ,	ion is covered by the General Rule or a Special Rule.	
Note: Only a section 50	01(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le. See instructions.
General Rule		
	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling any one contributor. Complete Parts I and II. See instructions for determining a contributor	
Special Rules		
X For an organiz	ation 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), 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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

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

Schedule B (Form 990) (2022)

Horizo Kentuo	on Community Funds of Northern cky		82-1388190
Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Type of contribution
1		\$ 2,260,3	B 3 0 . Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Type of contribution
2		\$833,6	Person Payroll Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ons Type of contribution
3		\$ <u>577,8</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ons Type of contribution
4		\$500,0	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ons Type of contribution
5		\$250,93	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ons Type of contribution
6_		\$250,0) 0 0 . Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

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Schedule B (Form 990) (2022) Name of organization

Page **2**

Employer identification number

Name of or	-		Employer identification number
Horizo	on Community Funds of Northern cky		82-1388190
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
7		\$216,0	00. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
8_		\$200,0	00. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
9		\$160,2	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
		\$150,0	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
		\$	Person Payroll Payroll (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

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23 2022.04030 HORIZON COMMUNITY FUNDS O 08337.T1

Schedule B (Form 990) (2022)

	B (Form 990) (2022)			Page 3
	organization on Community Funds of Northern		Employ	ver identification number
Kentu			82	-1388190
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
1	5165 Shares of Cintas			
		\$2,260,3	30.	12/01/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
	7769.2248 Shares of Duke Energy			
2		\$833,6	38.	09/01/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
5	1818 shars of CVS Health Corporation,256 Shares of McKesson Corp	\$250,9	14	06/09/22
		\$\$	<u>14.</u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
7	18% of Amsterdam Village LLC			
<u> </u>		\$216,0	00.	12/14/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
		\$		

Schedule I	B (Form 990) (2022)			Page 4					
	organization			Employer identification number					
	on Community Funds of No	orthern							
Kentu				82-1388190					
Part III	from any one contributor. Complete columns (a)	through (e) and the following line ent	rv. For organizations						
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or	ess for the year. (Enter this info.	once.) \$					
(a) No.	Use duplicate copies of Part III if additional s	space is needed.							
from	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held					
Part I									
		(e) Transfer of gif	t						
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee						
(a) No.			(1) D						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held					
·	(e) Transfer of gift								
	Transferee's name, address, a	nd ZI P + 4	Relationship of tr	ansferor to transferee					
		[
(a) No.									
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	Description of how gift is held					
Faili									
		(e) Transfer of gif	t						
			Deletionship of th						
	Transferee's name, address, a		Relationship of transferor to transferee						
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held					
Part I									
		(e) Transfer of gif	t						
	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ansferor to transferee					
223454 11-15	۲			Schedule B (Form 990) (2022)					
220-04 11-10		25							

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	HEDULE D n 990)		al Financial Statements nization answered "Yes" on Form 990,		OMB No. 1545-0047
	1 330)	Part IV, line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b		Open to Public
	ment of the Treasury I Revenue Service		ttach to Form 990. 0 for instructions and the latest informati	on.	Inspection
Nam	e of the organization	on Horizon Community H	Funds of Northern	Employer	identification number
	-	Kentucky			2-1388190
Par		-	d Funds or Other Similar Funds o	or Accounts.	Complete if the
	organizatio	n answered "Yes" on Form 990, Part IV, lin		(In) Europia are	
	-		(a) Donor advised funds	(b) Funds an	d other accounts 84
1		nd of year	4,999,551.		2,123,747.
2		f contributions to (during year)	3,680,086.		427,468.
3 4		f grants from (during year)			14,010,067.
4 5		t end of year	writing that the assets held in donor advised	d fundo	14,010,007.
5	-		exclusive legal control?		X Yes No
6			dvisors in writing that grant funds can be us		
Ŭ	•	•	r donor advisor, or for any other purpose co	•	
				•	X Yes No
Par			ganization answered "Yes" on Form 990, Pa		
1		servation easements held by the organization			
		n of land for public use (for example, recrea	· · · · ·	a historically impo	tant land area
	Protection o	f natural habitat	Preservation of a	a certified historic	structure
	Preservation	of open space			
2	Complete lines 2a	through 2d if the organization held a qualif	ied conservation contribution in the form of	a conservation e	asement on the last
	day of the tax year	r.		Held	at the End of the Tax Year
а	Total number of co	onservation easements		2a	
b					
с	Number of conserv	vation easements on a certified historic stru	ucture included in (a)	2c	
d	Number of conserv	vation easements included in (c) acquired a	fter July 25,2006, and not on a		
	historic structure li	isted in the National Register		2d	
3	Number of conserv	vation easements modified, transferred, rele	eased, extinguished, or terminated by the o	organization during	g the tax
	year				
4		where property subject to conservation eas			
5	•	tion have a written policy regarding the per			
-		orcement of the conservation easements it			
6	Staff and voluntee	r nours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	rvation easements	s during the year
7	Amount of overage		ling of violations, and enforcing concernation	n accomente dur	ing the year
7	Amount of expens	es incurred in monitoring, inspecting, nand	ling of violations, and enforcing conservation	on easements dur	ing the year
8	Does each conserv	 vation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)	(4)(B)(i)	
Ŭ	and section 170(h)				Yes No
9	.,		on easements in its revenue and expense si		
			ote to the organization's financial statemen		the
		ounting for conservation easements.	5		
Par	t III Organiza	ations Maintaining Collections of	Art, Historical Treasures, or Oth	er Similar As	sets.
	Complete if	f the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and	d balance sheet w	vorks
	of art, historical tre	easures, or other similar assets held for pub	lic exhibition, education, or research in furt	herance of public	
	service, provide in	Part XIII the text of the footnote to its finan	cial statements that describes these items.		
b	If the organization	elected, as permitted under FASB ASC 95	8, to report in its revenue statement and ba	lance sheet work	s of
	art, historical treas	sures, or other similar assets held for public	exhibition, education, or research in furthe	rance of public se	ervice,
	•	ng amounts relating to these items:			
	(i) Revenue inclue	ded on Form 990, Part VIII, line 1			
	.,				
2			asures, or other similar assets for financial g	gain, provide	
	-	unts required to be reported under FASB A	-		
				\$	
	Assets included in				
		eduction Act Notice, see the Instructions	s for Form 990.	Sche	dule D (Form 990) 2022
232051	09-01-22		26		
			26		

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_		Community	Funds of 1	Northern		00 10	00100	- 0
	dule D (Form 990) 2022 Kentucky t III Organizations Maintaining C		Historical Tra	asures or Oth			88190	
							(continue)	ed)
3	Using the organization's acquisition, accessic collection items (check all that apply):	on, and other records	s, check any of the f	ollowing that make	significant	use of its		
•	Public exhibition	b		hange program				
a L		-		010				
b	Scholarly research	e						
C A	Preservation for future generations	llastions and avalais	bow thou further th	o organization's av	amot nurna	aa in Dart	VIII	
4 5	Provide a description of the organization's co During the year, did the organization solicit or					Sempari	AIII.	
5	to be sold to raise funds rather than to be ma						Yes	No
Par	t IV Escrow and Custodial Arrange					<u> </u>		
	reported an amount on Form 990, Par					, i aitiv,		
- 1a	Is the organization an agent, trustee, custodia		arv for contribution	s or other assets no	t included			
	on Form 990, Part X?		•				Yes	XNo
b	If "Yes," explain the arrangement in Part XIII					······		
	5	Į.	5				Amount	
с	Beginning balance				1c		6,191	,165.
	Additions during the year							,853.
	Distributions during the year							,993.
f	Ending balance				1f		6,323	
2a	Did the organization include an amount on Fo				bility?	X	Yes	No
b	If "Yes," explain the arrangement in Part XIII.							X
Par	t V Endowment Funds. Complete i	f the organization an	swered "Yes" on Fo	rm 990, Part IV, lin	e 10.			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three	years back	(e) Four y	ears back
1a	Beginning of year balance	1,473,945.	743,136.	213,724				
b	Contributions	619,523.	655,984.	470,378	. 2	203,067.		
С	Net investment earnings, gains, and losses	-251,380.	75,145.	61,145	•	10,657.		
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs	8,236.	320.	2,111	•			
f	Administrative expenses							
g	End of year balance	1,833,351.	1,473,945.	,	. 2	13,724.		
2	Provide the estimated percentage of the curr		e (line 1g, column (a)) held as:				
а	Board designated or quasi-endowment	21.0000	_%					
b	Permanent endowment 79.0000	%						
С		%						
	The percentages on lines 2a, 2b, and 2c show							
3a	Are there endowment funds not in the posses	ssion of the organiza	tion that are held ar	nd administered for	the			
	organization by:							es No
	(i) Unrelated organizations							X
_	(ii) Related organizations							X
	If "Yes" on line 3a(ii), are the related organiza						3b	<u> </u>
4 Par	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm		wment funds.					
1 41	Complete if the organization answered		Part IV line 11a S	ee Form 990 Part	X line 10			
	Description of property	(a) Cost or of			Accumulate	od		, aluo
	Description of property	basis (investr	• •		depreciation		(d) Book v	alue
1a	Land	· · · · ·						
	Buildings							
	Leasehold improvements		Ī					
	Equipment			6,600.	4,5	25.	2	,075.
	Other				·			
	. Add lines 1a through 1e. (Column (d) must e		X. column (B). line 1		<u></u>		2	,075.
				,			D (Form G	000 0000

Schedule D (Form 990) 2022

Horizon	Community	Funds	of	Northern
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Schedule D	(Form 990) 2022 Kentucky			82-1388190 Page 3
Part VII	Investments - Other Securities.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Descrip	tion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost of	or end-of-year market value
(1) Financia	al derivatives			
(2) Closely	held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.			
	Complete if the organization answered "Yes"			
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost of	or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
	(a)	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	mn (b) must equal Form 990, Part X, col. (B) lin	e 15.)		
Part X	Other Liabilities.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, lir	
1.	(a) Description of liability			(b) Book value
(1) Fed	leral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. <u>(Colu</u>	ımn (b) must equal Form 990, Part X, col. (B) lin	e 25.)		
2. Liability	for uncertain tax positions. In Part XIII, provide	e the text of the footnote to	the organization's financial stateme	
organiza	ation's liability for uncertain tax positions unde	r FASB ASC 740. Check he	ere if the text of the footnote has bee	en provided in Part XIII 🚺

Schedule D (Form 990) 2022

232053 09-01-22

	Horizon Community Funds of	Nort	hern			
	dule D (Form 990) 2022 Kentucky			82-	1388190	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents Wit	h Revenue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.				
1	Total revenue, gains, and other support per audited financial statements			1	2,279	<u>,331.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	. 2a	-3,765,951.			
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	. 2d	52,044.			
е	Add lines 2a through 2d			2e	-3,713	
3	Subtract line 2e from line 1			3	5,993	<u>,238.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	117,610.			
b	Other (Describe in Part XIII.)					
с	Add lines 4a and 4b			4c		<u>,610.</u>
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	6,110	,848.
Pa	t XII Reconciliation of Expenses per Audited Financial Statem		ith Expenses per P	letur	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.				
1	Total expenses and losses per audited financial statements			1	4,921	<u>,114.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2 a				
b	Prior year adjustments	. 2b				
С	Other losses					
d	Other (Describe in Part XIII.)	2d	52,044.			
е	Add lines 2a through 2d			2e	52	<u>,044.</u>
3	Subtract line 2e from line 1			3	4,869	<u>,070.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	117,610.			
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b			4c		<u>,610.</u>
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	4,986	,680.
Pa	t XIII Supplemental Information.					

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

Part IV, line 2b:

The	St.	Elizabeth	Cancer	Care	Institute	Fund,	Boone	Conservancy	Fund,	and
-----	-----	-----------	--------	------	-----------	-------	-------	-------------	-------	-----

Redwood Fund are all component funds where the above mentioned funds

retain a beneficial interest. Horizon Community Funds invests and earns

administrative fees from the funds.

Part V, line 4:

Endowed funds will be used based on the endowed fund agreement and any

designations placed by the original donor.

Part X, Line 2:

The Foundation is exempt from income taxes under Section 501 of the

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232054 09-01-22

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Horizon Community Funds of NorthernSchedule D (Form 990) 2022Kentucky82-Part XIIISupplemental Information (continued)	1388190 Page 5
Internal Revenue Code and a similar provision of Kentucky law. H	owever,
the Foundation is subject to federal income tax on any unrelated	business
taxable income.	
The Foundation's IRS Form 990 is subject to review and examinati	on by
federal and state authorities. The Foundation believes it has ap	propriate
support for any tax positions taken, and therefore, does not hav	e any
uncertain income tax positions that are material to the financia	1
statements.	
Part XI, Line 2d - Other Adjustments:	
Fundraising Expenses	52,044.
Part XII, Line 2d - Other Adjustments:	
Fundraising Expenses	52,044.

Schedule D (Form 990) 2022

232055 09-01-22

SCHEDULE G	Suppleme	ntal Information Regarding	Func	Iraisi	ng or Gaming A	ctiviti	es	OMB No. 1545-0047
(Form 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.							2022
Department of the Treasury		Attach to Form 990 c	r Forr	n 990	-EZ.			Open to Public
Internal Revenue Service		o www.irs.gov/Form990 for instruc						Inspection
Name of the organization	Horizon Kentuck	Community Funds o: Y	E No	orti	lern		mployer ic 32-138	lentification number 8190
		Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 17.	Form 990-E	Z filers are not
· · ·	complete this par							
 a Mail solicitat b Internet and c Phone solici d In-person so 	ions email solicitations tations licitations		tion of tion of fundra	non-g gover aising (overnment grants nment grants events	tees, or		
key employees list	ed in Form 990, P	art VII) or entity in connection with pr	rofessi	onal fi	undraising services?		Ye	es 🔄 No
b If "Yes," list the 10 compensated at le	•	viduals or entities (fundraisers) pursua organization.	ant to	agreer	nents under which th	ne fundı	raiser is to l	ре
(i) Name and addres or entity (func		(ii) Activity	have c or cor	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	tò (or i fur	nount paid retained by ndraiser d in col. (i)	
			Yes	No				
Total								
	ch the organizatio	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is exe	empt from I	registration

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

Schedule G (Form 990) 2022

232081 10-27-22

Sch	edu	Horizon le G (Form 990) 2022 Kentuck	-	unds of North		1388190 Page 2
Pa				I "Yes" on Form 990, Parl		
		of fundraising event contributions and gr				
			(d) Total events			
			Symposium	Golf Outing	None	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
anue						
Revenue	1	Gross receipts	32,623.	24,754.		57,377.
	2	Less: Contributions	26,926.	13,534.		40,460.
	3	Gross income (line 1 minus line 2)	5,697.	11,220.		16,917.
	4	Cash prizes				
	5	Noncash prizes				
penses	6	Rent/facility costs	4,694.	5,400.		10,094.
Direct Expenses	7	Food and beverages	9,578.	3,073.		12,651.
Δ	8	Entertainment				
	9	Other direct expenses	7,352.			7,352.
	10			· · · · · ·		30,097.
		Net income summary. Subtract line 10 from I				-13,180.
Pa	rt I	II Gaming. Complete if the organization	answered "Yes" on Form	1 990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.	1	1 1		
ē			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add
Revenue						col. (a) through col. (c))
Rev	4					
	-	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct E>	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	í from line 1, column (d)			
9	En	ter the state(s) in which the organization condu	ucts gaming activities:			
а	ls t	he organization licensed to conduct gaming a	ctivities in each of these	states?		Yes No
b	lf "	No," explain:				
10	141			uninated during the to	100x2	
		ere any of the organization's gaming licenses re Yes," explain:			ear (Yes No
U.		- 00, 00piain.				
	_					
	_					
23208	32 10)-27-22			Sche	dule G (Form 990) 2022

Sch	edule G (Form 990) 2022	Horizon Community Funds of Northern Kentucky	82-1388190 Page 3
		ming activities with nonmembers?	
		ficiary or trustee of a trust, or a member of a partnership or other entity formed	
			Yes No
13	Indicate the percentage of gaming		
		,, ,,,,	13a %
		e person who prepares the organization's gaming/special events books and record	
	Name		
	Address		
15a	Does the organization have a cont	tract with a third party from whom the organization receives gaming revenue? \dots	Yes No
		ng revenue received by the organization \$ and the ame third party \$ of the third party:	ount
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation	\$	
	Description of services provided		
	Director/officer	Employee Independent contractor	
17	Mandatory distributions:		
	retain the state gaming license?	state law to make charitable distributions from the gaming proceeds to required under state law to be distributed to other exempt organizations or spent i	Yes No
-	organization's own exempt activiti		
Pa	rt IV Supplemental Infor	mation. Provide the explanations required by Part I, line 2b, columns (iii) and (v); applicable. Also provide any additional information. See instructions.	and Part III, lines 9, 9b, 10b,
	, , , , , ,		
2320	83 10-27-22	33	Schedule G (Form 990) 2022

		Horizon Community	Funds of	Northern		
Schedule G	(Form 990) Supplemental Infor	Kentucky			82-1388190	Page 4
Part IV	Supplemental Infor	mation (continued)				
					Schedule G (F	orm 990)

232084 04-01-22

SCHEDULE I	Grants and Other Assistance to Organizations,						l	OMB No. 15	45-0047
(Form 990)	Go	vernments, an lete if the organization	d Individual	s in the Ŭni	ted States			202	22
Department of the Treasury Internal Revenue Service		Go to www.irs	Attach to Form .gov/Form990 for		ation.			Open to Inspec	
Name of the organization Horizon C Kentucky	ommunity	Funds of Nor					Employer	identification 82-138	
Part I General Information on Grants a	nd Assistance								
 Does the organization maintain records to criteria used to award the grants or assis Describe in Part IV the organization's pro- 	stance?						on	X Yes	No No
Part II Grants and Other Assistance to recipient that received more than S	Domestic Organi	zations and Domestic	Governments. C	Complete if the org	anization answered "Y	′es" on Form 990, Part	t IV, line 21,	for any	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance		Purpose of gi or assistance	
American Cancer Society 4540 Cooper Road									
Cincinnati, OH 45242	13-1788491	501c3	16,000.	0.			General	Support	
American Heart Association 5211 Madison Road Cincinnati, OH 45227	13-5613797	501c3	5,100.	0.			General	Support	
ArtsWave 20 East Central Parkway, Suite 200 Cincinnati, OH 45202	31-0537138	501c3	29,350.	0.			General		
Be Concerned 1100 West Pike Street Covington, KY 41011	61-1071487	501c3	12,250.	0.			General	Support	
Belleview Baptist Church 6658 Fifth Street Burlington, KY 41005		501c3	10,000.	0.			General	Support	
Bishop Brossart High School 4 Grove Street Alexandria, KY 41001	61-0447243	501c3	35,000.	0.			General	Support	
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organizations 	•	•	e line 1 table				······		<u>98.</u> 0.

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

Horizon Community F	unds of Northern
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Schedule I (Form 990) Kentucky

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
Boone County Board of Education								
8330 US Highway 42								
Florence, KY 41042	61-6001252	501c3	57,327.	0.			General Support	
Bowling Green State University								
Foundation - 1851 North Research								
Drive - Bowling Green, OH 43403	34-6007199	501c3	10,000.	0.			General support	
Brighton Center, Inc								
741 Central Avenue								
Newport, KY 41072	61-0673886	501c3	15,000.	0.			General Support	
Calusa Waterkeeper								
P.O. Box 1165								
Ft. Myers, FL 33902	65-0565226	501c3	8,000.	0.			General Support	
Cancer Support Community								
734 15th Street NW Suite 300								
Washington, DC 20005	95-4163931	501c3	10,000.	0.			General Support	
Cancer Support Community of								
Greater Cincinnati & Northern								
Kentucky – 4918 Cooper Road –								
Cincinnati, OH 45242	31-1287785	501c3	41,000.	0.			General Support	
Care Net Pregnancy Center of								
Northern Kentucky, Inc - PO Box								
17688 - Covington, KY 41017	61-1351706	501c3	28,425.	0.			General Support	
Catalytic Development Funding Corp				••				
of Northern Kentucky - 50 E.								
RiverCenter Blvd, Suite 260 -								
Covington, KY 41011	26-3389252	501c3	25,950.	0.			General Support	
Catholic Charities of the Diocese								
of Covington - 3629 Church Street				_				
- Covington, KY 41015	61-0461728	501c3	7,658.	0.		1	General Support	

Schedule I (Form 990)

Horizon Community F	unds of Northern
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Schedule I (Form 990) Kentucky	,oninani oʻy						82-1388190 Pag
Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Catholic Leadership Institute							
301 Lindenwood Drive							
Malvern, PA 19355	23-2661414	501c3	370,000.	0.			General Support
Marvein, 18 19995	23 2001414	50105	570,000.	••			
Center for Great Neighborhoods							
321 West 12th Street							
Covington, KY 41011	61-0733046	501c3	13,000.	0.			General Support
,			,				
Champions for Learning							
3606 Enterprise Avenue, Suite 150							
Naples, FL 34104	65-0230582	501c3	50,000.	Ο.			General Support
CHNK Behavioral Health							
200 Home Road, Devou Park							
Covington, KY 41011	23-7068704	501c3	20,000.	0.			General Support
Cincinnati Art Museum							
953 Eden Park Drive							
Cincinnati, OH 45202	31-0536653	501c3	33,333.	0.			General Support
Cincinnati Cancer Foundation Inc							
3645 KROGER AVE	01 4003636	F 01 - 2	50.000	0			General Generation
CINCINNATI, OH 45226-1934	81-4093626	501c3	50,000.	0.			General Support
Cincinnati Children's Hospital							
Medical Center - PO Box 5202 -							
Cincinnati, OH 45201	31-0833936	501c3	40,000.	0.			General Support
	51 0055550	50105	40,000.				
Cincinnati Kharkiv Sister City							
Partnership - 7090 Michael Dr -							
Cincinnati, OH 45243	31-1204552	501c3	25,000.	0.			General Support
				••			
Cincinnati Museum Association							
953 Eden Park Drive							
Cincinnati, OH 45202	31-0536653	501c3	10,000.	0.			General Support

Horizon Community Funds of Norther	n
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Kentucky Schedule I (Form 990)

Cincinnati Nuseum Center 1301 Mestern Avenue Cincinnati, OH 45203 31-1212634 501c3 5,500. 0. Beneral Support Cincinnati, OH 45202 23-7089617 501c3 100,000. 0. Beneral Support Cincinnati, OH 45202 23-7089617 501c3 100,000. 0. Beneral Support Cincinnati, OH 45202 31-0537171 501c3 25,000. 0. Beneral Support Cincinnati, OH 45203 31-0537171 501c3 25,000. 0. Beneral Support Congregation of Divine Providence of Kentucky - 5300 St. Anne Drive - Melbourne, KY 41059 61-0449660 501c3 50,025. 0. Beneral Support Covington Community Montessori 131 Best 5th Street Covington KY 41011 85 1387553 501c3 18,707. 0. Beneral Support Covington, KY 41011 61 0447243 501c3 310,188. 0. Beneral Support Covington, KY 41011 61 0447243 501c3 310,188. 0. Beneral Support Covington Road Cincinnati, OH 45209-1120 31.1442447 501c3 23,300. 0. Beneral Support Dinsmore Homestead Foundation Inc P0 Box 453 Burlington, KY 41005-0453 61-111194 501c3 55,000. 0. Beneral Support	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Cincinnati, OH 4520331 1212634501c35,500.0.General SupportCincinnati USA Regional Chamber Foundation - 3 East 4th Street - Cincinnati, OH 4520223-7089617501c3100,000.0.general SupportCincinnati, OH 4520223-7089617501c3100,000.0.general SupportCincinnati, OH 4520231-0537171501c325,000.0.general SupportCongregation of Divine Providence of Kentucky - 5300 St, Anne Drive - Melbourne, KY 4105951-0449660501c350,025.0.general SupportCovington Community Montessori 131 East 5th Street Covington, KY 4101185 1387553501c318,707.0.general SupportCovington Latin School 21 East 11th Street Covington, KY 4101161-0447243501c3310,188.0.general SupportCrossoeds Church 3500 Malison Road Cincinnati, OH 45209-112031-1442447501c323,300.0.general SupportDinemore Homestead Poundation Inc Po K 45361-1111934501c355,000.0.general SupportDinemore Homestead Poundation Inc Po K 45361-1111934501c355,000.0.general SupportDinemore Homestead Poundation Inc Po K 45361-1111934501c355,000.0.general SupportDinemore Homestead Foundation Inc Po K 45361-1111934501c355,000.0.general SupportDinemore Homestead Foundation Inc Po Hor 45361-1111934501c355,000.0.general SupportDine	Cincinnati Museum Center							
Cincinnati USA Regional Chamber Foundation - 3 East 4th Street - Cincinnati, OH 45202 23-7089617 501c3 100,000. 0. Cincinnati Zoo & Botanical Garden 3400 Vine Street Cincinnati, OH 45202 31-0537171 501c3 25,000. 0. Congregation of Divine Providence of Kentucky - 3300 St. Anne Drive - Melbourne, KY 41059 61-0449660 501c3 50,025. 0. Covington Community Montessori 131 East 5th Street Covington Latin School 21 East 11th Street Covington, KY 41011 61-0447243 501c3 310,108. 0. Crossroads Church 3500 Madison Road Cincinnati, OH 45209-1120 31-1442447 501c3 23,300. 0. Dinamore Homestead Foundation Ine PO Box 453 Burlington, KY 41005-0453 61-1111934 501c3 55,000. 0. Diocese of Covington Lizz Madison Avenue	1301 Western Avenue							
Foundation - 3 East 4th Street Charinati, 04 4520223-7089617501c3100,000.0.Beneral SupportCincinnati, 04 4520231-0537171501c325,000.0.Beneral SupportCincinnati, 04 4520231-0537171501c325,000.0.Beneral SupportCongregation of Divine Providence of Kentucky - 5300 St. Anne Drive - Melbourne, KY 41059501c350,025.0.Beneral SupportCovington Community Montessori 131 East 5th Street Covington Latin School 21 East 1th Street85-1387553501c318,707.0.Beneral SupportCovington Latin School 21 East 1th Street Covington, KY 4101161-0447243501c3310,188.0.Beneral SupportCovington Road Cincinnati, 04 45209-112031-1442447501c323,300.0.Beneral SupportDinessore Homestead Foundation Inc PO Box 453 Burlington, KY 41005-045361-1111934501c355,000.0.Beneral SupportDicese of Covington 1125 Malison Avenue61-011934501c355,000.0.Beneral Support	Cincinnati, OH 45203	31-1212634	501c3	5,500.	0.			General Support
Cincinnati, OH 4520223-7089617501c3100,000.0.peneral SupportCincinnati Zoo & Botanical Garden 3400 Vine Street31-0537171501c325,000.0.Beneral SupportCongregation of Divine Providence of Kentucky - 5300 St. Anne Drive - Melbourne, KY 41059501c350,025.0.Beneral SupportCovington Community Montessori 131 East 51K street Covington, KY 4101185-1387553501c318,707.0.Beneral SupportCovington Latin School 21 East 11th Street Covington, KY 4101161-0447243501c3310,188.0.Beneral SupportCrossroads Church 3500 Madison Road Cincinnati, OH 4520-112031-1442447501c323,300.0.Beneral SupportDinsmore Homestead Foundation Inc PO Box 453 Burlington, KY 41005-045361-1111934501c355,000.0.Beneral SupportDiocese of Covington 1125 Madison AvenueCovington Avenue51 c355,000.0.Beneral Support	Cincinnati USA Regional Chamber							
Cincinnati Zoo & Botanical Garden 21ncinnati Zoo & Botanical Garden 2400 Vin Street Cincinnati, OH 45220 Congregation of Divine Providence of Kentucky - 5300 St. Anne Drive - Melbourne, KY 41039 61-0449660 501c3 50,025. 0. Seneral Support Covington Community Montessori 131 East 5th Street Covington, KY 41011 85-1387553 501c3 18,707. Covington Latin School 21 East 11th Street Covington, KY 41011 61-0447243 501c3 310,188. 0. Crossroads Church 350 Madieon Road Cincinnati, OH 45209-1120 Dinsmore Homestead Foundation Inc PO Box 453 Burlington, KY 41005-0453 61-1111934 501c3 55,000. 0. Covington 1125 Madison Avenue	Foundation - 3 East 4th Street -							
3400 Vine Street Choinnati, OH 4522031-0537171501c325,000.0.General SupportCongregation of Divine Providence of Kentucky - 5300 St. Anne Drive - Melbourne, KY 4105961-0449660501c350,025.0.General SupportCovington Community Montessori 131 East 5th Street Covington, KY 4101185-1387553501c318,707.0.General SupportCovington Latin School 21 East 11th Street Covington, KY 4101161-0447243501c3310,188.0.General SupportCovington, KY 4101161-0447243501c3310,188.0.General SupportCovington, KY 4101161-0447243501c3310,188.0.General SupportCovington, KY 4101161-0447243501c3310,188.0.General SupportCovington, KY 4101161-0447243501c355,000.0.General SupportCovington, KY 41015501c355,000.0.General SupportCovington, KY 4101561-111934501c355,000.0.General SupportDinsmore Homestead Foundation Inc PO Box 45361-111934501c355,000.0.General SupportDiccese of Covington 1125 Madison Avenue61-111934501c355,000.0.General Support	Cincinnati, OH 45202	23-7089617	501c3	100,000.	0.			General Support
Cincinnati, OH 4522031-0537171501c325,000.0.seneral SupportCongregation of Divine Providence of Kentucky - 5300 St. Anne Drive - Melbourne, KY 4105961-0449660501c350,025.0.Seneral SupportCovington Community Montessori 131 East 5th Street Covington, KY 4101185-1387553501c318,707.0.Seneral SupportCovington Latin School 21 East 11th Street Covington, KY 4101185-1387553501c3310,188.0.Seneral SupportCovington KY 4101161-0447243501c3310,188.0.Seneral SupportCovington, KY 4101161-0447243501c3310,188.0.Seneral SupportCovington, KY 4101161-0447243501c355,000.0.Seneral SupportCrossroads Church 3500 Madison Road Clincinnati, OH 45209-112031-1442447501c323,300.0.Seneral SupportDinsmore Homestead Foundation Inc Do Box 45361-1111934501c355,000.0.Seneral SupportDiccese of Covington 1125 Madison Avenue61-1111934501c355,000.0.Seneral Support	Cincinnati Zoo & Botanical Garden							
Congregation of Divine Providence of Kentucky - 5300 St. Anne Drive - Melbourne, KY 41059 Covington Community Montessori 131 East 5th Street Covington, KY 41011 Covington, KY 41011 S5-1387553 501c3 Covington, KY 41011 S5-1387553 501c3 Seneral Support Covington, KY 41011 S5-1387553 S5-1387555 S5-1387555 S5-13875555 S5-1387555 S5-1387555 S5-1387555 S5-1387555 S5-1387555 S5-1387555 S5-1387555 S5-1387555 S5-1387555 S5-13875555 S5-1387555 S5-13875555 S5-13875555 S5-13875555 S5-13875555 S5-138755555 S5-138755555 S5-138755555 S5-1387555555555555555555555555555555555555	3400 Vine Street							
of Kentucky - 5300 St. Anne Drive - Melbourne, KY 4105961-0449660501c350,025.0.Seneral SupportCovington Community Montessori 131 East 5th Street Covington, KY 4101185-1387553501c318,707.0.Seneral SupportCovington Latin School 21 East 11th Street Covington, KY 4101161-0447243501c3310,188.0.Seneral SupportCovington, KY 4101161-0447243501c3310,188.0.Seneral SupportCrossroads Church 3500 Madison Road Cincinnati, OH 45209-112031-1442447501c323,300.0.Seneral SupportDinsmore Homestead Foundation Inc PO Box 453 Burlington, KY 41005-045361-111934501c355,000.0.Seneral Support	Cincinnati, OH 45220	31-0537171	501c3	25,000.	0.			General Support
of Kentucky - 5300 St. Anne Drive - Melbourne, KY 4105961-0449660501c350,025.0.Seneral SupportCovington Community Montessori 131 East 5th Street Covington, KY 4101185-1387553501c318,707.0.Seneral SupportCovington Latin School 21 East 11th Street Covington, KY 4101161-0447243501c3310,188.0.Seneral SupportCovington, KY 4101161-0447243501c3310,188.0.Seneral SupportCrossroads Church 3500 Madison Road Cincinnati, OH 45209-112031-1442447501c323,300.0.Seneral SupportDinsmore Homestead Foundation Inc PO Box 453 Burlington, KY 41005-045361-1111934501c355,000.0.Seneral SupportDicese of Covington 1125 Madison AvenueImage: State								
- Melbourne, KY 41059 61-0449660 501c3 50,025. 0. seneral Support Covington Community Montessori 131 East 5th Street Covington, KY 41011 85-1387553 501c3 18,707. 0. seneral Support Covington Latin School 21 East 11th Street Covington, KY 41011 61-0447243 501c3 310,188. 0. seneral Support Crossroads Church 3500 Madison Road Cincinnati, OH 45209-1120 31-1442447 501c3 23,300. 0. seneral Support Dinsmore Homestead Foundation Inc FO Box 453 Burlington, KY 41005-0453 61-1111934 501c3 55,000. 0. seneral Support								
Covington Community Montessori 131 East 5th Street Covington, KY 41011 85-1387553 501c3 18,707. 0. Covington Latin School 21 East 11th Street Covington, KY 41011 61-0447243 501c3 310,188. 0. Crossroads Church 3500 Madison Road Cincinnati, OH 45209-1120 31-1442447 501c3 23,300. 0. Dinsmore Homestead Foundation Inc PO Box 453 Burlington, KY 41005-0453 61-111934 501c3 55,000. 0. Diocese of Covington 1125 Madison Avenue	_	61-0449660	501c3	50 025	0			General Support
131 East 5th Street Covington, KY 4101185-1387553501c318,707.0.General SupportCovington Latin School 21 East 11th Street Covington, KY 4101161-0447243501c3310,188.0.General SupportCrossroads Church 3500 Madison Road Cincinnati, OH 45209-112061-0447247501c323,300.0.General SupportDinsmore Homestead Foundation Inc PO Box 453 Burlington, KY 41005-045361-111934501c355,000.0.General Support	- Merbourne, Kr 41055	01-0449000	50105	50,025.	0.			General Support
Covington, KY 4101185-1387553501c318,707.0.ceneral SupportCovington Latin School 21 East 11th Street Covington, KY 4101161-0447243501c3310,188.0.ceneral SupportCrossroads Church 3500 Madison Road Cincinnati, OH 45209-112031-1442447501c323,300.0.ceneral SupportDinsmore Homestead Foundation Inc PO Box 453 Burlington, KY 41005-045361-111934501c355,000.0.ceneral SupportDiocese of Covington 1125 Madison AvenueCovington AvenueCovington AvenueCovington AvenueCovington AvenueCovington AvenueCovington AvenueCovington Avenue	Covington Community Montessori							
Covington Latin School 21 East 11th Street Covington, KY 41011 61-0447243 501c3 310,188. 0. General Support Crossroads Church 3500 Madison Road Cincinnati, OH 45209-1120 31-1442447 501c3 23,300. 0. General Support Dinsmore Homestead Foundation Inc PO Box 453 Burlington, KY 41005-0453 61-1111934 501c3 55,000. 0. General Support Diocese of Covington 1125 Madison Avenue	131 East 5th Street							
21 East 11th Street Covington, KY 4101161-0447243501c3310,188.0.General SupportCrossroads Church 3500 Madison Road Cincinnati, OH 45209-112031-1442447501c323,300.0.General SupportDinsmore Homestead Foundation Inc PO Box 453 Burlington, KY 41005-045361-1111934501c355,000.0.General SupportDiocese of Covington 1125 Madison Avenue61-1111934501c355,000.0.General Support	Covington, KY 41011	85-1387553	501c3	18,707.	0.			General Support
21 East 11th Street Covington, KY 4101161-0447243501c3310,188.0.General SupportCrossroads Church 3500 Madison Road Cincinnati, OH 45209-112031-1442447501c323,300.0.General SupportDinsmore Homestead Foundation Inc PO Box 453 Burlington, KY 41005-045361-1111934501c355,000.0.General SupportDiocese of Covington 1125 Madison Avenue61-1111934501c355,000.0.General Support	Covington Latin School							
Covington, KY 4101161-0447243501c3310,188.0.General SupportCrossroads Church 3500 Madison Road Cincinnati, OH 45209-112031-1442447501c323,300.0.General SupportDinsmore Homestead Foundation Inc PO Box 453 Burlington, KY 41005-045361-111934501c355,000.0.General SupportDiocese of Covington 1125 Madison Avenue61-111934501c355,000.0.General Support								
Crossroads Church 3500 Madison Road Cincinnati, OH 45209-1120 31-1442447 501c3 23,300. 0. General Support Dinsmore Homestead Foundation Inc PO Box 453 Burlington, KY 41005-0453 61-111934 501c3 55,000. 0. General Support Diocese of Covington 1125 Madison Avenue		61-0447243	501c3	310,188.	0.			General Support
3500 Madison Road Cincinnati, OH 45209-112031-1442447501c323,300.0.Image: Constraint of the second	- /			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Cincinnati, OH 45209-1120 31-1442447 501c3 23,300. 0. General Support Dinsmore Homestead Foundation Inc PO Box 453 Burlington, KY 41005-0453 61-1111934 501c3 55,000. 0. 0. 0. 0. General Support Diocese of Covington 1125 Madison Avenue	Crossroads Church							
Dinsmore Homestead Foundation Inc PO Box 453 Burlington, KY 41005-0453 61-1111934 501c3 55,000. 0. General Support Diocese of Covington 1125 Madison Avenue	3500 Madison Road							
PO Box 453 Burlington, KY 41005-0453 61-111934 501c3 55,000. 0. General Support	Cincinnati, OH 45209-1120	31-1442447	501c3	23,300.	0.			General Support
PO Box 453 Burlington, KY 41005-0453 61-111934 501c3 55,000. 0. General Support	Dinsmore Homestead Foundation Inc							
Diocese of Covington 1125 Madison Avenue								
1125 Madison Avenue	Burlington, KY 41005-0453	61-1111934	501c3	55,000.	0.			General Support
1125 Madison Avenue	Discess of Covington							
Covington KY 41011 61-0447243 1501c3 46 500 0 1 Eeneral Support	Covington, KY 41011	61-0447243	501c3	46,500.	0.			General Support

Horizon Community F	unds of Northern
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Schedule I (Form 990) Kentucky

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Easterseals Redwood							
2901 Gilbert Avenue							
Cincinnati, OH 45206	31-0873433	501c3	45,000.	0.			General Support
Emergency Shelter of Northern KY							
PO Box 332							
Covington, KY 41012	26-0851019	501c3	73,000.	0.			General Support
Ethan's Purpose							
1787 Coachtrail Dr							
Hebron, KY 41048	83-2607739	501c3	6,000.	0.			General Support
Faith Community Pharmacy							
601 Washington Ave., Ste. 100							
Newport, KY 41071	61-1378914	501c3	15,050.	0.			General Support
Family Nurturing Center of							
Kentucky – 5 Spiral Drive, Suite							
100 - Florence, KY 41042	31-1011326	501c3	17,500.	0.			General Support
Freestore Foodbank							
P.O. Box 692216							
Cincinnati, OH 45269-2216	23-7122205	501c3	12,100.	0.			General Support
Grant Us Hope							
4010 Executive Park Drive							
	01 4010007	501c3	20.000	0.			Conoral Current
Cincinnati, OH 45241	81-4212207	50163	20,000.	υ.			General Support
GREEN UMBRELLA							
PO Box 14270							
Cincinnati, OH 45250	31-1770299	501c3	10,000.	0.			General Support
GreenLight Fund Cincinnati							
1455 Dalton Avenue., Ste #2							
Cincinnati, OH 45214	20-0407083	501c3	40,000.	0.			General Support

Horizon Community Fu	nds of Northern
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Kentucky Schedule I (Form 990)

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Kentucky Center for Public Service							
Journalism - 644 Braddock Court -							
Ft Mitchell, KY 41017	46-3464828	501c3	7,525.	0.			General Support
La Soupe							
915 E McMillan							
Cincinnati, OH 45206	47-4452384	501c3	10,000.	0.			General Support
Learning Grove							
333 Madison Avenue							
Covington, KY 41011	31-0910787	501c3	11,500.	0.			General Support
Life Learning Center							
20 W. 18th St.	00 0454061	501.0	00 550				
Covington, KY 41011	20-3454261	501c3	28,750.	0.			General Support
LINK NKY							
31 Innovation Alley							
Covington, KY 41011	87-3043865	501c3	142,165.	0.			General Support
Mary Queen of Heaven School							
1130 Donaldson Road							
Erlanger, KY 41018	61-0458380	501c3	20,855.	0.			General Support
Master Provisions							
7725 Foundation Dr							
Florence, KY 41042	61-1262540	501c3	28,686.	0.			General Support
11010000, 11 11012	51 1202540		20,000.				Several puppert
Mathew 25 Ministries							
11060 Kenwood Rd							
Cincinnati, OH 45242	31-1348100	501c3	8,000.	0.			General Support
May We Help							
7501 Wooster Pike							
Cincinnati, OH 45227	27-1490751	501c3	10,000.	Ο.			General Support

Horizon Community F	unds of Northern
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Schedule I (Form 990) Kentucky	_	Funds Of NO					2-1388190 Page
Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Makana Makana Mana							
Metro United Way PO Box 4488							
Louisville, KY 40204	61-0444680	501c3	12,000.	0.			General Support
	01 0444000	50105	12,000.	0.			Seneral Support
Morgan Judd Foundation							
4700 Willow Hills Lane							
Cincinnati, OH 45243	86-1639244	501c3	10,000.	0.			General Support
,			,				
Mother of God Parish							
119 West 6th Street							
Covington, KY 41011	61-0447243	501c3	10,100.	0.			General Support
Mustard Seed Communities Inc.							
29 Janes Avenue							
Medfield, MA 02052	58-1657207	501c3	16,500.	0.			General Support
Naples Neighborhood Health Clinic							
88 12th Street North, Suite 100							
Naples, FL 34102	59-3546884	501c3	10,000.	0.			General Support
NCH Healthcare System							
350 7th Street North				_			_
Naples, FL 34102-5754	59-2314655	501c3	25,000.	0.			General Support
Newport Central Catholic High							
School - 13 Carothers Road -	61 0445040	501.0	00,400	0			
Newport, KY 41071	61-0447243	501c3	22,400.	0.			General Support
Northern Kentucky University							
Foundation - 100 Nunn Drive, AC							
239 - Highland Heights, KY 41099	23-7116528	501c3	16,000.	0.			General Support
255 migniana neigneb, ni 41055	23 /110320		10,000.	0.			
Northern Kentucky Workforce							
Investment Board - 22 Spiral Drive							
- Florence, KY 41042	61-0719369	501c3	10,000.	0.			General Support

Horizon Community F	unds of Northern
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Schedule I (Form 990) Kentucky

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		if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	(h) Purpose of grant or assistance
Notre Dame Academy							
1699 Hilton Drive							
Park Hills, KY 41011	61-0476695	501c3	10,000.	0.			General Support
One NKY Alliance							
50 E. RiverCenter Blvd., Suite 250							
, Covington, KY 41011	31-1489316	501c3	50,000.	0.			General Support
Samaritan Car Clinic							
1530 Madison Avenue							
Covington, KY 41011	30-1221657	501c3	5,400.	0.			General Support
i							
St. Elizabeth Foundation							
1 Medical Village Drive							
Edgewood, KY 41017	61-0445850	501c3	425,600.	0.			General Support
St. Henry High School							
3755 Scheben Drive							
Erlanger, KY 41018	61-0447243	501c3	24,479.	0.			General Support
·							
St. Joseph Church							
2470 Lorraine Ct							
Crescent Springs, KY 41017	61-0447243	501c3	30,000.	0.			General Support
St. Xavier High School							
600 North Bend Road							
Cincinnati, OH 45224	31-0537511	501c3	105,000.	0.			General Support
,							
Summit Country Day School							
2161 Grandin Road							
Cincinnati, OH 45208	31-0537173	501c3	7,500.	0.			General Support
Teal We Find a Cure							
Teal we find a Cure 10829 Silver Charm Ln							
Union, KY 41091	82-5210142	501c3	7,500.	0.			General Support

Horizon Community F	unds of Northern
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Schedule I (Form 990) Kentucky	, on man i i o j					8	82-1388190 Pag
Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Feam First Foundation							
P.O. Box 42761							
Cincinnati, OH 45242	87-4166040	501c3	100,000.	0.			General Support
The Carnegie							
1028 Scott Blvd.							
Covington, KY 41011	61-0897319	501c3	65,100.	0.			General Support
The Colegio San Ignacio School							
1940 Calle Sauco							
San Juan, PR 00927-6718	66-0212966	501c3	25,360.	0.			General Support
	00 0212500	50105	25,500.	0.			
The Craig and Frances Lindner							
Center of Hope - 4075 Old Western							
Row Road - Mason, OH 45040	13-4343743	501c3	52,000.	0.			General Support
The Leadership Institute							
1101 N Highland Street							
Arlington, VA 22201	51-0235174	501c3	10,000.	0.			General Support
The Protestant Congregation of							
Ocean Reef Inc - 31 Ocean Reef							
Drive, C101-#248 - Key Largo, FL							
33037	65-1002109	501c3	50,000.	0.			General Support
Thomas More University							
333 Thomas More Parkway	C1 04405C0	F 01 - 2	50,100	0			a
Crestview Hills, KY 41017	61-0448560	501c3	58,100.	0.			General Support
To Cure A Rose Foundation							
235 Townes Ct							
Dripping Springs, TX 78620-2121	86-2919742	501c3	5,020.	0.			General Support
			,				
The Healthnetwork Foundation							
3550 Lander Road							
Pepper Pike, OH 44124	04-3804600	501c3	7,500.	0.			General Support

Schedule I (Form 990) Kentucky		Funds of No:		·····			2-1388190 Page
Part II Continuation of Grants and Other (a) Name and address of organization or government	(b) EIN	(c) IRC section	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Pan Massachusetts Challenge Trust 36 Cross Hill Road Newton, MA 02459	42-7446912	501c3	10,000.	0.			General Support

Horizon	Community	Funds	of	Northern
Kentucky	, –			

 Part III
 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

 Part III can be duplicated if additional space is needed.
 (b) Number of recipients
 (c) Amount of cash grant
 (d) Amount of non- cash assistance
 (b) Method of valuation (book, FMV, appraisal, other)
 (f) Description of noncash assistance

 (a) Type of grant or assistance
 (b) Number of recipients
 (c) Amount of cash grant
 (d) Amount of non- cash assistance
 (b) Method of valuation (book, FMV, appraisal, other)
 (f) Description of noncash assistance

 Image: Image

Part I, Line 2:

Schedule I (Form 990) 2022

Horizon Community Funds of Northern Kentucky makes grants from several

different types of funds. Those grants made through our discretionary

grant process are required to provide follow up reports based on the type

of grant funded. Grants made from funds set up by donors for a specific,

restricted purpose, or those actively advised by donors have a front-end

due diligence requirement, through which the organizations are verified for

appropriate tax and charitable status.

82-1388190

Page 2

SC	HEDULE J	Compensation Information	1	OMB No. 1	545-004	47
(Fo	rm 990)	- For certain Officers, Directors, Trustees, Key Employees, and Highest		2022)
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		ZU		-
Dena	tment of the Treasury	Attach to Form 990.		Open to		
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nan	ne of the organizatior		Employer id			mber
		Kentucky	82-1	38819	0	
Ра	rt I Question	s Regarding Compensation				——
					Yes	No
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c					
	Travel for com					
		ation and gross-up payments				
	Discretionary s	pending account Personal services (such as maid, chauffer	ır, chef)			
b	-	on line 1a are checked, did the organization follow a written policy regarding payment or				
-	•			<u>1b</u>		
2		require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
•						
3		y, of the following the organization used to establish the compensation of the organization's				
		ctor. Check all that apply. Do not check any boxes for methods used by a related organization	on to			
	· · ·	tion of the CEO/Executive Director, but explain in Part III.				
	X Compensation					
		ompensation consultant				
	X Form 990 of of	her organizations	ommittee			
4	During the year did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
-	organization or a re					
а	•			4a		x
b						X
	•					X
U		es 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
•	contingent on the re					
а	•			5a	Х	
		ation?				x
		r 5b, describe in Part III.				
6		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	'n			
Ŭ	contingent on the n					
я				6a		x
		ation?				X
		r 6b, describe in Part III.				
7		n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
'		es 5 and 6? If "Yes," describe in Part III		7		x
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th				
0				8		x
9		d the organization also follow the rebuttable presumption procedure described in				
9		53.4958-6(c)?		9		
LHA		eduction Act Notice, see the Instructions for Form 990.		le J (Forn	n 990) 2022

232111 10-18-22

Horizon Community Funds of Northern Kentucky

Schedule J (Form 990) 2022

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

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

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

	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation				(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) Nancy Grayson	(i)	168,963.	30,000.	0.	5,308.	15,048.	219,319.	0.
President	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(i) (ii)							
	(i)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

Page 2

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Horizon	Community	Funds	of	Northern
Kentucky	7			

Schedule J (Form 990) 2022

Part III Supplemental Information

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

SCHEDULE L		Tra	insactior	ıs V	Vith	Int	erested	P	ersons			01	MB No. ⁻	1545-00)47
(Form 990)	Complete if t	he org					orm 990, Part I Part V, line 38a		ine 25a, 25b, 26 40b.	, 27, 2	8a,		2	02	2
Department of the Treasury							Form 990-EZ.						pen T		olic
Internal Revenue Service Name of the organizatio			w.irs.gov/Form						information.	_		Inspection r identification number			
Name of the organizatio	Kentucl		ommunity	Fu	nas	01	Norther	rn				881		on nu	mber
Part I Excess	Benefit Trans		ons (section 50	01(c)(3), secti	on 50	1(c)(4), and see	ctior	n 501(c)(29) orga				20		
	f the organizatior														
1 (a) Name of disqual	ified person	(b) F	Relationship betv person and or			ified	(0	c) D	escription of tran	sactic	n			Corre es	ected? No
													_		
													+		
													+		
2 Enter the amount of section 4958	-		-	-		-	-	-	-		<u></u>				
3 Enter the amount c	of tax, if any, on li														
Part II Loans to	and/or Fron	n Inte	erested Pers	sons.											
Complete i	f the organizatior	n answ	vered "Yes" on F	Form 9	90-EZ	, Part V	V, line 38a or F	orm	n 990, Part IV, lin	e 26; (or if th	ie orga	nizatic	on	
	n amount on Forr		· · · · · · · · · · · · · · · · · · ·	Ť –									provod		
(a) Name of interested person	(b) Relatio with organi		(c) Purpose of loan	fron	an to or n the zation?		e) Original cipal amount	(f) Balance due						Vritten ement?	
				То	From					Yes	No	Yes	No	Yes	No
												+	<u> </u>		+
											 	<u> </u>	 		<u> </u>
												+	├──		+
												+			
															+
Total							\$								
	or Assistance		•												
	f the organization									of) Du 197		
(a) Name of intere	isted person		(b) Relationship interested pers the organiza	son an			c) Amount of assistance		(d) Type assistan			•) Purp assista		ρŢ
		_									\rightarrow				
											+				
											\square				
		-									-+				
		+									+				
		+									\dashv				
LHA For Paperwork R	eduction Act No	tice, s	see the Instruc	tions f	for For	m 990) or 990-EZ.				Sche	edule L	. (Fori	n 990) 2022

Schedule L (Form 990) 2022 Kentucky Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization' revenues?	
				Yes	No
Mike Schlotman	Board member	1,343,305.	Investment		X
Bob Zapp	Board member	461,094.	Investment		X
Brad Zapp	Family member of Bo	181,531.	Investment		X
Kyle Schlotman	Family member of Bo	138,321.	Investment		X

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

Sch L, Part IV, Business Transactions Involving Interested Persons:

(a) Name of Person: Mike Schlotman

(d) Description of Transaction: Investment in Connetic Fund LLC

(a) Name of Person: Bob Zapp

(d) Description of Transaction: Investment in Connetic Fund LLC

(a) Name of Person: Brad Zapp

(b) Relationship Between Interested Person and Organization:

Family member of Board Member

(d) Description of Transaction: Investment in Connetic Fund LLC

(a) Name of Person: Kyle Schlotman

(b) Relationship Between Interested Person and Organization:

Family member of Board Member

(d) Description of Transaction: Investment in Connetic Fund LLC

Schedule L (Form 990) 2022

232132 11-01-22

SCHEDULE	Μ
(Form 990)	

30a

b 31 32a

b 33

I

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

Employer identification number

(d) Method of determining

noncash contribution amounts

82-1388190

(Fo	orm 990)		nono			
		Complete if the or	ganizations	answered "Yes" o	n Form 990, Part IV, lines 2	9 or 30.
	tment of the Treasury			Attach to Form 9	90.	
Interna	al Revenue Service	Go to www.i	rs.gov/Form	990 for instruction	is and the latest informatio	n.
Nam	e of the organization	Horizon Comm	nunity	Funds of N	Northern	E
		Kentucky				
Pa	rt I Types of	Property				
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	nor
1	Art - Works of art					
2	Art - Historical trea					
3	Art - Fractional inte	erests				
4	Books and publica	tions				
5	Clothing and hous	ehold goods				
6	Cars and other vel	nicles				
7	Boats and planes					
8	Intellectual proper	ty				
9	Securities - Public	y traded	X	25	4,037,193.	FMV
10	Securities - Closel	/ held stock				
11	Securities - Partne trust interests	rship, LLC, or	x	1	216,000.	FMV
12	Securities - Miscel	aneous				
13	Qualified conserva Historic structures					
14	Qualified conserva	tion contribution - Other				

Art - Fractional interests								
Books and publications								
Clothing and household goods								
Cars and other vehicles								
Boats and planes								
Intellectual property								
Securities - Publicly traded	X	25	4,03	7,193	FMV			
Securities - Closely held stock								
Securities - Partnership, LLC, or								
trust interests	X	1	21	6,000.	FMV			
Securities - Miscellaneous								
Qualified conservation contribution -								
Historic structures								
Qualified conservation contribution - Other								
Real estate - Residential								
Real estate - Commercial								
Real estate - Other								
Collectibles								
Food inventory								
Drugs and medical supplies								
Taxidermy								
Historical artifacts								
Scientific specimens								
Archeological artifacts								
Other ()								
Other ()								
Other ()								
Other (
Number of Forms 8283 received by the organi	zation durin	g the tax year for co	ontributions					
for which the organization completed Form 82	83, Part V, I	Donee Acknowledg	ement	29			1	
							Yes	No
During the year, did the organization receive b	y contributio	on any property rep	orted in Part I, lir	nes 1 throu	gh 28, that it			
must hold for at least 3 years from the date of	the initial co	ontribution, and whi	ch isn't required	to be used	for			
exempt purposes for the entire holding period			-			30a		X
If "Yes," describe the arrangement in Part II.								
Does the organization have a gift acceptance	policy that r	equires the review o	of any nonstanda	rd contribu	utions?	31	Х	
Does the organization hire or use third parties	or related o	rganizations to solid	cit, process, or s	ell noncash	1			
contributions?		-				32a		X
If "Yes," describe in Part II.								
If the organization didn't report an amount in c	olumn (c) fo	or a type of property	for which colum	nn (a) is che	ecked,			
describe in Part II.					·			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

232141 09-09-22

		Horizon	Community	Funds o	f Northern	L		
Schedule N		Kentucky	7				82-1388190	Page 2
Part II	Supplemental is reporting in Part this part for any ac	: I, column (b), th	e number of contrib	mation required outions, the num	by Part I, lines 30b, ber of items receive	32b, and 33, a ed, or a combin	nd whether the organiza ation of both. Also com	tion olete
232142 09-09-3	22						Schedule M (Form	990) 2022
00-00-1				5.2				

12551012 758989 08337.T

SCHEDULE O	Supplemental Information to Form 990 or 990-	67	OMB No. 1545-0047
(Form 990)	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.	LZ	2022
Department of the Treasury Internal Revenue Service	Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.		Open to Public Inspection
Name of the organization	Horizon Community Funds of Northern	Employer	identification number

Kentucky

Form 990, Part III, Line 3, Changes in Program Services:

Horizon stopped performing outsourced accounting services for The

Catalytic Development Fund of Northern Kentucky. The Catalytic

Development Fund is a Northern Kentucky 501c3 nonprofit organization.

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

The Finance Committee reviews the 990 and reports to the board. Form 990 is

made available to the Board Members for review.

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

Review states disclosures on Conflict of Interest and Confidentiality form,

completed by all Council of Trustee members, committee members, and staff

members. Reflect any recusals due to conflicts in committee or board

minutes when appropriate.

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

Council of Trustees founding members reviewed comparable salary ranges and

job descriptions for the Presidents positions. Hiring committees for key

employees (comprised of board chair, select Council of Trustee members, and

President) reviewed comparable salary ranges and job descriptions for

Director positions.

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

The governing documents are available on the Commonwealth of Kentucky

website. The financial statements and conflict of interest policy are

available upon request.

82-1388190

Schedule O (Form 990) 2022 Name of the organization Horizon Community Funds of Northern Kentucky	Page 2 Employer identification number 82-1388190
Kentucky	
Form 990, Part XII, Line 2C	
The audit committee oversees the audit and selection of the	ie independent
accountants.	
232212 10-28-22	Schedule O (Form 990) 2022

SCHEDULE R (Form 990)	ficiated erganizatione and emplated faithficiated		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.		Open to Public Inspection
Name of the organizatio	n Horizon Community Funds of Northern	Employer ide	entification number
	Kentucky	82-13	88190
Part I Identificatio	on of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.		

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
Northern Kentucky Foundation LLC	To receive certain donated				
50 E. RiverCenter Blvd. Ste 434	assets for the benefit of				
Covington, KY 41011	the Organization	Kentucky	0.	0.	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	ent	rolled ity?
				501(0)(3))		Yes	No

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

Horizon Community	Funds	of	Northern
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Schedule R (Form 990) 2022 Kentucky

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

organizations treated as a pai	r and the second se	()00.1									
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(i)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		ortionate tions?	Code V-UBI amount in box 20 of Schedule	Gener manag partn	al or ^{jing} ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	10
											_
										+	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) ction (b)(13) trolled tity?
		country)		or trusty		233613		No

Horizon Community Funds of Northern

Schedule R (Form 990) 2022 Kentucky	Schedule R	(Form 990)	2022	Kentucky
-------------------------------------	------------	------------	------	----------

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.							
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?						
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a					
b	Gift, grant, or capital contribution to related organization(s)	1b					
c Gift, grant, or capital contribution from related organization(s)							
d Loans or loan guarantees to or for related organization(s)							
	Loans or loan guarantees by related organization(s)	1e					
f	Dividends from related organization(s)	1f					
g	Sale of assets to related organization(s)	1g					
h	Purchase of assets from related organization(s)	1h					
	Exchange of assets with related organization(s)	1i					
j	j Lease of facilities, equipment, or other assets to related organization(s)						
k	Lease of facilities, equipment, or other assets from related organization(s)	1k					
	Performance of services or membership or fundraising solicitations for related organization(s)	11					
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m					
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n					
ο	Sharing of paid employees with related organization(s)	10					
р	Reimbursement paid to related organization(s) for expenses	1p					
	Reimbursement paid by related organization(s) for expenses	1q					
r	Other transfer of cash or property to related organization(s)	1r					
	Other transfer of cash or property from related organization(s)	1s					

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

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

Horizon Community Funds of Northern

Schedule R (Form 990) 2022 Kentucky

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

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

(a)	(b)	(c)	(d)	(e)		(f)	(g)	(1	ו)	(i)	(j)	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are a partners 501(c) orgs. Yes I	(1) (3) (?	Share of total income	Share of end-of-year	Dispr tion alloca	opor- nate tions?	Code V-UBI amount in box 20 of Schedule K-1	General o managin partner? Yes NC	Percentage ownership
				resi	NO			res	NO		resinc	
					_							
												ļ

Horizon	Community	Funds	of	Northern
Kentucky	7			

	(Form 990) 2022	Kent
Part VII	Supplemental	Information

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

Schedule R (Form 990) 2022

232165 09-14-22

Tax Returns from Barnes Dennig

Final Audit Report

October 18, 2023

			1
Created:	October 17, 2023		
By:	Barnes, Dennig & Co., Ltd.(jsmallwood@barnesdennig.com)		
Status:	ESigned		
Transaction ID:	EZYMH99NGCM495HE7M4F6NXLA8		
Documents:	HORIZON COMMUNITY FUNDS OF NORTHERN KENTUCKY-HORIZON COMMUNITY	r FU	
	HORIZON COMMUNITY FUNDS OF NORTHERN KENTUCKY-HORIZON COMMUNITY	r FU	

"Tax Returns from Barnes Dennig" History

- Document emailed to (phume@barnesdennig.com) for signature 10/17/2023 11:09:28 AM Eastern Daylight Time
- Document viewed by (phume@barnesdennig.com) 10/17/2023 11:10:35 AM Eastern Daylight Time - IP address: 216.196.129.5
- Document e-signed by (phume@barnesdennig.com) Signature Date: 10/17/2023 11:11:14 AM Eastern Daylight Time - IP address: 216.196.129.5
- Document emailed to (ngrayson@horizonfunds.org) for signature 10/17/2023 11:11:14 AM Eastern Daylight Time
- Document viewed by (ngrayson@horizonfunds.org)
 10/18/2023 11:34:33 AM Eastern Daylight Time IP address: 208.102.59.112
- Document e-signed by (ngrayson@horizonfunds.org) Signature Date: 10/18/2023 11:35:10 AM Eastern Daylight Time - IP address: 208.102.59.112
- Document Signed 10/18/2023 11:35:10 AM Eastern Daylight Time