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Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

2008

Open to Public Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2008 calendar year, or tax year beginning **JUL 1, 2008** and ending **JUN 30, 2009****B** Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

Please use IRS label or print or type
See Specific Instructions**C** Name of organization**WIDE HORIZONS FOR CHILDREN, INC.**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

38 EDGE HILL ROAD

Room/suite

City or town, state or country, and ZIP + 4

WALTHAM, MA 02451**F** Name and address of principal officer: **PETER LEPPANEN**
SAME AS C ABOVE**D** Employer identification number**04-2564960****E** Telephone number**781-894-5330****G** Gross receipts \$ **9,616,687.****H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)**H(c)** Group exemption number ▶**I** Tax-exempt status: ☒ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **WWW.WHFC.ORG****K** Type of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1975** **M** State of legal domicile: **MA****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: PROVIDE HUMANITARIAN AID AND ADOPTION SERVICES TO CHILDREN AND FAMILIES.			
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	3	9	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9	
	5	Total number of employees (Part V, line 2a)	5	119	
	6	Total number of volunteers (estimate if necessary)	6	80	
	Revenue	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
b		Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
8		Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year	
9		Program service revenue (Part VIII, line 2g)	860,025.	1,080,171.	
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,670,115.	6,289,439.	
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	153,558.	<123,660.>	
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	15,102.	32,530.	
13		Grants and similar amounts paid (Part IX, column (A), lines 13-18)	8,698,800.	7,278,480.	
Expenses		14	Benefits paid to or for members (Part IX, column (A), line 4)	945,675.	1,070,067.
		15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	4,753,579.	4,454,212.	
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 228,943.			
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	2,865,712.	2,162,962.	
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	8,564,966.	7,687,241.	
	19	Revenue less expenses Subtract line 18 from line 12	133,834.	<408,761.>	
	Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Year	End of Year
21		Total liabilities (Part X, line 26)	4,194,486.	4,168,354.	
22		Net assets or fund balances. Subtract line 21 from line 20	1,253,089.	1,776,289.	
		2,941,397.	2,392,065.		

Part II Signature Block

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.

Sign Here

Signature of officer

PETER LEPPANEN, CEO

Type or print name and title

Date

5-13-2010

Paid Preparer's Use Only

Preparer's signature

Date

05/11/10Check if self-employed ☐

Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4

SAMICK & BOODMAN**30 EASTBROOK ROAD, 101****DEDHAM, MA 02026-2048**

EIN ▶

Phone no. ▶ **781-329-5866**

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

615 3

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

THE MISSION OF WIDE HORIZONS FOR CHILDREN (WHFC) IS TO HELP EACH CHILD, REGARDLESS OF THE COUNTRY OR CIRCUMSTANCE OF BIRTH, EXPERIENCE THE SECURITY OF A LOVING, PERMANENT FAMILY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ 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?

☐ Yes ☒ No

If "Yes", describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code:) (Expenses \$ 2,389,197. including grants of \$ 49,200.) (Revenue \$)

WHFC PROVIDES ADOPTION PLACEMENT SERVICES FROM 11 COUNTRIES INCLUDING THE UNITED STATES. DURING THE YEAR ENDED JUNE 30, 2009, 535 CHILDREN WERE PLACED IN PERMANENT, LOVING HOMES.

4b (Code:) (Expenses \$ 1,251,547. including grants of \$) (Revenue \$)

WHFC PROVIDES HUMANITARIAN AID TO ASSIST CHILDREN IN NEED AND TO PROMOTE FAMILY PERMANENCY FOR CHILDREN IN THEIR COUNTRY OF BIRTH. DURING THE PAST 12 MONTHS, WHFC'S CHILD AND VOCATIONAL SPONSORSHIP ACTIVITIES SUPPORTED 1,340 CHILDREN AND THEIR FAMILIES IN 7 COUNTRIES. OTHER ACTIVITIES INCLUDED THE CONSTRUCTION OF A HEALTH CLINIC IN NORTHERN ETHIOPIA, COMMUNITY EMPOWERMENT ACTIVITIES IN ONE OF INDIA'S URBAN SLUMS, TRAINING OF ORPHANAGE CARETAKERS IN CHINA ON CHILD NUTRITION AND ORPHANAGE LEADERSHIP SKILLS, RELIEF FOR CHILDREN AFFECTED BY THE DEVASTATING EARTHQUAKE IN SICHUAN, AND THE UPGRADING OF SERVICES AND FACILITIES IN ORPHANAGES THROUGHOUT CENTRAL AMERICA, EASTERN EUROPE, AND ASIA. IN NOVEMBER 2008, WHFC KICKED OFF ITS MEDICAL MISSION PROGRAM IN ETHIOPIA, SENDING DOCTORS AND OTHER HEALTHCARE STAFF TO

4c (Code:) (Expenses \$ 2,319,949. including grants of \$) (Revenue \$)

WHFC PROVIDES HOME STUDY, POST PLACEMENT, AND OTHER ADOPTION RELATED SERVICES TO CLIENTS THROUGHOUT THE UNITED STATES. DURING THE PAST 12 MONTHS, WHFC WROTE 342 HOME STUDIES FOR 286 FAMILIES, AND PROVIDED POST PLACEMENT SERVICES TO 335 FAMILIES. WE ALSO PROVIDED INTERAGENCY COORDINATION SERVICES FOR 207 FAMILIES WHO CAME TO WHFC FOR CHILD PLACEMENT SERVICES, BUT WHO RECEIVED THEIR HOME STUDY AND POST PLACEMENT SERVICES FROM OTHER AGENCIES.

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

(Expenses \$ 842,998. including grants of \$) (Revenue \$)

4e Total program service expenses ► \$ 6,803,691. (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?	X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>	X	
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X

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Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable	1a 25		
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 119		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X	
b If "Yes," enter the name of the foreign country ► <u>ETHIOPIA, RUSSIA, COLOMBIA</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a Did the organization solicit any contributions that were not tax deductible?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c 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		
e Did the organization, during the year, 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 For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a		
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter: N/A			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter: N/A			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b		

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Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code)**Section A. Governing Body and Management**

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Yes	No
1a Enter the number of voting members of the governing body		
1b Enter the number of voting members that are independent		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?		X
9a Does the organization have local chapters, branches, or affiliates?		X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990		X
11 Is there any officer, director or 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 in Schedule O		X

Section B. Policies

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done		X
13 Does the organization have a written whistleblower policy?		X
14 Does the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a The organization's CEO, Executive Director, or top management official?	X	
b Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)	X	
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?		X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **► CT, MA, NH, NJ, NY**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☒ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **►**
WIDE HORIZONS FOR CHILDREN, INC. - 781-894-5330
38 EDGE HILL ROAD, WALTHAM, MA 02451

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
PETER LEPPANEN CEO	40.00							137,816.	0.	11,012.
JANICE HOFFMAN COO	40.00							90,569.	0.	11,012.
LUCY HULSE TREASURER & CFO	40.00							88,827.	0.	6,977.
STEPHEN MURTAGH SECRETARY	40.00							61,467.	0.	4,293.
AYIS ANTONIO CHAIRMAN OF BOARD								0.	0.	0.
GARY CIAVOLA VICE-CHAIR								0.	0.	0.
BRUCE CERULLO MEMBER								0.	0.	0.
DAVID CLAY MEMBER								0.	0.	0.
DONNA HEUCHLING MEMBER								0.	0.	0.
STEPHEN JONAS MEMBER								0.	0.	0.
GALE MERSETH MEMBER								0.	0.	0.
SUSAN MOLONEY MEMBER								0.	0.	0.
PAUL WINTERS MEMBER								0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total								378,679.	0.	33,294.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization

2

- 3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

Yes No

3 X

4 X

5 X

Section B. Independent Contractors

- 1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization **NONE**

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

- 2** Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization

0

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	31,759.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1048412.			
	g	Noncash contributions included in lines 1a-1f \$					
h Total. Add lines 1a-1f				1,080,171.			
Program Service Revenue	2 a	ADOPTION PROGRAM	Business Code 900099	6,289,439.	6,289,439.		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f			6,289,439.		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		68,078.	68,078.		
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross Rents	(i) Real (ii) Personal				
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other	2131349.			
	b	Less: cost or other basis and sales expenses		2323087.			
	c	Gain or (loss)		<191738.>			
	d	Net gain or (loss)		<191,738.>	<191,738.>		
	8 a	Gross income from fundraising events (not including \$ 31,759. of contributions reported on line 1c) See Part IV, line 18		39,159.			
	b	Less: direct expenses		15,120.			
	c	Net income or (loss) from fundraising events		24,039.	24,039.		
	9 a	Gross income from gaming activities See Part IV, line 19					
	b	Less: direct expenses					
	c	Net income or (loss) from gaming activities					
10 a	Gross sales of inventory, less returns and allowances						
b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue							
11 a	MISCELLANEOUS INCOME	Business Code 900099	8,491.	8,491.			
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d			8,491.			
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			7,278,480.	6,198,309.	0.	0.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	1,704.	1,704.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	1,068,363.	1,068,363.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	354,052.	73,704.	264,279.	16,069.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	3,437,403.	3,143,011.	182,538.	111,854.
7 Other salaries and wages				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	359,988.	293,901.	58,366.	7,721.
10 Payroll taxes	302,769.	257,410.	34,560.	10,799.
11 Fees for services (non-employees):				
a Management				
b Legal	82,787.	17,949.	48,715.	16,123.
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	69,892.	38,773.	19,379.	11,740.
g Other				
12 Advertising and promotion	54,699.	49,175.		5,524.
13 Office expenses	52,258.	46,687.	4,635.	936.
14 Information technology				
15 Royalties				
16 Occupancy	291,174.	285,051.	4,230.	1,893.
17 Travel	169,733.	166,051.	861.	2,821.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	7,924.	6,720.	832.	372.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	146,955.	124,618.	15,430.	6,907.
23 Insurance	120,229.	111,608.	8,621.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a PROGRAM DEVELOPMENT	770,400.	770,400.		
b REPAIRS & MAINTENANCE	108,453.	96,324.	7,422.	4,707.
c POSTAGE	96,871.	90,656.	1,632.	4,583.
d TELEPHONE & INTERNET	79,355.	75,853.	2,610.	892.
e PRINTING	37,412.	14,726.	144.	22,542.
f All other expenses	74,820.	71,007.	353.	3,460.
25 Total functional expenses. Add lines 1 through 24f	7,687,241.	6,803,691.	654,607.	228,943.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	6,239.	1	16,672.
	2 Savings and temporary cash investments	1,227,990.	2	1,547,595.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	85,662.	4	135,072.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	134,192.	9	121,640.
	10a Land, buildings, and equipment, cost basis	10a 1,910,368.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	10b 1,071,361.	10c	839,007.
	11 Investments - publicly traded securities	958,606.	11	1,488,026.
	12 Investments - other securities. See Part IV, line 11	1,760,255.	12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	21,542.	15	20,342.
16 Total assets. Add lines 1 through 15 (must equal line 34)	4,194,486.	16	4,168,354.	
Liabilities	17 Accounts payable and accrued expenses	50,533.	17	28,050.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	998,555.
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D	1,202,556.	25	749,684.
	26 Total liabilities. Add lines 17 through 25	1,253,089.	26	1,776,289.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	2,627,528.	27	1,941,772.
	28 Temporarily restricted net assets	298,869.	28	435,293.
	29 Permanently restricted net assets	15,000.	29	15,000.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	2,941,397.	33	2,392,065.
	34 Total liabilities and net assets/fund balances	4,194,486.	34	4,168,354.

Part XI Financial Statements and Reporting

- 1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits?

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

WIDE HORIZONS FOR CHILDREN, INC.

Employer identification number

04-2564960

Part I	Reason for Public Charity Status (All organizations must complete this part.) (see instructions)
---------------	---

The organization is not a private foundation because it is: (Please check only **one** organization.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H.)

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete the Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g ☐ Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

h ☐ Provide the following information about the organizations the organization supports.

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

[illegible]**Total**

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

Schedule A (Form 990 or 990-EZ) 2008

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 - 3						
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)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	%
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2008

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	578,496.	648,041.	668,837.	860,025.	1080171.	3835570.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	6041080.	6922266.	7437292.	7670115.	6289439.	34360192.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 - 5	6619576.	7570307.	8106129.	8530140.	7369610.	38195762.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	50,755.	31,599.	29,290.	21,065.	26,680.	159,389.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b	50,755.	31,599.	29,290.	21,065.	26,680.	159,389.
8 Public support. (Subtract line 7c from line 6.)						38036373.

Section B. Total Support

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	6619576.	7570307.	8106129.	8530140.	7369610.	38195762.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	59,474.	90,141.	128,024.	153,558.	68,078.	499,275.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	59,474.	90,141.	128,024.	153,558.	68,078.	499,275.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	300.	9,455.	1,571.		8,491.	19,817.
13 Total support. (Add lines 9, 10c, 11, and 12.)						38714854.
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	98.25 %
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	98.31 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	1.29 %
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	1.19 %

19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☒

b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

2008

*** Not Open to Public Inspection ***

Payer's Name	2004 Amount	2005 Amount	2006 Amount	2007 Amount	2008 Amount
	50,755.	31,599.	29,290.	21,065.	26,680.
Total to Schedule A, Part III, Line 7a	50,755.	31,599.	29,290.	21,065.	26,680.

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that
answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

WIDE HORIZONS FOR CHILDREN, INC.

Employer identification number

04-2564960

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the
organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange programs
 e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table.

- c Beginning balance
 d Additions during the year
 e Distributions during the year
 f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	673,218.				
b Contributions					
c Investment earnings or losses	<94,000.>				
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	<1,571.>				
g End of year balance	577,647.				

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ▶ 97.40 %
 b Permanent endowment ▶ 2.60 %
 c Term endowment ▶ .00 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		110,000.		110,000.
b Buildings		620,158.	241,431.	378,727.
c Leasehold improvements		366,071.	176,933.	189,138.
d Equipment		814,139.	652,997.	161,142.
e Other				
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				839,007.

Schedule D (Form 990) 2008

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. (Col (b) should equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Col (b) should equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
Federal income taxes	
ACCRUED TAXES	3,561.
ACCRUED ITEMS	49,704.
SECURITY DEPOSIT PAYABLE	11,404.
DEFERRED INCOME	155,500.
RESTRICTED FUNDS	529,515.
Total. (Column (b) should equal Form 990, Part X, col (B) line 25.) ▶	
749,684.	

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	7,278,480.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	7,687,241.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	<408,761.>
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	<140,571.>
9	Total adjustments (net). Add lines 4-8	9	<140,571.>
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	<549,332.>

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	7,234,624.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	<140,571.>
b	Donated services and use of facilities	2b	96,715.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	<43,856.>
3	Subtract line 2e from line 1	3	7,278,480.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	7,278,480.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	7,783,956.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	96,715.
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	96,715.
3	Subtract line 2e from line 1	3	7,687,241.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	7,687,241.

Part XIV Supplemental Information

Complete this part to 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; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b

PART V, LINE 4: UNRESTRICTED & ADOPTION SUBSIDIES

Schedule F
(Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

2008

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990. Complete if the organization answered "Yes" to
Form 990, Part IV, line 14b, line 15, or line 16.

Name of the organization

Employer identification number

WIDE HORIZONS FOR CHILDREN, INC.

04-2564960

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes"
to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☒ No

2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region (Use Schedule F-1 (Form 990) if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
SUB-SAHARAN AFRICA	4	40	PROGRAM SERVICES, GRANTMAKING	ADOPTION SUPPORT SERVICES	1,165,197.
RUSSIA & THE NEWLY INDEPENDENT STATES	1	9	PROGRAM SERVICES, GRANTMAKING	ADOPTION SUPPORT SERVICES	51,309.
CENTRAL AMERICA & THE CARIBBEAN	0	0	GRANTMAKING		95,673.
EAST ASIA & THE PACIFIC	0	0	GRANTMAKING		179,267.
SOUTH AMERICA	0	0	GRANTMAKING		10,000.
SOUTH ASIA	0	0	GRANTMAKING		64,925.
Totals	5	49			1,566,371.

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

Schedule F (Form 990) 2008

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 ☐

Use Schedule F-1 (Form 990) if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SUB-SAHARAN AFRICA	CLINIC CONSTRUCTION, HOSPITAL CONSTRUCTION, SCHOOL SUPPORT	259,131	WIRE	0		
			RUSSIA & NEWLY INDEPENDENT STATES	ORPHANAGE SUPPORT, CHILD EDUCATION	40,471	WIRE	0		
			CENTRAL AMERICA & THE CARIBBEAN	ORPHANAGE SUPPORT	44,500	CHECK	0		
			EAST ASIA & THE PACIFIC	ORPHANAGE SUPPORT, EDUCATIONAL TRAINING	162,306	CHECK, WIRE	0		
			SOUTH AMERICA	CHILD HEALTHCARE	10,000	CHECK	0		
			SOUTH ASIA	ORPHANAGE & COMMUNITY SUPPORT	47,425	WIRE	0		

2 Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 13

3 Enter total number of other organizations or entities 6

Schedule F (Form 990) 2008

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Use Schedule F-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
NO INDIVIDUAL RECEIVES MORE THAN \$5,000 IN A YEAR, BUT REFER TO PRIMARY PROGRAMMATIC ACTIVITIES FOR DESCRIPTION OF		0	0.		0.		
WHFC'S CHILD SPONSORSHIP PROGRAM THAT SUPPORTS 1,400 CHILDREN AND THEIR FAMILIES		0	0.		0.		
CHILD SPONSORSHIP	SUB SAHARAN AFRICA	968	324,900.	WIRE	0.		
CHILD SPONSORSHIP	SOUTH ASIA	163	17,500.	WIRE	0.		
CHILD SPONSORSHIP	EAST ASIA	134	8,480.	WIRE	0.		
CHILD SPONSORSHIP	RUSSIA AND THE NEWLY INDEPENDENT STATES	5	6,838.	WIRE	0.		
CHILD SPONSORSHIP	CENTRAL AMERICA	130	47,220.	CHECK	0.		

Part IV Supplemental Information

Complete this part to provide the information required by Part I, line 2, and any other additional information

SCHEDULE F, PART I, LINE 2: BEFORE A PROJECT IS FUNDED, POTENTIAL GRANTEES ARE REQUIRED TO COMPLETE A DETAILED PROPOSAL, INCLUDING HOW THE FUNDS WILL BE USED AND A BUDGET. REPORTING REQUIREMENTS INCLUDE WRITTEN ACKNOWLEDGEMENT OF RECEIPT OF FUNDING, PHOTOS AND A FINANCIAL STATEMENT AT THE END OF THE PROJECT, SHOWING HOW THE FUNDS WERE SPENT AGAINST THE BUDGET. IN ADDITION TO REQUIRED REPORTING FROM THE GRANTEE TO WHFC, WHFC ALSO CONDUCTS PERIODIC SITE VISITS TO THE COUNTRIES TO VISIT PROJECTS AND PROVIDE TRAINING ON MONITORING & REPORT WRITING.

SCHEDULE F, PART I, LINE 3: BOOK VALUE

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.** Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

2008

Open To Public Inspection

Name of the organization

WIDE HORIZONS FOR CHILDREN, INC.

Employer identification number

04-2564960

Part I	Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17	
---------------	--	--

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☒ Mail solicitations
- b ☒ Email solicitations
- c ☒ Phone solicitations
- d ☒ In-person solicitations
- e ☐ Solicitation of non-government grants
- f ☐ Solicitation of government grants
- g ☒ Special fundraising events

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ **Yes**☒ No

- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
MARIANNE IYER	CONSULTING SERVICES		X	0.	1,733.	<1,733.>
Total					1,733.	<1,733.>

- 3** List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1 GOLF TOURNAMENT (event type)	(b) Event #2 CLAMBAKE FUNDRAISER (event type)	(c) Other Events NONE (total number)	(d) Total Events (Add col. (a) through col. (c))
				0	
Revenue	1 Gross receipts	58,028.	12,890.		70,918.
	2 Less: Charitable contributions	34,668.	4,491.		39,159.
	3 Gross revenue (line 1 minus line 2)	23,360.	8,399.		31,759.
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs	7,380.	300.		7,680.
	7 Other direct expenses	4,555.	2,885.		7,440.
	8 Direct expense summary. Add lines 4 through 7 in column (d)				(15,120.)
	9 Net income summary. Combine lines 3 and 8 in column (d)				16,639.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
Revenue	1 Gross revenue				
	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
Direct Expenses	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No _____ %	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No _____ %	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No _____ %	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				()
	8 Net gaming income summary. Combine lines 1 and 7 in column (d)				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," Explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," Explain:

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	Yes	No
9a		
10a		
11		
12		

13 Indicate the percentage of gaming activity operated in:**a** The organization's facility**13a** %**b** An outside facility**13b** %**14** Provide the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?**15a****b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____**c** If "Yes," enter name and address:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

_____☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions:**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?**17a****b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the U.S.**

► Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.

► Attach to Form 990.

Employer identification number
04-2564960

WIDE HORIZONS FOR CHILDREN, INC.

Part I	General Information on Grants and Assistance
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1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
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NONE

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

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

Schedule I (Form 990) 2008

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
ADOPTION SUBSIDIES FOR CHILDREN & FAMILIES	16	4,727.	49,200.	CASH VALUE	REDUCTION IN ADOPTION FEES

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: WHFC OFFERS ADOPTION-RELATED SUBSIDIES TO FAMILIES USING THE ORGANIZATION FOR ADOPTION SERVICES. APPLICANTS QUALIFY FOR ASSISTANCE BY SUBMITTING A SUBSIDY APPLICATION PLUS A COPY OF THEIR TAX RETURN. SUBSIDY AWARDS ARE DISTRIBUTED BY WHFC AT THE TIME A FAMILY IS MATCHED WITH A CHILD FOR ADOPTION. CLIENTS WHO WITHDRAW FROM WHFC PRIOR TO COMPLETION OF THEIR ADOPTION FORFEIT THEIR SUBSIDY.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

▶ **Attach to Form 990. To be completed by organizations that
answered "Yes" to Form 990, Part IV, line 23.**

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

WIDE HORIZONS FOR CHILDREN, INC.

Employer identification number

04-2564960

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision
of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,
trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's
CEO/Executive Director. Check all that apply

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

- a** Receive a severance payment or change of control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation
contingent on the revenues of:

- a** The organization?
- b** Any related organization?

If "Yes," to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation
contingent on the net earnings of:

- a** The organization?
- b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments
not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the
initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

Yes No

1b

2

X

4a

X

4b

X

4c

X

5a

X

5b

X

6a

X

6b

X

7

X

8

X

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

Schedule J (Form 990) 2008

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

WIDE HORIZONS FOR CHILDREN, INC.

Employer identification number

04-2564960

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS

REMOTE AREAS OF THE COUNTRY TO PROVIDE URGENTLY NEEDED MEDICAL CARE AND
TO TRAIN LOCAL HEALTH PROFESSIONALS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

POST ADOPTION EVENTS OFFERED TO CHILDREN AND THEIR FAMILIES AS WELL AS
OVERHEAD COSTS ASSOCIATED TO PROVIDING PROGRAM SERVICES.

EXPENSES \$ 842998. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 8B: COMMITTEES OF THE BOARD REPORT ON
THEIR ACTIVITY AT REGULAR BOARD MEETINGS, AND THE ACTIVITY IS DOCUMENTED IN
THE MINUTES OF THE BOARD MEETINGS.

FORM 990, PART VI, SECTION A, LINE 10: WHFC'S 990 RETURN IS REVIEWED BY
THE ORGANIZATION'S CEO AND CFO BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 15: WHFC PERIODICALLY CONDUCTS A
COMPETITIVE SALARY ANALYSIS OF ALL PAID POSITIONS AT THE ORGANIZATION, AND
USES THE ANALYSIS AS THE BASIS FOR SALARY DECISIONS.

FORM 990, PART VI, SECTION C, LINE 19: WHFC'S 990 IS THE ORGANIZATIONAL
DOCUMENT AVAILABLE TO THE PUBLIC, AND IS ON THE INTERNET AT
WWW.GUIDESTAR.ORG. WHFC ALSO PROVIDES A COPY UPON REQUEST.

SCHEDULE G, PART I, LINE 2B, COLUMN (V): SERVICES WERE PROVIDED FOR
GENERAL FUND-RAISING CONSULTATION

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
► See separate instructions.

OMB No. 1545-0047

2008
Open to Public
Inspection

Name of the organization

WIDE HORIZONS FOR CHILDREN, INC.

Employer identification number
04-2564960

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

(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
WIDE HORIZONS FUND FOR CHILDREN - 26-0372159 38 EDGE HILL ROAD WALTHAM, MA 02451	FUND-RAISING & HUMANITARIAN AID	MASSACHUSETTS	501(C)3		WIDE HORIZONS FOR CHILDREN, INC.

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

Schedule R (Form 990) 2008

Part V Transactions With Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III, or IV		Yes	No
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?			
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			<input checked="" type="checkbox"/>
b Gift, grant, or capital contribution to other organization(s)			<input checked="" type="checkbox"/>
c Gift, grant, or capital contribution from other organization(s)			<input checked="" type="checkbox"/>
d Loans or loan guarantees to or for other organization(s)			<input checked="" type="checkbox"/>
e Loans or loan guarantees by other organization(s)			<input checked="" type="checkbox"/>
f Sale of assets to other organization(s)			<input checked="" type="checkbox"/>
g Purchase of assets from other organization(s)			<input checked="" type="checkbox"/>
h Exchange of assets			<input checked="" type="checkbox"/>
i Lease of facilities, equipment, or other assets to other organization(s)			<input checked="" type="checkbox"/>
j Lease of facilities, equipment, or other assets from other organization(s)			<input checked="" type="checkbox"/>
k Performance of services or membership or fundraising solicitations for other organization(s)			<input checked="" type="checkbox"/>
l Performance of services or membership or fundraising solicitations by other organization(s)			<input checked="" type="checkbox"/>
m Sharing of facilities, equipment, mailing lists, or other assets			<input checked="" type="checkbox"/>
n Sharing of paid employees			<input checked="" type="checkbox"/>
o Reimbursement paid to other organization for expenses			<input checked="" type="checkbox"/>
p Reimbursement paid by other organization for expenses			<input checked="" type="checkbox"/>
q Other transfer of cash or property to other organization(s)			<input checked="" type="checkbox"/>
r Other transfer of cash or property from other organization(s)			<input checked="" type="checkbox"/>

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			(B) Transaction type (a-r)	(C) Amount involved
(1) WIDE HORIZONS FUND FOR CHILDREN				0.
(2)				
(3)				
(4)				
(5)				
(6)				

2008 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No	Description	Date Acquired	Method	Life	C o n v	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
PROGRAM SERVICES														
1	LAND	09/16/94	L		HY	110,000.				110,000.			0.	
2	BUILDING	09/16/94	SL	39.00	MM17	620,158.				620,158.	225,786.		15,645.	241,431.
3	LAND IMPROVEMENTS	08/08/95	SL	15.00	HY16	15,000.				15,000.	13,417.		1,000.	14,417.
4	LAND IMPROVEMENTS	08/25/95	SL	15.00	HY16	15,000.				15,000.	13,333.		1,000.	14,333.
5	LAND IMPROVEMENTS	10/06/95	SL	15.00	HY16	7,550.				7,550.	6,666.		503.	7,169.
6	LAND IMPROVEMENTS	09/01/97	SL	15.00	HY16	39,212.				39,212.	28,101.		2,614.	30,715.
7	LAND IMPROVEMENTS	09/01/97	SL	15.00	HY16	2,950.				2,950.	2,117.		197.	2,314.
8	BUILDING IMPROVEMENTS	09/16/94	SL	39.00	MM17	134,318.				134,318.	47,485.		3,445.	50,930.
9	BUILDING IMPROVEMENTS	08/02/95	SL	39.00	MM17	13,169.				13,169.	4,361.		337.	4,698.
10	BUILDING IMPROVEMENTS	09/12/95	SL	39.00	MM17	3,187.				3,187.	1,051.		82.	1,133.
11	BUILDING IMPROVEMENTS	09/15/95	SL	39.00	MM17	2,521.				2,521.	831.		64.	895.
12	BUILDING IMPROVEMENTS	09/29/95	SL	39.00	MM17	13,169.				13,169.	4,309.		338.	4,647.
13	BUILDING IMPROVEMENTS	03/29/96	SL	39.00	MM17	975.				975.	306.		25.	331.
14	BUILDING IMPROVEMENTS	06/30/96	SL	39.00	MM17	6,000.				6,000.	1,861.		154.	2,015.
15	BUILDING IMPROVEMENTS	06/30/97	SL	39.00	MM17	21,185.				21,185.	6,210.		536.	6,746.
16	BUILDING IMPROVEMENTS	06/30/97	SL	39.00	MM17	1,500.				1,500.	437.		38.	475.
17	FURNITURE & FIXTURES	06/30/89	200DE	5.00	HY17	130,116.				130,116.	130,116.		0.	130,116.

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18	FURNITURE & FIXTURES	06/30/90	200DE	5.00	HY17	1,407.				1,407.	1,407.		0.	1,407.
19	FURNITURE & FIXTURES	06/30/91	200DE	5.00	HY17	569.				569.	569.		0.	569.
20	FURNITURE & FIXTURES	06/30/92	200DE	5.00	HY17	12,000.				12,000.	12,000.		0.	12,000.
21	SIGNS	09/29/95	200DE	5.00	HY17	1,690.				1,690.	1,690.		0.	1,690.
22	CITRIX SOFTWARE	08/12/04	200DE	5.00	HY17	2,586.				2,586.	2,139.		298.	2,437.
23	WIRING, NEW WALTHAM OFFICE	08/19/04	ADS	3.00	HY17	9,827.				9,827.	9,827.		0.	9,827.
24	KITCHEN IMPROVEMENTS	08/26/04	ADS	3.00	HY17	16,000.				16,000.	16,000.		0.	16,000.
25	ELECTRONIC SCALE	06/30/94	200DE	7.00	HY17	1,725.				1,725.	1,725.		0.	1,725.
26	DOMAIN CONTROLLER	09/14/04	200DE	5.00	HY17	2,656.				2,656.	2,197.		306.	2,503.
27	FURNITURE & FIXTURES	06/30/94	200DE	7.00	HY17	682.				682.	682.		0.	682.
28	CISCO ROUTERS	12/15/04	200DE	5.00	HY17	6,846.				6,846.	5,663.		789.	6,452.
29	SOFTWARE	02/23/05	200DE	5.00	HY17	2,500.				2,500.	2,068.		288.	2,356.
30	3 NEW CITRIX SERVERS	03/15/05	200DE	5.00	HY17	6,501.				6,501.	5,377.		749.	6,126.
31	PROJECTOR FOR MRO	04/20/06	200DE	7.00	MQ17	1,074.				1,074.	545.		151.	696.
32	DATA BASE SYSTEM	06/30/94	200DE	5.00	HY17	7,600.				7,600.	7,600.		0.	7,600.
33	LAPTOP, PS DEPARTMENT	10/24/05	200DE	3.00	MQ17	978.				978.	926.		52.	978.
34	LASER PRINTER, 2ND FLOOR	06/12/06	200DE	3.00	MQ17	1,717.				1,717.	1,542.		175.	1,717.
35	PHOTO PRINTERS	06/22/06	200DE	3.00	MQ17	744.				744.	668.		76.	744.

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36	BARRACUDA SOFTWARE	07/26/05	200DB	3.00		MQ17	2,548.				2,548.	2,509.		39.	2,548.
37	FIRE EXTINGUISHERS	06/30/95	200DB	7.00		HY17	102.				102.	102.		0.	102.
38	THIN CLINTS/KEYBOARDS	07/26/05	200DB	3.00		MQ17	787.				787.	775.		12.	787.
39	FURNITURE & FIXTURES	06/30/95	200DB	7.00		HY17	452.				452.	452.		0.	452.
40	FURNITURE	06/30/95	200DB	7.00		HY17	6,264.				6,264.	6,264.		0.	6,264.
41	3 CITRIX SERVERS	08/19/05	200DB	3.00		MQ17	6,501.				6,501.	6,401.		100.	6,501.
42	WORKSTATION GRAPHICS	08/19/05	200DB	3.00		MQ17	851.				851.	838.		13.	851.
43	FURNITURE	06/30/95	200DB	7.00		HY17	1,441.				1,441.	1,441.		0.	1,441.
44	2 LASER PRINTERS	08/19/05	200DB	3.00		MQ17	3,410.				3,410.	3,357.		53.	3,410.
45	HP LASER JET 1022 PRINTER	08/19/05	200DB	3.00		MQ17	300.				300.	295.		5.	300.
46	FLAT PANEL MONITORS	09/15/05	200DB	3.00		MQ17	1,710.				1,710.	1,684.		26.	1,710.
47	FURNITURE	06/30/95	200DB	7.00		HY17	850.				850.	850.		0.	850.
48	ELT LAPTOP, EPSON PRINTER	10/17/05	200DB	3.00		MQ17	1,409.				1,409.	1,334.		75.	1,409.
49	FURNITURE	06/30/95	200DB	7.00		HY17	1,907.				1,907.	1,907.		0.	1,907.
50	PEACHTREE UPGRADE	12/13/05	200DB	3.00		MQ17	710.				710.	672.		38.	710.
51	FURNITURE	10/11/95	200DB	7.00		HY17	1,023.				1,023.	1,023.		0.	1,023.
52	FURNITURE	12/27/95	200DB	7.00		HY17	1,050.				1,050.	1,050.		0.	1,050.
53	NEW PAYROLL WORKSTATION	12/21/05	200DB	3.00		MQ17	603.				603.	571.		32.	603.

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54	2 TAPE DRIVES	08/22/06	200DB	5.00	MC	17	1,500.				1,500.	915.		234.	1,149.
55	NY OFFICE WORKSTATION	01/19/06	200DB	3.00	MC	17	573.				573.	525.		48.	573.
56	NEW ISA SERVER	03/22/06	200DB	3.00	MC	17	1,982.				1,982.	1,817.		165.	1,982.
57	25 REPLACEMENT MONITORS	06/23/06	200DB	3.00	MC	17	4,129.				4,129.	3,708.		421.	4,129.
58	SIGN	02/20/96	200DB	5.00	HY	17	438.				438.	438.		0.	438.
59	PHONE SYSTEM	04/05/96	200DB	5.00	HY	17	500.				500.	500.		0.	500.
60	SIGN	05/30/96	200DB	7.00	HY	17	450.				450.	450.		0.	450.
61	NEW SCANNER AND SOFTWARE	06/30/06	200DB	3.00	MC	17	14,574.				14,574.	13,090.		1,484.	14,574.
62	CARPETING - EDGE HILL BLDG	06/29/06	200DB	7.00	MC	17	9,225.				9,225.	4,686.		1,297.	5,983.
63	2 CHAIRS FOR PS STAFF	06/22/06	200DB	7.00	MC	17	328.				328.	167.		46.	213.
64	CABLE	05/31/96	200DB	7.00	HY	17	1,342.				1,342.	1,342.		0.	1,342.
65	NEW ROOF	08/19/05	SL	39.00	MM	17	31,350.				31,350.	2,311.		804.	3,115.
66	COMPUTER	10/18/06	200DB	5.00	MC	17	478.				478.	263.		86.	349.
67	LENOVA THINKPAD & EXPANDER	10/18/06	200DB	5.00	MC	17	821.				821.	451.		148.	599.
68	SIGN	05/30/96	200DB	7.00	HY	17	544.				544.	544.		0.	544.
69	MACBOOK	10/18/06	200DB	5.00	MC	17	1,448.				1,448.	796.		261.	1,057.
70	DATABASE	06/28/96	200DB	5.00	HY	17	10,000.				10,000.	10,000.		0.	10,000.
71	CABLE	06/28/96	200DB	7.00	HY	17	507.				507.	507.		0.	507.

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72	ALARM	07/21/95	200DE	7.00	HY17	1,990.				1,990.	1,990.	0.	1,990.
73	SIGN	07/21/95	200DE	7.00	HY17	1,557.				1,557.	1,557.	0.	1,557.
74	FENCE	08/22/95	200DE	7.00	HY17	5,015.				5,015.	5,015.	0.	5,015.
75	SIGN	09/13/95	200DE	7.00	HY17	2,422.				2,422.	2,422.	0.	2,422.
76	GUARDRAIL	09/21/95	200DE	7.00	HY17	1,900.				1,900.	1,900.	0.	1,900.
77	5 CHAIRS	10/18/06	200DE	7.00	MC17	677.				677.	280.	113.	393.
78	LASER JET PRINTER	11/07/06	200DE	5.00	MC17	1,350.				1,350.	743.	243.	986.
79	RESOURCE LIBRARY	06/30/97	200DE	5.00	HY17	11,737.				11,737.	11,737.	0.	11,737.
80	COPIER	06/30/97	200DE	5.00	HY17	9,000.				9,000.	9,000.	0.	9,000.
81	FURNITURE	06/30/97	200DE	5.00	HY17	1,350.				1,350.	1,350.	0.	1,350.
82	FURNITURE	12/31/97	200DE	7.00	HY17	4,506.				4,506.	4,506.	0.	4,506.
83	FAX MACHINE	09/14/98	200DE	7.00	HY17	1,000.				1,000.	1,000.	0.	1,000.
84	2 SONIC WALL SECURITY APPLIANCES	11/14/06	200DE	5.00	MC17	1,328.				1,328.	730.	239.	969.
85	SHREDDER	05/31/99	200DE	7.00	HY17	2,111.				2,111.	2,111.	0.	2,111.
86	OFFICE EQUIPMENT	12/31/00	200DE	7.00	HY17	9,005.				9,005.	9,005.	0.	9,005.
87	OFFICE EQUIPMENT	09/01/01	200DE	7.00	HY17	79,515.				79,515.	75,967.	3,548.	79,515.
88	DELL SERVER	07/25/02	200DE	5.00	HY17	2,730.				2,730.	2,730.	0.	2,730.
89	LAPTOP	09/19/02	200DE	5.00	HY17	2,461.				2,461.	2,461.	0.	2,461.

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90	E-MAIL SERVER	12/23/02	200DB	5.00		HY17	5,278.				5,278.	5,278.		0.	5,278.
91	I.P. PHONE CARD	03/26/03	200DB	5.00		HY17	1,600.				1,600.	1,600.		0.	1,600.
92	LCD PROJECTOR	06/10/03	200DB	5.00		HY17	1,802.				1,802.	1,802.		0.	1,802.
93	NH OFFICE	05/07/04	SL	39.00		MM16	3,000.				3,000.	321.		77.	398.
94	NH OFFICE	03/12/04	SL	39.00		MM16	1,000.				1,000.	113.		26.	139.
95	3RD FLOOR CARPET	07/23/03	200DB	7.00		MQ17	5,100.				5,100.	4,152.		446.	4,598.
96	CITRIX SERVER	07/18/03	200DB	5.00		MQ17	6,474.				6,474.	6,385.		89.	6,474.
97	MULTIMEDIA STATION	08/13/03	200DB	5.00		MQ17	1,408.				1,408.	1,389.		19.	1,408.
98	EXCHANGE SERVER SOFTWARE	08/21/03	200DB	3.00		MQ17	1,310.				1,310.	1,310.		0.	1,310.
99	BACK UP SOFTWARE	01/27/04	200DB	5.00		MQ17	2,252.				2,252.	2,093.		159.	2,252.
100	PHONE SYSTEM - NY	03/26/04	200DB	7.00		MQ17	3,802.				3,802.	2,918.		337.	3,255.
101	PHONE SYSTEM - WALTHAM	04/07/04	200DB	7.00		MQ17	16,745.				16,745.	12,541.		1,462.	14,003.
102	MULTIFUNCTIONAL COPIER - MA	04/15/04	200DB	7.00		MQ17	14,229.				14,229.	10,657.		1,242.	11,899.
103	LAPTOP & PROJECTOR - W MA	06/17/04	200DB	5.00		MQ17	2,998.				2,998.	2,711.		287.	2,998.
104	LAPTOP & PROJECTOR - NJ	06/17/04	200DB	5.00		MQ17	2,998.				2,998.	2,711.		287.	2,998.
105	DOC MAN SERVER	06/21/04	200DB	5.00		MQ17	8,274.				8,274.	7,482.		792.	8,274.
106	OFFICE COPIER - MA	06/30/04	200DB	7.00		MQ17	13,877.				13,877.	10,394.		1,211.	11,605.
107	NAS DEVICE	11/17/06	200DB	5.00		MQ17	1,971.				1,971.	1,084.		355.	1,439.

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108	COMPUTER - TROY, NY OFFICE	11/17/06	200DB	5.00	MC17		499.				499.	275.		90.	365.
109	2 SONIC WALL SECURITY APPLIANCES	12/18/06	200DB	5.00	MC17		1,328.				1,328.	730.		239.	969.
110	OFFICE PRINTER	12/28/06	200DB	5.00	MC17		490.				490.	270.		88.	358.
111	HUMIDEX MOISTURE CONTROL SYSTEM	03/05/07	SL	39.00	MC17		1,695.				1,695.	56.		43.	99.
112	CONFERENCE TABLE, 6 CHAIRS	03/13/07	200DB	7.00	MC17		1,846.				1,846.	669.		336.	1,005.
113	BASEMENT SHELVING	04/05/07	SL	39.00	MC17		536.				536.	17.		14.	31.
114	SONIC WALL SECURITY APPLIANCE	04/18/07	200DB	5.00	MC17		714.				714.	307.		163.	470.
115	4 CABINETS OF LOCKERS	04/26/07	SL	39.00	MC17		2,436.				2,436.	75.		63.	138.
116	INSTALL 21 SHELF UNITS	04/27/07	SL	39.00	MC17		2,394.				2,394.	74.		61.	135.
117	BASEMENT SHELVING	05/02/07	SL	39.00	MC17		161.				161.	5.		4.	9.
118	INSTALL FRESH AIR VENT	05/14/07	SL	39.00	MC17		523.				523.	15.		13.	28.
119	INSTALL 14 NEW THERMOSTATS	06/18/07	SL	39.00	MC17		3,118.				3,118.	83.		80.	163.
120	SONIC WALL SECURITY APPLIANCE	06/19/07	200DB	5.00	MC17		714.				714.	307.		163.	470.
121	LASER JET PRINTER	06/19/07	200DB	5.00	MC17		500.				500.	215.		114.	329.
122	LAPTOP - ETHIOPIA PROGRAM	06/25/07	200DB	5.00	MC17		1,959.				1,959.	842.		447.	1,289.
123	DIGITAL CAMERAS	09/30/06	200DB	5.00	HY17		540.				540.	281.		104.	385.
124	HARD DRIVES	11/17/06	200DB	5.00	HY17		324.				324.	169.		62.	231.
125	DESK	12/22/06	200DB	5.00	HY17		200.				200.	104.		38.	142.

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126	BOOKCASE	12/22/06	200DB	5.00		HY17	50.				50.	26.		10.	36.
127	CHAIR	01/27/07	200DB	5.00		HY17	180.				180.	94.		34.	128.
128	CHAIR	02/28/07	200DB	5.00		HY17	477.				477.	248.		92.	340.
129	8 ADOBE PACKAGES	03/15/07	200DB	5.00		HY17	1,173.				1,173.	610.		225.	835.
130	PICNIC TABLE	05/09/07	200DB	5.00		HY17	366.				366.	190.		70.	260.
131	CHAIRS	06/30/07	200DB	5.00		HY17	430.				430.	224.		82.	306.
132	DELL PC	12/31/05	200DB	5.00		HY17	1,244.				1,244.	886.		143.	1,029.
133	2 MOTOR CYCLES	12/31/05	200DB	5.00		HY17	3,579.				3,579.	2,548.		412.	2,960.
134	TELEPHONES	12/31/05	200DB	5.00		HY17	1,338.				1,338.	953.		154.	1,107.
135	FURNITURE	12/31/05	200DB	5.00		HY17	7,427.				7,427.	5,288.		856.	6,144.
136	2 REFRIGERATORS	12/31/05	200DB	5.00		HY17	973.				973.	693.		112.	805.
137	FURNITURE	12/31/05	200DB	5.00		HY17	1,222.				1,222.	870.		141.	1,011.
138	CARPETING	12/31/05	200DB	5.00		HY17	691.				691.	492.		80.	572.
139	KITCHEN ITEMS	12/31/05	200DB	5.00		HY17	930.				930.	662.		107.	769.
140	3 MATTRESSES	12/31/05	200DB	5.00		HY17	910.				910.	648.		105.	753.
141	STOVE	12/31/05	200DB	5.00		HY17	678.				678.	483.		78.	561.
142	INTEL PENTIUM 800 MHZ PC	12/31/06	200DB	5.00		HY17	638.				638.	332.		122.	454.
143	HATCHBACK	12/31/06	200DB	5.00		HY17	12,703.				12,703.	6,606.		2,439.	9,045.

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144	SAMSUNG MOBILE	12/31/06	200DB	5.00	HY17	376.				376.	195.		72.	267.
145	NOKIA MOBILE	12/31/06	200DB	5.00	HY17	443.				443.	231.		85.	316.
146	3 FILE CABINETS	12/31/06	200DB	5.00	HY17	556.				556.	289.		107.	396.
147	FURNITURE	12/31/06	200DB	5.00	HY17	1,021.				1,021.	531.		196.	727.
148	16 CHILDREN'S BEDS	12/31/06	200DB	5.00	HY17	867.				867.	451.		166.	617.
149	3 OIL RADIATOR HEATERS	12/31/06	200DB	5.00	HY17	535.				535.	278.		103.	381.
150	STORAGE SHED	12/31/06	200DB	5.00	HY17	1,233.				1,233.	641.		237.	878.
151	SONICWALL ROUTER	07/05/07	200DB	5.00	HY17	1,997.				1,997.	399.		639.	1,038.
152	MEMPHIS SERVER REPLACEMENT	07/23/07	200DB	5.00	HY17	3,030.				3,030.	606.		970.	1,576.
153	MONITOR	07/23/07	200DB	5.00	HY17	189.				189.	38.		60.	98.
154	15 THIN CLIENTS	08/06/07	200DB	5.00	HY17	4,020.				4,020.	804.		1,286.	2,090.
155	KITCHEN FAUCET	08/16/07	200DB	5.00	HY17	639.				639.	128.		204.	332.
156	NEW EXCHANGE SERVER	08/20/07	200DB	5.00	HY17	4,000.				4,000.	800.		1,280.	2,080.
157	10 THIN CLIENTS	09/13/07	200DB	5.00	HY17	2,675.				2,675.	535.		856.	1,391.
158	BLINDS FOR MAIN OFFICE	09/17/07	200DB	5.00	HY17	2,628.				2,628.	526.		841.	1,367.
159	LAPTOP	09/19/07	200DB	5.00	HY17	1,489.				1,489.	298.		476.	774.
160	4 LCD PANELS	09/19/07	200DB	5.00	HY17	640.				640.	128.		205.	333.
161	CONFERENCE TABLE	09/20/07	200DB	5.00	HY17	454.				454.	91.		145.	236.

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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2008 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No	Description	Date Acquired	Method	Life	C o n v	Line No	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
162	SIGNS	10/15/07	200DB	5.00	HY17		3,304.				3,304.	661.		1,057.	1,718.
163	LASERJET PRINTER	10/18/07	200DB	5.00	HY17		850.				850.	170.		272.	442.
164	5 THIN CLIENTS	11/07/07	200DB	5.00	HY17		1,355.				1,355.	271.		434.	705.
165	BACK-UP ROUTER	11/14/07	200DB	5.00	HY17		848.				848.	170.		271.	441.
166	THINKPAD	11/29/07	200DB	5.00	HY17		950.				950.	190.		304.	494.
167	SCAN DESK	12/10/07	200DB	5.00	HY17		672.				672.	134.		215.	349.
168	PROJECTOR FOR OYSTER BAY OFFICE	12/28/07	200DB	5.00	HY17		877.				877.	175.		281.	456.
169	SCANNER & SOFTWARE	02/05/08	200DB	5.00	HY17		13,285.				13,285.	2,657.		4,251.	6,908.
170	2 THIN CLIENTS	03/13/08	200DB	5.00	HY17		531.				531.	106.		170.	276.
171	POLYCOM SOUNDSTATION	03/19/08	200DB	5.00	HY17		1,198.				1,198.	240.		383.	623.
172	MONITORS	04/08/08	200DB	5.00	HY17		917.				917.	183.		294.	477.
173	FURNITURE & FIXTURES	12/31/07	200DB	5.00	HY17		25,147.				25,147.	5,029.		8,047.	13,076.
174	TOYOTA DOUBLE PICKUP	07/09/07	200DB	5.00	HY17		29,270.				29,270.	5,854.		9,366.	15,220.
175	TOYOTA DOUBLE PICKUP	07/18/07	200DB	5.00	HY17		34,168.				34,168.	6,834.		10,934.	17,768.
176	TOYOTA COASTER BUS	09/26/07	200DB	5.00	HY17		33,166.				33,166.	6,633.		10,613.	17,246.
177	TOYOTA SINGLE PICKUP	11/08/07	200DB	5.00	HY17		21,710.				21,710.	4,342.		6,947.	11,289.
178	TOYOTA RAV 4	12/08/07	200DB	5.00	HY17		52,040.				52,040.	10,408.		16,653.	27,061.
179	TOYOTA COROLLA	06/30/08	200DB	5.00	HY17		21,953.				21,953.	4,391.		7,025.	11,416.

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2008 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No	Description	Date Acquired	Method	Life	C o v	Line No	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
180	FLAT ROOF REPLACEMENT	09/03/08	SL	39.00		MM191	2,500.				2,500.			51.	51.
181	6 HARD DRIVES	07/21/08	200DB	5.00		HXL9B	1,045.				1,045.			209.	209.
182	5 THIN CABINETS	07/22/08	200DB	5.00		HXL9B	1,330.				1,330.			266.	266.
183	SONIC WALL BACKUP	10/03/08	200DB	5.00		HXL9B	908.				908.			182.	182.
184	HP LASERJET PRINTER	10/27/08	200DB	5.00		HXL9B	448.				448.			90.	90.
185	4 FILE CABINETS	04/21/09	200DB	5.00		HXL9B	1,521.				1,521.			304.	304.
186	FURNITURE - ETHIOPIA	12/31/08	200DB	5.00		HXL9B	11,608.				11,608.			2,322.	2,322.
187	COMPUTERS - ETHIOPIA	12/31/08	200DB	5.00		HXL9B	4,258.				4,258.			852.	852.
188	EQUIPMENT - ETHIOPIA	12/31/08	200DB	5.00		HXL9B	3,739.				3,739.			748.	748.
189	FURNITURE - ETHIOPIA	12/31/08	200DB	5.00		HXL9B	19,605.				19,605.			3,921.	3,921.
	* 990 PAGE 10 TOTAL PROGRAM SERVICES						1,929,972.				1,929,972.	924,256.		146,955.	1,071,211.
	* GRAND TOTAL 990 PAGE 10 DEPR						1,929,972.				1,929,972.	924,256.		146,955.	1,071,211.

828111
04-25-08

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Depreciation and Amortization 990
(Including Information on Listed Property)

▶ See separate instructions.

▶ Attach to your tax return.

WIDE HORIZONS FOR CHILDREN, INC.

FORM 990 PAGE 10

04-2564960

Part I Election To Expense Certain Property Under Section 179 *Note: If you have any listed property, complete Part V before you complete Part I.*

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	250,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	800,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.**Part II** Special Depreciation Allowance and Other Depreciation (Do not include listed property)

14	Special depreciation for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	5,417.

Part III MACRS Depreciation (Do not include listed property) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2008	17	132,593.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B - Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		44,462.	5 YRS.	HY	200DB	8,894.
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	09 / 08	2,500.	39 yrs.	MM	S/L	51.
	/			MM	S/L	

Section C - Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year	/		40 yrs	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	146,955.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use							25	
26 Property used more than 50% in a qualified business use.								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use.								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29	

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2008 tax year:					
43 Amortization of costs that began before your 2008 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44