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Form **990-PF**Department of the Treasury
Internal Revenue Service**Return of Private Foundation**
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation

OMB No 1545-0052

2009

Note: The foundation may be able to use a copy of this return to satisfy state reporting requirements

For calendar year **2009**, or tax year beginning , **2009**, and ending , **20**G Check all that apply ☐ Initial return ☐ Initial return of a former public charity ☐ Final return
☐ Amended return ☐ Address change ☐ Name change

Use the IRS label. Otherwise, print or type. See Specific Instructions.	Name of foundation HORIZON CHARITABLE FOUNDATION, INC. D/B/A HORIZON FOUNDATION FOR NEW JERSEY		A Employer identification number 20-0252405
	Number and street (or P O box number if mail is not delivered to street address)	Room/suite	B Telephone number (see page 10 of the instructions) (973) 466-8364
	THREE PENN PLAZA EAST, PP-15F		C If exemption application is pending, check here <input type="checkbox"/>
	City or town, state, and ZIP code NEWARK, NJ 07105-2200		D 1 Foreign organizations, check here <input type="checkbox"/> 2 Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation			E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 32,020,173.			F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>
J Accounting method. <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)			

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see page 11 of the instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1	Contributions, gifts, grants, etc., received (attach schedule)				
2	Check <input type="checkbox"/> if the foundation is not required to attach Sch. B.				
3	Interest on savings and temporary cash investments	364,151.	196,168.		ATCH 1
4	Dividends and interest from securities	350,569.	517,863.		ATCH 2
5a	Gross rents				
b	Net rental income or (loss)	-12,032,049.			
6a	Net gain or (loss) from sale of assets not on line 10				
b	Gross sales price for all assets on line 6a	32,632,923.			
7	Capital gain net income (from Part IV, line 2)		0.		
8	Net short-term capital gain				
9	Income modifications				
10a	Gross sales less returns and allowances				
b	Less Cost of goods sold				
c	Gross profit or (loss) (attach schedule)				
11	Other income (attach schedule)				
12	Total. Add lines 1 through 11	-11,317,329.	714,031.		
13	Compensation of officers, directors, trustees, etc.	6,000.			
14	Other employee salaries and wages				
15	Pension plans, employee benefits				
16a	Legal fees (attach schedule)				
b	Accounting fees (attach schedule)	12,000.			
c	Other professional fees (attach schedule)	168,766.			
17	Interest				
18	Taxes (attach schedule) (see page 14 of the instructions)	67,565.			
19	Depreciation (attach schedule) and depletion				
20	Occupancy				
21	Travel, conferences, and meetings	586.			
22	Printing and publications	70,410.			
23	Other expenses (attach schedule) ATCH 5	49,108.	9,719.		
24	Total operating and administrative expenses. Add lines 13 through 23	374,435.	9,719.		
25	Contributions, gifts, grants paid	2,043,286.			3,701,937.
26	Total expenses and disbursements. Add lines 24 and 25	2,417,721.	9,719.		3,701,937.
27	Subtract line 26 from line 12	-13,735,050.			
a	Excess of revenue over expenses and disbursements		704,312.		
b	Net investment income (if negative, enter -0-)			-0-	
c	Adjusted net income (if negative, enter -0-)				

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Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing			
	2 Savings and temporary cash investments	908,066.	1,393,050.	1,393,050.
	3 Accounts receivable			
	Less: allowance for doubtful accounts	0.	0.	0.
	4 Pledges receivable			
	Less: allowance for doubtful accounts			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see page 16 of the instructions)			
	7 Other notes and loans receivable (attach schedule)			
	Less: allowance for doubtful accounts			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges <u>ATCH 6</u>	28,986.	4,578.	4,578.
	10 a Investments - U.S. and state government obligations (attach schedule)			
	b Investments - corporate stock (attach schedule) <u>ATCH 7</u>	18,923,395.	20,904,958.	20,904,958.
	c Investments - corporate bonds (attach schedule) <u>ATCH 8</u>	13,488,985.	9,653,763.	9,653,763.
	Liabilities	11 Investments - land, buildings, and equipment basis Less: accumulated depreciation (attach schedule)		
12 Investments - mortgage loans				
13 Investments - other (attach schedule)				
14 Land, buildings, and equipment basis Less: accumulated depreciation (attach schedule)				
15 Other assets (describe <u>ATCH 9</u>)		105,409.	63,824.	63,824.
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)		33,454,841.	32,020,173.	32,020,173.
17 Accounts payable and accrued expenses		58,425.	58,603.	
18 Grants payable		5,144,362.	3,485,711.	
19 Deferred revenue				
20 Loans from officers, directors, trustees, and other disqualified persons				
21 Mortgages and other notes payable (attach schedule)				
22 Other liabilities (describe <u>ATCH 10</u>)	148,395.	61,427.		
23 Total liabilities (add lines 17 through 22)	5,351,182.	3,605,741.		
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted	28,103,659.	28,414,433.	
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. <input type="checkbox"/>			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg, and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds			
	30 Total net assets or fund balances (see page 17 of the instructions)	28,103,659.	28,414,433.	
31 Total liabilities and net assets/fund balances (see page 17 of the instructions)	33,454,841.	32,020,173.		

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	28,103,659.
2 Enter amount from Part I, line 27a	2	-13,735,050.
3 Other increases not included in line 2 (itemize) <u>ATTACHMENT 11</u>	3	14,048,210.
4 Add lines 1, 2, and 3	4	28,416,819.
5 Decreases not included in line 2 (itemize) <u>ATTACHMENT 12</u>	5	2,386.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	28,414,433.

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co.)			(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a SEE PART IV SCHEDULE					
b					
c					
d					
e					

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a			
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	(l) Gains (Col. (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
a			
b			
c			
d			
e			

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7
If (loss), enter -0- in Part I, line 7 } **2** 0.

3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)
If gain, also enter in Part I, line 8, column (c) (see pages 13 and 17 of the instructions)
If (loss), enter -0- in Part I, line 8. } **3**

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see page 18 of the instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2008	4,015,601.	40,750,639.	0.098541
2007	3,962,518.	36,112,574.	0.109727
2006	1,265,746.	25,556,391.	0.049528
2005	1,145,968.	15,222,890.	0.075279
2004	658,100.	9,607,374.	0.068499

2 Total of line 1, column (d) **2** 0.401574

3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years **3** 0.080315

4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5 **4** 28,765,504.

5 Multiply line 4 by line 3 **5** 2,310,301.

6 Enter 1% of net investment income (1% of Part I, line 27b) **6** 7,043.

7 Add lines 5 and 6 **7** 2,317,344.

8 Enter qualifying distributions from Part XII, line 4 **8** 3,701,937.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions on page 18.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the instructions)

1 a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1		1	7,043.
Date of ruling or determination letter _____ (attach copy of ruling letter if necessary - see instructions)			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b			
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2	
3 Add lines 1 and 2		3	7,043.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	7,043.
6 Credits/Payments			
a 2009 estimated tax payments and 2008 overpayment credited to 2009	6a	11,725.	
b Exempt foreign organizations-tax withheld at source	6b	0.	
c Tax paid with application for extension of time to file (Form 8868)	6c	0.	
d Backup withholding erroneously withheld	6d		
7 Total credits and payments. Add lines 6a through 6d	7	11,725.	
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8		
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	4,682.	
11 Enter the amount of line 10 to be. Credited to 2010 estimated tax <input checked="" type="checkbox"/> 4,682. Refunded <input type="checkbox"/>	11		

Part VII-A Statements Regarding Activities

	Yes	No
1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)?	1b	X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities		
c Did the foundation file Form 1120-POL for this year?	1c	X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation <input checked="" type="checkbox"/> \$ _____ (2) On foundation managers <input checked="" type="checkbox"/> \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input checked="" type="checkbox"/> \$ _____		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	X
If "Yes," attach a detailed description of the activities		
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3	X
4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	4b	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5	X
If "Yes," attach the statement required by General Instruction T		
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	X
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	X
8 a Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) <input checked="" type="checkbox"/> NJ, _____		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	X
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page 27)? If "Yes," complete Part XIV	9	X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10	X

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Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
Website address <input type="text"/> WWW.HORIZONBLUE.COM/FOUNDATION				
14	The books are in care of <input type="text"/> HORIZON HEALTHCARE SERVICES Telephone no <input type="text"/> 973-466-8364			
Located at <input type="text"/> 3 PENN PLAZA EAST PP-15F NEWARK, NJ ZIP + 4 <input type="text"/> 07105-2200				
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year <input type="text"/> 15			

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

	Yes	No
1a During the year did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)? <input type="checkbox"/> Organizations relying on a current notice regarding disaster assistance check here <input type="checkbox"/>	1b	X
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2009? <input type="checkbox"/>	1c	X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))		
a At the end of tax year 2009 did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years <input type="text"/>		
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see page 20 of the instructions) <input type="checkbox"/>	2b	X
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. <input type="text"/>		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2009) <input type="checkbox"/>	3b	
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? <input type="checkbox"/>	4a	X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009? <input type="checkbox"/>	4b	X

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Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)**5a** During the year did the foundation pay or incur any amount to:

- (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☒ No
- (2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☒ No
- (3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☒ No
- (4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instructions) ☐ Yes ☒ No
- (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☒ No

b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)?

5b

Organizations relying on a current notice regarding disaster assistance check here ☐**c** If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?☐ Yes ☐ No

If "Yes," attach the statement required by Regulations section 53.4945-5(d)

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?☐ Yes ☒ No**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

6b

If "Yes" to 6b, file Form 8870

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?☐ Yes ☒ No**b** If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?

7b

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1** List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions).

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
ATTACHMENT 13		0.	0.	0.

2 Compensation of five highest-paid employees (other than those included on line 1 - see page 23 of the instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000 ☐

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**3 Five highest-paid independent contractors for professional services** (see page 23 of the instructions). If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services NONE

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 N/A	
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see page 23 of the instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 N/A	
2	
All other program-related investments See page 24 of the instructions	
3 N/A	
Total. Add lines 1 through 3	

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Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see page 24 of the instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	20,927,610.
b	Average of monthly cash balances	1b	8,275,947.
c	Fair market value of all other assets (see page 24 of the instructions)	1c	0.
d	Total (add lines 1a, b, and c)	1d	29,203,557.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	29,203,557.
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see page 25 of the instructions)	4	438,053.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	28,765,504.
6	Minimum investment return. Enter 5% of line 5	6	1,438,275.

Part XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	1,438,275.
2a	Tax on investment income for 2009 from Part VI, line 5	2a	7,043.
b	Income tax for 2009 (This does not include the tax from Part VI)	2b	
c	Add lines 2a and 2b	2c	7,043.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,431,232.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	1,431,232.
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	1,431,232.

Part XII Qualifying Distributions (see page 25 of the instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	3,701,937.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	0.
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	0.
b	Cash distribution test (attach the required schedule)	3b	0.
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	3,701,937.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	7,043.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	3,694,894.

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see page 26 of the instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI, line 7				1,431,232.
2 Undistributed income, if any, as of the end of 2009				
a Enter amount for 2008 only				
b Total for prior years 20 07 20 06 20 05				
3 Excess distributions carryover, if any, to 2009				
a From 2004				142,909.
b From 2005				586,075.
c From 2006				90,454.
d From 2007				2,411,365.
e From 2008				2,006,541.
f Total of lines 3a through e	5,237,344.			
4 Qualifying distributions for 2009 from Part XII, line 4: ► \$ 3,701,937.				
a Applied to 2008, but not more than line 2a				
b Applied to undistributed income of prior years (Election required - see page 26 of the instructions)				
c Treated as distributions out of corpus (Election required - see page 26 of the instructions)				
d Applied to 2009 distributable amount				1,431,232.
e Remaining amount distributed out of corpus	2,270,705.			
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	7,508,049.			
b Prior years' undistributed income. Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b. Taxable amount - see page 27 of the instructions				
e Undistributed income for 2008. Subtract line 4a from line 2a Taxable amount - see page 27 of the instructions				
f Undistributed income for 2009 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2010.				
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions)				
8 Excess distributions carryover from 2004 not applied on line 5 or line 7 (see page 27 of the instructions)	142,909.			
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	7,365,140.			
10 Analysis of line 9				
a Excess from 2005	586,075.			
b Excess from 2006	90,454.			
c Excess from 2007	2,411,365.			
d Excess from 2008	2,006,541.			
e Excess from 2009	2,270,705.			

4942(j)(5)

PAGE 10

Part XV Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year ATTACHMENT 15				
Total.			▶ 3a	3,701,937.
b Approved for future payment ATTACHMENT 16				
Total.			▶ 3b	2,043,286.

Form 990-PF (2009)

ATTACHMENT 1

FORM 990PF, PART I - INTEREST ON TEMPORARY CASH INVESTMENTS

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME
INTEREST -S/T INVESTMENTS	364,151.	196,168.
TOTAL	364,151.	196,168.

ATTACHMENT 2FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>NET INVESTMENT INCOME</u>
DIVIDEND INCOME	350,569.	517,863.
TOTAL	<u>350,569.</u>	<u>517,863.</u>

ATTACHMENT 3FORM 990PF, PART I - OTHER PROFESSIONAL FEES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>
PROFESSIONAL FEES PAID TO HHS	168,766.
TOTALS	<u>168,766.</u>

ATTACHMENT 4FORM 990PF, PART I - TAXES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>
FEDERAL EXCISE TAX EXPENSE	67,565.
TOTALS	<u>67,565.</u>

ATTACHMENT 5FORM 990PF, PART I - OTHER EXPENSES

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME
BANK FEES	25,820.	9,719.
EQUIPMENT	1,210.	0.
LICENSE & FEES	13,962.	0.
POSTAGE & COURIER	4,602.	0.
OTHER OPERATING EXPENSES	2,861.	0.
IS SUPPORT	653.	0.
TOTALS	<u>49,108.</u>	<u>9,719.</u>

FORM 990PF, PART II - PREPAID EXPENSES AND DEFERRED CHARGES

ATTACHMENT 6

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>	<u>ENDING FMV</u>
FEDERAL EXCISE TAX RECOVERABLE	4,578.	4,578.
TOTALS	<u>4,578.</u>	<u>4,578.</u>

FORM 990PF, PART II - CORPORATE STOCK

ATTACHMENT 7

<u>DESCRIPTION</u>	<u>ENDING</u>	<u>ENDING</u>
	<u>BOOK VALUE</u>	<u>FMV</u>
STK INDEX MUTUAL FUND - AT MKT	20,904,958.	20,904,958.
TOTALS	<u>20,904,958.</u>	<u>20,904,958.</u>

FORM 990PF, PART II - CORPORATE BONDS

ATTACHMENT 8

<u>DESCRIPTION</u>	<u>ENDING</u>	<u>ENDING</u>
	<u>BOOK VALUE</u>	<u>FMV</u>
BOND INDEX MUTUAL FUND -AT MKT	9,653,763.	9,653,763.
TOTALS	<u>9,653,763.</u>	<u>9,653,763.</u>

ATTACHMENT 9

DESCRIPTION	ENDING BOOK VALUE	ENDING FMV
ACCRUED INTEREST & DIVIDENDS	63,824.	63,824.
TOTALS	63,824.	63,824.

FORM 990PF, PART II - OTHER LIABILITIES

ATTACHMENT 10

DESCRIPTION

ENDING
BOOK VALUE

DEFERRED EXCISE TAX LIABILITY	43,157.
DUE TO BROKER	0.
RELATED PARTY PAYABLE	18,270.

TOTALS	<u>61,427.</u>
--------	----------------

ATTACHMENT 11FORM 990PF, PART III - OTHER INCREASES IN NET WORTH OR FUND BALANCESDESCRIPTIONAMOUNT

UNREALIZED GAIN ON INVESTMENTS

14,048,210.

TOTAL

14,048,210.

ATTACHMENT 12FORM 990PF, PART III - OTHER DECREASES IN NET WORTH OR FUND BALANCESDESCRIPTIONAMOUNT

IN KIND REVENUE

2,386.

TOTAL

2,386.

HORIZON CHARITABLE FOUNDATION, INC.

20-0252405

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

ATTACHMENT 13

CONTRIBUTIONS
TO EMPLOYEE
BENEFIT PLANS

EXPENSE ACCT
AND OTHER
ALLOWANCES

COMPENSATION

TITLE AND AVERAGE HOURS PER
WEEK DEVOTED TO POSITION

NAME AND ADDRESS

WILLIAM J. MARINO

THREE PENN PLAZA EAST, PP-15F
NEWARK, NJ 07105-2200

PRESIDENT

0.

0.

0.

ROBERT A. MARINO

THREE PENN PLAZA EAST, PP-15F
NEWARK, NJ 07105-2200

VICE PRESIDENT

0.

0.

0.

ROBERT J. PURES

THREE PENN PLAZA EAST, PP-15F
NEWARK, NJ 07105-2200

TREASURER

0.

0.

0.

CHRISTY W. BELL

THREE PENN PLAZA EAST, PP-15F
NEWARK, NJ 07105-2200

VICE PRESIDENT

0.

0.

0.

LINDA A. WILLET

THREE PENN PLAZA EAST, PP-15F
NEWARK, NJ 07105-2200

SECRETARY

0.

0.

0.

MARYSUE DEMEGLIO

THREE PENN PLAZA EAST, PP-15F
NEWARK, NJ 07105-2200

DIRECTOR

0.

0.

0.

HORIZON CHARITABLE FOUNDATION, INC.

20-0252405

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

ATTACHMENT 13 (CONT'D)

CONTRIBUTIONS
TO EMPLOYEE
BENEFIT PLANS

EXPENSE ACCT
AND OTHER
ALLOWANCES

COMPENSATION

TITLE AND AVERAGE HOURS PER
WEEK DEVOTED TO POSITION

NAME AND ADDRESS

DIRECTOR

0.

0.

0.

THOMAS W. RUBINO
THREE PENN PLAZA EAST, PP-15F
NEWARK, NJ 07105-2200

EXECUTIVE DIRECTOR

0.

0.

0.

LAWRENCE B. ALTMAN
THREE PENN PLAZA EAST, PP-15F
NEWARK, NJ 07105-2200

GRAND TOTALS

0.

0.

0.

FORM 990PF, PART XV - NAME, ADDRESS AND PHONE FOR APPLICATIONS

N/A

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

ATTACHMENT 15

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

AND

FOUNDATION STATUS OF RECIPIENT

PURPOSE OF GRANT OR CONTRIBUTION

AMOUNT

RECIPIENT NAME AND ADDRESS

SEE STATEMENT 18

ADDRESS AVAILABLE UPON REQUEST
NEWARK, NJ 07105-2200

UNRELATED TO SUBSTANTIAL CONTRIBUTOR
501(C)(3) ORGANIZATIONS

SUPPORT OF 501(C)(3) ORGANIZATION

3,701,937

TOTAL CONTRIBUTIONS PAID

3,701,937

FORM 990PF, PART XV - CONTRIBUTIONS APPROVED FOR FUTURE PAYMENT

ATTACHMENT 16

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

AND

FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS

PURPOSE OF GRANT OR CONTRIBUTION

AMOUNT

SEE STATEMENT 18

ADDRESS AVAILABLE UPON REQUEST
NEWARK, NJ 07105-2200

UNRELATED TO SUBSTANTIAL CONTRIBUTOR

501(C)(3) ORGANIZATIONS

SUPPORT OF 501(C)(3) ORGANIZATION

2,043,286

TOTAL CONTRIBUTIONS APPROVED

2,043,286

Horizon Charitable Foundation, Inc.
d/b/a Horizon Foundation for New Jersey
EIN # 20-0252405
Form 990-PF
For the Taxable Year Ended December 31, 2004
Part XV, Supplementary Information
Line 2b & c, Information Regarding Contribution, Grant, Gift, Loan, Scholarship,
etc., Programs

Grant Application Process

The Horizon Foundation for New Jersey only accepts electronic grant applications. Proposals may be submitted online by visiting the Foundation Web site at www.horizonblue.com/foundation. Applications are accepted between January 1 and October 31, and organizations may submit an application only once a year. The Foundation takes the following criteria into consideration when making funding decisions:

- 1 The degree to which the project aligns with the Foundation's mission
- 2 Merit of the proposed project
- 3 Quality of the organization's programs and services
- 4 The capacity of the organization to successfully carry out the proposed project
- 5 The organization's relationship and standing within the community it proposes to serve
- 6 The organization's general structure, goals, history, and management capability
- 7 The amount requested in relationship to available funds.

The application will require the following information to be furnished to the Foundation in the online form:

- Tax ID number.
- A brief description of the organization, including its legal name, history, activities, number of staff, purpose, and governing board
- Name, address, email, and telephone number of the proposal's primary contact
- The purpose for which the grant is requested, including the project timeline and population served
- The amount requested and a list of other sources of financial support
- Current organizational budget
- Measurable goals and objectives of the project

In addition to the above information, applicants will be required to attach or mail the following documents:

- A copy of the IRS determination letter indicating 501(c)(3) tax-exempt status as an organization that is not a private foundation.
- A copy of the most recently audited financial statements
- A copy of the organization's most recent Form 990-Income Tax Return of organization exempt from income tax certified by a Certified Public Accountant
- A list of members of the Board of Directors and a list of officers or similar governing body, including their business affiliations
- Latest annual report, if available.

Each request will be reviewed to determine eligibility and conformity to the guidelines for the appropriate category, the year's contributions, and program priorities.

The Foundation will send an acknowledgement within ten (10) days of receiving an application. Applicants will hear from the Foundation regarding a funding decision within 120 days from the date a complete application is received by the Foundation. All funding decisions are final, although declined applicants are encouraged to reapply. Unless the Foundation grants a multi-year commitment, grant renewals are not automatic and cannot be guaranteed from year to year. Most grant awards range from \$5,000 to \$25,000.

STATEMENT

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Horizon Charitable Foundation, Inc.
d/b/a Horizon Foundation for New Jersey
EIN # 20-0252405
Form 990-PF
For the Taxable Year Ended December 31, 2004
Part XV, Supplementary Information
Line 2d, Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc.,
Programs

Guidelines

Grant Application Guidelines¹ for The Horizon Foundation for New Jersey

The purpose of The Horizon Foundation for New Jersey is to promote health, well-being, and quality of life in New Jersey communities. The specific objectives listed below are stated to support this purpose.

The Horizon Foundation for New Jersey only considers requests submitted by organizations that have a tax-exempt classification under Sections 501(c)(3) of the U S. Internal Revenue Code. Organizations should meet the following criteria.

- Organization mission should be aimed at promoting health, well-being, and quality of life in New Jersey communities.
- Be located in and serve Horizon Blue Cross Blue Shield of New Jersey's service area in New Jersey
- Have demonstrated experience with the activities proposed in the funding proposal
- Should not duplicate the work of other organizations already supported by the Foundation within the same geographic area.
- Be able to identify specific, measurable, short- and long-term objectives.
- Have a current and satisfactory financial audit conducted by a Certified Public Accountant.
- Agree to the Foundation's financial reporting requirements for monitoring purposes.
- Have a longstanding reputation for credibility and integrity

The Horizon Foundation for New Jersey will not fund:

- Individuals.
- Political Causes.
- Political Candidates.
- Political Organizations.
- Political Campaigns.

)

STATEMENT 17^(2/2)

Horizon Charitable Foundation, Inc.
Supplemental Schedule of Grants Awarded and Paid
Twelve months ended December 31, 2009

	Year Awarded	Grants Payable Beginning of Year	Grants Awarded 2009	Grants Paid 2009	Grants Payable End of Period
CAMcare Health Corp	2008	90,000		90,000	- *
Community Health Care, Inc.	2008	70,000		70,000	- *
Jewish Renaissance Medical Center, Inc.	2008	85,027		85,027	- *
St. Luke's Catholic Medical Centers, Inc.	2008	29,000		29,000	- *
Visiting Nurse Association of Central Jersey Community Health Center, Inc.	2008	85,000		85,000	- *
Volunteers in Health	2008	44,333		44,333	- *
New Jersey YMCA State Alliance, Inc.	2007	299,825		107,805	192,020
American Cancer Society	2008	120,000		120,000	-
American Conference on Diversity	2008	20,000		20,000	-
American Diabetes Association	2008	40,000		40,000	-
American Heart Association	2008	50,000		50,000	-
Arts Council of Princeton	2008	10,000		10,000	-
Arts Horizons	2008	20,000		20,000	-
ASPIRA, Inc. of New Jersey	2008	15,000		15,000	-
Bergen Volunteer Medical Initiative	2008	40,000		20,000	20,000 **
Boat People SOS	2008	15,000		15,000	-
CAMcare Health Corp	2008	200,000			200,000 **
Cape Volunteers in Medicine/Volunteers in Medicine of Cape May County	2008	202,500		67,500	135,000 **
Catholic Charities of the Archdiocese of Newark	2008	20,000		20,000	-
Cerebral Palsy of Middlesex County	2008	10,000		10,000	-
Children's Futures	2008	50,000		50,000	-
Community Health Care	2008	100,000			100,000 **
CPC Behavioral Healthcare	2008	28,500		28,500	-
Emmanuel Cancer Foundation	2008	10,000		10,000	-
Family & Community Services of Somerset County	2008	16,000		16,000	-
Greater Newark Conservancy	2008	20,000		20,000	-
Helen Keller International	2008	15,000		15,000	-
Hope House	2008	25,000		25,000	-
Horizon Health Center	2008	100,000		100,000	**
I Beseech Thee Community Development Corporation	2008	25,000		25,000	- **
Inwood House	2008	20,000		20,000	-
Jersey City Museum	2008	10,000		10,000	-
Jewish Renaissance Medical Center	2008	100,000			100,000 **
Kids Corporation	2008	15,000		15,000	-
KinderSmile Foundation	2008	20,000		20,000	-
Liberty Science Center	2008	30,000		30,000	-
Little Kids Rock	2008	20,000		20,000	-
Metropolitan Family Health Network	2008	140,000		70,000	70,000 **
Monmouth Family Health Center	2008	200,000		66,000	134,000 **
Montclair State University Foundation	2008	7,500		7,500	-
Neighborhood Health Services Corp	2008	150,000			150,000 **
New Jersey Ballet Company	2008	5,000		5,000	-
New Jersey Foundation of Dentistry for Persons with Disabilities	2008	50,000		50,000	-
New Jersey Institute of Technology Foundation	2008	20,000		20,000	-
New Jersey Network Foundation	2008	75,000		75,000	-
New Jersey Performing Arts Center	2008	800,000		200,000	600,000
New Jersey Theatre Alliance	2008	10,000		10,000	-
Newark Arts Council	2008	15,000		15,000	-
Newark Boys Chorus School	2008	20,000		20,000	-
Newark Community Health Centers	2008	300,000		100,000	200,000 **
Newark Youth Golf	2008	10,000		10,000	-
North Hudson Community Action Corporation	2008	100,000		40,000	60,000 **
Ocean Community Economic Action Now	2008	40,000		40,000	-
Paterson Community Health	2008	85,000		85,000	- **
Pregnancy Care Center via Options for Women	2008	15,000		15,000	-
Prevention Education	2008	15,000		15,000	-
Providence Medical Clinic	2008	50,000		50,000	- **
Saint Peter's College	2008	10,000		10,000	-
Somerset Home for Temporarily Displaced Children	2008	10,000		10,000	-
South Jersey AIDS Alliance	2008	15,000		15,000	-
St. Benedict's Preparatory School	2008	20,000		20,000	-
St. Vincent Academy	2008	24,000		24,000	-
The Arc of New Jersey	2008	30,500		30,500	-
The Bridge	2008	15,000		15,000	-
The Community Theatre	2008	10,000		10,000	-
United States Catholic Conference/St. Luke's Catholic Medical Services	2008	65,100			65,100 **
United Way of Essex and West Hudson	2008	75,000		75,000	-
Visiting Nurse Association of Central Jersey Community Health Center	2008	100,000			100,000 **
Volunteers in Health/Parker Family Health Center	2008	200,000			200,000 **
West Bergen Mental Healthcare	2008	25,000		25,000	-
Women Helping Women	2008	10,000		10,000	-
Youth Development Clinic	2008	25,000		25,000	-
Zuffli Health Center	2008	300,000		100,000	200,000 **
AIDS Resource Foundation for Children	2009		20,000	20,000	-
Algonquin Arts	2009		7,500	7,500	-
All About H O P E	2009		30,000	30,000	-
American Red Cross of Northern New Jersey	2009		10,000	10,000	-
Appel Farm Arts and Music Center	2009		7,500	7,500	-
Arts Council of the Morris Area	2009		5,000	5,000	-
Bancroft NeuroHealth	2009		30,000	30,000	-
Bergen Performing Arts Center	2009		20,000	20,000	-
Camden Eye Center	2009		15,000	15,000	-
ChoiceOne Pregnancy & Sexual Health Resource Centers	2009		25,000	25,000	-
Christ the King Preparatory School	2009		36,000	36,000	-
Dante Hall Theater of the Arts	2009		5,000	5,000	-
Diabetes Foundation	2009		10,000	10,000	-
Family Resource Network	2009		15,000	15,000	-
FAN4Kids	2009		20,000	20,000	-
Jewish Vocational Service of Metro West	2009		10,000	10,000	-
Main Street Counseling Center	2009		25,000	25,000	-
McCarter Theatre	2009		7,500	7,500	-
Mid-Atlantic Center for the Arts	2009		5,000	5,000	-
Montclair Art Museum	2009		10,000	10,000	-
Morris Museum	2009		5,625	5,625	-
New Eyes for the Needy	2009		15,000	15,000	-

STATEMENT

11/17/18

Horizon Charitable Foundation, Inc.
Supplemental Schedule of Grants Awarded and Paid
Twelve months ended December 31, 2009

	Year Awarded	Grants Payable Beginning of Year	Grants Awarded 2009	Grants Paid 2009	Grants Payable End of Period
New Jersey Chamber of Commerce Foundation	2009		25,000	25,000	-
New Jersey Symphony Orchestra	2009		150,000	150,000	-
Newark School of the Arts	2009		7,500	7,500	-
North Ward Center	2009		50,000	50,000	-
Opera New Jersey	2009		7,500	7,500	-
Paper Mill Playhouse	2009		10,000	10,000	-
Partnership for a Drug-Free New Jersey	2009		15,000	15,000	-
Princeton Center for Leadership Training	2009		20,000	20,000	-
Special Olympics New Jersey	2009		25,000	25,000	-
Symphony in C	2009		10,000	10,000	-
The Arts Guild of Rahway	2009		7,500	7,500	-
The Ritz Theatre Company	2009		4,000	4,000	-
The Shakespeare Theatre of New Jersey	2009		7,500	7,500	-
The Valene Fund	2009		20,000	20,000	-
Tri-State Actors Theater	2009		5,000	5,000	-
Wheaton Arts and Cultural Center	2009		10,000	10,000	-
American Repertory Ballet	2009		7,500	7,500	-
CancerCare of New Jersey	2009		20,000	20,000	-
City Without Walls	2009		10,000	10,000	-
Community Foundation of New Jersey	2009		25,000	25,000	-
The Discovery Orchestra	2009		7,500	7,500	-
Embrace Kids Foundation	2009		15,000	15,000	-
Family Guidance Center	2009		15,000	15,000	-
First Choice Women's Resource Centers	2009		7,500	7,500	-
Hyacinth Foundation, a New Jersey Nonprofit Corporation	2009		25,000	25,000	-
The Leukemia & Lymphoma Society	2009		15,000	15,000	-
Link Community School	2009		7,500	7,500	-
Monmouth County Arts Council	2009		5,625	5,625	-
Perkins Center for the Arts	2009		7,500	7,500	-
Playwrights Theatre	2009		7,500	7,500	-
Puerto Rican Unity for Progress	2009		15,000	15,000	-
The Richard Stockton College of New Jersey Foundation	2009		25,000	25,000	-
Solutions Pregnancy & Health Center	2009		8,000	8,000	-
State Theatre Regional Arts Center at New Brunswick	2009		12,000	12,000	-
Surflight Theatre	2009		7,500	7,500	-
Today's Choice Resource Center for Pregnancy & Sexual Health	2009		6,000	6,000	-
American Conference on Diversity	2009		20,000		20,000
American Diabetes Association	2009		40,000		40,000
American Heart Association	2009		50,000		50,000
Answer - Rutgers University Foundation	2009		20,000		20,000
Arts Council of Princeton	2009		7,500		7,500
ASPIRA, Inc. of New Jersey	2009		15,000		15,000
Cape Asst	2009		15,000		15,000
Catholic Charities of the Archdiocese of Newark	2009		20,000		20,000
Child Development Center	2009		10,000		10,000
Children's Aid and Family Services	2009		25,000		25,000
Children's Futures	2009		50,000		50,000
The Community Theatre at Mayo Center for the Performing Arts	2009		10,000		10,000
Connection for Women and Families	2009		20,000		20,000
CPC Behavioral Healthcare	2009		28,500		28,500
Family & Community Services of Somerset County	2009		12,000		12,000
Helen Keller International	2009		10,000		10,000
HiTOPS	2009		25,000		25,000
Hope House	2009		25,000		25,000
Inwood House	2009		20,000		20,000
Literacy Volunteers Association Cape-Atlantic	2009		15,000		15,000
Little Kids Rock	2009		5,000		5,000
Marylawn of the Oranges	2009		15,000		15,000
Newark Arts Council	2009		9,000		9,000
Newark Boys Chorus School	2009		20,000		20,000
Newark Youth Golf	2009		10,000		10,000
New Jersey Foundation of Dentistry for Persons with Disabilities	2009		50,000		50,000
New Jersey Network Foundation	2009		75,000		75,000
New Jersey YMCA State Alliance	2009		143,000		143,000
Prevention Education	2009		15,000		15,000
Puerto Rican Family Institute	2009		30,000		30,000
Somerset Home for Temporarily Displaced Children	2009		10,000		10,000
South Jersey AIDS Alliance	2009		15,000		15,000
South Jersey Cultural Alliance	2009		7,500		7,500
St. Benedict's Preparatory School	2009		20,000		20,000
St. Philip's Academy	2009		10,000		10,000
St. Vincent Academy	2009		24,000		24,000
West Bergen Mental Healthcare	2009		25,000		25,000
Women's Heart Foundation	2009		15,000		15,000
Matching Gift Contributions		32,077	149,536	158,522	23,091
Grand Total		\$ 5,144,362	\$ 2,043,286	\$ 3,701,937	\$ 3,485,711

* 2006 Health Center Initiative
** 2008 Health Center Initiative

STATEMENT 18 (2/2)

SCHEDULE D
(Form 1041)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

► **Attach to Form 1041, Form 5227, or Form 990-T. See the instructions for Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable).**

OMB No 1545-0092

2009

Name of estate or trust **HORIZON CHARITABLE FOUNDATION, INC.**
D/B/A HORIZON FOUNDATION FOR NEW JERSEY

Employer identification number
20-0252405

Note: Form 5227 filers need to complete *only* Parts I and II

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo, day, yr)	(c) Date sold (mo, day, yr)	(d) Sales price	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
1a					

b Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b	1b	
2 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824	2	
3 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts	3	
4 Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2008 Capital Loss Carryover Worksheet	4	()
5 Net short-term gain or (loss). Combine lines 1a through 4 in column (f) Enter here and on line 13, column (3) on the back ►	5	-269,087.

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo, day, yr)	(c) Date sold (mo, day, yr)	(d) Sales price	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
6a					

b Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b	6b	
7 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824	7	
8 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts	8	
9 Capital gain distributions	9	
10 Gain from Form 4797, Part I	10	
11 Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2008 Capital Loss Carryover Worksheet	11	()
12 Net long-term gain or (loss). Combine lines 6a through 11 in column (f) Enter here and on line 14a, column (3) on the back ►	12	-2,282,273.

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2009

Part III Summary of Parts I and II**Caution:** Read the instructions *before* completing this part.

		(1) Beneficiaries' (see page 5)	(2) Estate's or trust's	(3) Total
13	Net short-term gain or (loss)	13		-269,087.
14	Net long-term gain or (loss):			
a	Total for year	14a		-2,282,273.
b	Unrecaptured section 1250 gain (see line 18 of the wrkshet)	14b		
c	28% rate gain	14c		
15	Total net gain or (loss). Combine lines 13 and 14a ▶	15		-2,551,360.

Note: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a). If lines 14a and 15, column (2), are net gains, go to Part V, and **do not** complete Part IV. If line 15, column (3), is a net loss, complete Part IV and the **Capital Loss Carryover Worksheet**, as necessary.

Part IV Capital Loss Limitation

16	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the smaller of	16	(3,000.)
a	The loss on line 15, column (3) or b \$3,000		

Note: If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the **Capital Loss Carryover Worksheet** on page 7 of the instructions to figure your capital loss carryover.

Part V Tax Computation Using Maximum Capital Gains Rates

Form 1041 filers. Complete this part **only** if both lines 14a and 15 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more than zero.

Caution: Skip this part and complete the worksheet on page 8 of the instructions if:

- Either line 14b, col (2) or line 14c, col. (2) is more than zero, or
- Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.

Form 990-T trusts. Complete this part **only** if both lines 14a and 15 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, line 34, is more than zero. Skip this part and complete the worksheet on page 8 of the instructions if either line 14b, col (2) or line 14c, col (2) is more than zero.

17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34) . . .	17		
18	Enter the smaller of line 14a or 15 in column (2) but not less than zero	18		
19	Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T)	19		
20	Add lines 18 and 19	20		
21	If the estate or trust is filing Form 4952, enter the amount from line 4g, otherwise, enter -0- . . . ▶	21		
22	Subtract line 21 from line 20. If zero or less, enter -0-	22		
23	Subtract line 22 from line 17. If zero or less, enter -0-	23		
24	Enter the smaller of the amount on line 17 or \$2,300	24		
25	Is the amount on line 23 equal to or more than the amount on line 24? <input type="checkbox"/> Yes. Skip lines 25 and 26, go to line 27 and check the "No" box <input type="checkbox"/> No. Enter the amount from line 23	25		
26	Subtract line 25 from line 24	26		
27	Are the amounts on lines 22 and 26 the same? <input type="checkbox"/> Yes. Skip lines 27 thru 30, go to line 31 <input type="checkbox"/> No. Enter the smaller of line 17 or line 22	27		
28	Enter the amount from line 26 (If line 26 is blank, enter -0-)	28		
29	Subtract line 28 from line 27	29		
30	Multiply line 29 by 15% (.15)	30		
31	Figure the tax on the amount on line 23. Use the 2009 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041)	31		
32	Add lines 30 and 31	32		
33	Figure the tax on the amount on line 17. Use the 2009 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041)	33		
34	Tax on all taxable income. Enter the smaller of line 32 or line 33 here and on Form 1041, Schedule G, line 1a (or Form 990-T, line 36)	34		

Schedule D (Form 1041) 2009

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization HORIZON CHARITABLE FOUNDATION, INC.	Employer identification number 20 : 0252405
	Number, street, and room or suite no. If a P.O. box, see instructions C/O Tax Dept. 3 Penn Plaza East, PP15F	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Newark, NJ 07105-2200	

Check type of return to be filed (File a separate application for each return):

- | | | | |
|--------------------------------------|---|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Form 990 | <input checked="" type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720 | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 5227 | |

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **Horizon Healthcare Services, Inc.**

Telephone No. **(973) 466-8364** FAX No. **(973) 466-4632**

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **11/15**, 20**10**.
- 5 For calendar year **2009**, or other tax year beginning _____, 20____, and ending _____, 20____.
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension **All of the information required in order to prepare a complete and accurate tax return is not currently available.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	7147
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	11725
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	NONE

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶

Title ▶

Director of Corp Tax

Date ▶

8/10/10

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No 1545-1709

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*

Type or print File by the due date for filing your return. See instructions	Name of Exempt Organization	Employer identification number
	Horizon Charitable Foundation, Inc	20-0252405
	Number, street, and room or suite no. If a P.O. box, see instructions	
	c/o Tax Dept., Three Penn Plaza East PP-15F	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	Newark, NJ 07105	

Check type of return to be filed (file a separate application for each return)

- | | | |
|---|---|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input checked="" type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ HORIZON HEALTHCARE SERVICES, INC

Telephone No ▶ 973-466-8364FAX No. ▶ 973-466-4632

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/16, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for

- ▶ ☐ calendar year _____ or
- ▶ ☒ tax year beginning 01/01, 2009, and ending 12/31, 2009

2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$	7,147.00
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$	11,725.00
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$	NONE

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2009)