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Form 990-PF

Return of Private Foundation

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

2010

OMB No 1545-0052

		of the Treasury	Nata a a		as a Priv				2010	
		enue Service	Note The foundation or tax year beginning	nay be able to u	se a copy of this		state reporting re 2010, and end		. 20	
		k all that apply	Initial return		Initial Pot	-	er public char		nal return	
•	Silecr	k all that apply	Amended retu	rn -	Address c		· -	me change ∷	narretum	
Na	me o	of foundation		The Address change Name				A Employer identification number		
		NEW H	ORIZONS FOUN	DATION	DATION INC		25-1594428			
Ni	ımber	r and street (or P	O box number if mail is	not delivere	d to street a	ddress)	Room/suite	B Telephone numbe	r (see the instructions)	
		145 N	IEW HORIZONS	DRIVE				724-254-1	522	
Cı	ty or t	town, state, and						C If exemption application check here	is pending,	
		CLYME	R PA 15728					D 1 Foreign organization		
		k type of organiz	<u> </u>	. —	t private fou	indation		2 Foreign organization test check here and	attach computation	
Ш	Section	on 4947(a)(1) no	nexempt charitable trust		taxable priv		on	 If private foundation state terminated under section 		
		rket value of all a	abboto at cha of	Accounting i		Cash	Accrual	507(b)(1)(A), check here	L	
	ar (fro	om Part II, col (c		Other (sp				F if the foundation is in a 6 termination under section		
▶ \$		Analysis of Pay	291,941.	(Part I, colur	mn (d) must	be on cash	basis)	507(b)(1)(B), check here	 	
		(The total of amo (c), & (d) may no amounts in colun	ounts in columns (b), of necessarily equal the nn (a) (see instr.)	expen boo	enue and ses per oks	1 , ,	nvestment ome	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)	
	1	Contributions, gifts, g (attach schedule)	grants, etc , received	13	, 030.	1 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Carlo Sala Sala		
	2	Check ►	ıf the foundation is not			国际公司	為表现例			
		required to attac	ch Sch B	1480 00	<u> </u>	F. 200	自己是一个	m 18 1 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	3	_	and temp cash investments			ļ				
	4		interest from securities	ļ	0.40	ļ		2 2 4 2		
		Gross rents (Net rental		2 320	,040.	4 - 4	2,040.	2,040.		
	b	income or (loss) _)	<u> </u>	March 1997					
ře		Net gain/(loss) from : Gross sales price for	sale of assets not on line 10	नर कश् _र मृत्य द्राप्ट्रम	Jan 2 Sept - Aff (5					
Revenue	b	all assets on line 6a			The same of the sa		1, 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			
æ	8	Net short-term	ome (from Part IV, line 2)			" \" \" \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<u> </u>			
	9	Income modific	. 5							
	10a	Gross sales less		是為第				√ , • ° , • ·		
	b	Less Cost of						흥성화 그림, 나는		
		goods sold	(loss) (attach schedule)	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	,			· · · · · · · · · · · · · · · · · · ·		
	11	Other income (attach schedule)		,462.	1		11,454.		
	12	Total Add lines	s 1 through 11	26	5,532.	2	2,040.	13,494.	The Art St.	
	13	Compensation of off directors trustees, e			3,352.				8,352.	
	14		e salanes and wages							
ses	15		employee benefits							
en	1	Legal fees (atta				·				
Operating and Administrative Expenses	b c	Accounting fee	s:(attach schedule) onal fees (attach schedule)		375.					
ratı	17	Interest	100 l		1 005	<u> </u>				
nıst	183	Staxes Hillachech	edule) (see instructions) trach sch.) and depletion	ļ	1,221.				1,221.	
Ĕ		Depreciation (a	ttach sch) and degletion		5,165.	 			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
ind Ac	20 2	Travel Contere	mces and meetings							
Jg 8	22	Printing and pu			070		·			
atı	23		s (attach schedule)	1.	3,979.				13,979.	
bei	24		ng and administrative	1	2 002				00 550	
0		•	d lines 13 through 23	31	0,092. 651.	1,42,7	1147.	12 11 12 12	23,552.	
	25		gifts, grants paid	31	0,743.	-13,7 27 50	Same and the second	fra with gage (Tith) .	24,203.	
	26		sements Add lines 24 and 25	13.5		1 1/4 (But 1 -	71 m 2 2 2	A STREET OF THE	1 24,203.	
	a	Excess of rev and disburse	renue over expenses ments	(4,211.		2,040.			
	1		nt income (if neg , enter -0-)	11年		7		13 /0/		
		c Adiusted net	income (if neg enter -0-)	1 3 m , 1 4 3 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		179 M X 1	ميسا کشاخ پهري	1 よりょせりせる	1.1	

Part	TI.	Balance Sheets description column should be for	Beginning of year		d of year
		end-of-year amounts only (See inst)	(a) Book Value	(b) Book Value	(c) Fair Market Value
- 1		Cash - non-interest-bearing	711.	2,585.	2,585.
2	2	Savings and temporary cash investments			
3	3 ,	Accounts receivable ▶		The state of the s	
	-	Less allowance for doubtful accts >			
4	4	Pledges receivable ▶	。2. 2.20次,这些特别		
		Less allowance for doubtful accts ▶			
	5	Grants receivable			
	7	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see the instructions) Other notes and loans receivable (attach schedule)	1		
Ì		Less allowance for doubtful accounts			
န္တ န	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
< 1	0a	Investments - U S and state govt obligations (attach schedule)			
-	b	Investments - corporate stock (attach schedule)			
	С	Investments - corporate bonds (attach schedule)			
1		Investments - land, buildings, and equipment basis Less accumulated depreciation (attach schedule) 166,194.	127,126.	123,162	289,356.
1	12	Investments - mortgage loans			
1	13	Investments - other (attach schedule)			
1	14	Land, buildings, and equipment basis Less accumulated depreciation (attach schedule)	State of the state		7
1	15	Other assets (describe)			
1	16	Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	127,837.	125,747	. 291,941.
1	17	Accounts payable and accrued expenses	†	 	1 5 5 1 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
- (Grants payable			
14	19	Deferred revenue			
틀	20	Loans from officers, directors, trustees, and other disqualified persons	117,420.	119,458	
E	21 22	Mortgages and other notes payable (attach schedule) Other liabilities (describe ►SECURITY DEPOSITS)	1,083.	1,165	
1	44	Office Habilities (describe Policotti 1 Dollo Office)	1,003.	1,100	
	23	Total liabilities (add lines 17 through 22)	118,503.	120,623	
-+-		Foundations that follow SFAS 117, check here			一个一个人
Se	24	and complete lines 24 through 26 and lines 30 and 31. Unrestricted			
E 1	25	Temporarily restricted .	<u></u>	<u> </u>	
leg 2	26	Permanently restricted		ļ	
ᅙ		Foundations that do not follow SFAS 117, ck here ▶ 🏻			Cark Sept 12
Ē.		and complete lines 27 through 31.	1		
ზ :	27	Capital stock, trust principal, or current funds			
ets	28	Paid-in or capital surplus, or land, bldg, and equipment fund		<u> </u>	
Net Assets or Fund Balances	29	Retained earnings, accumulated income, endowment, or other funds	9,334.	1,594	
Set	30	Total net assets or fund balances (see the instructions)	9,334.	1,594	
	31	Total liabilities and net assets/fund balances (see the	105 005	10000	
		instructions)	127,837.	122,217	· Branch S. S. S.
Par		<u> </u>			
1 T	Tota	I net assets or fund balances at beginning of year - Part II, column	n (a), line 30 (must agree	e with	
е	end-	of-year figure reported on prior year's return).		<u>_</u>	1 9,334.
2 E	Ente	r amount from Part I, line 27a			2 (4,211.
3 (Othe	er increases not included in line 2 (itemize)			3
4 A	Add	lines 1, 2, and 3		Ĺ	4 5,123.
		reases not included in line 2 (itemize)			5
6 1	Tota	I net assets or fund balances at end of year (line 4 minus line 5) -	Part II, column (b), line	30 .	6 5,123.

	d Losses for Tax on Inv			T.,	
• •	kind(s) of property sold (e g , rea		(b)How acquired P - Purchase	(c) Date acquire	' '
2-story brick warehouse	, or common stock, 200 shs Mi	_C Co)	D - Donation	(mo , day, yr)	(mo , day, yr)
	<u></u>				
				 	
				·	
				··	
(2) (2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-	(f) Depreciation allowed	(g) Cos	t or other basis	(h) (Gain or (loss)
(e) Gross sales price	(or allowable)		xpense of sale	(e) pl	us (f) minus (g)
	<i>-</i>				
		 			
		<u> </u>			
Complete only for assets show	ng gain in column (h) and owner		· · · · · · · · · · · · · · · · · · ·	⊣ ``	(Col (h) gain minus
(i) F M V as of 12/31/69	(j) Adjusted basis	, ,	ccess of col (i)	1	not less than -0-) or
	as of 12/31/69	over	col (j), if any	Losse	es (from col (h))
	· · · · · · · · · · · · · · · · · · ·			 	
				 	
		+			
					
	□If agen	alaa antar in Da	#1 line 7	 	
Capital gain net income or (net	capital loss)	also enter in Pa), enter -0- in Pa	rt Line 7	2	
Net short-term capital gain or (oss) as defined in sections 1222				
• • • •	8, column (c) (see the instruction	. , , ,	٦		
If (loss), enter -0- in Part I, line		,		3	
art V Qualification U	der Section 4940(e) for	Reduced Ta	x on Net Investr	nent Income	
is the foundation liable for the se Yes," the foundation does not qu	ualify under section 4940(e) Do	not complete th	s part		Yes 🛚
Enter the appropriate amount i	n each column for each year, se	e the instruction	s before making any	entries	
(a) Base period years	(b) Adjusted qualifying distrib		Net value of		(d) Distribution ratio
Calendar year (or tax year beg	n) Adjusted qualifying distrib	utions no	ncharitable-use asse		b) divided by col (c))
2009	26.0	136		10	1 0000
2008	26,8 26,1		8,0 5,4		1.0000
2007	29,5		4,7		1.0000
2006 2005	28,9		1,9		1.0000
2005	20,3	,,,,,,	1, 3	23.	1.0000
Total of line 1, column (d)				2	4.0000
	e 5-year base period - divide the	e total on line 2 t	ov 5, or by the number	 - -	
-	en in existence if less than 5 year		o, o, o, u,o	3	1.0000
,					
Enter the net value of nonchar	table-use assets for 2010 from	Part X, line 5		4	1,62
Multiply line 4 by line 3				5	1,62
·					
Enter 1% of net investment inc	come (1% of Part I, line 27b)			6	2
	,				
Add lines 5 and 6				7	1,64
Enter qualifying distributions fi	om Part XII, line 4			8	24,20.
If line 8 is equal to or greater t	han line 7, check the box in Part	t VI, line 1b, and	complete that part us	sing a 1% tax rate	See the Part VI
instructions					

_	m 990-PF (2010) NEW HORIZONS FOUNDATION INC 25-1594			je 4
	Int VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see the instru	ctions)	
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ & enter "N/A" on line 1	. (**	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	*. ,
•	Date of ruling or determination letter (attach copy of letter if necessary - see instr.)	7 1 m		<u>.</u>
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ► X		20).
	and enter 1% of Part I, line 27b	1.5	· · · · · · · · · · · · · · · · · · ·	<u> </u>
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter			
	4% of Part I, line 12, col (b)	` ä	"بد الله الله الله الله الله الله الله الل	4.4
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	Ö)	
3	Add lines 1 and 2		20).
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	C		
5	Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-		20	<u>.</u>
6	Credits/Payments	,		
	2010 estimated tax payments and 2009 overpayment credited to 2010 6a	, 3		-
	Exempl foreign organizations - tax withheld at source	15	st.	- 1
c	Tax paid with application for extension of time to file (Form 8868) 6c 6c	·	* -5/ %	
	Backup withholding erroneously withheld 6d	. 1	-1	9 2
				-
7	Total credits and payments Add lines 6a through 6d Enter any penalty for underpayment of estimated tax Check here if Form 2220 is attached 8			
8			20	<u></u>
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			<u> </u>
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
_	Enter the amount of line 10 to be Credited to 2011 estimated tax			
	art VII-A Statements Regarding Activities	र के जिल्ल		
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or	 -	Yes	No X
	intervene in any political campaign?	1a		Λ
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for		- 1	v
	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	`g-		ر رائين اور اين
	or distributed by the foundation in connection with the activities	,,,	·/·	
С	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			4
	(1) On the foundation \$ (2) On foundation managers \$) b=
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed		松人	1,60
	on foundation managers \$		2	
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	2 %	31.4	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of	- 4	, 3 '	â . ,
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		Χ
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		Χ
	If "Yes," attach the statement required by General Instruction T	,	77. 2	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	By language in the governing instrument, or	50		`., ^
	By state legislation that effectively amends the governing instrument so that no mandatory directions	13.3		5
	that conflict with the state law remain in the governing instrument?	6	Х	
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	
8a	Enter the states to which the foundation reports or with which it is registered (see the instructions)	,,,		
	▶ PA	15.0		79
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or	ŗs. '	14	1 2
	designate) of each state as required by General Instruction G? If "No," attach explanation	8b	Χ	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	, x , C	, *	. "
•	4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV in instructions)? If "Yes,"]:	, " 'r	7,
	complete Part XIV	9	Х	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	\ <u> </u>		 -
	names and addresses	10		Х
		m 990-	PF /2	
			. ,	/

Form 990-PF (2010) NEW HORIZONS FO	וואסאיידטא דאונ	~		25-159	1120	Done 6
						Page 6
Part VII-B Statements Regarding Activ		orm 4/20 May Be Re	equirea (c	continue	<u>a)</u>	1 -
5a During the year did the foundation pay or incur			п.	. 60) ;; ;}	
(1) Carry on propaganda, or otherwise attemp			□ '	Yes 🛚 N	0	上。[1]
(2) Influence the outcome of any specific publ	•	4955), or to carry		5.0	* .	1
on, directly or indirectly, any voter registrat			H		0	
(3) Provide a grant to an individual for travel, s	-	•	IJ,	Yes 🛚 N	0	
(4) Provide a grant to an organization other th		=	(-)	F-1		
in section 509(a)(1), (2), or (3), or section (•		Yes 🛚 N	lo fig	
(5) Provide for any purpose other than religiou		•		-		
educational purposes, or for the prevention	n of cruelty to children o	or animals?		Yes 🛚 N	lo 📑 🔢	
b If any answer is "Yes" to 5a(1)-(5), did any of t	he transactions fail to q	ualify under the exceptions	s described i	ın	ا - ا	. •4
Regulations section 53 4945 or in a current no	tice regarding disaster a	assistance (see the instruc	tions)?	_	5b	<u>X</u>
Organizations relying on a current notice regains	ding disaster assistanc	e check here		▶ []	1. 1.	
c If the answer is "Yes" to question 5a(4), does	the foundation claim exe	emption from the	_		}	
tax because it maintained expenditure respons	sibility for the grant?			Yes 📗 N	lo 🚉 :	
If "Yes," attach the statement required by Reg	ulations section 53 494	5-5(d)				
6a Did the foundation, during the year, receive ar	ly funds, directly or indir	rectly, to pay	_		'' .	
premiums on a personal benefit contract?				Yes 🗓 N	lo 🖯 🗠 ":	
b Did the foundation, during the year, pay premi	ums, directly or indirect	ly, on a personal benefit co	ontract?	_	6b	X
If "Yes" to 6b, file Form 8870					34,0	1, 10, 1
7a At any time during the tax year, was the found	ation a party to a prohit	oited tax shelter transaction	n?	Yes X N	lo 🖟 🖰	* J* ;
b If "Yes," did the foundation receive any proceed	eds or have any net inco	ome attributable to the tran	saction?		7b	X
Part VIII Information About Officers				ighly Pai	id Emplo	vees.
and Contractors	,	,	.	, · · · ·		, ,
1 List all officers, directors, trustees, foundation	on managers and their	compensation (see the	instruction	s)		
(a) Name and address	(b) Title, and average	(c) Compensation	(d) Contri	butions to	(e) Exper	nse account,
	hours per week	(If not paid, enter -0-)	employee b	enetit plans		llowances
	devoted to position	(If not paid, enter -0-)	and defer	red comp		llowances
H RICHARD LEWI			and defer	red comp		llowances
H RICHARD LEWI 240 NEW HORI		(If not paid, enter -0-)	and defer	red comp		llowances
H RICHARD LEWI 240 NEW HORI AMY W LEWIS			and defer	red comp		llowances
H RICHARD LEWI 240 NEW HORI AMY W LEWIS 240 NEW HORI			and defer	red comp		llowances
H RICHARD LEWI 240 NEW HORI AMY W LEWIS 240 NEW HORI DAVID R MCCOY			and defer	red comp		llowances
H RICHARD LEWI 240 NEW HORI AMY W LEWIS 240 NEW HORI DAVID R MCCOY 1971 SPAUDLI			and defer	red comp		llowances
H RICHARD LEWI 240 NEW HORI AMY W LEWIS 240 NEW HORI DAVID R MCCOY 1971 SPAUDLI NINA J MCCOY			and defer	red comp		llowances
H RICHARD LEWI 240 NEW HORI AMY W LEWIS 240 NEW HORI DAVID R MCCOY 1971 SPAUDLI NINA J MCCOY 1971 SPAULDING ROAD	devoted to position	SEE	STMT	red comp		llowances
H RICHARD LEWI 240 NEW HORI AMY W LEWIS 240 NEW HORI DAVID R MCCOY 1971 SPAUDLI NINA J MCCOY	devoted to position	SEE	STMT	red comp		llowances
H RICHARD LEWI 240 NEW HORI AMY W LEWIS 240 NEW HORI DAVID R MCCOY 1971 SPAUDLI NINA J MCCOY 1971 SPAULDING ROAD Compensation of five highest-paid employee	devoted to position	SEE	e instructio	ins) butions to be benefit dideferred	(e) Expe	
H RICHARD LEWI 240 NEW HORI AMY W LEWIS 240 NEW HORI DAVID R MCCOY 1971 SPAUDLI NINA J MCCOY 1971 SPAULDING ROAD Compensation of five highest-paid employee If none, enter "NONE" (a) Name and address of each employee paid more than \$50,000	es (other than those in hours per week	SEE	e instructio	ins)	(e) Expe	nse account
H RICHARD LEWI 240 NEW HORI AMY W LEWIS 240 NEW HORI DAVID R MCCOY 1971 SPAUDLI NINA J MCCOY 1971 SPAULDING ROAD Compensation of five highest-paid employee if none, enter "NONE"	es (other than those in hours per week	SEE	e instructio	ins) butions to be benefit dideferred	(e) Expe	nse account
H RICHARD LEWI 240 NEW HORI AMY W LEWIS 240 NEW HORI DAVID R MCCOY 1971 SPAUDLI NINA J MCCOY 1971 SPAULDING ROAD Compensation of five highest-paid employee If none, enter "NONE" (a) Name and address of each employee paid more than \$50,000	es (other than those in hours per week	SEE	e instructio	ins) butions to be benefit dideferred	(e) Expe	nse account
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H RICHARD LEWI 240 NEW HORI AMY W LEWIS 240 NEW HORI DAVID R MCCOY 1971 SPAUDLI NINA J MCCOY 1971 SPAULDING ROAD Compensation of five highest-paid employee If none, enter "NONE" (a) Name and address of each employee paid more than \$50,000	es (other than those in hours per week	SEE	e instructio	ins) butions to be benefit dideferred	(e) Expe	nse account
H RICHARD LEWI 240 NEW HORI AMY W LEWIS 240 NEW HORI DAVID R MCCOY 1971 SPAUDLI NINA J MCCOY 1971 SPAULDING ROAD Compensation of five highest-paid employee If none, enter "NONE" (a) Name and address of each employee paid more than \$50,000	es (other than those in hours per week	SEE	e instructio	ins) butions to be benefit dideferred	(e) Expe	nse account
H RICHARD LEWI 240 NEW HORI AMY W LEWIS 240 NEW HORI DAVID R MCCOY 1971 SPAUDLI NINA J MCCOY 1971 SPAULDING ROAD Compensation of five highest-paid employee If none, enter "NONE" (a) Name and address of each employee paid more than \$50,000	es (other than those in hours per week	SEE	e instructio	ins) butions to be benefit dideferred	(e) Expe	nse account
H RICHARD LEWI 240 NEW HORI AMY W LEWIS 240 NEW HORI DAVID R MCCOY 1971 SPAUDLI NINA J MCCOY 1971 SPAULDING ROAD Compensation of five highest-paid employee If none, enter "NONE" (a) Name and address of each employee paid more than \$50,000	devoted to position (b) Title, and average hours per week devoted to position	SEE	e instructio	ins) butions to be benefit dideferred	(e) Expe	nse account
H RICHARD LEWI 240 NEW HORI AMY W LEWIS 240 NEW HORI DAVID R MCCOY 1971 SPAUDLI NINA J MCCOY 1971 SPAULDING ROAD Compensation of five highest-paid employee If none, enter "NONE" (a) Name and address of each employee paid more than \$50,000	devoted to position (b) Title, and average hours per week devoted to position	SEE	e instructio	ins) butions to be benefit dideferred	(e) Expe	nse account

Information About Officers, Directors, Trustees, Formation and Contractors (continued)	indation Wanagers, Highly P	aid Employees,
Five highest-paid independent contractors for professional services (see the	ie instructions). If none, enter "NON	E."
(a) Name and address of each person paid more than \$50,000 NONE	(b) Type of service	(c) Compensation
Total number of others receiving over \$50,000 for professional services		•
Part IX-A Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities during the tax year. Includes the number of organizations and other beneficiaries served, conferences converted. SEE ATTACHED STATEMENT		Expenses
Part IX-B Summary of Program-Related Investments (see th	e instructions)	
Describe the two largest program-related investments made by the foundation d NOT_APPLICABLE	uring the tax year on lines 1 and 2	Amount
All other program-related investments. See instructions		
Total Add lines 1 through 3		Form 990-PF (201

Part X (Winimum Investment Return (All domestic foundations must complete this part Foreign foundations must complete this part Foreign foundations	dations, s	see the instructions)
Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes	-	
Average monthly fair market value of securities	1a	
b Average of monthly cash balances .	1b	1,651.
c Fair market value of all other assets (see the instructions) .	1c	
d Total (add lines 1a, b, and c)	1d	1,651.
e Reduction claimed for blockage or other factors reported on lines 1a and 1c		
(attach detailed explanation)		
Acquisition indebtedness applicable to line 1 assets	2	
Subtract line 2 from line 1d .	3	1,651.
Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount,		
see the instructions)	4	25.
Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	1,626.
Minimum investment return. Enter 5% of line 5	6	81.
Part XI Distributable Amount (see the instructions) (Section 4942(j)(3) and (j)(5) private operating foun	dations	
and certain foreign organizations check here ▶ ☐ and do not complete this part)		
Minimum investment return from Part X, line 6	1	81.
a Tax on investment income for 2010 from Part VI, line 5	7.7	
b Income tax for 2010 (This does not include the tax from Part VI)	1-1	
c Add lines 2a and 2b	2c	20.
Distributable amount before adjustments. Subtract line 2c from line 1	3	61.
Recoveries of amounts treated as qualifying distributions	4	
5 Add lines 3 and 4	5	61.
Deduction from distributable amount (see the instructions)	6	
Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	61.
Part XII Qualifying Distributions (see the instructions)		
Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a Expenses, contributions, gifts, etc -total from Part I, column (d), line 26	1a	24,203.
b Program-related investments-total from Part IX-B	1b	
Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3 Amounts set aside for specific charitable projects that satisfy the	, ,	
a Suitability test (prior IRS approval required)	3a	
b Cash distribution test (attach the required schedule)	3b	
4 Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	24,203.
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 the instructions)	5	20.
6 Adjusted qualifying distributions Subtract line 5 from line 4	6	24,183.
Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the	L	

Form 990-PF (2010)

الكارا	All Undistributed income (see the	instructions)			
4 1	Distributable amount for 2010 from Part XI,	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
•	Į.	1 *	F (1		61.
	ine 7				
	Undistributed income, if any, as of the end of 2010 Enter amount for 2009 only		- · ·		
	Fotal for prior yrs 20, 20, 20				
	Excess distribs carryover, if any, to 2010				```
	From 2005 28, 975.	- ±' , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , ,	•	1
	From 2006 29, 573.		<u>.</u>		t +
-	From 2007 26, 144.		* * *	,	ŗ
	From 2008 26, 836.	,	•		
-	From 2009 27, 708.	٠, ٠, ٠, ٠, ٠, ٠, ٠, ٠, ٠, ٠, ٠, ٠, ٠, ٠	, , ,	, a, a	
-	Total of lines 3a through e	139,236.			- 1
	Qualifying distributions for 2010 from Part XII,				
	line 4 ► \$ 24,203.			is the state of	
	Applied to 2009, but not more than line 2a	Control of the contro		_	, , , , , ,
	Applied to undistributed income of prior	, , , , ,			
D	years (Election required - see the instr)	· 17 · 1		1 27 50 1	
_	Treated as distributions out of corpus		1.		
Ü	(Election required - see the instructions)				- , ,
ч	Applied to 2010 distributable amount	× .*., , ,	, , , , , , ,	100	61.
	Remaining amt_distributed out of corpus	24,142.			
5	Excess distribs carryover applied to 2010		3.		
Ū	(if an amount appears in column (d), the	1.00 S	19 July 15 15 15	1 2 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1
	same amount must be shown in col (a))		100		
6	Enter the net total of each column as			A Comment of the Comm	
•	indicated below				
а	Corpus Add lines 3f, 4c, & 4e Subtract line 5	163,378.		1	1 ,
	Prior years' undistributed income Subtract	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		7 34 Table 19	y when it is
	line 4b from line 2b		,		1 , , ; ;
С	Enter the amount of prior years' undistributed				1 36
	income for which a notice of deficiency		2	() () () () () () () ()	
	has been issued, or on which the section		1		
	4942(a) tax has been previously assessed	.,			1
d	Subtract line 6c from line 6b Taxable		,		1
	amount - see the instructions .			A Carlo	
е	Undistributed income for 2009 Subtract	, ,		1	· · · · · ·
	line 4a from line 2a Taxable amount -				3' 4'
	see the instructions	<i>X</i> *			7
f	Undistributed income for 2010 Subtract				
	lines 4d and 5 from line 1 This amount		1 1 1 1 1 1 1 1 1		`
	must be distributed in 2011				·
7	Amounts treated as distributions out of		1, ", ", "		
	corpus to satisfy requirements imposed by		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	section 170(b)(1)(F) or 4942(g)(3) (see the				
	instructions)				
8	Excess distributions carryover from 2005				
	not applied on line 5 or line 7 (see the	00.075	3 -7	1 :	
	instructions)	28,975.	1 25 A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
9	Excess distributions carryover to 2011.	124 400			
	Subtract lines 7 and 8 from line 6a	134,403.		1111	
10	Analysis of line 9	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A Contract of		
	Excess from 2006 29, 573.		100		,
ا	Excess from 2007 26, 144.	4 / 39 /	N. 100		
	Excess from 2008 26, 836.	1/2 1/2		1 301	1 2 2
	Excess from 2009 27, 708.	⊣ ,	-		
	Excess from 2010 24, 142.	k 4		1	<u>. </u>

b The form in which applications should be submitted and information and materials they should include

c Any submission deadlines

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

Grants and Contributions Paid During the Year or Approved for Future Payment					
. Recipient		If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or	business)	or substantial contributor	recipient		
Paid during the year	4-0	1	1. 1		
CHERRYHI	15765-		N/A	DONATION	50
CHRISTIA	15701	N/A	N/A	DONATION	75
CHURCH C	15701	N/A	N/A	DONATION	75
CLYMER F		N/A	N/A	DONATION	50
INDIANA		N/A	N/A	DONAITON	100
LIFWWAY		N/A			75
			N/A	DONATION	
LOVE BAS		N/A	N/A	DONATION	75
PRISON F	22081	N/A	N/A	DONATION	151
Total Approved for future payment				▶ 3a	65
			}		
			· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·

TXVI-A Analysis of Income-Production gross amounts unless otherwise indicated		business income	Excluded by s	ection 512, 513, or 514	(e)
Program service revenue	(a) Business code	(b) Amount	(c) Excl	(d) Amount	Related or exem function income (See the instructions)
	-		Code		mandenons /
Fees and contracts from government agencies					
Mernbership dues and assessments	\ <u></u>	·	<u> </u>		
Interest on savings and temporary cash investments			<u> </u>		
Dividends and interest from securities					
Net rental income or (loss) from real estate	100 m	12 m 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The state of the s	The same of the	
Debt-financed property	1.6	10.040.	120	2 0 4 0	
Not debt-financed property	16	(2,040.)	17.0	2,040.	
Net rental income or (loss) from personal prope	erty	·	 -		
Other investment income			 -		
Gain or (loss) from sales of assets other than inventory			 		
Net income or (loss) from special events			 		
Gross profit or (loss) from sales of inventory					
Other revenue a					
		(2,040.)		2,040.	
	the strong of th	(2,040.)	De State State	2,040.	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)		(2,040.)	2 - 3 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5		
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated.	ations)			13	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated at XVI-B Relationship of Activities	ations) to the Accor	nplishment of Ex	xempt Pu	13	antly to the
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated to the color of the	ations) to the Accor	nplishment of Ex	xempt Pu	13 Irposes -A contributed importa	=
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated to the second s	ations) to the Accor	nplishment of Ex	xempt Pu	13 Irposes -A contributed importa	=
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated to the color of the	ations) to the Accor	nplishment of Ex	xempt Pu	13 Irposes -A contributed importa	=
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated to the second s	ations) to the Accor	nplishment of Ex	xempt Pu	13 Irposes -A contributed importa	=
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated to the second s	ations) to the Accor	nplishment of Ex	xempt Pu	13 Irposes -A contributed importa	=
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated to the second s	ations) to the Accor	nplishment of Ex	xempt Pu	13 Irposes -A contributed importa	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated to the second s	ations) to the Accor	nplishment of Ex	xempt Pu	13 Irposes -A contributed importa	=
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Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated to the second s	ations) to the Accor	nplishment of Ex	xempt Pu	13 Irposes -A contributed importa	=
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated to the second s	ations) to the Accor	nplishment of Ex	xempt Pu	13 Irposes -A contributed importa	=
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Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated to the second s	ations) to the Accor	nplishment of Ex	xempt Pu	13 Irposes -A contributed importa	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated to the second s	ations) to the Accor	nplishment of Ex	xempt Pu	13 Irposes -A contributed importa	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated to the second s	ations) to the Accor	nplishment of Ex	xempt Pu	13 Irposes -A contributed importa	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated to the second s	ations) to the Accor	nplishment of Ex	xempt Pu	13 Irposes -A contributed importa	=
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Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated to the second s	ations) to the Accor	nplishment of Ex	xempt Pu	13 Irposes -A contributed importa	=
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Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated to the second s	ations) to the Accor	nplishment of Ex	xempt Pu	13 Irposes -A contributed importa	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated to the second s	ations) to the Accor	nplishment of Ex	xempt Pu	13 Irposes -A contributed importa	=

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations Did the organization directly or indirectly engage in any of the following with any other organization described in section Yes

501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

а	Transfe	ers from the reporting for	undation to a noncl	haritable exempt organization	of		1 3 F	
	(1) C						1a(1)	X
	(2)	Other assets					1a(2)	X
b	Other t	ransactions					'سا ' الآسان السائلة الآسان	: 3
	(1) 5	Sales of assets to a nonc	haritable exempt o	organization			1b(1)	X
	(2) F	Ourchases of assets from	n a noncharitable e	exempt organization			1b(2)	X
	(3) F	Rental of facilities, equip	ment, or other ass	ets			1b(3)	X
	(4) F	Reimbursement arranger	nents			ļ	1b(4)	X
	(5) L	oans or loan guarantee:	5			·	1b(5)	X
		Performance of services		fundraising solicitations			1b(6)	X
С			•	er assets, or paid employees			1c	X
				ete the following schedule Col	lumn (b) should always	۱ show the fair market ۱		
				orting foundation If the founda value of the goods, other asset		fair market value in ar	ny transactio	n
(a)	Line no	(b) Amount involved	(c) Name of nonc	haritable exempt organization	(d)Desc of transfers,	transactions, and sha	ring arranger	ments
						<u>-</u>		
_		·			<u> </u>			
_			<u> </u>					
				· ····································				
			 	 	 			
_			 	182	 			
2a	ls th	ne foundation directly or	indirectly affiliated	with, or related to, one or mor	e tay-evemnt organizati	ons described in		
				501(c)(3)) or in section 527?	o tax exempt organizati	one desembed in	Yes	No No
b		es," complete the follow					LJ	<u>ا</u>
_		(a) Name of organiza		(b) Type of organization	on	(c) Description of rela	ationship	
_						<u> </u>		
								
			_					
-		······································		······································				
								
	ign ere	best of my knowle	edge and belief, it	that I have examined this retuined true, correct, and complete has any knowledge	urn, including accompar Declaration of preparer	ying schedules and s (other than taxpayer	tatements, a or fiduciary)	nd to the is based
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		umy u	1 Leui	<u></u>	05/26/2011	SECRETAR	Y TREAS	SURER
_		Signature 6 officer		<u> </u>	Date	Title		
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	ise Or	Erroria nama			CONSUL	Firm's EIN > 84-		
		Firm's address				Phone no 724-	479-08	<u> </u>
_			HOMER C	ITY PA 15748			orm 990-PF	(2010)

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, and 990-PF.

OMB No 1545-0047

2010

Name of the organization Employer identification number NEW HORIZONS FOUNDATION INC 25-1594428 Organization type (check one) Filers of: Section Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule 🕅 For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II Special Rules For a section 501(c)(3) organization filing Form 990 or Form 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I and II For a section 501(c)(7), (8), or (10) organization filing Form 990 or Form 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990 or Form 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc. purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year Caution. An organization that is not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF) For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Schedule B	(Form 990,	990-EZ.	or 990-PF)	(2010)

Page $\underline{1}$ of $\underline{1}$ of Part I

Name of organization
NEW HORIZONS FOUNDATION INC

Employer identification number 25-1594428

Part i	Contributors (see instructions)		
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
1	NONE		Person Payroll Noncash
			(Complete Part II if there is a noncash contribution)
(a) No	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II If there is a noncash contribution)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II If there is a
(a)	(b)	(c)	noncash contribution) (d)
No	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		\$	Person Payroll Noncash
			(Complete Part II if there is a noncash contribution)
(a) No	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$\$	Person Payroll Noncash
			(Complete Part II if there is a noncash contribution)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Aggregate contributions \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization

NEW HORIZONS FOUNDATION INC

Employer identification number

25-1594428

art II	Noncash Property (see instructions)		
(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No from	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

		Page of of Part I Employer identification numbe 25-1594428
sively religious, charitable, etc., individual	contributions to section 501(c)(7), (8), or (10) organizations aggregating more than
ble, etc., contributions of \$1,000 or less for th	e year (Enter this information once See instr	ructions) > \$
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
I	(e) Transfer of gift	
Transferee's name, address, and Z	IP + 4 Rela	tionship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift	
Transferee's name, address, and Z	ZIP + 4 Rela	ationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how
		gift is held
	(e) Transfer of gift	
Transferee's name, address, and 2	ZIP + 4 Rela	ationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(b) Purpose of gift	(c) Use of gift	· ·
(b) Purpose of gift	(c) Use of gift	· ·
	zation I ZONS FOUNDATION INC Isively religious, charitable, etc., individual ear. Complete columns (a) through (e) and th ble, etc., contributions of \$1,000 or less for th (b) Purpose of gift Transferee's name, address, and Z (b) Purpose of gift Transferee's name, address, and Z	zation IZONS FOUNDATION INC Isively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (ear. Complete columns (a) through (e) and the following line entry. For organizations complete, etc., contributions of \$1,000 or less for the year. (Enter this information once. See institute) (b) Purpose of gift. (c) Use of gift. (e) Transfer of gift. (b) Purpose of gift. (c) Use of gift. (c) Use of gift. (d) Transfer of gift. (e) Transfer of gift. Transferee's name, address, and ZIP + 4. Relationship is a second s

BCA US990B\$4 Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Form **4562**

Department of the Treasury Internal Revenue Service

Depreciation and Amortization (Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return

OMB No 1545-0172

2010 Attachment Sequence No 67

Name(s) shown on return

Business or activity to which this form relates

Identifying number 25-1594428

NEW HORIZONS FOUN	DATION INC	MEM HORT	ZON2 FOU	NDATION	, INC		25-1594428
		Under Section 179					
Note: If you have a	ny listed property, c	omplete Part V before y	ou complete Par	t I			
1 Maximum amount (See instruc	tions)				Į	1	
2 Total cost of section 179 prope	erty placed in service	e (see instructions)]	2	
3 Threshold cost of section 179	property before redu	iction in limitation (see i	nstructions)			3	
4 Reduction in limitation Subtra	act line 3 from line 2	If zero or less, enter -	0-			4	
5 Dollar limitation for tax year	Subtract line 4 from	ine 1 If zero or less, e	nter -0- If marrie	ed			
filing separately, see instruction	ns				}	5	• -
6 (a) Description of p	roperty	(b) Cost (busi	ness use only)	(c) Elec	ted cost		
·							
							
7 Listed property Enter the am			_	7			
8 Total elected cost of section 1	79 property Add ar	mounts in column (c), lir	nes 6 and 7			8	
9 Tentative deduction Enter the	e smaller of line 5 o	r line 8				9	
10 Carryover of disallowed deduct		•				10	<u>.</u>
11 Business income limitation E	nter the smaller of b	ousiness income (not les	ss than zero) or l	ine 5 (see inst	ructions)	11	
12 Section 179 expense deduction	n Add lines 9 and	10, but do not enter mo	re than line 11_			12	
13 Carryover of disallowed deduc	ction to 2011 Add in	nes 9 and 10, less line	12 🕨 1	3		.,	<u> </u>
Note: Do not use Part II or Part II	I below for listed pro	perty Instead, use Pa	rt V				
Part II Special Depreciati	on Allowance and	Other Depreciation (D	o not include list	ted property) (See instru	ction	s)
14 Special depreciation allowance	e for qualified prope	rty (other than listed pro	operty) placed in	service		1 1	
during the tax year (see instru	ctions)					14	
15 Property subject to section 16	8(f)(1) election					15	
16 Other depreciation (including	ACRS)					16	
Part III MACRS Depreciati	ion (Do not include	listed property) (See in	structions)				
·		Section A					
17 MACRS deductions for assets	s placed in service in	n tax years beginning be	efore 2010			17	6 , 000.
18 If you are electing to group an	iy assets placed in s	service during the tax ye	ear			٠, ,	
into one or more general asse	et accounts, check h	ere			>	14, 1	the said of the original specific specific
Section B-A		ervice During 2010 Tax	Year Using the	e General Der	reciation	Syst	tem
(a) Classification of property	(b) Month and I year placed in	(c) Basis for depr (business/investment use	(d) Recovery	(e)	(f) Meth	od	(g) Depreciation
	service	only - see instructions)	period	Convention	``		deduction
19a 3-year property			ļ		0.7		
b 5-year property		2,220.	5	HY	SL		165.
c 7-year property							
d 10-year property							·
e 15-year property							
f 20-year property					<u></u>		
g 25-year property		·	25 yrs		S/L		
h Residential rental		· · · · · · · · · · · · · · · · · · ·	27 5 yrs	MM	S/L		
property			27 5 yrs	MM	S/L		
i Nonresidential real			39 yrs	MM	S/L		
property				MM	S/L		
Section C-As	ssets Placed in Sei	vice During 2010 Tax	Year Using the	Alternative D	epreciatio	on Sy	stem
20a Class life					S/L		
b 12-year	- NATE (基本)		12 yrs	<u></u>	S/L		
c 40-year			40 yrs	MM	S/L		
Part IV Summary (See ins	tructions)						
21 Listed property Enter amo	ount from line 28					21	
22 Total. Add amounts from I		ugh 17, lines 19 and 20	in column (g), a	ind line 21			
Enter here and on the appr					tions	22	6,165.
23 For assets shown above ar		•	=				
portion of the basis attribut		-		23			The free the said
							Form 4562 (2010)

me: NEW HORIZONS FOUNDATION INC	ID : 25-1594428
escription: OTHER INCOME	
Туре	Amount
R FEES SCELLANEOUS-RECYCLING, HAY, ETC.	10,718
CELLANEOUS-RECYCLING, HAY, ETC.	742
Total .	11,46

Name: NEW HORIZONS FOUNDATION INC

ID: 25-1594428

Type AYROLL TAXES ROPERTY TAXES EDERAL TAXES TATE TAXES	Amount 857 328 21 15
ROPERTY TAXES EDERAL TAXES TATE TAXES	328
TATE TAXES	21
TATE TAXES	15
	15
Total	1,22

Name: NEW HORIZONS FOUNDATION INC

ID: 25-1594428

Description. OTHER EXPENESE	
Туре	Amount
NEWSLETTER & ADMINISTRATION	1 804
INCUDANCE	1,894. 2,480. 6,114. 879.
INSURANCE	2,480.
MAINTENANCE & SUPPLIES	6,114.
CASUAL LABOR	879.
OTHER FEES	450. 2,162.
UTILITIES	2,162.
·	
Total	13,979.

1V; 990-PF: Page 6, Part VIII Title/Average Hours Per Amount for Expense Account Tritle/Average Hours Per Amount Paul Employee Benefit and DI RECTOR 1	
Trustees and Key Employees 990-PF: Page 6, Part VIII The Average Hours Per Week Devoted to Position Amount Paid SEC/TRES 155 6,090. DIRECTOR 1 BIRECTOR	
Trustees and Key Employees 990-PF: Page 6, Part VIII Title/Average Hours Per Week Devoted to Position Amount Paid SEC/TRES 35 6,090. DIRECTOR 1 DIRECTOR 1 DIRECTOR 1 DIRECTOR 1 BIRECTOR 1 BIR	
Trustees and Key Employees IV; 990-PF: Page 6, Part VIII Title/Average Hours Per Week Devoted to Position PRESTUDENT 35 DIRECTION DIRECTION DIRECTION DIRECTION DIRECTION DIRECTION 11 DIR	
Trustees and Key Em IV; 990-PF: Page 6, Part Ittle/Average He Week Devoted to DIRECTIOR DIRECTIO	
IV; 990-PF: F	1
List of Officers, Directors, 990EZ: Page 2 Part IV; Name and Address H. K.CHARD LEWI 240 NEW HOKI 15/28 - PA CLYMER NINA J NCCOY 1971 SPAULDI 15/28 - PA CLYMER NINA J NCCOY 1971 SPAULDI 15/28 - PA CLYMER DANK J SPAULDI 15/28 - PA CLYMER NINA J NCCOY 1971 SPAULDI 15/28 - PA CLYMER NINA J NETT 564 HILL RD 15/47 - PA HOME DANK J SPAULDI 15/28 - PA CLYMER NINE J SPAULDI 15/28 - PA CLYMER NINE NINE NINE NIND ST 15/17 - PA STARFORD 15/47 - PA STA	© 2010 CCH Small Firm Services All rights reserved

Loan	ns From Officers, Directors, Trustees, and Other Disqualified
US 990-PF	Persons as of Year End 990-PF: Page 2, Line 20 2010
Lender's name	RICHARD & AMY LEWIS
Title	LOANS PAYABLE
Original amount of note	72,950.
Balance due	47,022.
Date of note	10/1995
Maturity date	. 10/2015
Repayment terms	DUE 5 YEARS FROM LAST ADVANCE ON 10/29/2010
Interest rate	
Security	NEW HORIZONS EQUIPMENT
Purpose of loan	FUND CAS FLOW SHORTAGE FOR NEEDED EXPANSION
Lender consideration	
FMV consideration	47,022

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USSTX631

Loan	s From Officers, Directors, Trustees, and Other Disqualified	
US 990-PF	Persons as of Year End 990-PF: Page 2, Line 20	2010
Lender's name	RICHARD & AMYLEWIS	
Title	MORTGAGE PAYABLE	
Original amount of note		82 , 150.
Balance due		72,436.
Date of note		12/1993
Maturity date		12/2013
Repayment terms	ANNUAL PAYMENTS OF 4,108 DOLLARS	
Interest rate		
Security	. NEW HORIZONS LAND AND BUILDINGS	
Purpose of loan	FACILITY IMPROVEMENTS	
Lender consideration		
FMV consideration		72,436.

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USSTX631

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

▶ Attach to Form 990 or 990-EZ.

plete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047 2010 Open to Public

Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

NEW HORIZONS FOUNDATION INC	25-1594428
SUMMARY OF DIRECT CHARITABLE ACTIVITIES	
THE FOUNDATION OPERATES AND MAINTAINS AS ITS PRINCE	PLA FUNCTIONAL
PURPOSE A RETREAT CENTER WITH MEETING, LODGING AND	CAMPING FACILITIES
FOR THE USE OF NON-PROFIT CHARITABLE GROUPS. EACH	GROUP IS REQUIRED
TO PROVIDE A PROGRAM FOR THOSE ATTENDING WHICH WILL	L FULFILL OR
PROMOTE THE OFFICIAL PURPOSE OF THE GROUP.	
DURING 2010, THE FOUNDATION SERVED THIRTY QUALIFIE	O ORPGANIZATIONS,
CONSISTING OF NINETEEN OVERNIGHT/WEEKEND RETREATS A	AND ELEVEN
DAYTIME USAGES.	

Form **8868**

(Rev January 2011)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

		•				
If you are	e filing for an Automatic 3-Month Extension, com	plete only F	art I and check this box			► X
•	e filing for an Additional (Not Automatic) 3-Month		. , , ,	,		
o not com	plete Part II unless you have already been granted	d an automat	ic 3-month extension on a previously filed F	Form 8868		
Electronic f	iling (e-file) You can electronically file Form 8868	ıf you need a	3-month automatic extension of time to file	e (6 months t	ior a cor	poration
equired to fi	ile Form 990-T), or an additional (not automatic) 3-r	nonth extens	sion of time. You can electronically file Form	n 8868 to rec	uest an	extension
of time to file	e any of the forms listed in Part I or Part II with the e	exception of	Form 8870, Information Return for Transfer	s Associated	With C	ertain
Personal Be	nefit Contracts, which must be sent to the IRS in pa	aper format (see instructions) For more details on the el	ectronic filin	g of this	
orm, visit w	ww irs gov/efile and click on e-file for Charities & No					
Part I	Automatic 3-Month Extension of Tim	e. Only s	ubmit original (no copies needed)			
A corporatio	n required to file Form 990-T and requesting an aut	tomatic 6-mo	nth extension - check this box and complete	e Part I only		▶ 📗
All other cor	porations (including 1120-C filers), partnerships, RE	EMICs, and t	rusts must use Form 7004 to request an ex	tension of tir	ne	
	e tax returns					
Type or	Name of exempt organization					tion number
orint	NEW HORIZONS FOUNDATION	INC		25-1594	1428	
file by the due date for filing your	Number, street, and room or suite no If a PO to 145 NEW HORIZONS DRIVE	oox, see instr	uctions			
elurn See nstructions	City, town or post office, state, and ZIP code Fo	r a foreign a	ddress, see instructions			
	CLYMER PA 15728					
	<u> </u>					
Enter the Re	eturn code for the return that this application is for (file a separat	e application for each return)			04
						<u></u>
Application	1	Return	Application			Return
ls For		Code	Is For			Code
Form 990		01	Form 990-T (corporation)	• •		07
Form 990-B	IL .	02	Form 1041-A			08
Form 990-E	Z	03	Form 4720			09
Form 990-P	·F	04	Form 5227			10
Form 990-T	(sec 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T	(trust other than above)	06	Form 8870			12
		·				
 The boo 	oks are in the care of ► H RICHARD AND	AMY L	EWIS			
Telepho	one No \triangleright 724-25 4 -1522 F	AX No ▶				
 If the or 	ganization does not have an office or place of busing	ness in the U	nited States, check this box			▶ □
 If this is 	for a Group Return, enter the organization's four d	igit Group Ex	remption Number (GEN)	this is for the	whole o	group.
check this b	oox ▶ ☐ If it is for part of the group, check this bo	x ▶ 🗌 an				
1 I reques	st an automatic 3-month (6 months for a corporation	required to	file Form 990-T) extension of time until			
•			anization return for the organization named	above The	extensi	on is for the
organiz	ation's return for		-			
ightharpoons	calendar year 2010 or					
▶□	calendar year 2010 or tax year beginning	, 20	, and ending		1	20
					~~	
2 If the ta	ax year entered in line 1 is for less than 12 months,	check reasor	n Initial return Final return			
Cha	ange in accounting period					
	•					
3a If this a	pplication is for Form 990-BL, 990-PF, 990-T, 4720	, or 6069, er	iter the tentative tax, less any nonrefundable	е		
	See instructions		•	3a	\$	20.
b If this a	application is for Form 990-PF or 990-T, 4720, or 60	69, enter an	y refundable credits and estimated tax payr	nents		
	Include any prior year overpayment allowed as a cr		. ,	3ь	\$	
	e due. Subtract line 3b from line 3a Include your		this form, if required,			
by usin	g EFTPS (Electronic Federal Tax Payment System) See instruc	ctions	3c	\$	20.
						
Caution If	you are going to make an electronic fund withdraw	al with this F	orm 8868, see Form 8453-EO and Form 88	379-EO for p	ayment	instructions