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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

20

2010

OMB No 1545-0047

Open to Public Inspection

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

A Fo	r the :	2010 ca	lendar year, or tax year beginning 01-01-2010 and ending 12-31-2010			
B Ch	eck if a	pplicable	C Name of organization NEW HORIZONS FOUNDATION INC	D Emp	loyer	identification number
☐ Add	dress ch	nange	Doing Business As	84-	1123	082
Na	me cha	nge	Duling business As	E Tele	phone	number
☐ Init	ıal retu	rn	Number and street (or P O box if mail is not delivered to street address) Room/	suite (71	9)260	0-1213
Гте	mınate	d	4570 HILTON PARKWAY SUITE 203			
┌ Am	ended	return	City or town, state or country, and ZIP + 4	G Gros	s receip	ots \$ 12,158,631
Гарі	olication	pending	COLORADO SPRINGS, CO 80907			
			F Name and address of principal officer H(a)	Is this a group retur	n for affil	ıates?
			V WILLIAM MORITZ 4570 HILTON PARKWAY SUITE 203	···· - 5· · · · · ·		
			COLORADO SPRINGS, CO 80907	Are all affiliates i		•
				If "No," attac Group exemp		t (see instructions)
I Ta	x-exem	npt status	▼ 501(c)(3)	Group exemp	tion ii	diliber F
J W	ebsite	e:⊨ ww	W NEWHORIZONSFOUNDATION NET			
K For	n of or	ganization	✓ Corporation Trust Association Other ► L Yea	ır of formation 1	989	M State of legal domicile CO
	rt I		mary		I_	<u> </u>
	1 1	Briefly de	escribe the organization's mission or most significant activities			
	-	тне ов	ECTIVE OF NEW HORIZONS FOUNDATION IS TO HELP INDIVIDUALS AC			
<u>2</u>	9	ОВЈЕСТ	IVES IN RELIGIOUS, EDUCATIONAL, SCIENTIFIC, BENEVOLENT AND HE	ALTH RELAT	EDAC	CTIVITIES
Ĭē.	-					
Governance			is box দ if the organization discontinued its operations or disposed of more t	han 25% of it	1	1
2 6			of voting members of the governing body (Part VI, line 1a)		3	13
Ĕ			of independent voting members of the governing body (Part VI, line 1b)		4	12
Activities &			mber of individuals employed in calendar year 2010 (Part V, line 2a)		5	4
ă			mber of volunteers (estimate if necessary)		6 7a	0
			related business revenue from Part VIII, column (C), line 12 lated business taxable income from Form 990-T, line 34		7a 7b	0
	"	Tet unite	nated business taxable medile nonitrothin 550 17, time 51 1	Prior Year	1 /5	Current Year
	8	Contril	butions and grants (Part VIII, line 1h)	4,461	.249	4,676,118
₫			m service revenue (Part VIII, line 2g)	.,	,	0
Revenue	10		ment income (Part VIII, column (A), lines 3, 4, and 7d)	-496	,811	859,874
æ	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0
	12		evenue—add lines 8 through 11 (must equal Part VIII, column (A), line	2.064	430	5 535 003
	42			3,964	+	5,535,992
	13 14		and similar amounts paid (Part IX, column (A), lines 1–3)	6,686	,604	6,107,758
	15		ts paid to or for members (Part IX, column (A), line 4)			
\$	15	10)	ss, other compensation, employee benefits (Fart 1x, column (x), mes 3-	132	,629	151,076
⊕	16a	Profes	sional fundraising fees (Part IX, column (A), line 11e)			0
Expenses	b	Total fu	ndraising expenses (Part IX, column (D), line 25) ► 0			
	17	Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	192	,631	172,307
	18	Totale	expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	7,011	,864	6,431,141
	19	Reveni	ue less expenses Subtract line 18 from line 12	-3,047	,426	-895,149
% & ₩ &			Beg	inning of Curr Year	ent	End of Year
Sept.	20	Totala	assets (Part X, line 16)	17,798	,451	16,695,696
А. В В	21		iabilities (Part X, line 26)	•	,154	125,705
žŽ	22		sets or fund balances Subtract line 21 from line 20	17,671		16,569,991
Pai	rt II	Sign	ature Block		'	
Unde know	21 22 11 III penal	Total I Net as Sign ties of pe	sets or fund balances Subtract line 21 from line 20	17,798 127 17,671 and statement:	,154 ,297	125,7 16,569,9 to the best of my
		*****		2011-05-26		
Sign Here			ture of officer	Date		
пег	=		LIAM MORITZ EXECUTIVE DIRECTOR or print name and title			
	- 1	<u> </u>	<u> </u>	Check if s	elf-	Latin
_		Print/Type preparer's	name JAY P KLOSTER JAY P KLOSTER 2011-05-26			PTIN
Paid		Fırm's nar	me ▶ ERICKSON BROWN & KLOSTER PC			Firm's EIN
Prep		Fırm's add	dress • 4565 HILTON PKWY STE 101			Phone no (719) 531-
Use	only		COLORADO SPRINGS, CO 809073540			0445
May	the IR	S discus	s this return with the preparer shown above? (see instructions)			✓ Yes 「No

Form	990 (2010)				Page 2
Par		ent of Program Service A chedule O contains a response	ccomplishments to any question in this Part III		୮
1	Briefly describe t	the organization's mission			
			NIS TO HELP INDIVIDUALS ACC LENT AND HEALTH RELATED A		BLE OBJECTIVES IN
2		ion undertake any significant pi 0 or 990-EZ?	ogram services during the year wh	nich were not listed on	es ▽ No
	If "Yes," describe	these new services on Schedu	le O		
3	services?		significant changes in how it condi		'es No
4	Describe the exe Section 501(c)(3	mpt purpose achievements for () and 501(c)(4) organizations (each of the organization's three lar and section 4947(a)(1) trusts are venue, if any, for each program ser	required to report the amount	
 4a	(Code) (Expenses \$	5,107,758 including grants of \$	6,107,758) (Revenue \$)
	,	, , ,	CTIVES IN RELIGIOUS, EDUCATIONAL, SC		ELATED ACTIVITIES
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	Other program s	ervices (Describe in Schedule	0)		
	(Expenses \$		grants of \$) (Revenue \$)
4e	Total program s	ervice expenses►\$	5,107,758		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 📆	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		Νo
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasiendowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b	Yes	
с	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV .	16	Yes	
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Νο
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		Νo
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νο
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Yes V No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note: All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V		.୮	
			Yes	No
а	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
h	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
_	1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
1	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements filed for the calendar year ending with or within the year covered by this			
h	return			
		2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
1	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		l No
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
1	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		N c
ь	If "Yes," enter the name of the foreign country			110
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N o
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N o
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
,	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		N o
	organization solicit any contributions that were not tax deductible?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		N o
	services provided to the payor?			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		N o
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
_	contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	7g		
h	required?	, '		
	Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		l No
	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
)	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
Ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
L	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?			
	Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states			
c	In which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand			
-	13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
L	If "Vac " has it filed a Form 730 to report these payments? If "No" provide an explanation in Schodule O	146	İ	I

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax			
LG		3		
b	Enter the number of voting members included in line 1a, above, who are independent	2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	. 3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? .	. 7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	. 8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)			
	•		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νο
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form			
		11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give ris to conflicts?	e 12b	Yes	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	. 14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply			

Own website Another's website Upon request

- Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 20 V WILLIAM MORITZ

4570 HILTON PARKWAY SUITE 203 COLORADO SPRINGS, CO 80907

(719) 260-1213

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organi	zation nor any re	lated o	rganı	zatio	on co	mpen	sate	d any current office	er, director, or trust	ee	
(A) Name and Title	(B) Average hours		tion (that a	che		II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other	
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
(1) V WILLIAM MORITZ EXECUTIVE DI	10 00	х		х				13,500	0	0	
(2) TERRY TAYLOR CHAIRMAN	1 00	х		х				0	0	0	
(3) STEVE PRENSNER PRESIDENT	1 00	х		х				0	0	0	
(4) LAUREN LIBBY VICE PRESIDE	1 00	х		х				0	0	0	
(5) GARY DANIEL DIRECTOR	1 00	х						0	0	0	
(6) TOM R MADISON DIRECTOR	1 00	х						0	0	0	
(7) MURRAY MARTIN DIRECTOR	1 00	х						0	0	0	
(8) MARILYN MUSELMAN DIRECTOR	1 00	х						0	0	0	
(9) JEFF JONES DIRECTOR	1 00	х						0	0	0	
(10) RON HALVERSON DIRECTOR	1 00	х						0	0	0	
(11) BARBARA TOMPKINS DIRECTOR	1 00	х						0	0	0	
(12) MIKE TRENEER DIRECTOR	1 00	х						0	0	0	
(13) EDWARD TURLEY DIRECTOR	1 00	х						0	0	0	
(14) DR JERRY E WHITE DIRECTOR	1 00	Х						0	0	0	

\$100,000 in compensation from the organization 🕨

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

week (describe hours for related organizations for related organizations in Schedule O) September Part Part		(A) Name and Title	(B) Average hours per	1	((ition that a			II		(D) Reportable compensation from the	(E) Reportable compensatior from related	1 .	(F) Estima amount o compens	ated fother
Total from continuation sheets to Part VII, Section A			week (describe hours for related organizations in Schedule	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W-	organizations (W- 2/1099-		from t organizat relat	the ion and ed
Total from continuation sheets to Part VII, Section A														
Total from continuation sheets to Part VII, Section A														
Total from continuation sheets to Part VII, Section A														
Total from continuation sheets to Part VII, Section A														
Total from continuation sheets to Part VII, Section A														
Total from continuation sheets to Part VII, Section A														
Total from continuation sheets to Part VII, Section A														
Total from continuation sheets to Part VII, Section A														
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization. Yes No								- ·				+		
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization Yes No									-	13 500				
Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	:	Total number of individuals (inc	luding but not lin	nıted to	thos	e lıs				,	<u>l</u> an			
on line 1a? If "Yes," complete Schedule J for such individual		The state of the s	institution from the	organiz									Yes	No
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	3						eye •	mploy •	ee, o	r highest compens	ated employee	3		No
Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	1	organization and related organiz												
Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization (A) (B) (C)					•	•	•		•			4		No
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization (A) (B) (C)	5										or individual for	5		Νο
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization (A) (B) (C)	Se	ction B. Independent Co.	ntractors											
(A) (B) (C)	ı	Complete this table for your five	e highest comper		ındep	ende	ent o	ontra	tors	that received mor	e than			
			(A)							Desc				
												\dashv		
I !												\dashv		

rt VIII	Statement of	кечепие		/= \	/p)	(6)	/p)
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<u>⊈</u> 1a ⊑	Federated campai						
ᅙ ㅂ	Membership dues	1b					
툹 c	Fundraising event	s 1c					
<u>#</u> d	Related organizati	ons 1d	1,436,950				
Ē e	Government grants (co	ontributions) 1e					
್ <u> </u>	All other contributions, similar amounts not in	gifts, grants, and 1f	3,239,168				j
<u>₽</u> ,		included in lines 1a-1f \$	245,992				
음 [*]							
and other similar amounts	Total. Add lines 1	a-1f	. ▶	4,676,118			
ı			Business Code				
2a							
Ь							
. c							
d							
e							
f	All other program	service revenue					
			L				
9		a-2f					
3		ie (including dividends, inter	rest <u>⊫</u> -	405,882			405,882
4	and other similar a	amounts) ent of tax-exempt bond proceeds	•	403,002			+03,002
5							
•	Royalties	(ı) Real	(II) Personal				
6a	Gross Rents	(I) Neal	(II) F EISOIIAI				
Ь	Less rental						
	expenses						
C	Rental income or (loss)						
d	Net rental income	or(loss)					
	Cross	(i) Securities	(II) O ther				
7a	Gross amount from sales of	7,076,631					
	assets other than inventory						
Ь	Less cost or other basis and	6,622,639					
	sales expenses	1					
c	Gain or (loss)	453,992	<u> </u>	450.000	452.000		
d			-	453,992	453,992		
8a	Gross income from (not including	n fundraising events					
	\$	_					
	of contributions re See Part IV, line 1						
	occiditiv, ille 1	a a					
ь	Less direct exper	nses b					
		ss) from fundraising events	►				
	Gross income fron	n gamıng activities See					
.	Part IV, line 19	. а					
b	Less direct expenses						
	•	b					
		ss) from gaming activities .					
10a	Gross sales of inv returns and allowa						
		а					
	Less cost of good						
c		ss) from sales of inventory					
	Miscellaneous F	Kevenue	Business Code				
11a							
b							
C							
d	All other revenue						
e	Total. Add lines 1	1a-11d	· 🛌				
	_	_					
12	Total revenue. See	e Instructions	•	5,535,992	453,992		405,882

	990 (2010)				Page 10
Par	t IX Statement of Functional Expenses				
_	Section 501(c)(3) and 501(c)(4) organizations mus			(D)	
	ll other organizations must complete column (A) but are not required to c		(B), (C), and (B)	(D). (C)	(D)
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	4,281,776	4,281,776		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	405,911	405,911		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	1,420,071	1,420,071		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	13,500		13,500	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	102,312		102,312	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	13,850		13,850	
9	Other employee benefits	13,280		13,280	
10	Payroll taxes	8,134		8,134	
а	Fees for services (non-employees) Management	0,131		0,131	
ь	Legal				
c	Accounting	10,500		10,500	
d	Lobbying	10,500		10,500	
	Professional fundraising services See Part IV, line 17				
e	Investment management fees	77 220		77 220	
f	<u> </u>	77,228		77,228	
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	29,150		29,150	
17 18	Travel				
	state, or local public officials				
19	Conferences, conventions, and meetings	5,134		5,134	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	770		770	
23	Insurance	4,089		4,089	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	OFFICE EXPENSES	9,993		9,993	
b	CONTRACT LABOR	5,565		5,565	
С	BANK SERVICE CHARGES	5,394		5,394	
d	TELEPHONE	5,032		5,032	
	CONSULTING	4,224		4,224	
f	All other expenses	15,228		15,228	
25	Total functional expenses. Add lines 1 through 24f	6,431,141	6,107,758	323,383	0
26	Joint costs. Check here ► If following	0,731,141	0,107,738	323,303	0
20	SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
	The state of the s				

Part X Balance Sheet (A) (B) Beginning of year End of year 761,130 836,304 1 934,750 2 2.099.897 2 Savings and temporary cash investments 3 3 4 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 Schedule L . 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Assets 6 1,097,756 1,038,813 8 8 2,700 9 2,700 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete 43.998 10a Part VI of Schedule D 43.538 ь Less accumulated depreciation 10b 1,230 **10c** 460 13.573.426 11.683.283 11 11 1,292,783 901,012 12 Investments—other securities See Part IV, line 11 12 13 13 Investments—program-related See Part IV, line 11 . . 14 14 134,676 15 133,227 15 16 17,798,451 16 16.695.696 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 17 17 Accounts payable and accrued expenses . 18 18 19 19 20 Tax-exempt bond liabilities 20 Liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties 25 127,154 25 125,705 Other liabilities Complete Part X of Schedule D 26 127,154 26 125,705 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 17,663,775 27 16,562,469 Unrestricted net assets 7,522 28 Temporarily restricted net assets 28 7,522 Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. 5 30 30 Capital stock or trust principal, or current funds Assets 31 Paid-in or capital surplus, or land, building or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 17,671,297 33 16,569,991 33 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 17,798,451 16,695,696

Par	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		5,5	535,992
2	Total expenses (must equal Part IX, column (A), line 25)	2			131,141
3	Revenue less expenses Subtract line 2 from line 1	3		- 8	395,149
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		17,6	571,297
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-2	206,157
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		16,5	569,991
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII		•	<u>Г</u>	
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of to audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	ssued			
	Separate basis Consolidated basis Both consolidated and separated basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	e	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the raudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

DLN: 93493146007091

Employer identification number

OMB No 1545-0047

Inspection

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Public Charity Status and Public Support

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

Name of the organization

NEW I	HORIZO	ONS FOUNDATION INC	1								
			84-1123082								
	rt I	Reason for Public Charity Status (All organizations must complete this pa		tions							
The	organı	zation is not a private foundation because it is (For lines 1 through 11, check only one box)								
1	Г	A church, convention of churches, or association of churches described in section 170(b)	(1)(A)(i).								
2	Г	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)									
3	Γ	A hospital or a cooperative hospital service organization described in section 170(b)(1)(4)(iii).								
4	Γ	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state									
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit describe											
_	_	section 170(b)(1)(A)(iv). (Complete Part II)									
6	<u> </u>	A federal, state, or local government or governmental unit described in section 170(b)(1)									
7	 ~	An organization that normally receives a substantial part of its support from a government described in section 170(b)(1)(A)(vi) (Complete Part II)	tal unit or from th	e general	public						
8	Г	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)									
9	Ţ.		itions, membersh	un fees, ar	ıd aros	3.5					
-	•	An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of									
		its support from gross investment income and unrelated business taxable income (less se									
		acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part	•								
10	Г	An organization organized and operated exclusively to test for public safety. See section 5	•								
11	r	An organization organized and operated exclusively for the benefit of, to perform the functions one or more publicly supported organizations described in section 509(a)(1) or section 500 the box that describes the type of supporting organization and complete lines 11e through a Type I b Type II c Type III - Functionally integrated	ions of, or to carr 09(a)(2) See sec 111h		a)(3).	Check					
e	Γ	By checking this box, I certify that the organization is not controlled directly or indirectly other than foundation managers and other than one or more publicly supported organization section 509(a)(2)									
f		If the organization received a written determination from the IRS that it is a Type I, Type I check this box	II or Type III su	pporting o	rganız	ation,					
g		Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?									
		(i) a person who directly or indirectly controls, either alone or together with persons desc	rıbed ın (ıı)		Yes	No					
		and (III) below, the governing body of the the supported organization?		11g(i)							
		(ii) a family member of a person described in (i) above?		11g(ii)							
		(iii) a 35% controlled entity of a person described in (i) or (ii) above?		11g(iii)							
h		Provide the following information about the supported organization(s)									

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	document?		Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organizati col (i) orga in the U	(vii) A mount of support	
		instructions))	Yes	No	Yes	No	Yes	No			
Total											

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1) (A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	ection A. Public Support	e organización	ialis to qualify u	nuer the tests i	isted below, pie	ase cor	пріесе н	<u>'ait III.)</u>
	endar year (or fiscal year beginning	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 20	010	(f) Total
	in) ►	(2,2000	(2,200,	(5, 2000	(2, 200)	(5) 20		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1	Gifts, grants, contributions, and membership fees received (Do not					_		
	include any "unusual	3,698,85	8 1,730,667	3,363,455	4,461,249	3,	304,118	16,558,347
	grants ")							
2	Tax revenues levied for the							
	organization's benefit and either paid to or expended on its							
	behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
	Total. Add lines 1 through 3	3,698,85	8 1,730,667	3,363,455	4,461,249	3,	304,118	16,558,347
5	The portion of total contributions							
	by each person (other than a governmental unit or publicly							
	supported organization) included							1,095,864
	on line 1 that exceeds 2% of the							
	amount shown on line 11, column							
	(f)							
6	Public Support. Subtract line 5 from line 4							15,462,483
S	ection B. Total Support			1	1			
Cale	endar year (or fiscal year	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 20	10	(f) Total
_	beginning in)	3,698,858	1,730,667	3,363,455	4,461,249	3	304,118	16,558,347
7	A mounts from line 4 Gross income from interest,	3,070,030	1,730,007	3,303,433	7,701,273	٥,	304,110	10,550,547
8	dividends, payments received on							
	securities loans, rents, royalties	707,741	685,964	687,876	330,995		405,882	2,818,458
	and income from similar							
	sources							
9	Net income from unrelated							
	business activities, whether or not the business is regularly							
	carried on							
10	Other income Do not include							
	gain or loss from the sale of							
	capital assets (Explain in Part							
	IV)							
11	Total support (Add lines 7 through 10)							19,376,805
12	Gross receipts from related activiti	es, etc (See ins	tructions)	·	I	12		
13	First Five Years If the Form 990 is	for the organizat	ıon's fırst, second,	third, fourth, or fi	fth tax year as a !	501(c)(3) organız	ation,
	check this box and stop here	_	,	, ,	•		, -	▶ ┌ `
	ection C. Computation of Pub	lia Cunnaut I	Dorgontogo					
14	Public Support Percentage for 2010			11 column (f))		14		79 800 %
15	Public Support Percentage for 2009	-		(-7,7		15		79 570 %
	33 1/3% support test—2010. If the	•	•	on line 13 and l	ine 14 is 33 1/3%		check t	
	and stop here. The organization qua					01 111010	, check th	▶ ▼
b	33 1/3% support test—2009. If the				a, and line 15 is 3	3 3 1/3%	or more,	check this_
	box and stop here. The organization							►
17a	10%-facts-and-circumstances test- is 10% or more, and if the organiza							
	in Part IV how the organization mee							ed
	organization	the lacts all	a circumstances	cot The organize	acion qualifies as	a publicly	, support	.eu ▶□
b	10%-facts-and-circumstances test-	—2009. If the org	janization did not c	heck a box on lin	e 13, 16a, 16b, o	r 17a an	d line	•
	15 is 10% or more, and if the organ							
	Explain in Part IV how the organiza	tion meets the "	facts and circumst	ances" test The	organızatıon qual	ıfıes as a	publicly	
10	supported organization	العاجة المصارة المصارة	, n hov ! 12	165 165 17-	17h chaalithi '	hav ====		► □
18	Private Foundation If the organizat instructions	ion ala not checi	k a dox on line 13,	10a, 10b, 1/a or	1/D, CHECK THIS	ox and s	ee	▶ □

Schedule A (Form 990 or 990-EZ) 2010 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified **b** A mounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning **(e)** 2010 (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (f) Total ın) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b c Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16	6 Public support percentage from 2009 Schedule A, Part III, line 15		
S	ection D. Computation of Investment Income Percentage		
17	Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18	Investment income percentage from 2009 Schedule A , Part III, line 17	18	

19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Fo	orm 990 or 990-EZ) 2010	Pag
Part IV	Supplemental Information. Supplemental Information. Complete this required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. additional information. (See instructions).	•

Facts And	Circumstances	Test

Schedule A (Form 990 or 990-EZ) 2010

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493146007091

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

NE\	V HORIZONS FOUNDATION INC		p.	oyer identification	iidiiibe	••	
В-	Overvientione Maintainine Daney	Advised Funds on Other Similar Fu		123082		-a .£ .b.a	
Рa	organizations Maintaining Donor A organization answered "Yes" to Form 9		inas c	or Accounts. Co	ompiei	te ir the	
		(a) Donor advised funds	(b) Funds and other	accou	nts	
1	Total number at end of year				117		
2	Aggregate contributions to (during year)	2,786,964			2,249,		
3	Aggregate grants from (during year)	4,018,516			2,0	089,242	
4	Aggregate value at end of year	14,702,248	14,702,248				
5	Did the organization inform all donors and donor ad funds are the organization's property, subject to the		noradvised √Yes Г I				
6	Did the organization inform all grantees, donors, an used only for charitable purposes and not for the be conferring impermissible private benefit			rpurpose	Yes	┌ No	
Pa	tt III Conservation Easements. Complete	e if the organization answered "Yes" to	Form	ı 990, Part IV, lır	ne 7.		
2	Preservation of land for public use (e.g., recreation of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a quality easement on the last day of the tax year	Preservation of a c	ertified	l historic structure			
	,	Γ		Held at the End	of the	Year	
а	Total number of conservation easements		2a				
b	Total acreage restricted by conservation easemen	ts	2b				
c	Number of conservation easements on a certified h	istoric structure included in (a)	2c				
d	Number of conservation easements included in (c)	acquired after 8/17/06	2d				
3	Number of conservation easements modified, trans	ferred, released, extinguished, or terminated	d by th	e organization durii	ng		
	the taxable year ►						
4	Number of states where property subject to conser	vation easement is located 🛌					
5	Does the organization have a written policy regards enforcement of the conservation easements it hold		ling of	violations, and	Yes	√ No	
6	Staff and volunteer hours devoted to monitoring, in	specting and enforcing conservation easeme	ents du	ırıng the year ►			
7	A mount of expenses incurred in monitoring, inspec	ting, and enforcing conservation easements	durıng	the year ► \$			
8	Does each conservation easement reported on line $170(h)(4)(B)(I)$ and $170(h)(4)(B)(II)$?	2(d) above satisfy the requirements of sect	tion	Г	Yes	√ No	
9	In Part XIV, describe how the organization reports balance sheet, and include, if applicable, the text o the organization's accounting for conservation ease	f the footnote to the organization's financial ements	statem	nents that describe			
Par	Complete if the organization answered		or Oth	ner Similar Ass	ets.		
1a	If the organization elected, as permitted under SFA art, historical treasures, or other similar assets he provide, in Part XIV, the text of the footnote to its f	ld for public exhibition, education or researc	h ın fur			·,	
b	If the organization elected, as permitted under SFA	·					

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

Assets included in Form 990, Part X For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

following amounts required to be reported under SFAS 116 relating to these items

provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1

Revenues included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

Cat No 52283D Schedule D (Form 990) 2010

►\$_____

Part	Organizations Maintaining Co	llections of Art	t, His	stori	<u>cal Tı</u>	reasur	es, or Ot	<u>ther</u>	Simila	r Asse	ts (co	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne fol	lowing	that are	a sıgnıfıca	nt us	e of its co	ollection		
а	Public exhibition		d	Γ	Loan	orexch	ange progra	ams				
b	Scholarly research		e	Γ	Othe	r						
c	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ain hov	w the	y furthe	er the or	ganızatıon'	sexe	empt purp	ose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								lar	Γ,	Yes	√ No
Par	Part IV, line 9, or reported an an						answered	i "Y∈	s" to For	rm 990	,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interm	edıary	forc	ontribu	itions or	r other asse	ets n	ot	Γ,	Yes	√ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ving t	able		Г			A mou		
с	Beginning balance							1c				
d	Additions during the year						<u> </u>	1d				
e	Distributions during the year						H	1e				
f	Ending balance						<u> </u>	1f				
2a	Did the organization include an amount on Fo	orm 990 Part Y lin	e 212				Ľ	<u> </u>		Г,	Yes	✓ No
	If "Yes," explain the arrangement in Part XIV		1 .							,		, 110
	t V Endowment Funds. Complete		n ans	swer	ed "Ye	s" to F	orm 990	Part	IV line	10.		
	Enactiment and complete	(a)Current Year) Prior			Years Back		hree Years I		Four Y	ears Back
1a	Beginning of year balance											
b	Contributions											
c	Investment earnings or losses											
d	Grants or scholarships											
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the yea	r end balance held	as									
а	Board designated or quasi-endowment 🕨											
ь	Permanent endowment											
c	Term endowment ▶											
3a	Are there endowment funds not in the posses	ssion of the organiz	ation	that	are hel	d and ad	lmınıstered	for t	he			
	organization by										Yes	No
	(i) unrelated organizations							•		3a(i)		No
L	(ii) related organizations					• •				3a(ii)		No
ь 4	If "Yes" to 3a(II), are the related organizatio Describe in Part XIV the intended uses of th	•						•		3Ь		N o
	t VI Investments—Land, Buildings					190. Pai	rt X. line 1	1.0				
	<u> </u>	, and Equipme			a) Cost o	•	(b)Cost or o		(c) Accur	mulated		
	Description of investment					estment)	basis (oth		deprec		(d) B	Book value
1a l	and										<u> </u>	
b E	Buildings		•								<u> </u>	
c l	easehold improvements						4	,230		4,230	<u> </u>	
d E	Equipment						39	,768		39,308		460
	Other										$oxed{oxed}$	
Tota	.Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colu	mn (B,), line	10(c).)			►			460
									Sched	ule D (F	orm 9	90) 201

Part VII Investments—Other Securities. See	e Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
(1)Financial derivatives		Cost of end-of-year market value
(2)Closely-held equity interests		
(3)0 ther		_
(A) EQUITY PARTICIPATION/PROPERTY	776,852	F
(B) OTHER INVESTMENTS	124,160	F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	901,012	
Part VIII Investments—Program Related. Se	ee Form 990, Part X, line 13	3.
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
		Cost of end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	F	
Part IX Other Assets. See Form 990, Part X,		
(a) Descr	ription	(b) Book value
		<u> </u>
Total. (Column (b) should equal Form 990, Part X, col.(B) line		
Part X Other Liabilities. See Form 990, Part		
1 (a) Description of Liability	(b) A mount	
Federal Income Taxes	10000	
ANNUITIES PAYABLE	125,705	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	125,705	

1			
	Total revenue (Form 990, Part VIII, column (A), line 12)	1	5,535,992
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	6,431,141
	Excess or (deficit) for the year Subtract line 2 from line 1	3	-895,149
4	Net unrealized gains (losses) on investments	4	-206,157
	Donated services and use of facilities	5	
	Investment expenses	6	
_	Prior period adjustments	7	
_	Other (Describe in Part XIV)	8	
	Total adjustments (net) Add lines 4 - 8	9	-206,157
	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-1,101,306
Part			
1	Total revenue, gains, and other support per audited financial statements	1	5,252,607
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
ь	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	-206,157
3	Subtract line 2e from line 1	3	5,458,764
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 77,228		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	77,228
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	5,535,992
Part 2	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per R	eturn
1	Total expenses and losses per audited financial	,	6,353,913
,	statements	1	
2	Donated services and use of facilities		
a b	Prior year adjustments	1	
6	Other losses	1	
d	Other (Describe in Part XIV)	1	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	6,353,913
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		0,333,913
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a 77,228		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	77,228
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	6,431,141
	XIV Supplemental Information		0,401,141

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
LIABILITY UNDER FIN 48 FOOTNOTE		THE FOUNDATION HAS EVALUATED ALL OF ITS OUTSTANDING TAX POSITIONS AS OF DECEMBER 31, 2010 AND DETERMINED THAT THEY MEET THE MORE- LIKELY-THAN-NOT RECOGNITION THRESHOLD ACCORDINGLY, THE FOUNDATION HAS NOT RECORDED A LIABILITY OR INCOME TAX EXPENSE FOR ANY UNRECOGNIZED TAX BENEFITS IN THEIR FINANCIAL STATEMENTS

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DLN: 93493146007091

OMB No 1545-0047

2010

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SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

to Part I

c Totals (add lines 3a and 3b)

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

Statement of Activities Outside the United States

	ie of the organization					Employer identi	fication number					
⊏ V	/ HORIZONS FOUNDATION INC					84-1123082						
Pa	rt I General Informatio "Yes" to Form 990, Pa			he United States. C	omplete	e if the organiza	ation answered					
1	For grantmakers. Does the	organization n	naıntaın record	s to substantiate the	amount	of the grants o	r					
	assistance, the grantees' elig	- ·	_				rd					
	the grants or assistance?						✓ Yes No					
2	For grant makers. Describe in Pa United States	funds outside th	e									
3	Activites per Region (Use Part V if additional space is needed)											
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	region (by type) (e g ,	program spe	vity listed in (d) is a service, describe scific type of ce(s) in region	(f) Total expenditures for region/investments in region					
	EAST ASIA AND PACIFIC			PROGRAM SERVICES	GENERA	LSUPPORT	740,486					
	EUROPE			PROGRAM SERVICES	GENERA	LSUPPORT	45,516					
	NORTH AMERICA			PROGRAM SERVICES	GENERA	LSUPPORT	6,713					
	RUSSIA			PROGRAM SERVICES	GENERA	LSUPPORT	875					
	SOUTH AMERICA			PROGRAM SERVICES	GENERA	LSUPPORT	18,545					
	SOUTH ASIA			PROGRAM SERVICES	GENERA	LSUPPORT	11,000					
	SUB-SAHARAN AFRICA			PROGRAM SERVICES	GENERA	LSUPPORT	596,936					
	Sub-total Total from continuation sheets						1,420,071					

1,420,071

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other
			SEE SCH F ATTACHMENT	1,376,592				
2 Enter total n	umber of recipions	t organizations l	sted above that are i	recognized as charition	as by the foreign o	ountry recognized	20	
tax-exempt	by the IRS, or for	which the grant	ee or counsel has pro	ovided a section 501(c)(3) equivalency	letter	as . ►	9
3 Enter total n	umber of other or	ganızatıons or e	ntities				. ▶	7

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990,

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

Use Part V if a				· · · · · · · · · · · · · · · · · · ·	1 !	1	
a) Type of grant or assistance		(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, othei
GENERAL SUPPORT AND EQUIP	RUSSIA	2	5,663				FMV
EQUIPMENT	EUROPE	1	3,246	WIRE		1	FMV
BENEVOLENT	SUB-SAHARAN AFRICA	1	5,000	WIRE			FMV
BENEVOLENT	SUB-SAHARAN AFRICA	1	1,592	WESTERN UNION			FMV
GENERAL SUPPORT	SUB-SAHARAN AFRICA	1	3,708				FMV
GENERAL SUPPORT	EAST ASIA AND THE PACIFIC	1		WIRE			FMV
GENERAL SUPPORT	SOUTH ASIA	1	5,550	WIRE			FMV
	'			!			
				!			
	,						
				!			
	,				1	1	

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)	Γ	Yes	Γ	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	Γ	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	Г	Yes	Γ	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	Г	Yes	Г	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)	Γ	Yes	Г	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).	Г	Yes	Г	Νo

Schedule F (Form 990) 2010

Part V	Supplemental	Information
--------	--------------	-------------

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

information.		
Identifier	ReturnReference	Explanation
PROCEDURES FOR MONITORING		PROJECT MANANGERS (GRANTEES) ARE REQUIRED TO
THE USE OF GRANT FUNDS	b	SUBMIT AN ANNUAL RECONCILIATION OF BUDGETED TO
	2	
OUTSIDE THE UNITED STATES		ACTUAL EXPENDITURES, PLUS DOCUMENTS TO SUPPORT
		EXPENDITURES MADE BY THE PROJECTS WITH GRANT
		DOLLARS TO ENSURE EXPENDITURES FURTHER THE
		FOUNDATION'S MISSION AND CHARITABLE OBJECTIVES
		FOUNDATION 5 MISSION AND CHARITABLE OBJECTIVES
	<u> </u>	
		0-b-d-l- F /F 000\ 2040
i		Schedule F (Form 990) 2010

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Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes." to Form 990. Part IV, line 21 or 22. ► Attach to Form 990

OMB No 1545-0047

DLN: 93493146007091

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Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

Name of the organization NEW HORIZONS FOUNDATION INC Employer identification number

84-1123082

1 Does the organization main the selection criteria used 2 Describe in Part IV the organization.	ntaın records to su to award the grant	s or assistance?					ר Yes ΓN
Part II Grants and Oth Form 990, Part IV	er Assistance V, line 21 for any	to Governments and y recipient that receive eeded.	l Organizations in d more than \$5,000.	the United States Check this box if r	no one recipient recei	ved more than \$5,0	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) SEE SCH I ATTACHMENT			4,014,403				
2 Enter total number of sect							69
3 Enter total number of othe				Cat No FOOFED			25

Part III	Grants and Other Assistance to Individuals in the United States.	Complete if the organization	answered "Yes"	to Form 990,	Part IV, lii	ne 22
	Use Schedule I-1 (Form 990) if additional space is needed.	-				

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) FIELD OF INTEREST	5	16,644			
(2) PROGRAM SUPPORT	1191	389,267			

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

Ident if ier	Return Reference	Explanation
PROCEDURES FOR	SCHEDULE I, PAGE 1, PART I,	PROJECT MANANGERS (GRANTEES) ARE REQUIRED TO SUBMIT AN ANNUAL RECONCILIATION OF BUDGETED TO
MONITORING THE USE	LINE 2	ACTUAL EXPENDITURES, PLUS DOCUMENTS TO SUPPORT EXPENDITURES MADE BY THE PROJECTS WITH GRANT
OF GRANT FUNDS		DOLLARS TO ENSURE EXPENDITURES FURTHER THE FOUNDATION'S MISSION AND CHARITABLE OBJECTIVES
INSIDE THE UNITED		
STATES		

OMB No 1545-0047

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SCHEDULE M (Form 990)

Department of the Treasury

25

Other ► (KIND

Other ▶(___

Art—Fractional interests

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

NonCash Contributions

Name of the organization

Internal Revenue Service **Employer identification number** NEW HORIZONS FOUNDATION INC 84-1123082 Part I Types of Property (d) (a) (b) (c) Noncash contribution amounts Number of Contributions or items Check if Method of determining oncash contribution applicable contributed reported on Form 990, Part VIII, line Art-Works of art . . . Art-Historical treasures

Books and publications 5 Clothing and household goods Cars and other vehicles . 7 Boats and planes . . . Intellectual property . . Securities—Publicly traded 12 224,129 QUOTED MARKET PRICES Securities—Closely held stock 11 Securities—Partnership, LLC, or trust interests . 12 Securities—Miscellaneous 13 Qualified conservation contribution—Historic structures 14 Qualified conservation contribution-Other . . 15 Real estate—Residential . **16** Real estate—Commercial Real estate—Other . . 18 Collectibles Food inventory 19 Drugs and medical supplies 20 21 Taxidermy Historical artifacts . . 23 Scientific specimens . . Archeological artifacts . OTHERIN

27 O ther **►**(_____ 28 Other ► (_ Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement . .

Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? No 30a **b** If "Yes," describe the arrangement in Part II 31 Yes Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash 32a Νo **b** If "Yes," describe in Part II If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,

Χ

21,863

Page 2

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) 2010

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2010

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SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Employer identification number Name of the organization NEW HORIZONS FOUNDATION INC 84-1123082

ldentifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	A COPY OF THE FORM 990 IS PROVIDED TO THE EXECUTIVE COMMITTEE FOR REVIEW AND APPROVAL PRIOR TO FILING

ldentifier	Return Reference	Explanation
ENFORCEMENT OF CONFLICTS POLICY	PART VI, LINE 12C	THE ORGANIZATION ANNUALLY REVIEWS THE DISCLOSURE FORMS WHICH BOARD MEMBERS AND EMPLOYEES ARE REQUIRED TO COMPLETE ANY POTENTIAL CONFLICTS OF INTEREST WILL BE DISCUSSED AND RESOLVED BY THE BOARD OF DIRECTORS

ldentifier	Return Reference	Explanation
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	COMPENSATION FOR THE EXECUTIVE DIRECTOR IS ESTABLISHED BY MANAGEMENT CONCENSUS

ldentifier	Return Reference	Explanation
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	COMPENSATION FOR OTHER OFFICERS AND KEY EMPLOYEES IS REVIEWED AND DETERMINED BY MEMBERS OF THE BOARD OF DIRECTORS

ldentifier	Return Reference	Explanation
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS OF THE ORGANIZATION ARE AVAILABLE TO THE PUBLIC UPON REQUEST

DLN: 93493146007091

OMB No 1545-0047

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SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990. ► See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization
NEW HORIZONS FOUNDATION INC

84-1123082

Employer identification number

Part I Identification of Disregarded Entities (Con	nplete if the organizat	ion answered "Yes	" on Form 990, Pa	rt IV, line 33.)			
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (stat or foreign country)	(d) te Total income	(e) End-of-year assets	(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Organizations during		e if the organization	n answered "Yes"	on Form 990, Part	: IV, line 34 becaus	_	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	organ	rolled iization
(1) THE TELLIOS CHARITABLE TRUST						Yes	No
4570 HILTON PARKWAY SUITE 203 COLORADO SPRINGS, CO 80907 26-6070307	CHARITABLE	со	(C)	11A	NA		No
(2) PURPOSE DRIVEN CONNECTION							
1 SADDLEBACK PARKWAY	CHARITABLE	со	(C)	11C	NA		No
LAKE FOREST, CA 92630 26-3854748							
(3) ACTS OF MERCY FOUNDATION							
29881 SANTA MARGARITA PKWY RANCHO SANTA MARGARITA, CA 92688	CHARITABLE	CA	(C)	11C	NA		No
20-0393297 (4) PROPEMPO FOUNDATION						+	
C/O JONES RELIANCE GROUP 39 QUAIL COURT SUITE 301 WALNUT CREEK, CA 94596 68-6226279	CHARITABLE	CA	(C)	11C	NA		No

(a) ame, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income		(g) end-of-year sssets	(h Disprop allocat	ortionate	(i) Code V— amount in bo Schedule (Form 10	x 20 of K-1	(j Gener mana partr	al or ging	(k) Percentage ownership
								Yes	No			Yes	No	
				ble as a Corpora zations treated as a						nswered "Y	es" on	Form	990,	Part IV,
Name, address, an	(a) Id EIN of related organiz	zation	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct cor enti	ntrolling	(e) Type of e (C corp, S or trust	corp,	Share o	(f) f total income	Shai end-o	y) re of f-year sets		(h) Percentage ownership

(6)

Part V Transac	tions With Related Organizations (Complete if the organizations	tion answered "Yes	" on Form 990, Pai	t IV, line 34, 35, 3	55A, or 36.)		
Note. Complete III	ne 1 ıfany entity ıs lısted ın Parts II, III or IV					Yes	No
1 During the tax year,	did the orgranization engage in any of the following transactions with one	or more related organ	zations listed in Part	s II-IV?			
a Receipt of (i) inte	rest (ii) annuities (iii) royalties (iv) rent from a controlled entity				1a		No
b Gift, grant, or cap	ital contribution to other organization(s)				16		No
c Gıft, grant, or cap	ıtal contrıbutıon from other organızatıon(s)				10	Yes	
d Loans or loan gua	rantees to or for other organization(s)				10		No
e Loans or loan gua	rantees by other organization(s)				16		No
f Sale of assets to	other organization(s)						No
	ts from other organization(s)				19		No
h Exchange of asse					111		No
	, equipment, or other assets to other organization(s)				1i		No
· Lease of facilities,	, equipment, or other assets to other organization(s)						\vdash
j Lease of facilities	, equipment, or other assets from other organization(s)				1 j		No
k Performance of se	ervices or membership or fundraising solicitations for other organization(s	s)			11		No
I Performance of se	rvices or membership or fundraising solicitations by other organization(s))			11		No
m Sharing of facilitie	es, equipment, mailing lists, or other assets				1r	n	No
n Sharing of paid er	nployees				1r		No
• Reimbursement p	aid to other organization for expenses				10	,	No
p Reimbursement p	aid by other organization for expenses				15		No
q Other transfer of	cash or property to other organization(s)				10	1	No
r Other transfer of o	cash or property from other organization(s)				11		No
2 If the answer to a	ny of the above is "Yes," see the instructions for information on who must	complete this line, in	cluding covered relati	onships and transact	ion thresholds		
	(a) Name of other organization		(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determ involve		ount
(1)							
(2)							
(3)							
(4)							
(5)							

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d Are parti sect 501(d organiz	ners ion :)(3) :ations?	(e) Share of end-of-year assets		ortionate	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(I Gene mana part	agın tner?
			Yes	No		Yes	No		Yes	N
										+
										-
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Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

I Identifier I Keturn Keterence I	Identifier Return Reference Explanation	
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Schedule R (Form 990) 2010

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Depreciation and Amortization

(Including Information on Listed Property)

DLN: 93493146007091

OMB No 1545-0172

Form **4562**

Department of the Treasury nternal Revenue Service (99)	•	See separate instructions	s. 🕨 Attach	to your tax rel	turn.		Sequence No 67
Name(s) shown on return		Business	or activity to v	which this form	relates	T	dentifying number
NEW HORIZONS FOUND	ATION INC	INDIREC	T DEPRECIAT	TON		ع ا	4-1123082
Part I Election	To Expense (Certain Property Un					7 1123002
	•	isted property, comple			plete Part I.		
1 Maximum amount See	the instructions	s for a higher limit for cert	aın busınesses			1	500,000
2 Total cost of section 1	79 property plac	ced ın service (see instru	ctions) .			2	
3 Threshold cost of sect	ion 179 propert	y before reduction in limit	atıon (see ınstr	uctions) .		3	2,000,000
4 Reduction in limitation	Subtract line 3	from line 2 If zero or les	s enter-0-			4	
		line 4 from line 1 If zero	·	0- If married f	filina		
separately, see instruc					9	5	
			(b) Cost (b)	usiness use			
6 (a)	Description of pi	roperty	' ' '	ly)	(c) Elected c	ost	
							1
7 Listed property Enter	the amount from	n line 29		. 7			
8 Total elected cost of s	ection 179 prop	erty Add amounts in colu	umn (c), lines 6	and 7 .		8	1
9 Tentative deduction E	nter the smaller	of line 5 or line 8				. 9	
10 Carryover of disallowe	d deduction from	n line 13 of vour 2009 Foi	rm 4562 .			10	
11 Business income limitation		·		ee instructions)		11	
12 Section 179 expense of						12	
·		•		_			
13 Carryover of disallower				. F 13			
Note: Do not use Part Part II Special De		Allowance and Othe			inaliida liatad ni		ty \/Caa instructions \
14 Special depreciation a							(See Instructions)
tax year (see instruction		illied property (other than	riisted property) placed ili sei	vice during the	14	
15 Property subject to see	•	alection				15	
· · · ·		erection				16	770
16 Other depreciation (inc		Do not include listed p	roporty \ (Sc	· · ·		10	//0
2: ILTII MACKS DE	preciation (•	ction A	e ilisti uctioi	15.)		
17 MACRS deductions for	assets placed i			2010		17	
18 If you are electing t					one or more		
general asset accou		•	_	•	▶□		
		Service During 20:				<u>'</u> recia	ation System
		(c) Basis for					
(a) Classification of	(b) Month and	depreciation	(d) Recovery				(g)Depreciation
property	year placed in	(business/investment	period	(e) Conventi	on (f) Metho	od	deduction
	service	use only—see instructions)					
19a 3-year property						-	
b 5-year property						\neg	
c 7 - year property							
d 10-year property							
e 15-year property							
f 20-year property							
g 25-year property			25 yrs		S/L		
h Residential rental			27 5 yrs	MM	S/L		
property			27 5 yrs	MM	S/L		
i Nonresıdentıal real			39 yrs	MM	S/L		
property				MM	S/L		
	n C—Assets Pla	ced in Service During 2010) Tax Year Usin	g the Alternat		ı Syst	em
20a Class life					S/L		
b 12-year			12 yrs		S/L		
c 40-year	(00 5 25 21	h h a n a \	40 yrs	MM	S/L		
	y (see instruc						T
21 Listed property Enter						21	
22 Total. Add amounts fro and on the appropriate		14 through 17, lines 19 turn Partnerships and S c				22	770
23 For assets shown above portion of the basis att	•	-	t year, enter the	e 23			

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

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

(a) (b) Business/ (d) (e) (f) (f) (Type of property (list Date placed in Investment Cost or other (business/investment Cost) (husiness/investment Cost) (hus	es," is the g) hod/ ention 25 r," or rel ompleting	e evidence (h Depreci deduc	yritten?) ation/ ttion	Yes see vehicle	(i) Elected ection 179 cost
(a) (b) Date placed in investment use percentage percentage which dispersed to the percentage percentage basis for depreciation (business/investment use only) and percentage percentage percentage basis (business/investment use only) and percentage percentage basis (business/investment use only) and percentage percentage basis (business/investment use only) and percentage basis (business use 26 Property used more than 50% in a qualified business use 27 Property used more than 50% in a qualified business use 28 Property used 50% or less in a qualified business use 29 Property used 50% or less in a qualified business use 29 Property used 50% or less in a qualified business use 29 Property used 50% or less in a qualified business use 29 Property used 50% or less in a qualified business use 20 Property used 50% or less in a qualified business use 20 Property used 50% or less in a qualified business use 20 Property used 50% or less in a qualified business use 20 Property used 50% or less in a qualified business use 20 Property used 50% or less in a qualified business use 20 Property used 50% or less in a qualified business use 20 Property used 50% or less in a qualified business use 20 Property used 50% or less in a qualified business use 20 Property used 50% or less in a qualified business use 20 Property used 50% or less in a qualified business use 20 Property used 50% or less in a qualified business use 20 Property used 50% or less in a qualified business use 20 Property used 50% or less in a qualified business use 20 Property used 50% or less in a qualified business use 20 Property used 50% or less in a qualified business use 20 Property used 50% or less in a qualified business use 20 Property used 50% or l	g) hod/ ention 25 r," or rel mpleting	(h) Deprecial deduction de	s on for those	e vehicle	(i) Elected ection 179 cost
(a) Date placed in service whether the property (list vehicles first) which service whether service during the tax year and used more than 50% in a qualified business use 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 26 Property used more than 50% in a qualified business use 27 Property used 50% or less in a qualified business use 27 Property used 50% or less in a qualified business use 28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1	r," or rel	29 elated persthis section (d)	s on for those	e vehicle	Elected ection 179 cost
26 Property used more than 50% in a qualified business use	r," or rel	elated pers this section (d)	for those	:)	(f)
27 Property used more than 50% in a qualified business use	r," or rel	elated pers this section (d)	for those	:)	(f)
27 Property used 50% or less in a qualified business use	r," or rel	elated pers this section (d)	for those	:)	(f)
27 Property used 50% or less in a qualified business use	r," or rel	elated pers this section (d)	for those	:)	(f)
27 Property used 50% or less in a qualified business use	r," or rel	elated pers this section (d)	for those	:)	(f)
% %	r," or rel	elated pers this section (d)	for those	:)	(f)
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1	r," or rel	elated pers this section (d)	for those	:)	(f)
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1	r," or rel	elated pers this section (d)	for those	:)	(f)
Section B—Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner from you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner from you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to complete this section C to see if you meet an exception to complete this section C to see if you meet an exception to complete this section C to see if you meet an exception to complete this section C to see if you meet an exception to complete in Section C to see if you meet an exception to see if you meet an exception to complete in Section C to see if you meet an exception to see if you meet an exception to complete in Section C to see if you meet an exception to see if you meet an exception to complete in Section B for vehicles owners or related person? Section C—Questions for Employers Who Provide Vehicles for Use the sequence of the provide vehicles of the provide vehicles of the sequence of the provide vehicles of	r," or rel	elated pers this section (d)	for those	:)	(f)
Section B—Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to or 30 Total business/investment miles driven during the year (do not include commuting miles)	mpleting	elated pers this section (d)	for those	:)	(f)
Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner from your provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to complete this section C to see if you meet an exception to complete the your devehicles to your employees, first answer the questions in Section C to see if you meet an exception to complete the your developed your meet an exception to complete the your meet an exception to complete your meet an exception to complete your meet an exception to complete year. 31 Total commuting miles driven during the year and lines 30 through 32	mpleting	this section (d)	for those	:)	(f)
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing Section B for vehicles of the see if you meet an exception to completing Section B for vehicles of the see if you meet an exception to completing Section B for vehicles of the see if you meet an exception to completing Section B for vehicles of the see if you meet an exception to complete year and see if you meet an exception to complete year (do not include commuting miles driven during the year of t	mpleting	this section (d)	for those	:)	(f)
30 Total business/investment miles driven during the year (do not include commuting miles)		(d)	(е	:)	(f)
year (do not include commuting miles)	3 V 6	ehicle 4	Vehic	le 5	
31 Total commuting miles driven during the year 32 Total other personal(noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32					
33 Total miles driven during the year Add lines 30 through 32					
33 Total miles driven during the year Add lines 30 through 32					
through 32					
during off-duty hours?					
35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use? Section C—Questions for Employers Who Provide Vehicles for Use Answer these questions to determine if you meet an exception to completing Section B for vehicles owners or related persons (see instructions) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except comemployees? See the instructions for vehicles used by corporate officers, directors, or 1% or metal.	o Yes	es No	Yes	No	Yes No
owner or related person?					
Section C—Questions for Employers Who Provide Vehicles for Us Answer these questions to determine if you meet an exception to completing Section B for vehicles 5% owners or related persons (see instructions) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including employees?					
Answer these questions to determine if you meet an exception to completing Section B for vehicles owners or related persons (see instructions) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including employees?					
 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except comemployees? See the instructions for vehicles used by corporate officers, directors, or 1% or maintain. 					ot more th
as Do you maintain a written policy statement that prohibits personal use of vehicles, except comemployees? See the instructions for vehicles used by corporate officers, directors, or 1% or many contents.	commu	uting by w	, our		N
employees? See the instructions for vehicles used by corporate officers, directors, or 1% or m				Ye	s No
employees? See the instructions for vehicles used by corporate officers, directors, or 1% or m				<u> </u>	-
39 Do you treat all use of vehicles by employees as personal use?					
40 Do you provide more than five vehicles to your employees, obtain information from your employ vehicles, and retain the information received?	ees abo	out the us	e of the	!	
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instru	ctions))			
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the cover	ed vehic	cles			
Part VI Amortization					
(b) (c) (d) (A.				(f)	
(a) Date Amortizable Code Ar	(e)		A mor	tızatıor	ı for
. I amount I section I	nortizatio		th	ns year	
42 A mortization of costs that begins during your 2010 tax year (see instructions)	nortizatio period or	-			
	nortizatio				
	nortizatio period or				
43 A mortization of costs that began before your 2010 tax year	nortizatio period or				

44 Total. Add amounts in column (f) See the instructions for where to report

44

Porm 990, Schedule I, Part II						(c) IRC Section	(d) Amount	(f) Method of valuation	(g) Description of non-	(h) Purpose of grant
(a) Name and Address of Organization	<u>Street</u>	City	State	<u>Zıp</u>	(b) EIN	<u>if applicable</u>	of cash grant	(book, FMV, appraisal, other)	cash disbursement	or assistance
Navigators	P O Box 6400	Colorado Springs	со	80934-6400	84-6007896	501 (c) (3)	747,755	FMV	N/A	Program Support
Biologic Institute	16310 NE 80th Street Ste 102	Redmond	VA	98052	84-1670187	501 (c) (3)	5,000	FMV	N/A	Program Support
Desert Christian Schools Inc	7525 E Speedway Blvd	Tucson	ΑZ	85710-8809	87-0419198	501 (c)(3)	5,000	FMV	N/A	Program Support
Dewnamis Ministries Inc	12171 Caminito Corriente	San Diego	CA	92128	33-0920093	501 (c)(3)	5,000	FMV	N/A	Program Support
Dominican Nuns of North Guilford CT, Inc	11 Race Hill Rd	N Guilford	CT	06437	06-0776636	501 (c) (3)	5,000	FMV	N/A	Program Support
Future Training Institute	6391 Leasure Town Road	Vaavile	CA	95687	68-0031589	501 (c)(3)	5,000	FMV	N/A	Program Support
Grace Fellowship	450 N Peirce St	El Cahon	CA	92020	33-0610690	501 (c) (3)	5,000	FMV	N/A	Program Support
Hope for the World	PO Box 999	Orange Park	FL	32067	59-3108991	501 (c) (3)	5,000	FMV	N/A	Program Support
La Jolla Christian Fellowship	627 Genter Street	La Jolla	CA	92037	95-3254432	501 (c)(3)	5,000	FMV	N/A	Program Support
The Mission	Future Training Institute	Vacaville	CA	95687	68-0031589	501 (c)(3)	5,000	FMV	N/A	Program Support
Rancho de Sus Ninos, Inc	PO Box 360	Portrero	CA	91963	68-0280223	501 (c) (3)	5,000	FM∨	N/A	Program Support
Remote Area Medical Foundation	1834 Beech Street	Knoxville	TN	37920	62-1650446	501 (c) (3)	5,000	FMV	N/A	Program Support
Rockin W Rodeo Ministry	2720 NE 25th Ave	Bayette	ID	83661	58-1807221	501 (c) (3)	5,000	FMV	N/A	Program Support
Seattle's Union Gospel Mission	PO Box 202	Seattle	WA		91-0595029	501 (c) (3)	5,000	FMV	N/A	Program Support
St Johns High School	376 Main Street	Shrewsbury	MA	01545	04-2178893	501 (c) (3)	5,000	FMV	N/A	Program Support
Jesuit High School	9000 SW Beaverton-Hillside HWY	Portland	OR	97225	93-0448866	501 (c) (3)	5,200	FMV	N/A	Program Support
Seattle Against Slavery	900 Lenora St, Ste W-305	Seattle	WA	98121	27-2026973	n/a	5,433	FMV	N/A	Program Support
Olive Crest Treatment Centers	515 116th Ave NE, Ste 174	Bellevue	WA	98004	95-2877102	501 (c) (3)	5,500	FMV	N/A	Program Support
First Baptist Church-Cherokee TX	P O Box 117	Cherokee	TX	76832	74-2292043	501 (c) (3)	5,916	FMV	N/A	Program Support
Church Sports International	P O Box 783	Lincoln	CA		77-0327787	501 (c) (3)	6,000	FMV	N/A	Program Support
International Adoption Net	2305 E Arapahoe	International Adoption Net	CO	80122-1565	84-1608994	501 (c) (3)	6,000	FMV	N/A	Program Support
Student Work Development Foundation, Inc	PO Box 2100	Norman	OK	73070	51-0168187	501 (c) (3)	6,000	FMV	N/A	Program Support
Timberwood Church	23084 State Highway 371	Nisswa	MN	56468	20-0735208	501 (c) (3)	6,000	FMV	N/A	Program Support
R12 Charities	1249 Banner Cır	Erie	CO	80516	27-2825710	n/a	6,010	FMV	N/A	Program Support
GOTTA GO Corporation	3690 Broadway Street	North Bend	OR	97459	20-1824854	501 (c) (3)	6,021	FMV	N/A	Program Support
Gold Buckle Wrestling	15550 Russell Drive	Colorado Springs	CO	80831	27-3354023	n/a /-	6,150	FMV	N/A	Program Support
Equipping Africa Food for the Hungry Inc	3961 N Hillwood Pl 1224 E Washington St	Tucson Phoenix	AZ AZ	85750 85034	27-2672569 95-2680390	n/a 501 (c) (3)	6,973 7,000	FMV FMV	N/A N/A	Program Support
Paideia School	P O Box 1875	Friday Harbor	WA	98250	62-1847940	501 (c) (3)	7,800	FMV	N/A	Program Support Program Support
Bethel Church of Redding	933 College View Drive	Redding	CA	96003	94-1514037	501 (c) (3)	8,000	FMV	N/A	Program Support
Search Ministries	25260 SW Parkway Ave , Ste E	Wilsonville	OR	97070	75-1627393	501 (c) (3)	8,000	FMV	N/A	Program Support
Solid Rock Outdoor Ministries	617 Plaza Court	Portland	WY	82070	83-0568957	n/a	8,000	FMV	N/A	Program Support
Young Life	P O Box 2920	Colorado Springs	co		84-0385934	501 (c) (3)	8,368	FMV	N/A	Program Support
Focus on the Family		Colorado Springs	co	80995-7620		501 (c) (3)	8,500	FMV	N/A	Program Support
Bridgeport Rescue Mission	P O Box 9057	Bridgeport	СТ	06601	06-1362705	501 (c) (3)	9,000	FMV	N/A	Program Support
Pivot Ministries	17 Quintard Ave	06854	СТ	06854	06-0839030	501 (c) (3)	9,000	FMV	N/A	Program Support
Summit Church FL	9210 Estero Park Commons Blvd Ste 7	Estero	FL	33928	35-2210054	501 (c) (3)	9,000	FMV	N/A	Program Support
La Vie	261 H Ave	Coronado	CA	92118	95-3593279	501 (c) (3)	9,996	FMV	N/A	Program Support
Bethany Relief & Rehab Int'l	PO Box 1297	Abingdon	VA	24212-1297	52-2344177	501 (c) (3)	10,000	FMV	N/A	Program Support
Inner Change/CRM	1240 N. Lakeview Ave., Suite 120	Anaheim	CA	92807-1831	95-3523150	501 (c) (3)	10,000	FMV	N/A	Program Support
Kids Club Consultants, Inc	3150 Almaden	San Jose	CA	95118	61-1496737	501 (c) (3)	10,000	FMV	N/A	Program Support
Neighborhood Church of Chico CA	2801 Notre Dame Blvd	Chico	CA	95928-8808	94-1697956	501 (c)(3)	10,000	FMV	N/A	Program Support
Seattle Christian Foundation	Two Union Square St 4900	Seattle	WA	98101	20-3788055	501 (c)(3)	10,000	FM∨	N/A	Program Support
Urban Peak Colorado Springs	423 E Cucharras	Colorado Springs	co	80903	84-1549702	501 (c)(3)	10,000	FM∨	N/A	Program Support
William Jessup University Foundation	333 Sunset Blvd	Rocklin	CA	95765	86-1139148	501 (c)(3)	10,000	FMV	N/A	Program Support
PRC3E	3105 Windward Ct	Norman	OK	73072	27-2042512	n/a	11,500	FMV	N/A	Program Support
First Tee of Brunswick County The	P O Box 1820	Shallotte	NC	28459	27-0106935	501 (c) (3)	12,000	FMV	N/A	Program Support
Tiburon Baptist Church	445 Greenwood Beach Road	Tiburon	CA	94920	97-1740874	501 (c) (3)	12,000	FMV	N/A	Program Support
Training Ground	P O Box 49595	Colorado Springs	CO	80949	20-8093114	501 (c) (3)	12,705	FM∨	N/A	Program Support
Layman's Foundation, Inc	P O Box 398088	Cambridge	MA	02139-0034	75-3204589	501 (c) (3)	13,000	FMV	N/A	Program Support
That Day	14583 Rancho Copa	Valley Center	CA	92082	38-3424830	501 (c) (3)	13,000	FMV	N/A	Program Support
Ezekiel House of Prayer	12492 Gilmore Ave , Apt 4	Los Angeles	CA	90066	90-0450330	n/a	13,611	FMV	N/A	Program Support
Designed for Wholeness	4330 Zurich Drive	Colorado Springs	CO	80920	20-5860895	n/a	13,715	FMV	N/A	Program Support
Trinity Lutheran Church	PO Box 97	Freeland	WA	98249	91-1015055	n/a	14,000	FMV	N/A	Program Support

						(c) IRC Section	(d) Amount	(f) Method of valuation	(g) Description of non-	(h) Purpose of grant
(a) Name and Address of Organization	Street	City	State	<u>Zıp</u>	<u>(b) EIN</u>	if applicable	of cash grant	(book, FMV, appraisal, other)	cash disbursement	or assistance
General Council of the Assemblies of God	1445 N Boonville Ave	Springfield	MO	65802	44-0577787	501 (c) (3)	14,707	FM∨	N/A	Program Support
Wheaton Christian Grammar School	1 N 350 Taylor Drive	Winfield	IL	60190	36-2210719	501 (c) (3)	17,000	FM∨	N/A	Program Support
He Cares Foundation	2710 Thomes Ave	Cheyenne	WY	82001	61-1611069	501 (c) (3)	17,600	FM∨	N/A	Program Support
Eims Discipleship Foundation	1327 Pike Dirve	Colorado Springs	CO	80904	26-4107081	n/a	18,145	FMV	N/A	Program Support
Leadership Foundation, Inc	P O Box 1782	Colorado Springs	CO	80901	74-2223706	501 (c) (3)	18,200	FM∨	N/A	Program Support
Discipling Partners	174 W Know Road	Tempe	AZ	85284	27-2190147	n/a	19,512	FM∨	N/A	Program Support
Campus Crusade for Christ, Inc	P O Box 628222	Orlando	FL	32862-8222	33-0863088	501 (c) (3)	19,700	FM∨	N/A	Program Support
Coast Vineyard Christian Fellowship	5726 La Jolla Blvd #109	La Jolla	CA	92037	33-0309693	501 (c) (3)	20,000	FMV	N/A	Program Support
Parakaleo Group	5223 Foster St	Overland Park	KS	66202	26-3896121	n/a	20,253	FM∨	N/A	Program Support
Seized by Hope Ministries	230 W Second Avenue	Plainwell	MI	49080	26-4218414	n/a	20,284	FM∨	N/A	Program Support
Salvation for Afghans, Inc	1813 Northview Drive	Colorado Springs	CO	80909	27-2437107	n/a	21,305	FMV	N/A	Program Support
World Vision International	PO Box 9716 Dept W	Federal Way	WA	98063-9716	95-1922279	501 (c) (3)	24,200	FMV	N/A	Program Support
Dreaming God's Dream Ministries	23955 Copenhagen St	Misson Viejo	CA	92691-3021	26-3830359	n/a	24,390	FMV	N/A	Program Support
Solid Rock Church	10500 SW Nimbus Bldg T	Portland	OR	97223	20-0368851	n/a	25,000	FMV	N/A	Program Support
Integra Ventures	209 E Liberty Drive	Wheaton	IL	60187	36-4027564	501 (c) (3)	25,500	FMV	N/A	Program Support
Samaritian's Purse	PO Box 3000	Boone	NC	28607-3000	58-1437002	501 (c) (3)	26,300	FMV	N/A	Program Support
First Evangelical Free Church - Tucson	4700 N Swan	Tucson	AZ	85718	86-0213816	n/a	30,000	FM∨	N/A	Program Support
Joy to the World Foundation, Inc	4570 Hilton Parkway, Suite 203	Colorado Springs	CO	80907	72-1551621	501 (c) (3)	33,650	FM∨	N/A	Program Support
Harbor Ministries Inc	P O Box 21984	Lincoln	NE	68542	20-4894998	501 (c) (3)	37,000	FMV	N/A	Program Support
Questscope, LTD	P O Box 88572	Carol Stream	IL	60188-8572	36-3936979	501 (c) (3)	40,000	FM∨	N/A	Program Support
EPIC International, Inc	115 Woodland Way Ste 120	Canton	GA	30114	58-2666820	501 (c) (3)	40,409	FM∨	N/A	Program Support
Patmos Project	3941 Altura Avenue	La Crescenta	CA	91214	20-0757499	n/a	42,304	FMV	N/A	Program Support
Resource Exchange Int'l, Inc	5446 N Academy Blvd, Suite 202	Colorado Springs	CO	80918	59-3043334	501 (c) (3)	45,200	FMV	N/A	Program Support
Turkey for Peace	201 Glen Eden Dr	Glasgow	MO	65254	27-1052493	n/a	48,000	FMV	N/A	Program Support
Pursue Your Passion Ministries	2895 Piedmonet Drive	Highland	CA	92346	06-1817220	n/a	49,890	FMV	N/A	Program Support
CARE	151 Ellis Street	Atlanta	GA	30303	13-1685039	501 (c) (3)	50,000	FMV	N/A	Program Support
Monmouth College	700 East Broadway	Monmouth	IL	61462-1998	37-0661228	501 (c) (3)	50,000	FMV	N/A	Program Support
Global Strategies for HIV Prevention	104 Domincan Drive	San Rafael	CA	94901	68-0406388	501 (c) (3)	55,600	FMV	N/A	Program Support
Global Service Office	PO Box 20425	Boulder	CO	80308-3425	95-4244940	501 (c) (3)	60,000	FMV	N/A	Program Support
Maharaj International Ministries	4220 Sandy Bay Drive	Virginia Beach	VA	23455	74-3238895	n/a	60,000	FMV	N/A	Program Support
World Gospel Mission	PO Box 948	Marion	IN	46952-0948	64-0339453	501 (c) (3)	60,000	FMV	N/A	Program Support
Neighborhood Ministries	1918 W Van Buren	Phoenix	AZ	85009	86-0809052	501 (c) (3)	65,000	FMV	N/A	Program Support
Operation Restored Warrior, Inc	675 Fremont Circle	Colorado Springs	CO	80919	26-3348594	n/a	70,428	FMV	N/A	Program Support
M A D Girls, Inc	6635 W Happy Valley Road A104-614	Glendale	AZ	85310	26-3066101	n/a	75,075	FMV	N/A	Program Support
Mıqra Institute	20 Alodium Place	Lincoln	NE	68510	47-0843297	501 (c) (3)	85,000	FMV	N/A	Program Support
Noble Heart	8245 Loganwood Ct	Colorado Springs	co	80919	23-3259881	n/a	90,900	FMV	N/A	Program Support
Health People Inc	552 Southern Blvd	Bronx	NY	10455	51-0418243	501 (c)(3)	109,700	FMV	N/A	Program Support
Evangelical Free Church of East Dennis	PO Box 755	East Dennis	MA	02641	41-0721672	501 (c)(3)	117,000	FMV	N/A	Program Support
Saddleback Valley Community Church	1 Saddleback Pkwy	Lake Forest	CA	92630	95-3689195	501 (c) (3)	1,200,000	FMV	N/A	Program Support
							4,014,403			

New Horizons Foundation, Inc.

EIN: 84-1123082

Form 990, Schedule F, Part II

	(d) Purpose	(e) Amount of	(f) Manner of	(g) Amount of non-	(h) Desc of non-	(i) Method of valuation
						(book, FMV, appraisal,
<u>(c) Region</u>	<u>of grant</u>	<u>cash grant</u>	cash disbursement	cash assistance	<u>cash assistance</u>	<u>other)</u>
Europe	Program Support	25,000	Wire	N/A	N/A	FMV
Sub-Saharan Africa	Program Support	553,713	Wire	N/A	N/A	FMV
East Asia and the Pacific	Program Support	18,915	Wire	N/A	N/A	FMV
Europe	Program Support	16,000	Wire	N/A	N/A	FMV
East Asia and the Pacific	Program Support	10,000	Wire	N/A	N/A	FMV
South America	Program Support	18,320	Wire	N/A	N/A	FMV
East Asia and the Pacific	Program Support	420,934	Wire	N/A	N/A	FMV
Sub-Saharan Africa	Program Support	25,965	Wire	N/A	N/A	FMV
East Asia and the Pacific	Program Support	8,381	Wire	N/A	N/A	FMV
East Asia and the Pacific	Program Support	30,002	Wire	N/A	N/A	FMV
East Asia and the Pacific	Program Support	166,312	Wire	N/A	N/A	FMV
East Asia and the Pacific	Program Support	8,000	Wire	N/A	N/A	FMV
East Asia and the Pacific	Program Support	5,000	Wire	N/A	N/A	FMV
East Asia and the Pacific	Program Support	14,550	Wire	N/A	N/A	FMV
South Asia	Program Support	5,500	Wire	N/A	N/A	FMV
East Asia and the Pacific	Program Support	50,000	Wire	N/A	N/A	FMV
		1,376,592				