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

OMB No 1545-0052

2011

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

For calendar year 2011 or tax year beginning

, 2011, and ending

, 20

Name of foundation HORIZON CHARITABLE FOUNDATION, INC.		A Employer identification number 20-0252405
D/B/A HORIZON FOUNDATION FOR NEW JERSEY		B Telephone number (see instructions) (973) 466-8364
Number and street (or P.O. box number if mail is not delivered to street address) Room/suite		
C/O TAX DEPT. 3 PENN PLAZA E, PP-M2H		
City or town, state, and ZIP code NEWARK, NJ 07105-2200		
G Check all that apply:	<input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change	<input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		C If exemption application is pending, check here <input type="checkbox"/> D 1 Foreign organizations, check here <input type="checkbox"/> 2 Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/> F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 53,214,087.		J Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received (attach schedule)		10,122,500.	ATCH 1		
2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B					
3 Interest on savings and temporary cash investments		460,711.	460,711.		ATCH 2
4 Dividends and interest from securities		686,955.	686,955.		ATCH 3
5a Gross rents					
b Net rental income or (loss)					
6a Net gain or (loss) from sale of assets not on line 10		683,396.			
b Gross sales price for all assets on line 6a	5,150,000.		683,396.		
7 Capital gain net income (from Part IV, line 2)					
8 Net short-term capital gain					
9 Income modifications					
10a Gross sales less returns and allowances					
b Less: Cost of goods sold					
c Gross profit or (loss) (attach schedule)					
11 Other income (attach schedule)					
12 Total. Add lines 1 through 11		11,953,562.	1,831,062.		
13 Compensation of officers, directors, trustees, etc.		0			
14 Other employee salaries and wages					
15 Pension plans, employee benefits					
16a Legal fees (attach schedule)					
b Accounting fees (attach schedule)	ATCH 4	9,665.			
c Other professional fees (attach schedule)		183,337.			
17 Interest					
18 Taxes (attach schedule) (see instructions)		-8,275.			
19 Depreciation (attach schedule) and depletion					
20 Occupancy					
21 Travel, conferences, and meetings		852.			
22 Printing and publications		14,589.			
23 Other expenses (attach schedule) ATCH 7		156,316.	59,072.		
24 Total operating and administrative expenses. Add lines 13 through 23		356,484.	59,072.		
25 Contributions, gifts, grants paid		3,565,674.			3,665,292.
26 Total expenses and disbursements. Add lines 24 and 25		3,922,158.	59,072.	0	3,665,292.
27 Subtract line 26 from line 12.		8,031,404.			
a Excess of revenue over expenses and disbursements			1,771,990.		
b Net investment income (if negative, enter -0-)					
c Adjusted net income (if negative, enter -0-)					

For Paperwork Reduction Act Notice, see instructions.

* ATCH 5 JSA *

ATCH 6

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910-21.

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Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value		
Assets	1	Cash - non-interest-bearing				
	2	Savings and temporary cash investments	476,980.	10,151,727.	10,151,727.	
	3	Accounts receivable				
		Less allowance for doubtful accounts				
	4	Pledges receivable				
		Less allowance for doubtful accounts				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)				
	7	Other notes and loans receivable (attach schedule)				
		Less allowance for doubtful accounts				
	8	Inventories for sale or use				
	9	Prepaid expenses and deferred charges	3,104.	223.	223.	
	10 a	Investments - U S and state government obligations (attach schedule)				
	b	Investments - corporate stock (attach schedule)	31,930,400.	27,739,400.	27,739,400.	
	c	Investments - corporate bonds (attach schedule)	14,166,984.	15,248,100.	15,248,100.	
	Liabilities	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation (attach schedule)				
12		Investments - mortgage loans				
13		Investments - other (attach schedule)				
14		Land, buildings, and equipment basis				
		Less accumulated depreciation (attach schedule)				
15		Other assets (describe) ATCH 11	92,737.	74,637.	74,637.	
16		Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	46,670,205.	53,214,087.	53,214,087.	
17		Accounts payable and accrued expenses	69,133.	133,851.		
18		Grants payable	2,301,028.	2,078,910.		
Net Assets or Fund Balances	19	Deferred revenue				
	20	Loans from officers, directors, trustees, and other disqualified persons				
	21	Mortgages and other notes payable (attach schedule)				
	22	Other liabilities (describe) ATCH 12	114,261.	91,935.		
23	Total liabilities (add lines 17 through 22)	2,484,422.	2,304,696.			
Foundations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.	24	Unrestricted	44,185,783.	50,909,391.		
	25	Temporarily restricted				
	26	Permanently restricted				
	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. <input type="checkbox"/>	27	Capital stock, trust principal, or current funds			
		28	Paid-in or capital surplus, or land, bldg, and equipment fund			
		29	Retained earnings, accumulated income, endowment, or other funds			
		30	Total net assets or fund balances (see instructions)	44,185,783.	50,909,391.	
		31	Total liabilities and net assets/fund balances (see instructions)	46,670,205.	53,214,087.	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	44,185,783.
2	Enter amount from Part I, line 27a	2	8,031,404.
3	Other increases not included in line 2 (itemize)	3	
4	Add lines 1, 2, and 3	4	52,217,187.
5	Decreases not included in line 2 (itemize) ATTACHMENT 13	5	1,307,796.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	50,909,391.

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Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co.)			(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a SEE PART IV SCHEDULE					
b					
c					
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)		
a					
b					
c					
d					
e					
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(i) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))		
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any			
a					
b					
c					
d					
e					
2 Capital gain net income or (net capital loss)			2	683,396.	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8			3	0	

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☒ No

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

1 Enter the appropriate amount in each column for each year, see the instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2010	3,474,531.	30,628,282.	0.113442
2009	3,701,937.	28,765,504.	0.128694
2008	4,015,601.	40,750,639.	0.098541
2007	3,962,518.	36,112,574.	0.109727
2006	1,265,746.	25,556,391.	0.049528
2 Total of line 1, column (d)			2 0.499932
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			3 0.099986
4 Enter the net value of noncharitable-use assets for 2011 from Part X, line 5			4 45,279,999.
5 Multiply line 4 by line 3			5 4,527,366.
6 Enter 1% of net investment income (1% of Part I, line 27b)			6 17,720.
7 Add lines 5 and 6			7 4,545,086.
8 Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.			8 3,665,292.

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

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary - see instructions)	1	35,440.
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b		
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	
3	Add lines 1 and 2	3	35,440.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	35,440.
6	Credits/Payments		
a	2011 estimated tax payments and 2010 overpayment credited to 2011	6a	18,534.
b	Exempt foreign organizations - tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d	7	18,534.
8	Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached	8	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed PAID VIA EFT. STATE	9	16,906.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	
11	Enter the amount of line 10 to be Credited to 2012 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	11	

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation ► \$ _____ (2) On foundation managers ► \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ► \$ _____		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	X	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) ► NJ,		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation. ATTACHMENT 14		X
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

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Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
Website address WWW.HORIZONBLUE.COM/FOUNDATION				
14	The books are in care of HORIZON HEALTHCARE SERVICES Telephone no 973-466-8364			
	Located at 3 PENN PLAZA EAST PP-M2H NEWARK, NJ ZIP + 4 07105-2200			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	15		
and enter the amount of tax-exempt interest received or accrued during the year				
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No
See the instructions for exceptions and filing requirements for Form TD F 90-22.1 If "Yes," enter the name of the foreign country				

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

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

	Yes	No
1a During the year did the foundation (either directly or indirectly)		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?		X
Organizations relying on a current notice regarding disaster assistance check here		
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2011?		X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))		
a At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2011?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "Yes," list the years		
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions)		X
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If "Yes," did it have excess business holdings in 2011 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2011)		
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2011?		X

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

5a During the year did the foundation pay or incur any amount to

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

b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? **5b**Organizations relying on a current notice regarding disaster assistance check here ☐c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? ☐ Yes ☐ No

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

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ Nob Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? **6b**

If "Yes" to 6b, file Form 8870

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? ☐ Yes ☒ Nob If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? **7b****Part VIII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1** List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
ATTACHMENT 15		0	0	0

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

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
NONE		0	0	0

Total number of other employees paid over \$50,000 **0**

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		0
Total number of others receiving over \$50,000 for professional services		0

Part IX-A Summary of Direct Charitable Activities

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

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

Part IX-B Summary of Program-Related Investments (see instructions)		Amount
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2		
1	N/A	
2		
All other program-related investments See instructions		
3	N/A	
Total. Add lines 1 through 3		

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	44,717,175.
b	Average of monthly cash balances	1b	1,252,367.
c	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	45,969,542.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	45,969,542.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	689,543.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	45,279,999.
6	Minimum investment return. Enter 5% of line 5	6	2,264,000.

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

1	Minimum investment return from Part X, line 6	1	2,264,000.
2a	Tax on investment income for 2011 from Part VI, line 5	2a	35,440.
b	Income tax for 2011. (This does not include the tax from Part VI)	2b	
c	Add lines 2a and 2b	2c	35,440.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	2,228,560.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	2,228,560.
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	2,228,560.

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	3,665,292.
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	3,665,292.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	3,665,292.

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
1 Distributable amount for 2011 from Part XI, line 7				2,228,560.
2 Undistributed income, if any, as of the end of 2011				
a Enter amount for 2010 only				
b Total for prior years 20 09, 20 08, 20 07				
3 Excess distributions carryover, if any, to 2011				
a From 2006 90,454.				
b From 2007 2,411,365.				
c From 2008 2,006,541.				
d From 2009 2,270,705.				
e From 2010 2,549,142.				
f Total of lines 3a through e	9,328,207.			
4 Qualifying distributions for 2011 from Part XII, line 4 ▶ \$ 3,665,292.				
a Applied to 2010, but not more than line 2a				
b Applied to undistributed income of prior years (Election required - see instructions).				
c Treated as distributions out of corpus (Election required - see instructions).				
d Applied to 2011 distributable amount				2,228,560.
e Remaining amount distributed out of corpus	1,436,732.			
5 Excess distributions carryover applied to 2011. (If an amount appears in column (d), the same amount must be shown in column (a).)				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	10,764,939.			
b Prior years' undistributed income Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b Taxable amount - see instructions				
e Undistributed income for 2010 Subtract line 4a from line 2a Taxable amount - see instructions				
f Undistributed income for 2011 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2012				
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions).				
8 Excess distributions carryover from 2006 not applied on line 5 or line 7 (see instructions).	90,454.			
9 Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a	10,674,485.			
10 Analysis of line 9				
a Excess from 2007 2,411,365.				
b Excess from 2008 2,006,541.				
c Excess from 2009 2,270,705.				
d Excess from 2010 2,549,142.				
e Excess from 2011 1,436,732.				

Form 990-PF (2011)

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

NOT APPLICABLE

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2011, enter the date of the ruling

b Check box to indicate whether the foundation is a private operating foundation described in section

4942(j)(3) or

4942(j)(5)

2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

Tax year

Prior 3 years

(e) Total

(a) 2011

(b) 2010

(c) 2009

(d) 2008

b 85% of line 2a

c Qualifying distributions from Part XII, line 4 for each year listed

d Amounts included in line 2c not used directly for active conduct of exempt activities

e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c

3 Complete 3a, b, or c for the alternative test relied upon

a "Assets" alternative test - enter

(1) Value of all assets

(2) Value of assets qualifying under section 4942(j)(3)(B)(i)

b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed

c "Support" alternative test - enter

(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)

(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(ii)

(3) Largest amount of support from an exempt organization

(4) Gross investment income

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year - see instructions.)**1 Information Regarding Foundation Managers:**

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2))

N/A

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

N/A

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number of the person to whom applications should be addressed.

ATTACHMENT 16

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

SEE STATEMENT 19, REGARDING GRANT APPLICATION PROCESS

c Any submission deadlines:

SEE STATEMENT 19, REGARDING GRANT APPLICATION PROCESS

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

SEE STATEMENT 19, REGARDING FOUNDATION GUIDELINES

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year SEE ATTACHMENT 18				3,665,292.
Total			3a	3,665,292.
b Approved for future payment SEE ATTACHMENT 18				3,443,174.
Total			3b	3,443,174.

Form 990-PF (2011)

Enter gross amounts unless otherwise indicated

(See worksheet in line 13 instructions to verify calculations)

[illegible]

Schedule of Contributors

OMB No 1545-0047

2011

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

Name of the organization

HORIZON CHARITABLE FOUNDATION, INC.
D/B/A HORIZON FOUNDATION FOR NEW JERSEY

Employer identification number

20-0252405

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☐ 501(c)() (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation

☐ 527 political organization

Form 990-PF

☒ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

- ☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

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

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

Employer identification number
20-0252405

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PARTNERS INVESTING IN NURSING'S FUTURE 221 NW SECOND AVE, STE 300 PORTLAND, OR 97209	\$ 122,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	HORIZON HEALTHCARE SERVICES, INC 3 PENN PLAZA EAST NEWARK, NJ 07105	\$ 10,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Employer Identification number
20-0252405

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

Name of organization HORIZON CHARITABLE FOUNDATION, INC.

Employer identification number

D/B/A HORIZON FOUNDATION FOR NEW JERSEY

20-0252405

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry.For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

Kind of Property		Description				P or D	Date acquired	Date sold
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj basis as of 12/31/69	Excess of FMV over adj basis		Gain or (loss)	
5,150,000.		BONY-MELLON MUTUAL FDS PROPERTY TYPE: SECURITIES 4,466,604.				P	683,396.	
TOTAL GAIN(LOSS)							<u>683,396.</u>	

FORM 990PF, PART I - CONTRIBUTIONS, GIFTS AND GRANTS RECEIVED

ATTACHMENT 1

<u>NAME AND ADDRESS</u>	<u>DATE</u>	<u>DIREC PUBLI SUPPORT</u>
PARTNERS INVESTING IN NURSING'S FUTURE 221 NW SECOND AVE, STE 300 PORTLAND, OR 97209	12/01/2011	122,500.
HORIZON HEALTHCARE SERVICES, INC 3 PENN PLAZA EAST NEWARK, NJ 07105	12/01/2011	10,000,000.
TOTAL CONTRIBUTION AMOUNTS		<u>10,122,500.</u>

ATTACHMENT 2

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

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>NET INVESTMENT INCOME</u>
INTEREST -S/T INVESTMENTS	460,711.	460,711.
TOTAL	<u>460,711.</u>	<u>460,711.</u>

ATTACHMENT 3

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

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>NET INVESTMENT INCOME</u>
DIVIDEND INCOME	686,955.	686,955.
TOTAL	<u>686,955.</u>	<u>686,955.</u>

ATTACHMENT 4

FORM 990PF, PART I - ACCOUNTING FEES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>NET INVESTMENT INCOME</u>	<u>ADJUSTED NET INCOME</u>	<u>CHARITABLE PURPOSES</u>
ANNUAL AUDIT FEES	9,665.			
TOTALS	<u>9,665.</u>			

ATTACHMENT 5FORM 990PF, PART I - OTHER PROFESSIONAL FEES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>
PROFESSIONAL FEES PAID TO HHS	183,337.
TOTALS	<u>183,337.</u>

ATTACHMENT 6FORM 990PF, PART I - TAXES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>
FEDERAL EXCISE TAX EXPENSE	-8,275.
TOTALS	<u>-8,275.</u>

ATTACHMENT 7

FORM 990PF, PART I - OTHER EXPENSES

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME
BANK FEES	58,341.	59,072.
LICENSE & FEES	26,393.	
OFFICE EXPENSE	1,457.	
CONSULTING	70,125.	
TOTALS	<u>156,316.</u>	<u>59,072.</u>

ATTACHMENT 8

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

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>	<u>ENDING FMV</u>
FEDERAL EXCISE TAX RECOVERABLE	223.	223.
TOTALS	<u>223.</u>	<u>223.</u>

FORM 990PF, PART II - CORPORATE STOCK

ATTACHMENT 9

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>	<u>ENDING FMV</u>
STK INDEX MUTUAL FUND - AT MKT	27,739,400.	27,739,400.
TOTALS	<u>27,739,400.</u>	<u>27,739,400.</u>

ATTACHMENT 10

FORM 990PF, PART II - CORPORATE BONDS

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>	<u>ENDING FMV</u>
BOND INDEX MUTUAL FUND -AT MKT	15,248,100.	15,248,100.
TOTALS	<u>15,248,100.</u>	<u>15,248,100.</u>

ATTACHMENT 11

FORM 990PF, PART II - OTHER ASSETS

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>	<u>ENDING FMV</u>
ACCRUED INTEREST & DIVIDENDS	74,637.	74,637.
TOTALS	<u>74,637.</u>	<u>74,637.</u>

ATTACHMENT 12FORM 990PF, PART II - OTHER LIABILITIES

<u>DESCRIPTION</u>	<u>ENDIN BOOK VALUE</u>
DEFERRED EXCISE TAX LIABILITY	65,689.
RELATED PARTY PAYABLE	26,246.
TOTAL	<u>91,935.</u>

ATTACHMENT 13FORM 990PF, PART III - OTHER DECREASES IN NET WORTH OR FUND BALANCESDESCRIPTIONAMOUNT

UNREALIZED LOSSES ON INVESTMENTS

1,307,796.

TOTAL

1,307,796.

FORM 990PF, PART VII-A, LINE 8B - EXPLANATION OF NON-FILING

THE STATE OF NEW JERSEY HAS EXEMPTED THE FOUNDATION FROM SUCH
REPORTING.

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEESATTACHMENT 15

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</u>	<u>EXPENSE ACCT AND OTHER ALLOWANCES</u>
ROBERT A. MARINO C/O TAX DEPT. 3 PENN PLAZA E, PP-M2H NEWARK, NJ 07105-2200	PRESIDENT	0	0	0
DAVID R. HUBER C/O TAX DEPT. 3 PENN PLAZA E, PP-M2H NEWARK, NJ 07105-2200	TREASURER	0	0	0
KEVIN P. CONLIN C/O TAX DEPT. 3 PENN PLAZA E, PP-M2H NEWARK, NJ 07105-2200	VICE PRESIDENT	0	0	0
LINDA A. WILLET C/O TAX DEPT. 3 PENN PLAZA E, PP-M2H NEWARK, NJ 07105-2200	SECRETARY	0	0	0
JONATHAN R. PEARSON C/O TAX DEPT. 3 PENN PLAZA E, PP-M2H NEWARK, NJ 07105-2200	DIRECTOR	0	0	0
LAWRENCE B. ALTMAN C/O TAX DEPT. 3 PENN PLAZA E, PP-M2H NEWARK, NJ 07105-2200	EXECUTIVE DIRECTOR	0	0	0
GRAND TOTALS		0	0	0

ATTACHMENT 16

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

SEE STATEMENT 19

Horizon Charitable Foundation, Inc
Supplemental Schedule of Grants Awarded and Paid
Twelve months ended December 31, 2011

	Year Awarded	Grants Payable Beginning of Year	Grants Awarded	Grants Paid	Grants Payable End of Period
New Jersey YMCA State Alliance, Inc	2007	91,010		91,010	-
CAMcare Health Corp.	2008	100,000		100,000	- *
Cape Volunteers in Medicine/Volunteers in Medicine of Cape May County	2008	67,500		67,500	- *
Monmouth Family Health Center	2008	67,000		67,000	- *
Neighborhood Health Services Corp	2008	75,000		75,000	- *
New Jersey Performing Arts Center	2008	400,000		200,000	200,000
Newark Community Health Centers	2008	100,000		100,000	- *
United States Catholic Conference/St Luke's Catholic Medical Services	2008	32,550		32,550	- *
Visiting Nurse Association of Central Jersey Community Health Center	2008	50,000		50,000	- *
Volunteers in Health/Parker Family Health Center	2008	100,000		100,000	- *
Zufall Health Center	2008	100,000		100,000	- *
 New Jersey YMCA State Alliance	 2009	 36,500		 36,500	 -
Allocation for the Nursing Academic Resource Center of New Jersey	2010	75,000		25,000	50,000
American Cancer Society	2010	130,000		99,200	30,800
American Conference on Diversity	2010	20,000		20,000	-
American Diabetes Association	2010	60,000		60,000	-
American Heart Association	2010	150,000		75,000	75,000
Arts Council of Princeton	2010	5,000		5,000	-
Art Pnde New Jersey Foundation	2010	15,000		15,000	-
Boat People SOS	2010	15,000		15,000	-
CancerCare of New Jersey	2010	20,000		20,000	-
Catholic Family & Community Services	2010	25,000		25,000	-
Children's Aid and Family Services	2010	25,000		25,000	-
Children's Futures	2010	50,000		50,000	-
The Community Theatre at Mayo Center for the Performing Arts	2010	10,000		10,000	-
Connection for Women and Families	2010	20,000		20,000	-
CPC Behavioral Healthcare	2010	28,500		28,500	-
Mid-Atlantic Center for the Arts	2010	10,000		10,000	-
Morris Regional Public Health Partnership	2010	20,000		20,000	-
New Jersey Health Literacy Coalition	2010	50,000		50,000	-
Newark Boys Chorus School	2010	20,000		20,000	-
Newark Youth Golf	2010	5,000		5,000	-
Puerto Rican Unity for Progress	2010	15,000		15,000	-
Richard Stockton College of New Jersey Foundation	2010	25,000		25,000	-
The Ritz Theatre Company	2010	4,000		4,000	-
State Theatre Regional Arts Center at New Brunswick	2010	15,000		15,000	-
St. Benedict's Preparatory School	2010	20,000		20,000	-
St Philip's Academy	2010	15,000		15,000	-
St Vincent Academy	2010	25,000		25,000	-
Trenton Community Music School	2010	10,000		10,000	-
Urban Healthcare Initiative Program	2010	25,000		25,000	-
The Valene Fund	2010	20,000		20,000	-
West Bergen Mental Healthcare	2010	25,000		25,000	-
Young Audiences of New Jersey	2010	15,000		15,000	-
Diocese of Metuchen	2010	50,000		50,000	- *
Providence Medical Clinic	2010	32,320		32,320	- *
 American Red Cross	 2011	 -	 25,000	 25,000	 -
New Jersey Symphony Orchestra	2011		500,000	100,000	400,000
The Arc of New Jersey	2011		25,000	25,000	-
Arts Guild New Jersey	2011		10,000	10,000	-
ChoiceOne Pregnancy & Sexual Health Resource Centers	2011		25,000	25,000	-
Family & Community Services of Somerset County	2011		16,000	16,000	-
George Street Playhouse	2011		25,000	25,000	-

ATTACHMENT 18 (1/3)

Horizon Chantable Foundation, Inc
Supplemental Schedule of Grants Awarded and Paid
Twelve months ended December 31, 2011

	Year Awarded	Grants Payable Beginning of Year	Grants Awarded	Grants Paid	Grants Payable End of Period
Horizons at Rumson Country Day School	2011		10,000	10,000	-
Integnty House	2011		20,000	20,000	-
Link Community School	2011		10,000	10,000	-
Literacy Volunteers Association Cape-Atlantic	2011		25,000	25,000	-
Main Street Counseling Center	2011		25,000	25,000	-
New Jersey Hall of Fame	2011		25,000	25,000	-
Newark Arts Council	2011		15,000	15,000	-
Opportunity Project	2011		15,000	15,000	-
Paper Mill Playhouse	2011		10,000	10,000	-
Passage Theatre Company	2011		10,000	10,000	-
PEI Kids	2011		15,000	15,000	-
The Princeton Festival	2011		10,000	10,000	-
Puerto Rican Family Institute	2011		30,000	30,000	-
Saint Peter's College	2011		15,000	15,000	-
South Jersey Cultural Alliance	2011		10,000	10,000	-
Symphony in C	2011		20,000	20,000	-
Visual Arts Center of New Jersey	2011		10,000	10,000	-
Wheaton Arts and Cultural Center	2011		10,000	10,000	-
Women Helping Women	2011		15,000	15,000	-
Algonquin Arts	2011		10,000	10,000	-
Appel Farm Arts and Music Center	2011		10,000	10,000	-
Arthritis Foundation Northeast Region	2011		46,500	46,500	-
Bergen Performing Arts Center	2011		20,000	20,000	-
Cape Assist	2011		25,000	25,000	-
Dental Lifeline Network New Jersey	2011		50,000	50,000	-
GlassRoots	2011		10,000	10,000	-
Greater Newark Conservancy	2011		20,000	20,000	-
Hunterdon Art Museum -	2011		21,000	21,000	-
Jewish Renaissance Medical Center	2011		100,000	100,000	-
La Casa de Don Pedro	2011		15,000	15,000	-
McCarter Theatre	2011		10,000	10,000	-
Monmouth Museum and Cultural Center	2011		10,000	10,000	-
Montclair Art Museum	2011		15,000	15,000	-
New Jersey Ballet Company	2011		10,000	10,000	-
New Jersey Chamber of Commerce Foundation	2011		50,000	50,000	-
Park Theatre Performing Arts	2011		10,000	10,000	-
Partnership for a Drug-Free New Jersey	2011		15,000	15,000	-
Playwrights Theatre of New Jersey	2011		10,000	10,000	-
Riverfront Renaissance Center for the Arts	2011		10,000	10,000	-
Rutgers University Foundation	2011		44,000	44,000	-
American Red Cross Northern New Jersey Chapter	2011		100,000	100,000	-
Bergen Volunteer Medical Initiative	2011		30,000	30,000	-
Boys & Girls Clubs in New Jersey	2011		50,000	50,000	-
Catholic Charities of the Archdiocese of Newark	2011		20,000	20,000	-
Diabetes Foundation	2011		15,000	15,000	-
The Discovery Orchestra - \$10,000	2011		10,000	10,000	-
Friends' Health Connection	2011		15,000	15,000	-
HomeFront	2011		25,000	25,000	-
Jewish Family Service of Somerset, Hunterdon and Warren Counties	2011		15,000	15,000	-
Jewish Vocational Service of Metro West, two year grant	2011		25,000	12,500	12,500
KinderSmile Foundation	2011		15,000	15,000	-
Literacy Volunteers of Morris County	2011		15,000	15,000	-
Literacy Volunteers of New Jersey	2011		11,000	11,000	-
Luna Stage Company	2011		10,000	10,000	-
Monmouth County Arts Council	2011		10,000	10,000	-
New Jersey Repertory Company	2011		10,000	10,000	-
Perkins Center for the Arts	2011		10,000	10,000	-
Renaissance Newark Foundation	2011		20,000	20,000	-
Somerset Home for Temporarily Displaced Children	2011		10,000	10,000	-
State Theatre Regional Arts Center at New Brunswick	2011		15,000	15,000	-

ATTACHMENT 18 (2/3)

Horizon Charitable Foundation, Inc.
Supplemental Schedule of Grants Awarded and Paid
Twelve months ended December 31, 2011

	Year	Grants Payable	Grants	Grants	Grants Payable
	Awarded	Beginning of Year	Awarded	Paid	End of Period
Tn-State Actors Theatre	2011		10,000	10,000	-
The Valere Fund	2011		20,000	20,000	-
West Bergen Mental Healthcare	2011		25,000	25,000	-
Youth Development Clinic of Newark	2011		10,000	10,000	-
All Saints Community Service and Development Corporation	2011		15,000		15,000
American Conference on Diversity	2011		20,000		20,000
Art House Productions	2011		10,000		10,000
Art Pride New Jersey Foundation	2011		15,000		15,000
Boat People SOS	2011		15,000		15,000
Catholic Charities Diocese of Trenton	2011		20,000		20,000
Catholic Family & Community Services	2011		25,000		25,000
Catholic Social Services of Morris County	2011		25,000		25,000
Children's Aid and Family Services	2011		25,000		25,000
Christ the King Preparatory School	2011		30,000		30,000
Community Hope	2011		15,000		15,000
Connection for Women and Families	2011		20,000		20,000
CPC Behavioral Healthcare	2011		20,000		20,000
Easter Seals New Jersey	2011		20,000		20,000
Emmanuel Cancer Foundation	2011		15,000		15,000
Fairleigh Dickinson University	2011		25,000		25,000
Liberty Science Center	2011		20,000		20,000
Mayo Performing Arts Center	2011		10,000		10,000
Mercer Alliance to End Homelessness	2011		35,000		35,000
Mid-Atlantic Center for the Arts	2011		10,000		10,000
Morris County Organization for Hispanic Affairs	2011		15,000		15,000
New Jersey Health Literacy Coalition	2011		50,000		50,000
New Jersey Theatre Alliance	2011		25,000		25,000
New Jersey YMCA State Alliance	2011		550,000		550,000
Newark Boys Chorus School	2011		20,000		20,000
Newark School of the Arts	2011		10,000		10,000
Ocean Community Economic Action Now	2011		20,000		20,000
Saint Vincent Academy	2011		24,000		24,000
Special Olympics New Jersey, two year grant	2011		50,000		50,000
St Benedict's Preparatory School	2011		20,000		20,000
St Philip's Academy	2011		15,000		15,000
Trenton Community Music School	2011		10,000		10,000
United Way of Essex and West Hudson	2011		50,000		50,000
Visiting Nurse Association of Central Jersey	2011		25,000		25,000
Matching Gift Contributions		31,648	235,674	230,712	36,610
Grand Total			<u>\$ 2,301,028</u>	<u>\$ 3,443,174</u>	<u>\$ 3,665,292</u>
					<u>\$ 2,078,910</u>

* 2008 Health Center Initiative

ATTACHMENT 18 ^{1/3/13}

Horizon Charitable Foundation, Inc.
d/b/a Horizon Foundation for New Jersey
EIN # 20-0251405
Form 990-PF
For the Taxable Year Ended December 31, 2004
Part XV, Supplementary Information
Line 2b & c, Information Regarding Contribution, Grant, Gift, Loan, Scholarship,
etc., Programs

Grant Application Process

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

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

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

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

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

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

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

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

Guidelines

Grant Application Guidelines¹ for The Horizon Foundation for New Jersey

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

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

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

The Horizon Foundation for New Jersey will not fund:

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

SCHEDULE D
(Form 1041)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

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

OMB No 1545-0092

2011

Name of estate or trust **HORIZON CHARITABLE FOUNDATION, INC.**

Employer identification number

D/B/A HORIZON FOUNDATION FOR NEW JERSEY

20-0252405

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

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

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

b Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b **1b** 683,396.

2 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 **2**

3 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts **3**

4 Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2010 Capital Loss Carryover Worksheet **4** ()

5 **Net short-term gain or (loss).** Combine lines 1a through 4 in column (f). Enter here and on line 13, column (3) on the back **5** 683,396.

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

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

b Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b **6b**

7 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 **7**

8 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts **8**

9 Capital gain distributions **9**

10 Gain from Form 4797, Part I **10**

11 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2010 Capital Loss Carryover Worksheet **11** ()

12 **Net long-term gain or (loss).** Combine lines 6a through 11 in column (f). Enter here and on line 14a, column (3) on the back **12**

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

Schedule D (Form 1041) 2011

Part III Summary of Parts I and II		(1) Beneficiaries' (see instr)	(2) Estate's or trust's	(3) Total
Caution: Read the instructions before completing this part.				
13	Net short-term gain or (loss)	13		683,396.
14	Net long-term gain or (loss):			
a	Total for year	14a		
b	Unrecaptured section 1250 gain (see line 18 of the wrksh)	14b		
c	28% rate gain	14c		
15	Total net gain or (loss). Combine lines 13 and 14a	15		683,396.

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

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

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

Part V Tax Computation Using Maximum Capital Gains Rates	
Form 1041 filers. Complete this part only if both lines 14a and 15 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more than zero.	
Caution: Skip this part and complete the Schedule D Tax Worksheet in the instructions if: • Either line 14b, col. (2) or line 14c, col. (2) is more than zero, or • Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.	
Form 990-T trusts. Complete this part only if both lines 14a and 15 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, line 34, is more than zero. Skip this part and complete the Schedule D Tax Worksheet in the instructions if either line 14b, col. (2) or line 14c, col. (2) is more than zero.	

17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34)	17		
18	Enter the smaller of line 14a or 15 in column (2) but not less than zero	18		
19	Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T)	19		
20	Add lines 18 and 19	20		
21	If the estate or trust is filing Form 4952, enter the amount from line 4g, otherwise, enter -0-	21		
22	Subtract line 21 from line 20. If zero or less, enter -0-	22		
23	Subtract line 22 from line 17. If zero or less, enter -0-	23		
24	Enter the smaller of the amount on line 17 or \$2,300	24		
25	Is the amount on line 23 equal to or more than the amount on line 24? <input type="checkbox"/> Yes. Skip lines 25 and 26, go to line 27 and check the "No" box. <input type="checkbox"/> No. Enter the amount from line 23.	25		
26	Subtract line 25 from line 24.	26		
27	Are the amounts on lines 22 and 26 the same? <input type="checkbox"/> Yes. Skip lines 27 thru 30, go to line 31 <input type="checkbox"/> No. Enter the smaller of line 17 or line 22	27		
28	Enter the amount from line 26 (If line 26 is blank, enter -0-)	28		
29	Subtract line 28 from line 27	29		
30	Multiply line 29 by 15% (15)	30		
31	Figure the tax on the amount on line 23. Use the 2011 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041)	31		
32	Add lines 30 and 31	32		
33	Figure the tax on the amount on line 17. Use the 2011 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041)	33		
34	Tax on all taxable income. Enter the smaller of line 32 or line 33 here and on Form 1041, Schedule G, line 1a (or Form 990-T, line 36)	34		

Schedule D (Form 1041) 2011

**Continuation Sheet for Schedule D
(Form 1041)**

OMB No 1545-0092

2011

► See instructions for Schedule D (Form 1041).

▶ Attach to Schedule D to list additional transactions for lines 1a and 6a.

Name of estate or trust

Employer Identification number

20-0252405

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

[illegible]

1b Total. Combine the amounts in column (f). Enter here and on Schedule D, line 1b

683,396.

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

Schedule D-1 (Form 1041) 2011

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

OMB No 1545-1709

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

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

Electronic filing (e-file) You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*

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

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

Part I only ☐

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

Enter filer's identifying number, see instructions

**Type or
print**File by the
due date for
filing your
return. See
instructions

Name of exempt organization or other filer, see instructions

HORIZON CHARITABLE FOUNDATION, INC.

D/B/A HORIZON FOUNDATION FOR NEW JERSEY

Employer identification number (EIN) or

☒ 20-0252405

Number, street, and room or suite no. If a P.O. box, see instructions

C/O TAX DEPT. 3 PENN PLAZA EAST, PP-M2H

Social security number (SSN)

City, town or post office, state, and ZIP code. For a foreign address, see instructions

NEWARK, NJ 07105-2200

Enter the Return code for the return that this application is for (file a separate application for each return) ☐ 0 ☐ 4

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

Telephone No ▶ 973 466-8364FAX No ▶ 973 466-8453

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

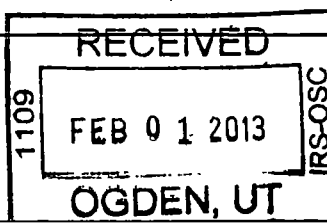
- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15, 20 12, to file the exempt organization return for the organization named above. The extension is for the organization's return for
- ▶ ☒ calendar year 20 11 or
- ▶ ☐ tax year beginning , 20 , and ending , 20

- 2 If the tax year entered in line 1 is for less than 12 months, check reason ☐ Initial return ☐ Final return
- ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a \$	18,311.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b \$	18,534.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c \$	0

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

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

Form **8868** (Rev. 1-2012)

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

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

Type or print	Name of exempt organization or other filer, see instructions	Enter filer's identifying number, see instructions	
	HORIZON CHARITABLE FOUNDATION, INC.	Employer identification number (EIN) or	
	D/B/A HORIZON FOUNDATION FOR NEW JERSEY	<input checked="" type="checkbox"/> X	20-0252405
	Number, street, and room or suite no. If a P.O. box, see instructions	Social security number (SSN)	
File by the due date for filing your return. See instructions.	C/O TAX DEPT. 3 PENN PLAZA EAST, PP-M2H	<input type="checkbox"/>	
	City, town or post office, state, and ZIP code For a foreign address, see instructions		
	NEWARK, NJ 07105-2200		

Enter the Return code for the return that this application is for (file a separate application for each return) ☐ 0 ☐ 4

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

- The books are in the care of HORIZON HEALTHCARE SERVICES
Telephone No. 973 466-8364 FAX No. 973 466-8453
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until 11/15, 20 12.
- For calendar year 2011, or other tax year beginning , 20 , and ending , 20 .
- If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- State in detail why you need the extension ALL OF THE INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE TAX RETURN IS NOT CURRENTLY AVAILABLE.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$	18,311.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$	18,534.
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c \$	0

Signature and Verification must be completed for Part II only.

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

Signature Title Director of Corp Tax Date 8/10/12

Form 8868 (Rev. 1-2012)