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Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1

Briefly describe the organization’s mission

THE OBJECTIVE OF NEW HORIZONS FOUNDATION IS TO HELP INDIVIDUALS ACCOMPLISH THEIR CHARITABLE OBJECTIVES IN RELIGIOUS, EDUCATIONAL, SCIENTIFIC, BENEVOLENT AND HEALTH RELATED ACTIVITIES

2

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

If “Yes,” describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

If “Yes,” describe these changes on Schedule O

4

Describe the organization’s program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 7,034,744 including grants of \$ 6,584,744) (Revenue \$)

HELP INDIVIDUALS ACCOMPLISH THEIR CHARITABLE OBJECTIVES IN RELIGIOUS, EDUCATIONAL, SCIENTIFIC, BENEVOLENT AND HEALTH RELATED ACTIVITIES

4b

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4c

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4d

Other program services (Describe in Schedule O)



















(Expenses \$ including grants of \$) (Revenue \$)

4e

Total program service expenses \$ 7,034,744

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	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		No
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? If "Yes," complete Schedule C, Part II		No
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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 	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? If "Yes," complete Schedule D, Part II 		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 		No
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 		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 		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		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	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. 	Yes	
c	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. 		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. 		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 	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. 	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	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 		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I 	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, Part II and IV 	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, Part III and IV 	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		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		No
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		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements		
20b			

Part 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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	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)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	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 owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	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 <input type="checkbox"/>		
		YesNo
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	9
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1cYes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return	2a4
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2bYes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3aNo
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?	4aNo
b	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .	5aNo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5bNo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6aNo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b
7	Organizations that may receive deductible contributions under section 170(c).	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7aNo
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7cNo
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7eNo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .	7fNo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h
8	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?	8No
9	Sponsoring organizations maintaining donor advised funds.	
a	Did the organization make any taxable distributions under section 4966?	9aNo
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9bNo
10	Section 501(c)(7) organizations. Enter	
a	Initiation fees and capital contributions included on Part VIII, line 12	10a
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b
11	Section 501(c)(12) organizations. Enter	
a	Gross income from members or shareholders	11a
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	
a	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b
c	Enter the aggregate amount of reserves on hand	13c
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14aNo
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . .	14b

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.
Check if Schedule O contains a response to any question in this Part VI ☒

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1a	13		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	12
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	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	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	No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did 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?		
a	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 a taxable entity during the year?	16a	No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section 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 made these available. Check all that apply. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ 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

Check if Schedule O contains a response to any question in this Part VII

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, or 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 organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) V WILLIAM MORITZ EXECUTIVE DI	10.00	X		X				18,000	0	0
(2) TERRY TAYLOR CHAIRMAN	1.00	X		X				0	0	0
(3) STEVE PRENSNER PRESIDENT	1.00	X		X				0	0	0
(4) LAUREN LIBBY VICE PRESIDE	1.00	X		X				0	0	0
(5) TOM R MADISON DIRECTOR	1.00	X						0	0	0
(6) MURRAY MARTIN DIRECTOR	1.00	X						0	0	0
(7) CARY HUMPHRIES JR DIRECTOR	1.00	X						0	0	0
(8) BARBARA TOMPKINS DIRECTOR	1.00	X						0	0	0
(9) MIKE TRENEER DIRECTOR	1.00	X						0	0	0
(10) EDWARD TURLEY DIRECTOR	1.00	X						0	0	0
(11) DR JERRY E WHITE DIRECTOR	1.00	X						0	0	0
(12) JEFF JONES DIRECTOR	1.00	X						0	0	0
(13) GARY DANIEL TREASURER	1.00	X		X				0	0	0
(14) RON HALVERSON DIRECTOR	1.00	X						0	0	0

Part VII

1b	Sub-Total	▼			
c	Total from continuation sheets to Part VII, Section A	▼			
d	Total (add lines 1b and 1c)	▼	18,000		

2 Total number of individuals (including but not limited to those \$100,000 of reportable compensation from the organization) ▶

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	1,027,697			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	4,322,303			
	g	Noncash contributions included in lines 1a-1f \$ 450,971					
	h	Total. Add lines 1a-1f					
Program Service Revenue	2a		Business Code				
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		385,464		
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6a		Gross rents	(i) Real (ii) Personal				
b		Less rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss)					
7a		Gross amount from sales of assets other than inventory	(i) Securities (ii) Other	154,058	154,058		
b		Less cost or other basis and sales expenses					
c		Gain or (loss)					
d		Net gain or (loss)					
8a		Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a				
b		Less direct expenses	b				
c		Net income or (loss) from fundraising events					
9a		Gross income from gaming activities See Part IV, line 19	a				
b		Less direct expenses	b				
c		Net income or (loss) from gaming activities					
10a		Gross sales of inventory, less returns and allowances	a				
b		Less cost of goods sold	b				
c		Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	Business Code					
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See Instructions			5,889,522	154,058		385,464

Part IX

Statement of Functional Expenses

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

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

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	5,369,582	5,369,582		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	315,149	315,149		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	900,013	900,013		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	18,000		18,000	
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	95,871		95,871	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	6,800		6,800	
9	Other employee benefits	5,319		5,319	
10	Payroll taxes	7,357		7,357	
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	10,800		10,800	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	76,147		76,147	
g	Other				
12	Advertising and promotion				
13	Office expenses	8,151		8,151	
14	Information technology				
15	Royalties				
16	Occupancy	39,950		39,950	
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	6,685		6,685	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	460		460	
23	Insurance	4,274		4,274	
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)				
a	PROV FOR UNCOLLECT N/R	450,000	450,000		
b	CONSULTING	10,898		10,898	
c	CREDIT CARD FEES	8,427		8,427	
d	PRINTING & REPRODUCTION	6,306		6,306	
e					
f	All other expenses	18,960		18,960	
25	Total functional expenses. Add lines 1 through 24f	7,359,149	7,034,744	324,405	0
26	Joint costs. Check here <input type="checkbox"/> if following 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				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			836,304	1	992,212
	2	Savings and temporary cash investments			2,099,897	2	1,532,557
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net			1,038,813	7	532,307
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			2,700	9	2,700
	10a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	10a	43,998			
	b	Less: accumulated depreciation	10b	43,998	460	10c	
	11	Investments—publicly traded securities			11,683,283	11	10,804,490
	12	Investments—other securities. See Part IV, line 11			901,012	12	841,601
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			133,227	15	114,625
	16	Total assets. Add lines 1 through 15 (must equal line 34)			16,695,696	16	14,820,492
Liabilities	17	Accounts payable and accrued expenses				17	
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			125,705	25	107,103
	26	Total liabilities. Add lines 17 through 25			125,705	26	107,103
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			16,562,469	27	14,705,867
	28	Temporarily restricted net assets			7,522	28	7,522
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			16,569,991	33	14,713,389
	34	Total liabilities and net assets/fund balances			16,695,696	34	14,820,492

Part XI Reconciliation of Net Assets

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	5,889,522
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,359,149
3	Revenue less expenses Subtract line 2 from line 1	3	-1,469,627
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	16,569,991
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-386,975
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	14,713,389

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public
Inspection

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

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety Se**section 509(a)(4).**
- 11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

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

f

☐

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

g

☐

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

(i)

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

(ii)

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

(iii)

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

h

☐

Provide the following information about the supported organization(s)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) 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 organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1,730,667	3,363,455	4,461,249	3,304,118	4,332,303	17,191,792
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1,730,667	3,363,455	4,461,249	3,304,118	4,332,303	17,191,792
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2,011,982
6 Public Support. Subtract line 5 from line 4						15,179,810

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	1,730,667	3,363,455	4,461,249	3,304,118	4,332,303	17,191,792
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	685,964	687,876	330,995	405,882	385,464	2,496,181
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						19,687,973

12 Gross receipts from related activities, etc (See instructions)

12

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	77 100 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	79 800 %

16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support test—2010. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

Part IIIPart III

Support Schedule for Organizations Described in IRC 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 in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts 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						
8 Public Support (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage			
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15		
16 Public support percentage from 2010 Schedule A, Part III, line 15	16		

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17		
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18		
19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization			
b 33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization			
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions			

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

Additional Data

Software ID:
Software Version:
EIN: 84-1123082
Name: NEW HORIZONS FOUNDATION INC

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

Attach to Form 990. See separate instructions.

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	99	117
2 Aggregate contributions to (during year)	2,954,035	2,395,965
3 Aggregate grants from (during year)	4,738,086	1,846,658
4 Aggregate value at end of year	12,256,615	2,386,290
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

(i) Revenues included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

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

a Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

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

- ☐ Public exhibition

☐ Loan or exchange programs
- ☐ Scholarly research

☐ Other
- ☐ Preservation for future generations

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization’s collection?

☐ Yes ☒ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes ☒ No

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

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes ☒ No

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

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance					
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 year end balance held as

- ☐ Board designated or quasi-endowment ▶
- ☐ Permanent endowment ▶
- ☐ Term endowment ▶

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

	Yes	No
(i) unrelated organizations	3a(i)	No
(ii) related organizations	3a(ii)	No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	No

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

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		4,230	4,230	
d Equipment		39,768	39,768	
e Other				
Total. Add lines 1a-1e <i>(Column (d) should equal Form 990, Part X, column (B), line 10(c).)</i> ▶				

Part XI

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	5,889,522
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	7,359,149
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-1,469,627
4	Net unrealized gains (losses) on investments	4	-386,975
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-386,975
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-1,856,602

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	5,426,401
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-386,975
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	-386,975
3	Subtract line 2e from line 1	3	5,813,376
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	76,146
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	76,146
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	5,889,522

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	7,283,003
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	7,283,003
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	76,146
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	76,146
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	7,359,149

Part XIV

Supplemental Information

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

Identifier	Return Reference	Explanation
LIABILITY UNDER FIN 48 FOOTNOTE	SCHEDULE D, PAGE 3, PART X	THE FOUNDATION HAS EVALUATED ALL OF ITS OUTSTANDING TAX POSITIONS AS OF DECEMBER 31, 2011 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.

Part II

1

2

3

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.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
GENERAL SUPPORT	EAST ASIA	1	1,300	WIRE			FMV
GENERAL SUPPORT	EUROPE	1	1,879	WIRE			FMV
GENERAL SUPPORT	RUSSIA	1	7,302	WIRE			FMV
GENERAL SUPPORT	SUB-SAHARAN AFRICA	7	15,610	WIRE			FMV

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)*

☐ Yes

☐ No
- 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)*

☐ Yes

☐ No
- 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)*

☐ Yes

☐ No
- 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)*

☐ Yes

☐ No
- 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)*

☐ Yes

☐ No
- 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).*

☐ Yes

☐ No

Supplemental Information

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

[illegible]

OMB No 1545-0047

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

Open to Public Inspection

Employer identification number

84-1123082

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

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

[illegible]

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P **Schedule I (Form 990) 2011**

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) MISSION TRIPS	4	7,966			
(2) PROGRAM SUPPORT	58	307,183			

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

Identifier	Return Reference	Explanation
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS INSIDE THE UNITED STATES	SCHEDULE I, PAGE 1, PART I, LINE 2	PROJECT MANANGERS (GRANTEES) ARE REQUIRED TO SUBMIT AN ANNUAL RECONCILIATION OF BUDGETED TO 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

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
NEW HORIZONS FOUNDATION INC

Employer identification number
84-1123082

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous	X	3	438,166	
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (GOLD COINS)	X	1	12,805	
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

29

Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

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?

30a

Yes

No

b

If "Yes," describe the arrangement in Part II

31

Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

Yes

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?

32a

No

b

If "Yes," describe in Part II

33

If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

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

Cat No 51227J

Schedule M (Form 990) 2011

Part III

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
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SCHEDULE O
(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.**

OMB No 1545-0047

2011**Open to Public
Inspection**Name of the organization
NEW HORIZONS FOUNDATION INC**Employer identification number**

84-1123082

Identifier	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
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, 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
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	COMPENSATION FOR THE EXECUTIVE DIRECTOR IS ESTABLISHED BY MANAGEMENT CONSENSUS
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	N/A
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

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
NEW HORIZONS FOUNDATION INC

Employer identification number
84-1123082

Part I

Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(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	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) THE TELLIOS CHARITABLE TRUST 4570 HILTON PARKWAY SUITE 203 COLORADO SPRINGS, CO 80907 26-6070307	CHARITABLE	CO	(C)(3)	11A	NA		No
(2) PURPOSE DRIVEN CONNECTION 1 SADDLEBACK PARKWAY LAKE FOREST, CA 92630 26-3854748	CHARITABLE	CO	(C)(3)	11C	NA		No
(3) ACTS OF MERCY FOUNDATION 29881 SANTA MARGARITA PKWY RANCHO SANTA MARGARITA, CA 92688 20-0393297	CHARITABLE	CA	(C)(3)	11C	NA		No
(4) PROPEMPO FOUNDATION 3000F DANVILLE BLVD 426 ALAMO, CA 94507 68-6226279	CHARITABLE	CA	(C)(3)	11C	NA		No

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, 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) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a

Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Sale of assets to related organization(s)

g

Purchase of assets from related organization(s)

h

Exchange of assets with related organization(s)

i

Lease of facilities, equipment, or other assets to related organization(s)

j

Lease of facilities, equipment, or other assets from related organization(s)

k

Performance of services or membership or fundraising solicitations for related organization(s)

l

Performance of services or membership or fundraising solicitations by related organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n

Sharing of paid employees with related organization(s)

o

Reimbursement paid to related organization(s) for expenses

p

Reimbursement paid by related organization(s) for expenses

q

Other transfer of cash or property to related organization(s)

r

Other transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

Yes

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2011

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.

[illegible]

Part VII

Supplemental Information

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

Identifier	Return Reference	Explanation	
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Form

4562

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2011

Attachment
Sequence No 179

Name(s) shown on return NEW HORIZONS FOUNDATION INC	Business or activity to which this form relates INDIRECT DEPRECIATION	Identifying number 84-1123082
--	--	----------------------------------

Part I Election to Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	500,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost	
7 Listed property Enter the amount from line 29	7		
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8		
9 Tentative deduction Enter the smaller of line 5 or line 8	9		
10 Carryover of disallowed deduction from line 13 of your 2010 Form 4562	10		
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11		
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12		
13 Carryover of disallowed deduction to 2012 Add lines 9 and 10, less line 12	13		

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	461

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

Section A		
17 MACRS deductions for assets placed in service in tax years beginning before 2011	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2011 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (see instructions)

21 Listed property Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	461
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

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

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No						24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No			
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost	
25Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)							25		
26 Property used more than 50% in a qualified business use									
		%							
		%							
		%							
27 Property used 50% or less in a qualified business use									
		%				S/L -			
		%				S/L -			
		%				S/L -			
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						28			
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							29		

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

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

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

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2011 tax year (see instructions)					
43 Amortization of costs that began before your 2011 tax year				43	
44 Total. Add amounts in column (f) See the instructions for where to report				44	

New Horizons Foundation Inc

EIN 84-1123082

Form 990 Schedule I Part II

(a) Name and Address of Organization	Street	City	State	Zipcode	(b) EIN	(c) IRC Section if applicable	(d) Amount of Cash Grant	(e) Amount of non-cash assistance	(f) Method of valuation (book FMV appraisal other)			(g) Description of non-cash disbursement		(h) Purpose of grant or assistance
Navigators	P O Box 6400	Colorado Springs	CO	80934-6400	84-6007896	501 (c) (3)	2 813 078 28	N/A		FMV		N/A	Program Support	
Art House America	PO Box 218307	Nashville	TN	37221	20-1933080	501 (c) (3)	5 002 98	N/A		FMV		N/A	Program Support	
Awake Church	312 N 85th Street #101	Seattle	WA	98103	30-0505989	501 (c) (3)	5 500 00	N/A		FMV		N/A	Program Support	
Badjao Bndge	615 Arcadia Drive	Haywood	CA	64541	45-3041897	N/A	11 000 00	N/A		FMV		N/A	Program Support	
Bridgeport Rescue Mission	1088 Fairfield Ave	Bridgeport	CT	06601	06-1362705	501 (c) (3)	6 000 00	N/A		FMV		N/A	Program Support	
Cameron Ministries Inc	PO BOX 241241	MONTGOMERY	AL	36124	63-0834450	501 (c) (3)	110 000 00	N/A		FMV		N/A	Program Support	
Campus Crusade for Christ Inc	P O Box 628222	Orlando	FL	32862-8222	33-0863088	501 (c) (3)	15 150 00	N/A		FMV		N/A	Program Support	
CARE	151 Ellis Street	Atlanta	GA	30303	13-1685039	501 (c) (3)	25 000 00	N/A		FMV		N/A	Program Support	
Caring For Those Who Care	64682 Cook Ave #67	Bend	OR	97701	36-4697824	N/A	14 394 50	N/A		FMV		N/A	Program Support	
Center For Teacher Renewal	5685 Loyola Drive	Colorado Springs	CO	80918	27-3983404	N/A	8 920 58	N/A		FMV		N/A	Program Support	
Chrstian and Missionary Alliance	PO Box 35000	Colorado Springs	CO	80935-3500	13-1623940	501 (c) (3)	5 000 00	N/A		FMV		N/A	Program Support	
Chrstian Medical and Dental Assoc	PO Box 7500	Bristol	TN	37621	36-2284267	501 (c) (3)	12 500 00	N/A		FMV		N/A	Program Support	
Church Sports International	P O Box 783	Lincoln	CA	95648-0783	77-0327787	501 (c) (3)	6 000 00	N/A		FMV		N/A	Program Support	
Coast Vineyard Chrstian Fellowship	PO Box 9101	La Jolla	CA	92038	33-0309693	501 (c) (3)	10 000 00	N/A		FMV		N/A	Program Support	
Compassion International		Colorado Springs	CO	80997-0009	23-7312916	501 (c) (3)	10 646 00	N/A		FMV		N/A	Program Support	
Convoy of Hope	330 South Patterson Avenue	Springfield	MO	65802	68-0051386	501 (c) (3)	14 298 32	N/A		FMV		N/A	Program Support	
Designed for Wholeness	4330 Zunch Drive	Colorado Springs	CO	80920	20-5860895	N/A	13 019 40	N/A		FMV		N/A	Program Support	
Discipling Partners	174 W Know Road	Tempe	AZ	85284	27-2190147	N/A	21 680 00	N/A		FMV		N/A	Program Support	
Dreaming God's Dream Ministries	375 Star Light Dr Suite 4073	Fort Mill	SC	29715-8357	26-3830359	N/A	15 695 00	N/A		FMV		N/A	Program Support	
Eims Discipleship Foundation	1327 Pike Drive	Colorado Springs	CO	80904	26-4107081	N/A	17 112 00	N/A		FMV		N/A	Program Support	
Equipping Africa	3961 N Hillwood Pl	Tucson	AZ	85750	27-2672569	N/A	44 396 50	N/A		FMV		N/A	Program Support	
Evangelical Free Church of East Dennis	P O Box 755	East Dennis	MA	02641	41-0721672	501 (c) (3)	105 000 00	N/A		FMV		N/A	Program Support	
First Evangelical Free Church - Tucson	4700 N Swan	Tucson	AZ	85718	86-0213816	501 (c) (3)	15 000 00	N/A		FMV		N/A	Program Support	
First Tee of Brunswick County	P O Box 1820	Shallotte	NC	28459	27-0106935	501 (c) (3)	15 000 00	N/A		FMV		N/A	Program Support	
Global Service Office	PO Box 20425	Boulder	CO	80308-3425	95-4244940	501 (c) (3)	60 000 00	N/A		FMV		N/A	Program Support	
Gold Buckle Wrestling	15550 Russell Drive	Peyton	CO	80831	27-3354023	N/A	28 343 92	N/A		FMV		N/A	Program Support	
Good Shepherd Bible Chapel	PO Box 27-1158	Fort Collins	CO	80527	84-1325678	501 (c) (3)	2 500 00	N/A		FMV		N/A	Program Support	
GOTTA GO Corporation	3690 Broadway Street	North Bend	OR	97459	20-1824854	501 (c) (3)	6 239 81	N/A		FMV		N/A	Program Support	
Grassroots Heroes International	PO Box 10	Mint Spring	VA	24463	06-1835147	501 (c) (3)	9 076 00	N/A		FMV		N/A	Program Support	
Harbor Ministries Inc	Attn Timothy L Bohlke	Lincoln	NE	68542	20-4894998	501 (c) (3)	6 000 00	N/A		FMV		N/A	Program Support	
Harvard Business School	Soldiers Field	Boston	MA	02163-9904	04-2103580	501 (c) (3)	1 000 00	N/A		FMV		N/A	Program Support	
He Cares Foundation	2710 Thomes Ave	Cheyenne	WY	82001	61-1611069	N/A	14 200 00	N/A		FMV		N/A	Program Support	
His Little Feet	1555 Main Street Suite A3-290	Windsor	CO	80550	27-1258258	501 (c) (3)	22 000 00	N/A		FMV		N/A	Program Support	
Home of Chrst Church in Newark	35479 Dumbarton Ct	Newark	CA	94560	94-2519203	501 (c) (3)	10 000 00	N/A		FMV		N/A	Program Support	
Hope for Hati Childrens Center Inc	PO Box 608148	Orlando	FL	32860	59-3735653	501 (c) (3)	90 000 00	N/A		FMV		N/A	Program Support	
Hope of Life International	85 Whipple Street	Providence	RI	02908	26-2061324	501 (c) (3)	150 000 00	N/A		FMV		N/A	Program Support	
Hot Sulpher Sprngs Community Church	Box 117	Hot Sulphur Springs	CO	80451	74-2277128	501 (c) (3)	5 000 00	N/A		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 00	N/A		FMV		N/A	Program Support	
Insight for Living	P O Box 269000	Plano	TX	75026-9000	95-3392299	501 (c) (3)	3 000 00	N/A		FMV		N/A	Program Support	
Instep International	41 Penmeter Ctr E Ste 510	Atlanta	GA	30346-1903	58-2505845	501 (c) (3)	1 500 00	N/A		FMV		N/A	Program Support	
International Care Ministries	c/o Alice Pasternak	La Plata	MD	20646	91-1886289	501 (c) (3)	20 000 00	N/A		FMV		N/A	Program Support	
Joy to the World Foundation Inc_V	4570 Hilton Parkway Suite 203	Colorado Springs	CO	80907	72-1551621	501 (c) (3)	98 314 00	N/A		FMV		N/A	Program Support	
Kids Club Consultants Inc	3150 Almaden	San Jose	CA	95118	61-1496737	501 (c) (3)	10 000 00	N/A		FMV		N/A	Program Support	
Kingdom's Harvest International	9115 Pioneer Ct	Lincoln	NE	68520	74-3240568	501 (c) (3)	77 000 00	N/A		FMV		N/A	Program Support	
La Vie	261 H Ave	Coronado	CA	92118	95-3593279	501 (c) (3)	16 496 00	N/A		FMV		N/A	Program Support	
Layman's Foundation Inc	P O Box 398088	Cambridge	MA	02139-0034	75-3204589	501 (c) (3)	23 000 00	N/A		FMV		N/A	Program Support	
Leader Development Network	7455 Winding Oaks Drive	Colorado Springs	CO	80919	20-3593239	N/A	20 000 00	N/A		FMV		N/A	Program Support	
Leadership Foundation Inc	P O Box 1782	Colorado Springs	CO	80901	74-2223706	501 (c) (3)	19 200 00	N/A		FMV		N/A	Program Support	
Maharaj International Ministries	4220 Sandy Bay Drive	Virginia Beach	VA	23455	74-3238895	501 (c) (3)	60 000 00	N/A		FMV		N/A	Program Support	

New Horizons Foundation Inc

EIN 84-1123082

Form 990 Schedule I Part II

(a) Name and Address of Organization	Street	City	State	Zipcode	(b) EIN	(c) IRC Section	(d) Amount of	(e) Amount of	(f) Method of valuation (book	(g) Description of non-cash	(h) Purpose of grant
Minnehaha Academy	3100 W River Pkwy	Minneapolis	MN	55406-1843	41-0693870	501 (c) (3)	5 000 00	N/A	FMV	N/A	Program Support
Miqra Institute	20 Alodium Place	Lincoln	NE	68510	47-0843297	501 (c) (3)	80 000 00	N/A	FMV	N/A	Program Support
Monmouth College	700 East Broadway	Monmouth	IL	61462-1998	37-0661228	501 (c) (3)	60 000 00	N/A	FMV	N/A	Program Support
New Song Mission	PO Box 488	Nashville	IN	47448	80-0082755	501 (c) (3)	5 000 00	N/A	FMV	N/A	Program Support
Noble Heart	8245 Loganwood Ct	Colorado Springs	CO	80919	23-3259881	N/A	18 398 35	N/A	FMV	N/A	Program Support
Not for Sale Campaign	270 Capistrano Rd Suite 2	Half Moon	CA	94019	20-5659783	501 (c) (3)	10 000 00	N/A	FMV	N/A	Program Support
Operation Mobilization	P O Box 444	Tyrone	GA	30290-0444	22-2513811	501 (c) (3)	27 478 96	N/A	FMV	N/A	Program Support
Operation Restored Warrior Inc	675 Fremont Circle	Colorado Springs	CO	80919	26-3348594	N/A	76 912 96	N/A	FMV	N/A	Program Support
Paideia School	P O Box 1875	Friday Harbor	WA	98250	62-1847940	501 (c) (3)	6 250 00	N/A	FMV	N/A	Program Support
Patmos Project	3941 Altura Avenue	La Crescenta	CA	91214	20-0757499	N/A	52 095 00	N/A	FMV	N/A	Program Support
Pivot Ministries	17 Quintard Ave	Norwalk	CT	06854	06-0839030	501 (c) (3)	6 000 00	N/A	FMV	N/A	Program Support
Pulse Outreach	810 S 7th Street	Minneapolis	MN	55415-1702	20-5425332	501 (c) (3)	50 000 00	N/A	FMV	N/A	Program Support
Pursue Your Passion Ministries	2895 Piedmonet Drive	Highland	CA	92346	06-1817220	N/A	49 937 00	N/A	FMV	N/A	Program Support
Questscope LTD	P O Box 88572	Carol Stream	IL	60188-8572	36-3936979	501 (c) (3)	20 000 00	N/A	FMV	N/A	Program Support
R12 Charities	1249 Banner Cir	Erie	CO	80516	27-2825710	N/A	16 351 52	N/A	FMV	N/A	Program Support
Ravencrest Chalet	P O Box 2620	Estes Park	CO	80517	84-1567046	501 (c) (3)	5 000 00	N/A	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)	25 000 00	N/A	FMV	N/A	Program Support
Revolution 5	PO Box 6473	Colorado Springs	CO	80934	27-4267538	N/A	19 600 00	N/A	FMV	N/A	Program Support
Rockin W Rodeo Ministry	2720 NE 25th Ave	Bayette	ID	83661	58-1807221	501 (c) (3)	5 000 00	N/A	FMV	N/A	Program Support
Salvation for Afghans Inc	1813 Northview Drive	Colorado Springs	CO	80909	27-2437107	N/A	19 250 22	N/A	FMV	N/A	Program Support
Seattle Against Slavery	900 Lenora St Ste W-305	Seattle	WA	98121	27-2026973	N/A	7 128 56	N/A	FMV	N/A	Program Support
Seized by Hope Ministries	230 W Second Avenue	Plainwell	MI	49080	26-4218414	N/A	20 011 10	N/A	FMV	N/A	Program Support
Shepherd's Heart Inc	536 E Michigan Ave Suite 600	Kalamazoo	MI	49007	27-4468269	N/A	39 024 38	N/A	FMV	N/A	Program Support
SIM USA	P O Box 7900	Charlotte	NC	28241-7900	22-1936391	501 (c) (3)	7 850 00	N/A	FMV	N/A	Program Support
Solid Rock Church	10500 SW Nimbus Bldg T	Portland	OR	97223	20-0368851	501 (c) (3)	5 600 00	N/A	FMV	N/A	Program Support
Southern Calif Youth For Christ	PO Box 7125	Long Beach	CA	90807	95-2371123	501 (c) (3)	10 000 00	N/A	FMV	N/A	Program Support
Student Work Development Fnd Inc	PO Box 2100	Norman	OK	73070	51-0168187	501 (c) (3)	6 000 00	N/A	FMV	N/A	Program Support
Summit Church FL	9210 Estero Park Commons Blvd Ste 7	Estero	FL	33928	35-2210054	501 (c) (3)	18 000 00	N/A	FMV	N/A	Program Support
That Day	14583 Rancho Copa	Valley Center	CA	92082	38-3424830	501 (c) (3)	14 000 00	N/A	FMV	N/A	Program Support
Tiburon Baptist Church	445 Greenwood Beach Road	Tiburon	CA	94920	97-1740874	501 (c) (3)	9 600 00	N/A	FMV	N/A	Program Support
Timberwood Church	23084 State Highway 371	Nisswa	MN	56468	20-0735208	501 (c) (3)	6 000 00	N/A	FMV	N/A	Program Support
Trans World Radio	PO Box 8700	Cary	NC	27512	22-1690564	501 (c) (3)	6 600 00	N/A	FMV	N/A	Program Support
Trinity Lutheran Church	PO Box 97	Freeland	WA	98249	91-1015055	501 (c) (3)	15 000 00	N/A	FMV	N/A	Program Support
Turkey for Peace	201 Glen Eden Dr	Glasgow	MO	65254	27-1052493	N/A	48 000 00	N/A	FMV	N/A	Program Support
Venture Christian Church	16845 Hicks Road	Los Gatos	CA	95032	94-1201222	501 (c) (3)	7 500 00	N/A	FMV	N/A	Program Support
Vision For Peace	15358 Twin Pines Rd	Lowell	AR	72745	27-1686322	N/A	17 815 00	N/A	FMV	N/A	Program Support
WaterRock Ministries	PO Box 22741	Oklahoma City	OK	73123	45-1165200	N/A	18 300 00	N/A	FMV	N/A	Program Support
William Jessup University Foundation	Attn Joe Womack	Rocklin	CA	95765	86-1139148	501 (c) (3)	10 000 00	N/A	FMV	N/A	Program Support
Words of Hope Inc	700 Ball Ave NE	Grand Rapids	MI	49503-1308	38-1335605	501 (c) (3)	10 000 00	N/A	FMV	N/A	Program Support
World Gospel Mission	P O Box 948	Manon	IN	46952-0948	64-0339453	501 (c) (3)	60 000 00	N/A	FMV	N/A	Program Support
World Vision International	P O Box 9716 Dept W	Federal Way	WA	98063-9716	95-1922279	501 (c) (3)	10 000 00	N/A	FMV	N/A	Program Support
Worldwide Lab Improvement Inc	3607 Gembrit Circle	Kalamazoo	MI	49001	38-3211303	501 (c) (3)	15 000 00	N/A	FMV	N/A	Program Support
Young Life	P O Box 2920	Colorado Springs	CO	80901-2920	84-0385934	501 (c) (3)	12 400 00	N/A	FMV	N/A	Program Support
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New Horizons Foundation, Inc.
EIN: 84-1123082
Form 990, Schedule F, Part II

<u>(c) Region</u>	<u>(d) Purpose of Grant</u>	<u>(e) Amount of cash disbursement</u>	<u>(f) Manner of cash disbursement</u>	<u>(g) Amount of non-cash assistance</u>	<u>(h) Desc of non-cash assistance</u>	<u>(i) Method of valuation (book, FMV, Appraisal, other)</u>
Europe	Program Support	10,000 00	Wire	N/A	N/A	N/A
Europe	Program Support	10,000 00	Wire	N/A	N/A	N/A
Sub-Saharan Africa	Program Support	80,386 00	Wire	N/A	N/A	N/A
Sub-Saharan Africa	Program Support	36,914 97	Wire	N/A	N/A	N/A
Sub-Saharan Africa	Program Support	312,698 60	Wire	N/A	N/A	N/A
Sub-Saharan Africa	Program Support	7,571 23	Wire	N/A	N/A	N/A
Sub-Saharan Africa	Program Support	19,347 00	Wire	N/A	N/A	N/A
South Asia	Program Support	25,237 46	Wire	N/A	N/A	N/A
South Asia	Program Support	17,956 00	Wire	N/A	N/A	N/A
East Asia	Program Support	10,000 00	Wire	N/A	N/A	N/A
East Asia	Program Support	30,000 00	Wire	N/A	N/A	N/A
East Asia	Program Support	30,000 00	Wire	N/A	N/A	N/A
East Asia	Program Support	181,113 01	Wire	N/A	N/A	N/A
East Asia	Program Support	23,950 00	Wire	N/A	N/A	N/A
East Asia	Program Support	6,410 00	Wire	N/A	N/A	N/A
Middle East	Program Support	10,000 00	Wire	N/A	N/A	N/A
North America	Program Support	5,000 00	Wire	N/A	N/A	N/A
South America	Program Support	16,370 00	Wire	N/A	N/A	N/A
Russia	Program Support	14,500 00	Wire	N/A	N/A	N/A
		<u>847,454 27</u>				