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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)	OMB No 1545-0047 <div> <div>2012</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2012 calendar year, or tax year beginning 01-01-2012 , 2012, and ending 12-31-2012

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NEW HORIZONS FOUNDATION INC		D Employer identification number 84-1123082
	Doing Business As		
	Number and street (or P O box if mail is not delivered to street address) 4570 HILTON PARKWAY SUITE 203	Room/suite	E Telephone number (719) 260-1213
	City or town, state or country, and ZIP + 4 COLORADO SPRINGS, CO 80907		G Gross receipts \$ 15,561,247
	F Name and address of principal officer V WILLIAM MORITZ 4570 HILTON PARKWAY SUITE 203 COLORADO SPRINGS, CO 80907		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.NEWHORIZONSFOUNDATION.NET			

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ☐ **L** Year of formation 1989 **M** State of legal domicile CO

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities THE OBJECTIVE OF NEW HORIZONS FOUNDATION IS TO HELP INDIVIDUALS ACCOMPLISH THEIR CHARITABLE OBJECTIVES IN RELIGIOUS, EDUCATIONAL, SCIENTIFIC, BENEVOLENT AND HEALTH RELATED ACTIVITIES			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
	3	Number of voting members of the governing body (Part VI, line 1a)	3	13
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
Revenue	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	5
	6	Total number of volunteers (estimate if necessary)	6	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	5,350,000	8,621,761
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	539,522	613,484
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,800
			5,889,522	9,241,045
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	6,584,744	3,971,421
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	133,347	203,182
	b	Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 0		0
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	641,058	186,753
	19	Revenue less expenses Subtract line 18 from line 12	7,359,149	4,361,356
Net Assets or Fund Balances			-1,469,627	4,879,689
			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	14,820,492	19,935,359
	21	Total liabilities (Part X, line 26)	107,103	105,134
	22	Net assets or fund balances Subtract line 21 from line 20	14,713,389	19,830,225

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	*****				2013-05-01	
	Signature of officer				Date	
Paid Preparer Use Only	V WILLIAM MORITZ EXECUTIVE DIRECTOR					
	Type or print name and title					
	Print/Type preparer's name DEANN L PRICE CPA		Preparer's signature		Date 2013-07-23	Check <input type="checkbox"/> if self-employed
	Firm's name ▶ ERICKSON BROWN & KLOSTER PC				Firm's EIN ▶	
	Firm's address ▶ 4565 HILTON PKWY STE 101 COLORADO SPRINGS, CO 809073540				Phone no (719) 531-0445	

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

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?

Yes

No

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?

Yes

No

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 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 \$ 3,971,421 including grants of \$ 3,971,421) (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 ▶ 3,971,421

Form 990 (2012)

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 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	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	4	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	5	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 	6 Yes	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b Yes	
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 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV 	15 Yes	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV 	16 Yes	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	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	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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, line 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 lines 24b through 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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <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 direct or indirect 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		No
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, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, 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		
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 11b 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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	17	
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?	Yes	
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.	5	
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).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
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, securities account, or other financial account)?		No
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?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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 as charitable contributions?		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
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?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as 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?	8	No
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	No
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. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
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	13	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	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 this 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 <input type="checkbox"/> Other (explain in Schedule O)
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 during the tax year
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 (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 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 organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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	30 00	X		X				42,400	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) CARY HUMPHRIES JR DIRECTOR	1 00	X						0	0	0
(7) BARBARA TOMPKINS DIRECTOR	1 00	X						0	0	0
(8) MIKE TRENEER DIRECTOR	1 00	X						0	0	0
(9) EDWARD TURLEY DIRECTOR	1 00	X						0	0	0
(10) DR JERRY E WHITE DIRECTOR	1 00	X						0	0	0
(11) JEFF JONES DIRECTOR	1 00	X						0	0	0
(12) GARY DANIEL TREASURER	1 00	X		X				0	0	0
(13) RON HALVERSON DIRECTOR	1 00	X						0	0	0

Part VII

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							42,400			

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization: **1**

		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

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

			(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	10,000		
	e	Government grants (contributions)	1e			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	8,611,761		
	g	Noncash contributions included in lines 1a-1f \$		3,922,834		
	h	Total. Add lines 1a-1f		8,621,761		
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)	416,188		
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		
b		Less cost or other basis and sales expenses	6,517,173	325		
c		Gain or (loss)	6,320,202			
d		Net gain or (loss)	196,971	325		
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18				
b		Less direct expenses				
c		Net income or (loss) from fundraising events . .				
9a		Gross income from gaming activities See Part IV, line 19				
b		Less direct expenses				
c		Net income or (loss) from gaming activities . .				
10a		Gross sales of inventory, less returns and allowances .				
b		Less cost of goods sold				
c		Net income or (loss) from sales of inventory . .				
Miscellaneous Revenue		Business Code				
11a	MISCELLANEOUS REVENUE		5,800	5,800		
b						
c						
d	All other revenue					
e	Total. Add lines 11a-11d		5,800			
12	Total revenue. See Instructions		9,241,045	5,800		613,484

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).

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.	3,179,958	3,179,958		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.	102,699	102,699		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.	688,764	688,764		
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	42,400		42,400	
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.	132,309		132,309	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	7,500		7,500	
9	Other employee benefits.	10,851		10,851	
10	Payroll taxes.	10,122		10,122	
11	Fees for services (non-employees):				
a	Management.				
b	Legal.				
c	Accounting.	12,770		12,770	
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.	68,454		68,454	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).				
12	Advertising and promotion.				
13	Office expenses.	8,905		8,905	
14	Information technology.				
15	Royalties.				
16	Occupancy.	38,000		38,000	
17	Travel.	225		225	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	6,516		6,516	
20	Interest.				
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.				
23	Insurance.	4,451		4,451	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O).				
a	CREDIT CARD FEES	12,425		12,425	
b	CONTRACT LABOR	9,658		9,658	
c	PRINTING & REPRODUCTION	9,052		9,052	
d	CONSULTING	5,850		5,850	
e	All other expenses	10,447		10,447	
25	Total functional expenses. Add lines 1 through 24e.	4,361,356	3,971,421	389,935	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

☐

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			992,212	1	1,502,247
	2	Savings and temporary cash investments			1,532,557	2	2,720,238
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L				5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net			532,307	7	502,895
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			2,700	9	5,110
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	44,000			
	b	Less accumulated depreciation	10b	44,000		10c	
	11	Investments—publicly traded securities			10,804,490	11	10,547,771
	12	Investments—other securities See Part IV, line 11			841,601	12	4,544,442
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			114,625	15	112,656
16	Total assets. Add lines 1 through 15 (must equal line 34)			14,820,492	16	19,935,359	
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	Loans and other 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			107,103	25	105,134
	26	Total liabilities. Add lines 17 through 25			107,103	26	105,134
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			14,705,867	27	19,822,703
	28	Temporarily restricted net assets			7,522	28	7,522
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117 (ASC 958), 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			14,713,389	33	19,830,225
	34	Total liabilities and net assets/fund balances			14,820,492	34	19,935,359

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	9,241,045
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,361,356
3	Revenue less expenses Subtract line 2 from line 1	3	4,879,689
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	14,713,389
5	Net unrealized gains (losses) on investments	5	237,147
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	19,830,225

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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	Yes
2c	If "Yes," to line 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	2c	Yes
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?	3a	No
3b	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	3b	

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

2012

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 described in **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 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less 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 See **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 - Non-functionally integrated
- 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 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 monetary support |
|------------------------------------|----------|---|--|----|---|----|--|----|----------------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | | | | | | |
- For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ.

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2012

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	3,363,455	4,461,249	3,304,118	4,332,303	3,723,237	19,184,362
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	3,363,455	4,461,249	3,304,118	4,332,303	3,723,237	19,184,362
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)						1,943,070
6 Public support. Subtract line 5 from line 4						17,241,292

Section B. Total Support							
Calendar year (or fiscal year beginning in) ▶		(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	3,363,455	4,461,249	3,304,118	4,332,303	3,723,237	19,184,362
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	687,876	330,995	405,882	385,464	416,188	2,226,405
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support (Add lines 7 through 10)						21,410,767
12	Gross receipts from related activities, etc (see instructions)					12	5,800
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 2012 (line 6, column (f) divided by line 11, column (f))	<table><tr><td>14</td><td>80.530 %</td></tr></table>	14	80.530 %
14	80.530 %			
15	Public support percentage for 2011 Schedule A, Part II, line 14	<table><tr><td>15</td><td>77.100 %</td></tr></table>	15	77.100 %
15	77.100 %			
16a	33 1/3% support test—2012. 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	<input checked="" type="checkbox"/>		
b	33 1/3% support test—2011. If the organization did not check a 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	<input type="checkbox"/>		
17a	10%-facts-and-circumstances test—2012. 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	<input type="checkbox"/>		
b	10%-facts-and-circumstances test—2011. 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	<input type="checkbox"/>		
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	<input type="checkbox"/>		

Part IIISupport Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 2012 (line 8, column (f) divided by line 13, column (f))	15		
16 Public support percentage from 2011 Schedule A, Part III, line 15	16		

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17		
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18		
19a 33 1/3% support tests—2012. 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—2011. 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.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047

2012

Open to Public Inspection

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	108	152
2 Aggregate contributions to (during year)	5,766,463	2,855,299
3 Aggregate grants from (during year)	1,640,892	2,330,528
4 Aggregate value at end of year	16,899,998	2,908,930
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 can 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 education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

a Total number of conservation easements

b Total acreage restricted by conservation easements

c Number of conservation easements on a certified historic structure included in (a)

d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

	Held at the End of the Year
2a	
2b	
2c	
2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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? ☐ Yes ☐ No

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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

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 XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	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 XIII. Check here if the explanation has been provided in Part XIII

☐

Part V

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and 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 current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

The percentages in lines 2a, 2b, and 2c should equal 100%

3a

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

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4

Describe in Part XIII 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		39,770	39,770	
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	9,403,938
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	237,147
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	237,147
3	Subtract line 2e from line 1	3	9,166,791
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	68,454
b	Other (Describe in Part XIII)	4b	5,800
c	Add lines 4a and 4b	4c	74,254
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	9,241,045

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	4,287,102
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 XIII)	2d	-5,800
e	Add lines 2a through 2d	2e	-5,800
3	Subtract line 2e from line 1	3	4,292,902
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	68,454
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	68,454
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	4,361,356

Part XIII

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, line 2, Part XI, lines 2d and 4b, and Part XII, 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, 2012 AND 2011, AND DETERMINED THAT THEY MEET THE MORE-LIKELY- THAN-NOT RECOGNITION THRESHOLD. ACCORDINGLY, THE FOUNDATION HAS NOT RECOGNIZED A LIABILITY OR INCOME TAX EXPENSE FOR ANY UNRECOGNIZED TAX BENEFITS IN THE ACCOMPANYING FINANCIAL STATEMENTS.
REVENUE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 4B	OTHER INCOME 5,800
EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 2D	EXPENSE REIMBURSEMENT -5,800

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
				SEE SCH F ATTACHMENT	649,429				

- 2

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶

18
- 3

Enter total number of other organizations or entities ▶

2

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.
Part III can be duplicated 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	EUROPE	2	1,484	WIRE			
GENERAL SUPPORT	SOUTH ASIA	1	2,850	WIRE			
GENERAL SUPPORT	SUB-SAHARAN AFRICA	6	12,555	WIRE			

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, Return by a U.S. Transferor of Property to a Foreign Corporation (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, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (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 required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

[illegible]

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

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization
NEW HORIZONS FOUNDATION INC

Employer identification number

84-1123082

Part I General Information on Grants and Assistance

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

Ne

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

Part II **Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 assistance	(h) Purpose of grant or assistance
--	---------	------------------------------------	--------------------------	-----------------------------------	---	--	------------------------------------

(1) SEE SCH I
ATTACHMENT

2,511,174

[illegible]

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **73**

3 Enter total number of other organizations listed in the line 1 table **35**

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated 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	6	31,286			
(2) PROGRAM SUPPORT	4	71,413			

Part IV

Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), 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 MANAGERS (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)

Noncash Contributions

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash 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	X	10	171,055	QUOTED MARKET PRICES
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests	X	2	3,048,870	CONTRIB BASIS IN LLCs
12 Securities—Miscellaneous				
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				
LIFE				
25 Other ► (INSURANCE)	X	1	702,909	CASH SURRENDER VALUE
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 noncash contributions?

32a

No

b

If "Yes," describe in Part II

33

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

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

Cat No 51227J

Schedule M (Form 990) (2012)

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. 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

2012**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 IS 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 CONSENSUS OF THE BOARD OF DIRECTORS AFTER REVIEWING COMPENSATION COMPARABILITY DATA AND IS DOCUMENTED IN THE MINUTES OF THE BOARD OF DIRECTOR'S MEETING
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
RECONCILIATION OF CHANGES - OTHER	FORM 990, PART XI, LINE 9	OTHER INCOME -5,800 EXPENSE REIMBURSEMENT 5,800

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

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" to Form 990, Part IV, line 33.)					
(a) Name, address, and EIN (if applicable) 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" to 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 entity?	
						Yes	No
(1) THE TELIOS CHARITABLE TRUST 4570 HILTON PARKWAY SUITE 203 COLORADO SPRINGS, CO 80907 26-6070307	CHARITABLE	CO	C3	11A	NA		No
(2) PURPOSE DRIVEN CONNECTION 1 SADDLEBACK PARKWAY LAKE FOREST, CA 92630 26-3854748	CHARITABLE	CO	C3	11C	NA		No
(3) ACTS OF MERCY FOUNDATION 29881 SANTA MARGARITA PKWY RANCHO SANTA MARGARITA, CA 92688 20-0393297	CHARITABLE	CA	C3	11C	NA		No

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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" to 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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

Part V

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

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

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 or (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 Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

1a

No

1b

No

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

No

1n

No

1o

No

1p

No

1q

No

1r

No

1s

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-s)	(c) Amount involved	(d) Method of determining amount involved

Schedule R (Form 990) 2012

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
------------	------------------	-------------

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>
Sub-Saharan Africa	Program Support	12,963 00	WIRE	N/A	N/A	N/A
South America	Program Support	17,502 50	WIRE	N/A	N/A	N/A
Sub-Saharan Africa	Program Support	16,050 00	WIRE	N/A	N/A	N/A
Sub-Saharan Africa	Program Support	20,024 00	WIRE	N/A	N/A	N/A
East Asia and the Pacific	Program Support	41,554 00	WIRE	N/A	N/A	N/A
East Asia and the Pacific	Program Support	75,000 00	WIRE	N/A	N/A	N/A
East Asia and the Pacific	Program Support	151,401 10	WIRE	N/A	N/A	N/A
Sub-Saharan Africa	Program Support	8,500 00	WIRE	N/A	N/A	N/A
Europe	Program Support	11,827 09	WIRE	N/A	N/A	N/A
East Asia and the Pacific	Program Support	5,007 50	WIRE	N/A	N/A	N/A
Europe	Program Support	25,000 00	WIRE	N/A	N/A	N/A
Sub-Saharan Africa	Program Support	16,000 00	WIRE	N/A	N/A	N/A
Sub-Saharan Africa	Program Support	83,850 00	WIRE	N/A	N/A	N/A
East Asia and the Pacific	Program Support	10,000 00	WIRE	N/A	N/A	N/A
East Asia and the Pacific	Program Support	23,950 00	WIRE	N/A	N/A	N/A
North America	Program Support	5,000 00	Check	N/A	N/A	N/A
South Asia	Program Support	81,050 00	WIRE	N/A	N/A	N/A
East Asia and the Pacific	Program Support	20,060 00	WIRE	N/A	N/A	N/A
Sub-Saharan Africa	Program Support	19,400 00	WIRE	N/A	N/A	N/A
Russia and the Newly Independent States	Program Support	5,290 00	WIRE	N/A	N/A	N/A
		<u>649,429 19</u>				

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	(g) Desc of non- cash disbursement	(h) Purpose of grant or assistance
Miqra Institute	20 Alodium Place	Lincoln	NE	68510	47-0843297	501 (c) (3)	60,000 00	N/A	FMV	N/A	Program Support
Monmouth College	700 East Broadway	Monmouth	IL	61462-1998	37-0661228	501 (c) (3)	50,000 00	N/A	FMV	N/A	Program Support
Navigators	P O Box 6400	Colorado Springs	CO	80934-6400	84-6007896	501 (c) (3)	631,994 39	N/A	FMV	N/A	Program Support
NCS Pearson Inc	13036 Collection Center Dr	Chicago	IL	60693	41-0850527	501 (c) (3)	14,800 00	N/A	FMV	N/A	Program Support
New Song	8065 Leesburg Pike Ste 300	Vienna	VA	22182	01-0963163	501 (c) (3)	17,406 43	N/A	FMV	N/A	Program Support
Noble Heart	8245 Loganwood Ct	Colorado Springs	CO	80919	23-3259881	501 (c) (3)	14,222 50	N/A	FMV	N/A	Program Support
Northwestern College	3003 Snelling Ave N	Saint Paul	MN	55113-1501	41-0711610	501 (c) (3)	5,000 00	N/A	FMV	N/A	Program Support
Operation Mobilization	P O Box 444	Tyrone	GA	30290-0444	22-2513811	501 (c) (3)	25,473 68	N/A	FMV	N/A	Program Support
Operation Restored Warrior Inc	675 Fremont Circle	Colorado Springs	CO	80919	26-3348594	N/A	47,979 06	N/A	FMV	N/A	Program Support
Paideia School	P O Box 1875	Friday Harbor	WA	98250	62-1847940	501 (c) (3)	7,375 00	N/A	FMV	N/A	Program Support
Patmos Project	3941 Altura Avenue	La Crescenta	CA	91214	20-0757499	N/A	52,109 23	N/A	FMV	N/A	Program Support
Paws with a Cause	4646 South Division	Wayland	MI	49348	38-2370342	501 (c) (3)	5,000 00	N/A	FMV	N/A	Program Support
Pleasant Hill Community Church	26W401 Geneva Road	Wheaton	IL	60187	36-2770855	501 (c) (3)	6,000 00	N/A	FMV	N/A	Program Support
PRC3E	3105 Windward Ct	Norman	OK	73072	27-2042512	501 (c) (3)	8,000 00	N/A	FMV	N/A	Program Support
Prison Fellowship Ministries	P O Box 1550	Merrifield	VA	22116-1550	62-0988294	501 (c) (3)	5,140 00	N/A	FMV	N/A	Program Support
Pulse Outreach	810 S 7th Street	Minneapolis	MN	55415-1702	20-5425332	501 (c) (3)	25,000 00	N/A	FMV	N/A	Program Support
Pursue Your Passion Ministries	2895 Piedmont Drive	Highland	CA	92346	06-1817220	N/A	55,453 50	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	Ene	CO	80516	27-2825710	N/A	10,646 35	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)	18,600 00	N/A	FMV	N/A	Program Support
Revolution 5	PO Box 6473	Colorado Springs	CO	80934	27-4267538	N/A	24,040 50	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
Save the Storks	618 Texas Street	Rapid City	SD	57701	46-1031815	N/A	34,703 80	N/A	FMV	N/A	Program Support
Seattle Pacific University_V	3307 Third Avenue W	Seattle	WA	98119-1997	91-0565553	501 (c) (3)	10,000 00	N/A	FMV	N/A	Program Support
Seized by Hope Ministries	230 W Second Avenue	Plainwell	MI	49080	26-4218414	501 (c) (3)	27,700 00	N/A	FMV	N/A	Program Support
Sequoia Unlimited Inc	10515 W Grand Ave Apt 303	Melrose Park	IL	60164-1500	26-0129179	501 (c) (3)	12,000 00	N/A	FMV	N/A	Program Support
Shelter Ministries	16825 Goshawk Rd W	Colorado Springs	CO	80908	84-1571405	501 (c) (3)	11,000 00	N/A	FMV	N/A	Program Support
Shepherd's House Inc	PO Box 2376	East Peoria	IL	61611	95-3269033	N/A	44,562 98	N/A	FMV	N/A	Program Support
Silk Road Leadership Program	702 E Kiowa St	Colorado Springs	CO	80903	45-4485224	N/A	14,048 50	N/A	FMV	N/A	Program Support
Student Work Development Foundation Inc	PO Box 2100	Norman	OK	73070	51-0168187	501 (c) (3)	12,000 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)	8,000 00	N/A	FMV	N/A	Program Support
Sylvan Way Baptist Church	900 Sylvan Way	Bremerton	WA	98310	91-6051426	501 (c) (3)	10,000 00	N/A	FMV	N/A	Program Support
That Day_V	3525 Del Mar Heights Rd # 762	San Diego	CA	92130	38-3424830	501 (c) (3)	13,000 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
Trinity Lutheran Church	PO Box 97	Freeland	WA	98249	91-1015055	501 (c) (3)	6,000 00	N/A	FMV	N/A	Program Support
Turkey for Peace	201 Glen Eden Dr	Glasgow	MO	65254	27-1052493	N/A	18,200 00	N/A	FMV	N/A	Program Support
Union Gospel Mission	PO Box 202	Seattle	WA	98111-0202	91-0580853	501 (c) (3)	12,200 00	N/A	FMV	N/A	Program Support
Vision For Peace	15358 Twin Pines Rd	Lowell	AR	72745	27-1686322	N/A	15,760 00	N/A	FMV	N/A	Program Support
Walnut Creek Presbyterian Church	1801 Lacassie Ave	Walnut Creek	CA	94596	94-1196244	501 (c) (3)	20,000 00	N/A	FMV	N/A	Program Support
Washington Engage	PO Box 4101	Olympia	WA	98501	45-2462582	501 (c) (3)	10,077 20	N/A	FMV	N/A	Program Support
WaterRock Ministries	PO Box 22741	Oklahoma City	OK	73123	45-1165200	N/A	21,300 00	N/A	FMV	N/A	Program Support
Wheaton College	501 College Avenue	Wheaton	IL	60187	36-2182171	501 (c) (3)	6,000 00	N/A	FMV	N/A	Program Support
World Gospel Mission	P O Box 948	Manon	IN	46952-0948	64-0339453	501 (c) (3)	12,000 00	N/A	FMV	N/A	Program Support
Young Life	P O Box 2920	Colorado Springs	CO	80901-2920	84-0385934	501 (c) (3)	13,250 00	N/A	FMV	N/A	Program Support
							<u>2,511,174 03</u>				

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	(g) Desc of non- cash disbursement	(h) Purpose of grant or assistance
Alaska Christian College	35109 Royal Place	Saldotna	AK	99669	92-0174205	501 (c) (3)	10,000 00	N/A	FMV	N/A	Program Support
Azusa Pacific University	901 E Alosta Ave	Azusa	CA	91702	95-1744369	501 (c) (3)	7,290 00	N/A	FMV	N/A	Program Support
Biblica Inc	1820 Jet Stream Dr	Colorado Springs	CO	80921	20-8532512	501 (c) (3)	7,233 14	N/A	FMV	N/A	Program Support
Bottom Line Inc	500 Amory Street Ste 3	Jamaica Plain	MA	02130	04-3351427	501 (c) (3)	5,000 00	N/A	FMV	N/A	Program Support
Cameron Ministries Inc	PO Box 241241	Montgomery	AL	36124	63-0834450	501 (c) (3)	15,000 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)	13,450 00	N/A	FMV	N/A	Program Support
CARE	151 Ellis Street	Atlanta	GA	30303	13-1685039	501 (c) (3)	15,000 00	N/A	FMV	N/A	Program Support
Caring For Those Who Care	64682 Cook Ave #67	Bend	OR	97701	36-4697824	N/A	23,560 00	N/A	FMV	N/A	Program Support
Chantable Associates Network	4570 Hilton Parkway Ste 203	Colorado Springs	CO	80907	45-3674712	N/A	220,759 19	N/A	FMV	N/A	Program Support
Christian and Missionary Alliance	PO Box 35000	Colorado Springs	CO	80935-3500	13-1623940	501 (c) (3)	6,800 00	N/A	FMV	N/A	Program Support
Christian Medical and Dental Assoc	PO Box 7500	Bnston	TN	37621	36-2284267	501 (c) (3)	5,500 00	N/A	FMV	N/A	Program Support
City Team Ministries	2304 Zanker Road	San Jose	CA	95131-1115	94-1501265	501 (c) (3)	44,500 00	N/A	FMV	N/A	Program Support
Cole Community Church	8775 Ustick Rd	Boise	ID	83704	82-0300079	501 (c) (3)	10,000 00	N/A	FMV	N/A	Program Support
Communitas	20 South 2nd St Unit 429	San Jose	CA	95113	273632853	501 (c) (3)	5,400 00	N/A	FMV	N/A	Program Support
Compass Ministries	9297 120th St N	Seminole	FL	33772	45-5296566	N/A	11,327 35	N/A	FMV	N/A	Program Support
Covenant Care Chaplains	PO Box 9915	Colorado Springs	CO	80932	80-0766273	N/A	5,081 00	N/A	FMV	N/A	Program Support
Designed for Wholeness	4330 Zurich Drive	Colorado Springs	CO	80920	20-5860895	N/A	11,149 15	N/A	FMV	N/A	Program Support
Discipling Partners	174 W Know Road	Tempe	AZ	85284	27-2190147	N/A	15,300 00	N/A	FMV	N/A	Program Support
Door of Hope Church	1315 SE 20th Ave	Portland	OR	97214	27-0635477	501 (c) (3)	5,000 00	N/A	FMV	N/A	Program Support
Dreaming God's Dream Ministries	2849 Laurel Park Highway	Hendersonville	NC	287397	26-3830359	501 (c) (3)	21,533 00	N/A	FMV	N/A	Program Support
Edgewood-Colesburg CSD	PO BOX 483	Edgewood	IA	52042	42-6040190	N/A	5,000 00	N/A	FMV	N/A	Program Support
Eims Discipleship Foundation	1327 Pike Dirve	Colorado Springs	CO	80904	26-4107081	N/A	16,517 14	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)	80,000 00	N/A	FMV	N/A	Program Support
Fellowship of Christian Athletes	8701 Leeds Rd	Kansas City	MO	64129	44-0610626	501 (c) (3)	12,000 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 The	P O Box 1820	Shallotte	NC	28459	27-0106935	501 (c) (3)	10,000 00	N/A	FMV	N/A	Program Support
Freedom Ministries	9788 River Drnve	Descanso	CA	91916	81-0551565	501 (c) (3)	5,000 00	N/A	FMV	N/A	Program Support
Geneva School of Manhattan	123 West 57th Street	New York	NY	10019	13-3887484	501 (c) (3)	5,000 00	N/A	FMV	N/A	Program Support
Global Service Office	PO Box 20425	Boulder	CO	80308-3425	95-4244940	501 (c) (3)	12,000 00	N/A	FMV	N/A	Program Support
Gold Buckle Wrestling	15550 Russell Drnve	Peyton	CO	80831	27-3354023	N/A	31,355 26	N/A	FMV	N/A	Program Support
GOTTA GO Corporation	3690 Broadway Street	North Bend	OR	97459	20-1824854	501 (c) (3)	12,728 10	N/A	FMV	N/A	Program Support
He Cares Foundation	2710 Thomes Ave	Cheyenne	WY	82001	61-1611069	N/A	15,800 00	N/A	FMV	N/A	Program Support
Help Me See	20 West 36th St Suite 701	New York	NY	10018	27-3207754	501 (c) (3)	5,000 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)	8,000 00	N/A	FMV	N/A	Program Support
Hope of Life International	85 Whipple Street	Providence	RI	02908	26-2061324	501 (c) (3)	10,000 00	N/A	FMV	N/A	Program Support
Hopes Door Inc	1430 2nd St N	Wisconsin Rapids	WI	54495	45-2498403	N/A	24,708 58	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
International Foundation	P O Box 23813	Washington	DC	20026-3813	53-0204604	501 (c) (3)	5,000 00	N/A	FMV	N/A	Program Support
Jesuit High School	9000 SW Beaverton-Hillside HWY	Portland	OR	97225	93-0448866	501 (c) (3)	5,120 00	N/A	FMV	N/A	Program Support
Joy to the World Foundation Inc	4570 Hilton Parkway Suite 203	Colorado Springs	CO	80907	72-1551621	501 (c) (3)	161,823 00	N/A	FMV	N/A	Program Support
Kingdom's Harvest International	9115 Pioneer Ct	Lincoln	NE	68520	74-3240568	501 (c) (3)	7,000 00	N/A	FMV	N/A	Program Support
La Vie	261 H Ave	Coronado	CA	92118	95-3593279	501 (c) (3)	9,996 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)	23,500 00	N/A	FMV	N/A	Program Support
Leader Development Network	7455 Winding Oaks Drive	Colorado Springs	CO	80919	20-3593239	501 (c) (3)	42,840 00	N/A	FMV	N/A	Program Support
Leadership Foundation Inc	P O Box 1782	Colorado Springs	CO	80901	74-2223706	501 (c) (3)	13,700 00	N/A	FMV	N/A	Program Support
Luz Para Mexico Inc	1465 Deby Place	Colorado Springs	CO	80921	27-3590330	N/A	19,760 00	N/A	FMV	N/A	Program Support
Maharaj International Ministries	4220 Sandy Bay Drive	Virginia Beach	VA	23455	74-3238895	501 (c) (3)	12,000 00	N/A	FMV	N/A	Program Support
Maxwell United Methodist Church	9 RR 1	Maxwell	NM	87728-9701	20-3517297	501 (c) (3)	5,800 00	N/A	FMV	N/A	Program Support
Medical Teams International	14150 SW Milton Ct	Portland	OR	97224	93-0878944	501 (c) (3)	6,000 00	N/A	FMV	N/A	Program Support
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

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