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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 private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2013**Open to Public  
Inspection**A** For the 2013 calendar year, or tax year beginning **JUL 1, 2013** and ending **JUN 30, 2014****B** Check if applicable

- ☒ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization

WIDE HORIZONS FOR CHILDREN, INC.

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

375 TOTTEN POND RD

Room/suite  
400

City or town, state or province, country, and ZIP or foreign postal code

WALTHAM, MA 02451

**F** Name and address of principal officer: JANICE HOFFMAN  
SAME AS C ABOVE**D** Employer identification number

04-2564960

**E** Telephone number

781-894-5330

**G** Gross receipts \$

3,661,328.

**H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

**H(c)** Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no ) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ WWW.WHFC.ORG**K** Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation 1975 **M** State of legal domicile MA**Part I Summary**SCANNED APR 23 2015  
Activities & Governance

Revenue

Expenses

Net Assets or Fund Balances

**1** Briefly describe the organization's mission or most significant activities: WIDE HORIZONS FOR CHILDREN IS DEDICATED TO THE WELL-BEING AND SECURITY OF VULNERABLE AND ORPHANED**2** Check this box ☐ 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 13

**5** Total number of individuals employed in calendar year 2013 (Part V, line 2a)

5 49

**6** Total number of volunteers (estimate if necessary)

6 100

**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 0.

**8** Contributions and grants (Part VIII, line 1h)

Prior Year

Current Year

1,755,338. 2,153,042.

**9** Program service revenue (Part VIII, line 2g)

2,106,179. 1,368,476.

**10** Investment income (Part VIII, column (A), lines 3, 4, and 7d)

1,795. 21,485.

**11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

887. &lt;19,392.&gt;

**12** Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)

3,864,199. 3,523,611.

**13** Grants and similar amounts paid (Part IX, column (A), lines 1-3)

541,161. 657,067.

**14** Benefits paid to or for members (Part IX, column (A), line 4)

0. 0.

**15** Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)

2,182,457. 1,884,527.

**16a** Professional fundraising fees (Part IX, column (A), line 11e)

0. 0.

**b** Total fundraising expenses (Part IX, column (D), line 25) ▶ 362,017.**17** Other expenses (Part IX, column (A), lines 11e-11f, 11f-24e)

1,299,947. 1,082,085.

**18** Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)

4,023,565. 3,623,679.

**19** Revenue less expenses. Subtract line 18 from line 12

&lt;159,366.&gt; &lt;100,068.&gt;

**20** Total assets (Part X, line 16)

Beginning of Current Year

End of Year

2,583,819. 2,489,115.

**21** Total liabilities (Part X, line 26)

1,616,410. 1,621,774.

**22** Net assets or fund balances. Subtract line 21 from line 20

967,409. 867,341.

**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**

Signature of officer

LUCY HULSE, CFO

Type or print name and title

Date

3/30/15

**Paid**

Print/Type preparer's name

BARBARA GONSALVES

Preparer's signature

Date

03/19/15

Check if self-employed

PTIN

P01242771

**Preparer Use Only**

Firm's name

QRGA, LLP

Firm's EIN

04-3564919

Firm's address

1410 PROVIDENCE HIGHWAY  
NORWOOD, MA 02062

Phone no 781-551-0040

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

332001 10-29-13

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2013)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

10 6/7

**Part III** Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

☒ X

- 1 Briefly describe the organization's mission:  
WIDE HORIZONS FOR CHILDREN IS DEDICATED TO THE WELL-BEING AND SECURITY OF VULNERABLE AND ORPHANED CHILDREN WORLDWIDE. TO ACCOMPLISH ITS MISSION, IT: STRENGTHENS FAMILIES TO IMPROVE THEIR ABILITY TO CARE FOR THEIR CHILDREN; IMPROVES OUTCOMES FOR CHILDREN LIVING OUTSIDE OF
- 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 \$ 1,455,269. including grants of \$ 120,000. ) (Revenue \$ 913,416. )  
WHFC PROVIDES ADOPTION PLACEMENT SERVICES FROM NINE COUNTRIES, INCLUDING THE UNITED STATES. DURING THE YEAR ENDED JUNE 30, 2014, 94 CHILDREN CAME HOME TO THEIR ADOPTIVE FAMILIES. TWENTY CHILD-FOCUSED ADOPTION SUBSIDIES WERE PROVIDED TO ASSIST FAMILIES WITH THE COSTS OF ADOPTING OLDER AND HARD TO PLACE CHILDREN WHO HAVE SERIOUS MEDICAL OR DEVELOPMENTAL CONDITIONS.
- 4b (Code ) (Expenses \$ 862,070. including grants of \$ 537,067. ) (Revenue \$ )  
DURING THE REPORTING YEAR, WHFC CONTINUED PROGRAMMING FOCUSED ON ORPHAN CARE AND ORPHAN PREVENTION. OUR OPERATIONAL FUNDING OF NINE ORPHANAGES IN SEVEN COUNTRIES BENEFITTED THOUSANDS OF CHILDREN WHO HAVE A LOW LIKELIHOOD OF ADOPTION OR FOSTER CARE SOLUTIONS. WITH THIS FUNDING, CHILDREN RECEIVED PROPER NUTRITION, STABLE AND TRAINED CAREGIVERS, AND EDUCATIONAL, MEDICAL AND PSYCHOLOGICAL SERVICES. HUNDREDS OF SPECIAL NEEDS CHILDREN WERE PROVIDED WITH PHYSICAL AND COGNITIVE THERAPY AND PROGRAMMING TO ENHANCE THEIR DEVELOPMENT AND QUALITY OF LIFE. WE CONTINUED SUPPORT TO OLDER ORPHANS IN EASTERN EUROPE, THE PHILIPPINES, AND COLOMBIA SO THAT THEY COULD RECEIVE SKILLS TRAINING, EDUCATION AND CONFIDENCE FOR AN INDEPENDENT LIFE WHEN THEY MUST LEAVE THE ORPHANAGE. ORPHAN PREVENTION INITIATIVES CONTINUED TO FOCUS ON HEALTH CARE AND
- 4c (Code ) (Expenses \$ 656,743. including grants of \$ ) (Revenue \$ 455,325. )  
WHFC PROVIDES A RANGE OF ADOPTION RELATED SERVICES TO CLIENTS THROUGHOUT THE UNITED STATES. EXPECTANT PARENTS CONSIDERING AN ADOPTIVE PLACEMENT OF THEIR UNBORN CHILD RECEIVE COUNSELING TO SUPPORT THEM IN MAKING THE BEST DECISION FOR THEMSELVES AND THEIR CHILD. ADOPTIVE PARENTS RECEIVE COUNSELING AND SUPPORT FROM HOME STUDY THROUGH POST PLACEMENT SERVICES. WIDE HORIZONS CONTINUES ITS SUPPORT OF BIRTH FAMILIES, ADOPTIVE CHILDREN AND THEIR FAMILIES AFTER PLACEMENT THROUGH POST-ADOPT SERVICES. POST ADOPT SERVICES RANGE FROM LETTER DELIVER TO BIRTH FAMILIES, REFERRAL SERVICES, AND SUPPORT FOR TRAVEL BACK TO A CHILD'S BIRTH COUNTRY. DURING THE REPORTING YEAR, THE ORGANIZATION SUPPORTED MORE THAN 600 CLIENTS THROUGH THESE SERVICE OFFERINGS.
- 4d Other program services (Describe in Schedule O)  
(Expenses \$ including grants of \$ ) (Revenue \$ )
- 4e Total program service expenses ► 2,974,082.

**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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
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? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
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? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII</i>	X	
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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?	X	
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	X	
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? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b <i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i>		

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
<b>22</b> Did the organization report more than \$5,000 of grants or 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>	X	
<b>23</b> 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>		X
<b>24a</b> 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 25a</i>		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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>		X
<b>b</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>		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>		X
<b>27</b> 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>		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>c</b> 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>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
<b>32</b> 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>		X
<b>33</b> 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>		X
<b>34</b> 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>	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
<b>b</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>		X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
<b>37</b> 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>		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

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**Part V** Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

☒ X

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	25	
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
<b>2a</b>	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	49	
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
<b>4a</b>	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)?	X	
<b>4b</b>	If "Yes," enter the name of the foreign country: <b>SEE SCHEDULE O</b> See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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?		X
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	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?	X	
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</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		
<b>13c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

Check if Schedule O contains a response or note to any line in this Part VI

☒**Section A. Governing Body and Management**

	1a	1b	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year 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	13			
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent		13		
<b>2</b> 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?			X	
<b>3</b> 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?				X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?				X
<b>6</b> Did the organization have members or stockholders?				X
<b>7a</b> 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?				X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?				X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
<b>a</b> The governing body?			X	
<b>b</b> Each committee with authority to act on behalf of the governing body?				X
<b>9</b> 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				X

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>13</b> Did the organization have a written whistleblower policy?	X	
<b>14</b> Did the organization have a written document retention and destruction policy?	X	
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official	X	
<b>b</b> Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</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?		

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **► CT, MA, NH, NJ, NY, CA, MD**

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☒ Another's website ☒ Upon request ☐ 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. **►**  
**LUCY HULSE, CFO - 781-894-5330**  
**375 TOTTEN POND RD, SUITE 400, WALTHAM, MA 02451**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if neither the 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 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) TRAVIS RHODES CHAIRMAN OF BOARD	1.00	X						0.	0.	0.
(2) SUSAN MOLONEY MEMBER	1.00	X						0.	0.	0.
(3) RICH PATERNITI MEMBER	1.00	X						0.	0.	0.
(4) REBECCA WINOKUR VICE CHAIR	1.00	X						0.	0.	0.
(5) PAUL WINTERS MEMBER	1.00	X						0.	0.	0.
(6) KATHLEEN REDGATE MEMBER	1.00	X						0.	0.	0.
(7) PAUL CONDRIN VICE CHAIR	1.00	X						0.	0.	0.
(8) TOM CORRA MEMBER	1.00	X						0.	0.	0.
(9) JAYNE MCGRATH MEMBER	1.00	X						0.	0.	0.
(10) TIM PECCI MEMBER	1.00	X						0.	0.	0.
(11) CATHERINE COLLEY MEMBER	1.00	X						0.	0.	0.
(12) MICHAEL MYERS MEMBER	1.00	X						0.	0.	0.
(13) CLAUDIA CORRA MEMBER	1.00	X						0.	0.	0.
(14) LUCY HULSE TREASURER & CFO	32.00			X				72,177.	0.	5,882.
(15) JANICE HOFFMAN PRESIDENT & CEO	40.00			X				87,006.	0.	14,377.
(16) STEPHANIE CREUTZ CLERK	32.00			X				5,560.	0.	3,620.
(17) MARY SHAUHNESY-MOY CLERK (OUTGOING)	25.00			X				16,084.	0.	6,558.





**Part VIII** Statement of RevenueCheck if Schedule O contains a response or note to any line 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 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b>	Federated campaigns	<b>1a</b>				
	<b>b</b>	Membership dues	<b>1b</b>				
	<b>c</b>	Fundraising events	<b>1c</b>	569,804.			
	<b>d</b>	Related organizations	<b>1d</b>				
	<b>e</b>	Government grants (contributions)	<b>1e</b>				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	1,583,238.			
	<b>g</b>	Noncash contributions included in lines 1a-1f \$					
	<b>h</b>	<b>Total.</b> Add lines 1a-1f			2,153,042.		
<b>Program Service Revenue</b>	<b>2 a</b>	ADOPTION SERVICES	<b>Business Code</b> 900099	1,339,076.	1,339,076.		
	<b>b</b>	POST ADOPTION SERVICES	900099	29,400.	29,400.		
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f			1,368,476.		
	<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts)		1,252.		
<b>4</b>		Income from investment of tax-exempt bond proceeds					
<b>5</b>		Royalties					
<b>6 a</b>		Gross rents	(i) Real (ii) Personal				
<b>b</b>		Less: rental expenses					
<b>c</b>		Rental income or (loss)					
<b>d</b>		Net rental income or (loss)					
<b>7 a</b>		Gross amount from sales of assets other than inventory	(i) Securities (ii) Other	20,263.			
<b>b</b>		Less: cost or other basis and sales expenses		30.			
<b>c</b>		Gain or (loss)		20,233.			
<b>d</b>		Net gain or (loss)		20,233.			20,233.
<b>8 a</b>		Gross income from fundraising events (not including \$ 569,804. of contributions reported on line 1c). See Part IV, line 18	a	118,030.			
<b>b</b>		Less: direct expenses	b	137,687.			
<b>c</b>		Net income or (loss) from fundraising events		<19,657.>			<19,657.>
<b>9 a</b>		Gross income from gaming activities. See Part IV, line 19	a				
<b>b</b>		Less: direct expenses	b				
<b>c</b>		Net income or (loss) from gaming activities					
<b>10 a</b>		Gross sales of inventory, less returns and allowances	a				
<b>b</b>	Less: cost of goods sold	b					
<b>c</b>	Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>							
<b>11 a</b>	MISCELLANEOUS INCOME	<b>Business Code</b> 900099	265.	265.			
<b>b</b>							
<b>c</b>							
<b>d</b>	All other revenue						
<b>e</b>	<b>Total.</b> Add lines 11a-11d			265.			
<b>12</b>	<b>Total revenue.</b> See instructions			3,523,611.	1,368,741.	0.	1,828.

**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 or note to any line in this Part IX ☐

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
<b>1</b> Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
<b>2</b> Grants and other assistance to individuals in the United States. See Part IV, line 22	120,000.	120,000.		
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	537,067.	537,067.		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	159,183.		115,680.	43,503.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	1,382,567.	1,189,422.	4,821.	188,324.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits	219,682.	180,702.	21,919.	17,061.
<b>10</b> Payroll taxes	123,095.	94,775.	9,422.	18,898.
<b>11</b> Fees for services (non-employees).				
<b>a</b> Management				
<b>b</b> Legal	125,483.	60,482.	51,785.	13,216.
<b>c</b> Accounting	17,000.		17,000.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O)	36,891.	18,291.	2,964.	15,636.
<b>12</b> Advertising and promotion	3,746.	2,812.	16.	918.
<b>13</b> Office expenses	19,867.	16,417.	1,992.	1,458.
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	118,054.	103,674.	6,786.	7,594.
<b>17</b> Travel	97,811.	66,929.	24,675.	6,207.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest	56,952.	45,277.	4,442.	7,233.
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	51,534.	44,181.	2,798.	4,555.
<b>23</b> Insurance	82,196.	70,685.	11,114.	397.
<b>24</b> 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.)				
<b>a</b> <b>ADOPTION PROGRAM EXPENSES</b>	308,560.	308,560.		
<b>b</b> <b>POSTAGE</b>	43,633.	30,063.	664.	12,906.
<b>c</b> <b>REPAIRS &amp; MAINTENANCE</b>	39,149.	35,223.	1,094.	2,832.
<b>d</b> <b>TELEPHONE &amp; INTERNET</b>	37,577.	31,036.	1,885.	4,656.
<b>e</b> All other expenses	43,632.	18,486.	8,523.	16,623.
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	3,623,679.	2,974,082.	287,580.	362,017.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Check here ☐ if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	500,631.	<b>1</b>	550,347.
	<b>2</b> Savings and temporary cash investments	26,102.	<b>2</b>	26,259.
	<b>3</b> Pledges and grants receivable, net		<b>3</b>	
	<b>4</b> Accounts receivable, net	58,137.	<b>4</b>	66,241.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		<b>5</b>	
	<b>6</b> 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 instr). Complete Part II of Sch L		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges	53,941.	<b>9</b>	29,423.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 1,922,892.		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 1,325,648.	<b>10c</b>	597,244.
	<b>11</b> Investments - publicly traded securities		<b>11</b>	
	<b>12</b> Investments - other securities See Part IV, line 11	1,310,565.	<b>12</b>	1,171,454.
	<b>13</b> Investments - program-related. See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11	1,572.	<b>15</b>	48,147.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	2,583,819.	<b>16</b>	2,489,115.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	80,944.	<b>17</b>	129,495.
	<b>18</b> Grants payable		<b>18</b>	
	<b>19</b> Deferred revenue		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> 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		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties	923,548.	<b>23</b>	901,316.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	<b>25</b> 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	611,918.	<b>25</b>	590,963.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25	1,616,410.	<b>26</b>	1,621,774.
	<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>		
<b>27</b> Unrestricted net assets		593,604.	<b>27</b>	618,682.
<b>28</b> Temporarily restricted net assets		373,805.	<b>28</b>	248,659.
<b>29</b> Permanently restricted net assets			<b>29</b>	
<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
<b>30</b> Capital stock or trust principal, or current funds			<b>30</b>	
<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund			<b>31</b>	
<b>32</b> Retained earnings, endowment, accumulated income, or other funds			<b>32</b>	
<b>33</b> <b>Total net assets or fund balances</b>		967,409.	<b>33</b>	867,341.
<b>34</b> <b>Total liabilities and net assets/fund balances</b>		2,583,819.	<b>34</b>	2,489,115.

Form 990 (2013)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,523,611.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,623,679.
3	Revenue less expenses. Subtract line 2 from line 1	3	<100,068.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	967,409.
5	Net unrealized gains (losses) on investments	5	
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	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	867,341.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

- 1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ 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:  
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b 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:  
☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- c 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.
- 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?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2013)

Department of the Treasury  
Internal Revenue Service

► **Attach to Form 990 or Form 990-EZ.**

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

2013

**Open to Public  
Inspection**

Name of the organization

WIDE HORIZONS FOR CHILDREN, INC.

Employer identification number

04-2564960

<b>Part I</b>	<b>Reason for Public Charity Status</b> (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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. 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)		

[illegible]

**LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.**

Schedule A (Form 990 or 990-EZ) 2013

**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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	%
<b>15</b> Public support percentage from 2012 Schedule A, Part II, line 14	<b>15</b>	%
<b>16a 33 1/3% support test - 2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>b 33 1/3% support test - 2012.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2013.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2012.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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"/>		

Schedule A (Form 990 or 990-EZ) 2013

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1080134.	1162878.	1397637.	1755338.	2153042.	7549029.
<b>2</b> 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	5495810.	4084095.	3395958.	2106179.	1368476.	16450518.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	6575944.	5246973.	4793595.	3861517.	3521518.	23999547.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons	47,390.	124,011.	129,905.	452,528.	715,728.	1469562.
<b>b</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						0.
<b>c</b> Add lines 7a and 7b	47,390.	124,011.	129,905.	452,528.	715,728.	1469562.
<b>8 Public support.</b> (Subtract line 7c from line 6)						22529985.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6	6575944.	5246973.	4793595.	3861517.	3521518.	23999547.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	52,369.	13,515.	2,367.	1,834.	1,252.	71,337.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	52,369.	13,515.	2,367.	1,834.	1,252.	71,337.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	50,706.	6,272.	29,867.	887.	<19,392.>	68,340.
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12)	6679019.	5266760.	4825829.	3864238.	3503378.	24139224.
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	93.33 %
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15	<b>16</b>	96.39 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	.30 %
<b>18</b> Investment income percentage from 2012 Schedule A, Part III, line 17	<b>18</b>	.49 %

**19a 33 1/3% support tests - 2013.** 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 - 2012.** 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 ▶ ☐



Also complete this part for any additional information. (See instructions).

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
▶ **Attach to Form 990.**

▶ **Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

**Name of the organization**

WIDE HORIZONS FOR CHILDREN, INC.

**Employer identification number**

04-2564960

**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		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
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 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 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).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	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	(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)	<input type="checkbox"/>	<input type="checkbox"/>
3a(ii)	<input type="checkbox"/>	<input type="checkbox"/>
3b	<input type="checkbox"/>	<input type="checkbox"/>

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.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. 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		110,000.		110,000.
b Buildings		620,158.	320,423.	299,735.
c Leasehold improvements				
d Equipment		851,430.	808,096.	43,334.
e Other		341,304.	197,129.	144,175.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c) )				597,244.

Schedule D (Form 990) 2013

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) U.S. TREASURY BILLS	524,991.	END-OF-YEAR MARKET VALUE
(B) CASH RESERVES	646,463.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	1,171,454.	

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED TAXES	8,541.
(3) ACCRUED ITEMS	115,233.
(4) DEFERRED INCOME	286,451.
(5) RESTRICTED FUNDS	124,838.
(6) CUSTOMER DEPOSITS	55,900.
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	590,963.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	3,744,030.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	82,731.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	137,688.
<b>e</b>	Add lines 2a through 2d	<b>2e</b>	220,419.
<b>3</b>	Subtract line 2e from line 1	<b>3</b>	3,523,611.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines 4a and 4b	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	<b>5</b>	3,523,611.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	3,844,098.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	82,731.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	137,688.
<b>e</b>	Add lines 2a through 2d	<b>2e</b>	220,419.
<b>3</b>	Subtract line 2e from line 1	<b>3</b>	3,623,679.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines 4a and 4b	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	<b>5</b>	3,623,679.

**Part XIII Supplemental Information.**

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.

PART X, LINE 2:

THE ORGANIZATION ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES

UNDER TOPIC 740 OF THE FASB ACCOUNTING STANDARDS CODIFICATION (ASC 740).

THIS STANDARD MANDATES THAT THE ORGANIZATION EVALUATE ALL MATERIAL TAX POSITIONS FOR PERIODS THAT REMAIN OPEN UNDER APPLICABLE STATUTES OF LIMITATION AS WELL AS TAX POSITIONS EXPECTED TO BE TAKEN IN FUTURE RETURNS.

TO SUCCESSFULLY IMPLEMENT THIS STANDARD AND APPLY IT CONSISTENTLY OVER TIME, THE ORGANIZATION HAS DEVELOPED AN INTERNAL PROCESS THAT RELIABLY IDENTIFIES, ANALYZES, AND ASSESSES MATERIAL INCOME TAX EXPOSURE. AREAS OF

**Part XIII** Supplemental Information *(continued)*

POTENTIAL EXPOSURE INCLUDE, BUT ARE NOT LIMITED TO, ACTIVITIES PERFORMED  
AND RELATED FILING REQUIREMENTS, EXECUTIVE COMPENSATION, TAX EXEMPT STATUS  
AND POTENTIAL UNRELATED BUSINESS INCOME AND TAX FILINGS IN OTHER STATES  
WHERE THE ORGANIZATION DOES BUSINESS.

## PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES 137,688.

## PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES 137,688.

**SCHEDULE F  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2013**Open to Public  
Inspection

Name of the organization

WIDE HORIZONS FOR CHILDREN, INC.

Employer identification number

04-2564960

**Part I** General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
SUB-SAHARAN AFRICA	5	51	GRANTS, PROGRAM SERVICES	MEDICAL MISSIONS, CHILD SPONSORSHIPS, ADOPTION SERVICES	897,499.
RUSSIA & NEIGHBORING STATES	0	1	GRANTS		31,110.
CENTRAL AMERICA & THE CARIBBEAN	0	1	GRANTS, PROGRAM SERVICES	ADOPTION SERVICES	180,700.
EAST ASIA & THE PACIFIC	0	2	GRANTS, PROGRAM SERVICES	ADOPTION SERVICES	67,858.
SOUTH AMERICA	1	2	PROGRAM SERVICES	ADOPTION SERVICES	26,289.
SOUTH ASIA	0	0	GRANTS		39,319.
<b>3 a</b> Sub-total	6	57			1,242,775.
<b>b</b> Total from continuation sheets to Part I	0	0			0.
<b>c</b> Totals (add lines 3a and 3b)	6	57			1,242,775.

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

Schedule F (Form 990) 2013

04-2564960

WIDE HORIZONS FOR CHILDREN, INC.

Schedule F (Form 990) 2013

**Part I** Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on 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)
			CENTRAL AMERICA & THE CARIBBEAN	ORPHAN SUPPORT	112,200	CHECK	0		
			EAST ASIA & THE PACIFIC	ORPHAN SUPPORT	20,000	WIRE TRANSFER	0		
			SOUTH ASIA	ORPHAN SUPPORT	11,500	WIRE TRANSFER	0		
			SOUTH ASIA	COMMUNITY DEVELOPMENT	10,526	WIRE TRANSFER	0		
			RUSSIA & NEIGHBORING STATES	VOCATIONAL TRAINING OLDER ORPHANS	5,000	WIRE TRANSFER	0		
			SUB - SAHARAN AFRICA	SURGICAL AND TREATMENT SUITES FOR HOSPITAL	92,950	WIRE TRANSFER	0		
			SUB - SAHARAN AFRICA	MEDICAL MISSIONS TO REGIONAL HOSPITALS	28,530	WIRE TRANSFER	0		

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

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2013



**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on 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)
CHILD SPONSORSHIPS	SUB SAHARAN AFRICA	597	125,576.	WIRE TRANSFER	0.		FMV
EDUCATIONAL SPONSORSHIPS	RUSSIA AND NEIGHBORING STATES	2	7,750.	WIRE TRANSFER	0.		FMV
CHILD SPONSORSHIP	EAST ASIA	1	2,020.	WIRE TRANSFER	0.		FMV
CHILD SPONSORSHIP	SOUTH ASIA	1	2,000.	WIRE TRANSFER	0.		FMV
CHILD SPONSORSHIPS	EAST ASIA	14	3,675.	WIRE TRANSFER	0.		FMV
CHILD SPONSORSHIPS	EAST ASIA	43	7,515.	CHECK	0.		FMV
CHILD SPONSORSHIPS	CENTRAL AMERICA	144	62,700.	CHECK	0.		FMV
CHILD SPONSORSHIPS	SOUTH ASIA	175	15,293.	WIRE TRANSFER	0.		FMV
CHILD SPONSORSHIPS	RUSSIA AND NEIGHBORING STATES	12	16,310.	WIRE TRANSFER	0.		FMV

Schedule F (Form 990) 2013

**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, Information 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

Schedule F (Form 990) 2013

**Part V** Supplemental Information

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.

**PART I, LINE 2:**

GRANT FUNDING IS REVIEWED AND APPROVED BY THE BOARD

INITIALLY DURING ANNUAL PLANNING. BEFORE A PROJECT IS FUNDED, POTENTIAL GRANTEES ARE REQUIRED TO COMPLETE A DETAILED PROPOSAL, INCLUDING HOW THE FUNDS WILL BE USED, THEIR BUDGET, AND CLEAR OBJECTIVES. GRANTEES ARE REQUIRED TO PROVIDE PROOF OF THEIR LEGAL STATUS. REPORTING REQUIREMENTS INCLUDE SIGNED WRITTEN ACKNOWLEDGEMENT OF RECEIPT OF FUNDING ON ORGANIZATIONAL LETTERHEAD OR BY EMAIL FROM AN ORGANIZATION'S ADDRESS, PHOTOS AND INTERIM AND FINAL FINANCIAL STATEMENTS DURING AND AT THE END OF THE PROJECT, SHOWING HOW THE FUNDS WERE USED AGAINST THE BUDGET. IN ADDITION TO FINANCIAL REPORTING, INTERIM AND FINAL REPORTING ALSO INCLUDES AN ASSESSMENT OF THE PROJECT'S PROGRESS, EVALUATION OF SUCCESS AGAINST STATED OBJECTIVES, AND ANY CHALLENGES ENCOUNTERED. GRANTEES MUST SIGN A WRITTEN AGREEMENT THAT THEY UNDERSTAND AND ACCEPT WIDE HORIZONS POLICIES REGARDING THE USE OF FUNDS AND REPORTING OBLIGATIONS, INCLUDING DUE DATES, PRIOR TO RECEIVING FUNDING. IN ADDITION TO THIS REQUIRED REPORTING FROM THE GRANTEE, WHFC ALSO CONDUCTS PERIODIC SITE VISITS TO THE COUNTRIES TO ASSESS PROJECTS AND PROVIDE GRANTEES WITH TRAINING ON MONITORING & REPORT WRITING. FAILURE TO COMPLY WITH THE REQUIREMENTS OF THIS PROCESS RESULTS IN DISQUALIFICATION FROM FUTURE FUNDING OPPORTUNITIES.

**PART I, LINE 3:**

BOOK VALUE

Department of the Treasury  
Internal Revenue Service

**Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**

**▶ Attach to Form 990 or Form 990-EZ.**

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

# 2013

## Open To Public Inspection

Name of the organization

WIDE HORIZONS FOR CHILDREN, INC.

Employer identification number

04-2564960

## Part I

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations  
b ☐ Internet and email solicitations  
c ☐ Phone solicitations  
d ☐ In-person solicitations  
e ☐ Solicitation of non-government grants  
f ☐ Solicitation of government grants  
g ☐ Special fundraising events

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes☐ No

- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

[illegible]

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 IN HOME EVENTS (event type)	(b) Event #2 GOLF EVENT (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	212,904.	474,930.		687,834.
	2 Less: Contributions	187,664.	382,140.		569,804.
	3 Gross income (line 1 minus line 2)	25,240.	92,790.		118,030.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs		33,349.		33,349.
	7 Food and beverages	7,790.	30,450.		38,240.
	8 Entertainment				
	9 Other direct expenses	13,565.	52,533.		66,098.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				137,687.
	11 Net income summary. Subtract line 10 from line 3, column (d)				<19,657.>

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states?

☐ Yes ☐ No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

☐ Yes ☐ No

b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity operated in:
- |                               |     |   |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility         | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_.

c If "Yes," enter name and address of the third party:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

16 Gaming manager information.

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

☐ Director/officer☐ Employee☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► **Attach to Form 990.**

► Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

# 2013

**Open to Public Inspection**

Name of the organization

WIDE HORIZONS FOR CHILDREN, INC.

<b>Part I</b>	<b>General Information on Grants and Assistance</b>
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**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?

**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.

[illegible]

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

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

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

Schedule I (Form 990) (2013)

**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
ADOPTION SUBSIDIES	20	120,000.	0.	CASH VALUE	

**Part IV** **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.**PART I, LINE 2:**

WHFC OFFERS SUBSIDIES TO SUPPORT THE ADOPTION OF HARD-TO-PLACE

CHILDREN, AND ARE ASSOCIATED WITH A SPECIFIC CHILD. THESE CHILDREN

TYPICALLY HAVE COMPLICATED MEDICAL OR DEVELOPMENTAL NEEDS. AWARDS ARE

DISTRIBUTED WHEN A FAMILY IS MATCHED WITH THE CHILD. CLIENTS WHO STOP

THEIR ADOPTION PROCESS BEFORE ADOPTING FORFEIT THE SUBSIDY.



**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 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

Name of the organization

WIDE HORIZONS FOR CHILDREN, INC.

Employer identification number

04-2564960

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CHILDREN WORLDWIDE. TO ACCOMPLISH ITS MISSION, IT STRENGTHENS FAMILIES,  
IMPROVES OUTCOMES FOR CHILDREN LIVING OUTSIDE OF PARENTAL CARE, PLACES  
CHILDREN WITH LOVING, ADOPTIVE FAMILIES, AND SUPPORTS BIRTH  
PARENTS, ADOPTIVE PARENTS AND CHILDREN THROUGHOUT THEIR LIVES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PARENTAL CARE; PLACES CHILDREN WITH LOVING, ADOPTIVE FAMILIES; AND  
SUPPORTS BIRTH PARENTS, ADOPTIVE PARENTS AND CHILDREN THROUGHOUT THEIR  
LIVES.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

COMMUNITY DEVELOPMENT WORK. TO CONTINUE BUILDING CAPACITY IN THE  
HOSPITAL WE OPENED IN SOUTHERN ETHIOPIA, WE BEGAN THE PROCESS OF  
PROVIDING MEDICAL SUPPLIES AND EQUIPMENT SUCH AS SURGICAL AND TREATMENT  
SUITES. TRAINING AND MONITORING AT THE HOSPITAL CONTINUED THROUGH  
ONGOING MEDICAL MISSIONS. CHILD SPONSORSHIP PROGRAMS AIMED AT FAMILY  
PERMANENCE IN ETHIOPIA, GUATEMALA AND INDIA BENEFITTED NEARLY 1,000  
AT-RISK CHILDREN AND THEIR FAMILIES SO THAT FAMILY UNITS CAN STAY  
INTACT.

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

ETHIOPIA, RUSSIA, COLOMBIA, RWANDA,  
BURUNDI

FORM 990, PART VI, SECTION A, LINE 2:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2013)

332211  
09-04-13

Name of the organization

WIDE HORIZONS FOR CHILDREN, INC.

Employer identification number

04-2564960

THE CLERK OF THE BOARD IS THE SISTER-IN-LAW OF THE BOARD  
CHAIR.

FORM 990, PART VI, SECTION A, LINE 8B:

COMMITTEES OF THE BOARD REPORT ON THEIR ACTIVITY AT REGULAR  
BOARD MEETINGS, AND THE ACTIVITY IS DOCUMENTED IN THE MINUTES OF THE BOARD  
MEETINGS.

FORM 990, PART VI, SECTION B, LINE 11:

WHFC'S 990 RETURN IS REVIEWED BY THE ORGANIZATION'S CEO AND  
CFO BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

MEMBERS OF THE BOARD ARE REQUIRED TO DISCLOSE ANY INTERESTS  
THAT MIGHT GIVE RISE TO A CONFLICT. THIS IS DONE INITIALLY UPON JOINING THE  
BOARD, AND THEREAFTER DONE ANNUALLY. ANY POTENTIAL CONFLICTS ARISING IN THE  
INTERIM ARE DISCLOSED AT THAT TIME.

FORM 990, PART VI, SECTION B, LINE 15:

WHFC PERIODICALLY CONDUCTS A COMPETITIVE SALARY ANALYSIS OF  
ALL PAID POSITIONS AT THE ORGANIZATION, AND USES THE ANALYSIS AS THE BASIS  
FOR SALARY DECISIONS.

FORM 990, PART VI, SECTION C, LINE 19:

WHFC'S 990 IS THE ORGANIZATIONAL DOCUMENT AVAILABLE TO THE  
PUBLIC, AND IS ON THE INTERNET AT WWW.GUIDESTAR.ORG. WHFC ALSO PROVIDES A  
COPY UPON REQUEST.





**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on 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?

	Yes	No
<b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
<b>b</b> Gift, grant, or capital contribution to related organization(s)		X
<b>c</b> Gift, grant, or capital contribution from related organization(s)		X
<b>d</b> Loans or loan guarantees to or for related organization(s)		X
<b>e</b> Loans or loan guarantees by related organization(s)		X
<b>f</b> Dividends from related organization(s)		X
<b>g</b> Sale of assets to related organization(s)		X
<b>h</b> Purchase of assets from related organization(s)		X
<b>i</b> Exchange of assets with related organization(s)		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
<b>o</b> Sharing of paid employees with related organization(s)		X
<b>p</b> Reimbursement paid to related organization(s) for expenses		X
<b>q</b> Reimbursement paid by related organization(s) for expenses		X
<b>r</b> Other transfer of cash or property to related organization(s)		X
<b>s</b> Other transfer of cash or property from related organization(s)		X

**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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) WIDE HORIZONS FUND FOR CHILDREN		0.	
(2)			
(3)			
(4)			
(5)			
(6)			



## Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

Provide additional information for responses to questions on Schedule A (see instructions).

2013 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No	Description	Date Acquired	Method	Life	C o n v	Line No	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
2	BUILDINGS BUILDING * 990 PAGE 10 TOTAL BUILDINGS	09/16/94	SL	39.00	MC17		620,158.				620,158.	304,522.		15,901.	320,423.
	FURNITURE & FIXTURES						620,158.				620,158.	304,522.		15,901.	320,423.
17	FURNITURE & FIXTURES	06/30/89	200DB	5.00	HY17		130,116.				130,116.	130,116.		0.	130,116.
18	FURNITURE & FIXTURES	06/30/90	200DB	5.00	HY17		1,407.				1,407.	1,407.		0.	1,407.
19	FURNITURE & FIXTURES	06/30/92	200DB	5.00	HY17		12,000.				12,000.	12,000.		0.	12,000.
20	SIGNS	09/25/95	200DB	5.00	HY17		1,690.				1,690.	1,690.		0.	1,690.
22	FURNITURE & FIXTURES	01/01/10	200DB	5.00	HY17		18,482.				18,482.	15,288.		2,129.	17,417.
23	PROJECTOR FOR MRO	04/20/06	200DB	7.00	MC17		1,074.				1,074.	1,074.		0.	1,074.
24	DATA BASE SYSTEM	06/30/94	200DB	5.00	HY17		7,600.				7,600.	7,600.		0.	7,600.
25	LAPTOP, PS DEPARTMENT	10/24/05	200DB	3.00	MC17		978.				978.	978.		0.	978.
26	LASER PRINTER, 2ND FLOOR	06/12/06	200DB	3.00	MC17		1,717.				1,717.	1,717.		0.	1,717.
27	PHOTO PRINTERS	06/22/06	200DB	3.00	MC17		744.				744.	744.		0.	744.
28	FIRE EXTINGUISHERS	06/30/95	200DB	7.00	HY17		102.				102.	102.		0.	102.
29	THIN CLIENTS/KEYBOARDS	07/26/05	200DB	3.00	MC17		787.				787.	787.		0.	787.
30	WORKSTATION GRAPHICS	08/19/05	200DB	3.00	MC17		851.				851.	851.		0.	851.
31	2 LASER PRINTERS	08/19/05	200DB	3.00	MC17		3,410.				3,410.	3,410.		0.	3,410.

328111  
05-01-13

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone



# 2013 DEPRECIATION AND AMORTIZATION REPORT

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Asset No	Description	Date Acquired	Method	Life	C o v	Line No	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
32	HP LASER JET 1022 PRINTER	08/19/05	200DB	3.00		MC17	300.				300.	300.		0.	300.
33	FLAT PANEL MONITORS	09/15/05	200DB	3.00		MC17	1,710.				1,710.	1,710.		0.	1,710.
34	FURNITURE	06/30/95	200DB	7.00		HYL7	850.				850.	850.		0.	850.
35	ELP LAPTOP, ERSON PRINTER	10/17/05	200DB	3.00		MC17	1,409.				1,409.	1,409.		0.	1,409.
36	NEW PAYROLL WORKSTATION	12/21/05	200DB	3.00		MC17	603.				603.	603.		0.	603.
37	NY OFFICE WORKSTATION	01/19/06	200DB	3.00		MC17	573.				573.	573.		0.	573.
38	(D)NEW ISA SERVER	03/22/06	200DB	3.00		MC17	1,982.				1,982.	1,982.		0.	
39	25 REPLACEMENT MONITORS	06/23/06	200DB	3.00		MC17	4,129.				4,129.	4,129.		0.	4,129.
40	NEW SCANNER AND SOFTWARE	06/30/06	200DB	3.00		MC17	14,574.				14,574.	14,574.		0.	14,574.
42	2 CHAIRS FOR PS STAFF	06/23/06	200DB	7.00		MC17	328.				328.	328.		0.	328.
43	CABLE	05/31/96	200DB	7.00		HYL7	1,342.				1,342.	1,342.		0.	1,342.
45	COMPUTER	10/18/06	200DB	5.00		MC17	478.				478.	478.		0.	478.
46	LENOVA THINKPAD & EXPANDER	10/18/06	200DB	5.00		MC17	821.				821.	821.		0.	821.
47	MACHOOK	10/18/06	200DB	5.00		MC17	1,448.				1,448.	1,448.		0.	1,448.
48	DATABASE	06/28/96	200DB	5.00		HYL7	10,000.				10,000.	10,000.		0.	10,000.
49	CABLE	06/28/96	200DB	7.00		HYL7	507.				507.	507.		0.	507.
50	ALARM	07/21/95	200DB	7.00		HYL7	1,990.				1,990.	1,990.		0.	1,990.
51	SIGN	07/21/95	200DB	7.00		HYL7	1,557.				1,557.	1,557.		0.	1,557.

328111  
05-01-13

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2013 DEPRECIATION AND AMORTIZATION REPORT

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Asset No	Description	Date Acquired	Method	Life	C o n v	Line No	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
52	FENCE	08/22/95	200DB	7.00		HVL7	5,015.				5,015.	5,015.		0.	5,015.
53	SIGN	09/13/95	200DB	7.00		HVL7	2,422.				2,422.	2,422.		0.	2,422.
54	GUARDRAIL	09/21/95	200DB	7.00		HVL7	1,900.				1,900.	1,900.		0.	1,900.
55	5 CHAIRS	10/18/06	200DB	7.00		MC17	677.				677.	654.		23.	677.
56	LASER JET PRINTER	11/07/06	200DB	5.00		MC17	1,350.				1,350.	1,350.		0.	1,350.
57	DIRESOURCE LIBRARY	06/30/97	200DB	5.00		HVL7	11,737.				11,737.	11,737.		0.	11,737.
58	COPIER	06/30/97	200DB	5.00		HVL7	9,000.				9,000.	9,000.		0.	9,000.
59	FURNITURE	06/30/97	200DB	5.00		HVL7	1,350.				1,350.	1,350.		0.	1,350.
60	FURNITURE	12/31/97	200DB	7.00		HVL7	4,506.				4,506.	4,506.		0.	4,506.
61	FAX MACHINE	09/14/98	200DB	7.00		HVL7	1,000.				1,000.	1,000.		0.	1,000.
62	(D)2 SONIC WALL SECURITY APPLIANCES	11/14/06	200DB	5.00		MC17	1,328.				1,328.	1,328.		0.	1,328.
63	SHREDDER	05/31/99	200DB	7.00		HVL7	2,111.				2,111.	2,111.		0.	2,111.
64	OFFICE EQUIPMENT	12/31/00	200DB	7.00		HVL7	9,005.				9,005.	9,005.		0.	9,005.
65	OFFICE EQUIPMENT	09/01/01	200DB	7.00		HVL7	79,515.				79,515.	79,515.		0.	79,515.
66	LAPTOP	09/19/02	200DB	5.00		HVL7	2,461.				2,461.	2,461.		0.	2,461.
67	I.P. PHONE CARD	03/26/03	200DB	5.00		HVL7	1,600.				1,600.	1,600.		0.	1,600.
68	LCD PROJECTOR	06/10/03	200DB	5.00		HVL7	1,802.				1,802.	1,802.		0.	1,802.
69	3RD FLOOR CARPET	07/23/03	200DB	7.00		MC17	5,100.				5,100.	5,100.		0.	5,100.

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(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No	Description	Date Acquired	Method	Life	Conv	Line No	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
70	MULTIMEDIA STATION	08/13/03	200DB	5.00		MC17	1,408.				1,408.	1,408.		0.	1,408.
71	BACK UP SOFTWARE	01/27/04	200DB	5.00		MC17	2,252.				2,252.	2,252.		0.	2,252.
72	PHONE SYSTEM - NY	03/26/04	200DB	7.00		MC17	3,802.				3,802.	3,802.		0.	3,802.
73	PHONE SYSTEM ~ WALTHAM	04/07/04	200DB	7.00		MC17	16,745.				16,745.	16,745.		0.	16,745.
74	MULTIFUNCTIONAL COPIER - MA	04/15/04	200DB	7.00		MC17	14,229.				14,229.	14,229.		0.	14,229.
75	LAPTOP & PROJECTOR ~ # NA	06/17/04	200DB	5.00		MC17	2,998.				2,998.	2,998.		0.	2,998.
76	LAPTOP & PROJECTOR - NJ	06/17/04	200DB	5.00		MC17	2,998.				2,998.	2,998.		0.	2,998.
77	DOC MAN SERVER	06/21/04	200DB	5.00		MC17	8,274.				8,274.	8,274.		0.	8,274.
78	(D)OFFICE COPIER - MA	06/30/04	200DB	7.00		MC17	13,877.				13,877.	13,877.		0.	13,877.
79	(D)NAS DEVICE	11/17/06	200DB	5.00		MC17	1,971.				1,971.	1,971.		0.	1,971.
80	OFFICE PRINTER	12/28/06	200DB	5.00		MC17	490.				490.	490.		0.	490.
82	CONFERENCE TABLE, 6 CHAIRS	03/13/07	200DB	7.00		MC17	1,846.				1,846.	1,846.		102.	1,846.
84	(D)SONIC WALL SECURITY APPLIANCE	04/18/07	200DB	5.00		MC17	714.				714.	714.		0.	714.
90	(D)SONIC WALL SECURITY APPLIANCE	06/19/07	200DB	5.00		MC17	714.				714.	714.		0.	714.
91	LASER JET PRINTER	06/19/07	200DB	5.00		MC17	500.				500.	500.		0.	500.
92	LAPTOP ~ ETHIOPIA PROGRAM	06/25/07	200DB	5.00		MC17	1,959.				1,959.	1,959.		0.	1,959.
93	DIGITAL CAMERAS	09/30/06	200DB	5.00		HXL7	540.				540.	540.		0.	540.
94	HARD DRIVES	11/17/06	200DB	5.00		HXL7	324.				324.	324.		0.	324.

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Asset No	Description	Date Acquired	Method	Life	C o n v	Line No	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Year Deduction	Ending Accumulated Depreciation
95	DESK	12/22/06	200DB	5.00		HVL7	200.				200.	200.	0.	200.
96	CHAIR	01/27/07	200DB	5.00		HVL7	180.				180.	180.	0.	180.
97	CHAIR	02/28/07	200DB	5.00		HVL7	477.				477.	477.	0.	477.
98	PICNIC TABLE	05/09/07	200DB	5.00		HVL7	366.				366.	366.	0.	366.
99	CHAIRS	06/30/07	200DB	5.00		HVL7	430.				430.	430.	0.	430.
100	DELL PC	12/31/05	200DB	5.00		HVL7	1,244.				1,244.	1,244.	0.	1,244.
102	FURNITURE	12/31/05	200DB	5.00		HVL7	7,427.				7,427.	7,427.	0.	7,427.
103	2 REFRIGERATORS	12/31/05	200DB	5.00		HVL7	973.				973.	973.	0.	973.
104	FURNITURE	12/31/05	200DB	5.00		HVL7	1,222.				1,222.	1,222.	0.	1,222.
105	CARPETING	12/31/05	200DB	5.00		HVL7	691.				691.	691.	0.	691.
106	KITCHEN ITEMS	12/31/05	200DB	5.00		HVL7	930.				930.	930.	0.	930.
107	3 MATTRESSES	12/31/05	200DB	5.00		HVL7	910.				910.	910.	0.	910.
108	STOVE	12/31/05	200DB	5.00		HVL7	678.				678.	678.	0.	678.
109	INTEL PENTIUM 800 MHz PC	12/31/06	200DB	5.00		HVL7	638.				638.	638.	0.	638.
111	SAMSUNG MOBILE	12/31/06	200DB	5.00		HVL7	376.				376.	376.	0.	376.
112	5 NOKIA MOBILE	12/31/06	200DB	5.00		HVL7	443.				443.	443.	0.	443.
113	3 FILE CABINETS	12/31/06	200DB	5.00		HVL7	556.				556.	556.	0.	556.
114	FURNITURE	12/31/06	200DB	5.00		HVL7	1,021.				1,021.	1,021.	0.	1,021.

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Asset No	Description	Date Acquired	Method	Life	C o n v	Line No	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
115	16 CHILDREN'S BEDS	12/31/06	200DB	5.00	HYL7		867.				867.	867.		0.	867.
116	3 OIL RADIATOR HEATERS	12/31/06	200DB	5.00	HYL7		535.				535.	535.		0.	535.
117	STORAGE SHED	12/31/06	200DB	5.00	HYL7		1,233.				1,233.	1,233.		0.	1,233.
118	SONICWALL ROUTER (D)MEMPHIS SERVER	07/05/07	200DB	5.00	HYL7		1,997.				1,997.	1,997.		0.	1,997.
119	REPLACEMENT	07/23/07	200DB	5.00	HYL7		3,030.				3,030.	3,030.		0.	3,030.
120	MONITOR	07/23/07	200DB	5.00	HYL7		189.				189.	189.		0.	189.
121	15 THIN CLIENTS	08/06/07	200DB	5.00	HYL7		4,020.				4,020.	4,020.		0.	4,020.
122	KITCHEN FAUCET	08/16/07	200DB	5.00	HYL7		639.				639.	639.		0.	639.
123	(D)NEW EXCHANGE SERVER	08/20/07	200DB	5.00	HYL7		4,000.				4,000.	4,000.		0.	4,000.
124	10 THIN CLIENTS	09/13/07	200DB	5.00	HYL7		2,675.				2,675.	2,675.		0.	2,675.
125	BLINDS FOR MAIN OFFICE	09/17/07	200DB	5.00	HYL7		2,628.				2,628.	2,628.		0.	2,628.
126	LAPTOP	09/19/07	200DB	5.00	HYL7		1,489.				1,489.	1,489.		0.	1,489.
127	4 LCD PANELS	09/19/07	200DB	5.00	HYL7		640.				640.	640.		0.	640.
128	CONFERENCE TABLE	09/20/07	200DB	5.00	HYL7		454.				454.	454.		0.	454.
129	SIGNS	10/15/07	200DB	5.00	HYL7		3,304.				3,304.	3,304.		0.	3,304.
130	LASERJET PRINTER	10/18/07	200DB	5.00	HYL7		850.				850.	850.		0.	850.
131	5 THIN CLIENTS	11/07/07	200DB	5.00	HYL7		1,355.				1,355.	1,355.		0.	1,355.
132	BACK-UP ROUTER	11/14/07	200DB	5.00	HYL7		848.				848.	848.		0.	848.

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Asset No	Description	Date Acquired	Method	Life	C o v	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
133	THINKPAD	11/29/07	200DB	5.00	HXL7	950.				950.	950.		0.	950.
134	SCAN DESK	12/10/07	200DB	5.00	HXL7	672.				672.	672.		0.	672.
135	PROJECTOR FOR OYSTER BAY OFFICE	12/28/07	200DB	5.00	HXL7	877.				877.	877.		0.	877.
136	SCANNER & SOFTWARE	02/05/08	200DB	5.00	HXL7	13,285.				13,285.	13,285.		0.	13,285.
137	2 THIN CLIENTS	03/13/08	200DB	5.00	HXL7	531.				531.	531.		0.	531.
138	POLYCOM SOUNDSTATION	03/19/08	200DB	5.00	HXL7	1,198.				1,198.	1,198.		0.	1,198.
139	MONITORS	04/08/08	200DB	5.00	HXL7	917.				917.	917.		0.	917.
140	FURNITURE & FIXTURES	12/31/07	200DB	5.00	HXL7	25,147.				25,147.	25,147.		0.	25,147.
146	(D) 6 HARD DRIVES	07/21/08	200DB	5.00	HXL7	1,045.				1,045.	985.		30.	
147	5 THIN CLIENTS	07/22/08	200DB	5.00	HXL7	1,330.				1,330.	1,253.		77.	1,330.
149	SONIC WALL BACK UP ROUTER	10/03/08	200DB	5.00	HXL7	908.				908.	856.		52.	908.
150	HP LASER JET PRINTER	10/27/08	200DB	5.00	HXL7	448.				448.	422.		26.	448.
151	4 FILE CABINETS	04/21/09	200DB	5.00	HXL7	1,521.				1,521.	1,433.		88.	1,521.
152	FURNITURE ~ ETHIOPIA	12/31/08	200DB	5.00	HXL7	11,608.				11,608.	11,107.		501.	11,608.
153	COMPUTERS - ETHIOPIA	12/31/08	200DB	5.00	HXL7	4,258.				4,258.	4,074.		184.	4,258.
154	EQUIPMENT ~ ETHIOPIA	12/31/08	200DB	5.00	HXL7	3,739.				3,739.	3,577.		162.	3,739.
155	3 5 DRAW FILES - CT	10/21/09	200DB	5.00	HXL7	320.				320.	265.		37.	302.
156	MICROWAVE	08/17/09	200DB	5.00	HXL7	180.				180.	149.		21.	170.

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157	TABLES - GROUP ROOM	04/28/10	200DB	5.00		HXL7	1,020.				1,020.	844.		117.	961.
158	COMPUTER & PRINTER - RWANDA REP	02/26/10	200DB	5.00		HXL7	465.				465.	385.		53.	438.
159	WIRELESS DEVICE - PITTSFIELD	11/11/09	200DB	5.00		HXL7	100.				100.	83.		11.	94.
160	2 FILE ROOM SERVERS	02/26/10	200DB	5.00		HXL7	8,650.				8,650.	7,155.		997.	8,152.
161	THIN CLIENT	05/10/10	200DB	5.00		HXL7	308.				308.	255.		35.	290.
162	2 SWITCHES FOR EHR SYSTEM	05/10/10	200DB	5.00		HXL7	1,111.				1,111.	919.		128.	1,047.
163	WINDOWS SERVER 2008	06/02/10	200DB	5.00		HXL7	5,797.				5,797.	4,795.		668.	5,463.
164	VERIZON WMA ROUTER	06/23/10	200DB	5.00		HXL7	80.				80.	66.		9.	75.
169	DELL HA PROGAM COMPUTER	01/04/11	200DB	5.00		HXL7	515.				515.	367.		59.	426.
170	DELL NEW DOMAIN COMPUTER	06/08/11	200DB	5.00		HXL7	3,120.				3,120.	2,221.		360.	2,581.
171	FURNITURE ETHIOPIA	01/01/11	200DB	7.00		HXL7	21,059.				21,059.	11,849.		2,631.	14,480.
173	10 METAL SHELVES ETHIOPIA	11/04/11	200DB	5.00		HXL7	2,031.				2,031.	1,056.		390.	1,446.
174	DELL POWEREDGE R720 SERVER & UPS PACK	01/03/13	200DB	5.00		HXL7	7,652.				7,652.	1,530.		2,449.	3,979.
175	CANON C7077 COPIER	12/09/13	200DB	7.00		HXL9C	10,500.				10,500.			1,500.	1,500.
176	PROGRAM WORKSTATION	10/08/13	200DB	5.00		HXL9B	457.				457.			91.	91.
177	DELL LATITUDE 3540 LAPTOP	04/30/14	200DB	5.00		HXL9B	734.				734.			147.	147.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						625,127.					588,498.		13,077.	561,207.
	TRANSPORTATION EQUIPMENT														

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(D) - Asset disposed

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Asset No	Description	Date Acquired	Method	Life	Conv	Line No	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
21	MOTOR VEHICLES	01/01/10	200DE	5.00		HV17	6,370.				6,370.	5,269.		734.	6,003.
101	2 MOTOR CYCLES	12/31/05	200DE	5.00		HV17	3,579.				3,579.	3,579.		0.	3,579.
110	HATCHBACK	12/31/06	200DE	5.00		HV17	12,703.				12,703.	12,703.		0.	12,703.
141	TOYOTA DOUBLE PICKUP	07/09/07	200DE	5.00		HV17	29,270.				29,270.	29,270.		0.	29,270.
142	TOYOTA COASTER BUS	09/26/07	200DE	5.00		HV17	33,166.				33,166.	33,166.		0.	33,166.
143	TOYOTA SINGLE PICKUP	11/08/07	200DE	5.00		HV17	21,710.				21,710.	21,710.		0.	21,710.
144	TOYOTA RAV 4	12/08/07	200DE	5.00		HV17	52,040.				52,040.	52,040.		0.	52,040.
145	TOYOTA COROLLA	06/30/08	200DE	5.00		HV17	21,953.				21,953.	21,953.		0.	21,953.
167	MOTOR VEHICLES	01/01/11	200DE	5.00		HV17	30,236.				30,236.	21,528.		3,483.	25,011.
172	2 PICKUP TRUCKS ETHIOPIA	09/01/11	200DE	5.00		HV17	57,029.				57,029.	29,655.		10,950.	40,605.
178	ETHIOPIA - 2 MOTOR BIKES	01/01/14	200DE	5.00		HV19B	4,246.				4,246.			849.	849.
	* 990 PAGE 10 TOTAL TRANSPORTATION EQUIPMENT						272,302.				272,302.	230,873.		16,016.	246,889.
	LAND														
1	LAND	09/16/94					110,000.				110,000.			0.	
	* 990 PAGE 10 TOTAL LAND						110,000.				110,000.	0.		0.	0.
	OTHER														
3	LAND IMPROVEMENTS	08/08/95	SL	15.00		16	15,000.				15,000.	15,000.		0.	15,000.
4	LAND IMPROVEMENTS	08/25/95	SL	15.00		16	15,000.				15,000.	15,000.		0.	15,000.

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5	LAND IMPROVEMENTS	10/06/95	SL	15.00	16	7,550.				7,550.	7,550.		0.	7,550.
6	LAND IMPROVEMENTS	09/01/97	SL	15.00	16	39,212.				39,212.	38,993.		0.	38,993.
7	LAND IMPROVEMENTS	09/01/97	SL	15.00	16	2,950.				2,950.	2,938.		0.	2,938.
8	BUILDING IMPROVEMENTS	09/16/94	SL	39.00	MM17	134,318.				134,318.	64,708.		3,444.	68,152.
9	BUILDING IMPROVEMENTS	08/02/95	SL	39.00	MM17	13,169.				13,169.	6,048.		338.	6,386.
10	BUILDING IMPROVEMENTS	09/12/95	SL	39.00	MM17	3,187.				3,187.	1,460.		82.	3,542.
11	BUILDING IMPROVEMENTS	09/15/95	SL	39.00	MM17	2,521.				2,521.	1,154.		65.	1,219.
12	BUILDING IMPROVEMENTS	09/29/95	SL	39.00	MM17	13,169.				13,169.	5,999.		338.	6,337.
13	BUILDING IMPROVEMENTS	03/29/96	SL	39.00	MM17	975.				975.	431.		25.	456.
14	BUILDING IMPROVEMENTS	06/30/96	SL	39.00	MM17	6,000.				6,000.	2,630.		154.	2,784.
15	BUILDING IMPROVEMENTS	06/30/97	SL	39.00	MM17	21,185.				21,185.	8,904.		543.	9,447.
16	BUILDING IMPROVEMENTS	06/30/97	SL	39.00	MM17	1,500.				1,500.	627.		38.	665.
41	CARPETING - EDGE HILL BLDG	06/29/06	200DB	7.00	MC17	9,225.				9,225.	9,225.		0.	9,225.
44	NEW ROOF	08/19/05	SL	39.00	MM17	31,350.				31,350.	6,331.		804.	7,135.
81	HUMIDEX MOISTURE CONTROL SYSTEM	03/05/07	SL	39.00	MM17	1,695.				1,695.	271.		43.	314.
83	BASMENT SHELVING	04/05/07	SL	39.00	MM17	536.				536.	87.		14.	101.
85	4 CABINETS OF LOCKERS	04/26/07	SL	39.00	MM17	2,436.				2,436.	386.		62.	448.
86	INSTALL 21 SHELF UNITS	04/27/07	SL	39.00	MM17	2,394.				2,394.	379.		61.	440.

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87	BASEMENT SHELVING	05/02/07	SL	39.00	MDL7		161.				161.	25.		4.	29.
88	INSTALL FRESH AIR VENT	05/14/07	SL	39.00	MDL7		523.				523.	80.		13.	93.
89	INSTALL 14 NEW THERMOSTATS	06/18/07	SL	39.00	MDL7		3,118.				3,118.	483.		80.	563.
148	FLAT ROOF REPLACEMENT	09/03/08	SL	39.00	MDL7		2,500.				2,500.	307.		64.	371.
165	PARKING LOT IMPROVEMENTS	11/23/09	SL	15.00	HYL7		3,100.				3,100.	724.		207.	931.
166	DOUBLE DOOR - GROUP ROOM	04/19/10	SL	39.00	MDL7		1,960.				1,960.	160.		50.	210.
168	WAREHOUSE BASEMENT	06/30/11	200DE	5.00	HYL7		967.				967.	689.		111.	800.
	* 990 PAGE 10 TOTAL OTHER						335,701.				335,701.	190,589.		6,540.	197,129.
	* GRAND TOTAL 990 PAGE 10 DEPR						1,963,288.				1,963,288.	314,482.		51,534.	1,325,648.

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Form **4562**Department of the Treasury  
Internal Revenue Service (99)**Depreciation and Amortization** 990  
(Including Information on Listed Property)

OMB No 1545-0172

**2013**Attachment  
Sequence No 179

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

WIDE HORIZONS FOR CHILDREN, INC.

FORM 990 PAGE 10

04-2564960

**Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,000,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2012 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2014. Add lines 9 and 10, less line 12	13	

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

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)**

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

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

17	MACRS deductions for assets placed in service in tax years beginning before 2013	17	48,947.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

**Section B - Assets Placed in Service During 2013 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		5,437.	5 YRS.	HY	200DB	1,087.
c 7-year property		10,500.	7 YRS.	HY	200DB	1,500.
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

**Section C - Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System**

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

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	51,534.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**Part V Listed Property** (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.**Section A - Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles.)**24a** Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
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**25** Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use**25****26** Property used more than 50% in a qualified business use:

		%						
		%						
		%						

**27** Property used 50% or less in a qualified business use:

		%			S/L -			
		%			S/L -			
		%			S/L -			

**28** Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1**28****29** Add amounts in column (i), line 26. Enter here and on line 7, page 1**29****Section B - Information on Use of Vehicles**

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

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

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

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

<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
<b>39</b> Do you treat all use of vehicles by employees as personal use?		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use?		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
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**42** Amortization of costs that begins during your 2013 tax year:

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**43** Amortization of costs that began before your 2013 tax year**43****44** Total. Add amounts in column (f). See the instructions for where to report**44**

2013 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - WIDE HORIZONS FOR CHILDREN, INC.

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
2	BUILDINGS											
2	BUILDING	091694SL	39.00	17		620,158.			620,158.	304,522.		15,901.
	* 990 PAGE 10 TOTAL											
	BUILDINGS					620,158.			620,158.	304,522.		15,901.
	FURNITURE & FIXTURES											
17	FURNITURE & FIXTURES	063089200DB	5.00	17		130,116.			130,116.			0.
18	FURNITURE & FIXTURES	063090200DB	5.00	17		1,407.			1,407.	1,407.		0.
19	FURNITURE & FIXTURES	063092200DB	5.00	17		12,000.			12,000.	12,000.		0.
20	SIGNS	092995200DB	5.00	17		1,690.			1,690.	1,690.		0.
22	FURNITURE & FIXTURES	010110200DB	5.00	17		18,482.			18,482.	15,288.		2,129.
23	PROJECTOR FOR MRO	042006200DB	7.00	17		1,074.			1,074.	1,074.		0.
24	DATA BASE SYSTEM	063094200DB	5.00	17		7,600.			7,600.	7,600.		0.
25	LAPTOP, PS	102405200DB	3.00	17		978.			978.	978.		0.
26	DEPARTMENT LASER PRINTER, 2ND FLOOR	061206200DB	3.00	17		1,717.			1,717.	1,717.		0.
27	PHOTO PRINTERS	062206200DB	3.00	17		744.			744.	744.		0.
28	FIRE EXTINGUISHERS	063095200DB	7.00	17		102.			102.	102.		0.
29	CLINTS/KEYBOARDS	072605200DB	3.00	17		787.			787.	787.		0.
30	WORKSTATION GRAPHICS	081905200DB	3.00	17		851.			851.	851.		0.
31	LASER PRINTERS	081905200DB	3.00	17		3,410.			3,410.	3,410.		0.

328102  
05-01-13

(D) - Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

2013 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - WIDE HORIZONS FOR CHILDREN, INC.

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
32	HP LASER JET 1022 PRINTER	0819052000	DB3.00	17	17	300.			300.	300.		0.
33	FLAT PANEL MONITORS	0915052000	DB3.00	17	17	1,710.			1,710.	1,710.		0.
34	FURNITURE	0630952000	DB7.00	17	17	850.			850.	850.		0.
35	ELT LAPTOP, EPSON PRINTER	1017052000	DB3.00	17	17	1,409.			1,409.	1,409.		0.
36	NEW PAYROLL WORKSTATION	1221052000	DB3.00	17	17	603.			603.	603.		0.
37	NY OFFICE WORKSTATION	0111906200	DB3.00	17	17	573.			573.	573.		0.
38	(D) NEW ISA SERVER	0322062000	DB3.00	17	17	1,982.			1,982.	1,982.		0.
39	25 REPLACEMENT MONITORS	0623062000	DB3.00	17	17	4,129.			4,129.	4,129.		0.
40	NEW SCANNER AND SOFTWARE	0630062000	DB3.00	17	17	14,574.			14,574.	14,574.		0.
42	2 CHAIRS FOR PS STAFF	0622062000	DB7.00	17	17	328.			328.	328.		0.
43	CABLE	0531962000	DB7.00	17	17	1,342.			1,342.	1,342.		0.
45	COMPUTER	1018062000	DB5.00	17	17	478.			478.	478.		0.
46	LENOVA THINKPAD & EXPANDER	1018062000	DB5.00	17	17	821.			821.	821.		0.
47	MACBOOK	1018062000	DB5.00	17	17	1,448.			1,448.	1,448.		0.
48	DATABASE	0628962000	DB5.00	17	17	10,000.			10,000.	10,000.		0.
49	CABLE	0628962000	DB7.00	17	17	507.			507.	507.		0.
50	ALARM	0721952000	DB7.00	17	17	1,990.			1,990.	1,990.		0.
51	SIGN	0721952000	DB7.00	17	17	1,557.			1,557.	1,557.		0.

328102  
05-01-13

(D) - Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

2013 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - WIDE HORIZONS FOR CHILDREN, INC.

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
52	FENCE	082295200DB	7.00	17		5,015.			5,015.	5,015.		0.
53	SIGN	091395200DB	7.00	17		2,422.			2,422.	2,422.		0.
54	GUARDRAIL	092195200DB	7.00	17		1,900.			1,900.	1,900.		0.
55	CHAIRS	101806200DB	7.00	17		677.			677.	654.		23.
56	LASER JET PRINTER	110706200DB	5.00	17		1,350.			1,350.	1,350.		0.
57	(D)RESOURCE LIBRARY	063097200DB	5.00	17		11,737.			11,737.	11,737.		0.
58	COPIER	063097200DB	5.00	17		9,000.			9,000.	9,000.		0.
59	FURNITURE	063097200DB	5.00	17		1,350.			1,350.	1,350.		0.
60	FURNITURE	123197200DB	7.00	17		4,506.			4,506.	4,506.		0.
61	FAX MACHINE	091498200DB	7.00	17		1,000.			1,000.	1,000.		0.
62	(D)2 SONIC WALL	111406200DB	5.00	17		1,328.			1,328.	1,328.		0.
63	SECURITY APPLIANCES	053199200DB	7.00	17		2,111.			2,111.	2,111.		0.
64	SHREDDER	123100200DB	7.00	17		9,005.			9,005.	9,005.		0.
65	OFFICE EQUIPMENT	090101200DB	7.00	17		79,515.			79,515.	79,515.		0.
66	OFFICE EQUIPMENT	091902200DB	5.00	17		2,461.			2,461.	2,461.		0.
67	LAPTOP	032603200DB	5.00	17		1,600.			1,600.	1,600.		0.
68	I.P. PHONE CARD	061003200DB	5.00	17		1,802.			1,802.	1,802.		0.
69	LCD PROJECTOR	072303200DB	7.00	17		5,100.			5,100.	5,100.		0.

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05-01-13

(D) - Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

2013 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - WIDE HORIZONS FOR CHILDREN, INC.

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction in Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
70	MULTIMEDIA STATION	0813032000DB	5.00	17		1,408.			1,408.	1,408.		0.
71	BACK UP SOFTWARE	0127042000DB	5.00	17		2,252.			2,252.	2,252.		0.
72	PHONE SYSTEM - NY	0326042000DB	7.00	17		3,802.			3,802.	3,802.		0.
73	PHONE SYSTEM - WALTHAM	0407042000DB	7.00	17		16,745.			16,745.	16,745.		0.
74	MULTIFUNCTIONAL COPIER - MA	0415042000DB	7.00	17		14,229.			14,229.	14,229.		0.
75	LAPTOP & PROJECTOR - W MA	0517042000DB	5.00	17		2,998.			2,998.	2,998.		0.
76	LAPTOP & PROJECTOR - NJ	0617042000DB	5.00	17		2,998.			2,998.	2,998.		0.
77	DOC MAN SERVER (D)	0621042000DB	5.00	17		8,274.			8,274.	8,274.		0.
78	OFFICE COPIER - MA	0630042000DB	7.00	17		13,877.			13,877.	13,877.		0.
79	(D)NAS DEVICE	1117062000DB	5.00	17		1,971.			1,971.	1,971.		0.
80	OFFICE PRINTER	1228062000DB	5.00	17		490.			490.	490.		0.
82	CONFERENCE TABLE, 6 CHAIRS (D)	0313072000DB	7.00	17		1,846.			1,846.	1,744.		102.
84	SECURITY WALL APPLIANCE (D)	0418072000DB	5.00	17		714.			714.	714.		0.
90	SECURITY WALL APPLIANCE (D)	0619072000DB	5.00	17		714.			714.	714.		0.
91	LASER JET PRINTER	0619072000DB	5.00	17		500.			500.	500.		0.
92	LAPTOP - ETHIOPIA PROGRAM	0625072000DB	5.00	17		1,959.			1,959.	1,959.		0.
93	DIGITAL CAMERAS	0930062000DB	5.00	17		540.			540.	540.		0.
94	HARD DRIVES	1117062000DB	5.00	17		324.			324.	324.		0.

328102  
05-01-13

(D) - Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction



2013 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - WIDE HORIZONS FOR CHILDREN, INC.

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
95	DESK	1222062000	DB5.00	17		200.			200.	200.		0.
96	CHAIR	0127072000	DB5.00	17		180.			180.	180.		0.
97	CHAIR	0228072000	DB5.00	17		477.			477.	477.		0.
98	PICNIC TABLE	0509072000	DB5.00	17		366.			366.	366.		0.
99	CHAIRS	0630072000	DB5.00	17		430.			430.	430.		0.
100	DELL PC	1231052000	DB5.00	17		1,244.			1,244.	1,244.		0.
102	FURNITURE	1231052000	DB5.00	17		7,427.			7,427.	7,427.		0.
103	2 REFRIGERATORS	1231052000	DB5.00	17		973.			973.	973.		0.
104	FURNITURE	1231052000	DB5.00	17		1,222.			1,222.	1,222.		0.
105	CARPETING	1231052000	DB5.00	17		691.			691.	691.		0.
106	KITCHEN ITEMS	1231052000	DB5.00	17		930.			930.	930.		0.
107	MATTRESSES	1231052000	DB5.00	17		910.			910.	910.		0.
108	STOVE	1231052000	DB5.00	17		678.			678.	678.		0.
109	INTEL PENTIUM 800 MHZ PC	1231062000	DB5.00	17		638.			638.	638.		0.
111	SAMSUNG MOBILE	1231062000	DB5.00	17		376.			376.	376.		0.
112	NOKIA MOBILE	1231062000	DB5.00	17		443.			443.	443.		0.
113	FILE CABINETS	1231062000	DB5.00	17		556.			556.	556.		0.
114	FURNITURE	1231062000	DB5.00	17		1,021.			1,021.	1,021.		0.

2013 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - WIDE HORIZONS FOR CHILDREN, INC.

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
11516	CHILDREN'S BEDS	123106200DB5	00DB5	00	17	867.			867.	867.		0.
116	3 OIL RADIATOR	123106200DB5	00DB5	00	17	535.			535.	535.		0.
117	STORAGE SHED	123106200DB5	00DB5	00	17	1,233.			1,233.	1,233.		0.
118	SONICWALL ROUTER	070507200DB5	00DB5	00	17	1,997.			1,997.	1,997.		0.
119	(D)MEMPHIS SERVER REPLACEMENT	072307200DB5	00DB5	00	17	3,030.			3,030.	3,030.		0.
120	MONITOR	072307200DB5	00DB5	00	17	189.			189.	189.		0.
121	15 THIN CLIENTS	080607200DB5	00DB5	00	17	4,020.			4,020.	4,020.		0.
122	KITCHEN FAUCET	081607200DB5	00DB5	00	17	639.			639.	639.		0.
123	(D)NEW EXCHANGE SERVER	082007200DB5	00DB5	00	17	4,000.			4,000.	4,000.		0.
124	10 THIN CLIENTS	091307200DB5	00DB5	00	17	2,675.			2,675.	2,675.		0.
125	BLINDS FOR MAIN OFFICE	091707200DB5	00DB5	00	17	2,628.			2,628.	2,628.		0.
126	LAPTOP	091907200DB5	00DB5	00	17	1,489.			1,489.	1,489.		0.
127	4 LCD PANELS	091907200DB5	00DB5	00	17	640.			640.	640.		0.
128	CONFERENCE TABLE	092007200DB5	00DB5	00	17	454.			454.	454.		0.
129	SIGNS	101507200DB5	00DB5	00	17	3,304.			3,304.	3,304.		0.
130	LASERJET PRINTER	101807200DB5	00DB5	00	17	850.			850.	850.		0.
131	5 THIN CLIENTS	110707200DB5	00DB5	00	17	1,355.			1,355.	1,355.		0.
132	BACK-UP ROUTER	111407200DB5	00DB5	00	17	848.			848.	848.		0.

2013 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - WIDE HORIZONS FOR CHILDREN, INC.

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
133	THINKPAD	112907200	DB5.00	17	17	950.			950.	950.		0.
134	SCAN DESK PROJECTOR FOR	121007200	DB5.00	17	17	672.			672.	672.		0.
135	OYSTER BAY OFFICE	122807200	DB5.00	17	17	877.			877.	877.		0.
136	SCANNER & SOFTWARE	020508200	DB5.00	17	17	13,285.			13,285.	13,285.		0.
137	2 THIN CLIENTS POLYCOM	031308200	DB5.00	17	17	531.			531.	531.		0.
138	SOUNDSTATION	031908200	DB5.00	17	17	1,198.			1,198.	1,198.		0.
139	MONITORS FURNITURE &	040808200	DB5.00	17	17	917.			917.	917.		0.
140	FIXTURES	123107200	DB5.00	17	17	25,147.			25,147.	25,147.		0.
146	(D) 6 HARD DRIVES	072108200	DB5.00	17	17	1,045.			1,045.	985.		30.
147	5 THIN CLIENTS	072208200	DB5.00	17	17	1,330.			1,330.	1,253.		77.
149	SONIC WALL BACK UP ROUTER	100308200	DB5.00	17	17	908.			908.	856.		52.
150	HP LASER JET PRINTER	102708200	DB5.00	17	17	448.			448.	422.		26.
151	4 FILE CABINETS	042109200	DB5.00	17	17	1,521.			1,521.	1,433.		88.
152	FURNITURE - ETHIOPIA	123108200	DB5.00	17	17	11,608.			11,608.	11,107.		501.
153	COMPUTERS - ETHIOPIA	123108200	DB5.00	17	17	4,258.			4,258.	4,074.		184.
154	EQUIPMENT - ETHIOPIA	123108200	DB5.00	17	17	3,739.			3,739.	3,577.		162.
155	5 DRAW FILES - CT	102109200	DB5.00	17	17	320.			320.	265.		37.
156	MICROWAVE	081709200	DB5.00	17	17	180.			180.	149.		21.

328102  
05-01-13

(D) - Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

2013 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - WIDE HORIZONS FOR CHILDREN, INC.

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction in Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
157	TABLES - GROUP ROOM COMPUTER & PRINTER	042810200DB5.00		5.00	17	1,020.			1,020.	844.		117.
158	- RWANDA REP WIRELESS DEVICE -	022610200DB5.00		5.00	17	465.			465.	385.		53.
159	PITTSFIELD	111109200DB5.00		5.00	17	100.			100.	83.		11.
160	2 FILE ROOM SERVERS	022610200DB5.00		5.00	17	8,650.			8,650.	7,155.		997.
161	THIN CLIENT	051010200DB5.00		5.00	17	308.			308.	255.		35.
162	2 SWITCHES FOR EHR SYSTEM	051010200DB5.00		5.00	17	1,111.			1,111.	919.		128.
163	WINDOWS SERVER 2008	060210200DB5.00		5.00	17	5,797.			5,797.	4,795.		668.
164	VERIZON WMA ROUTER	062910200DB5.00		5.00	17	80.			80.	56.		9.
169	DELL HA PROG	010411200DB5.00		5.00	17	515.			515.	367.		59.
170	COMPUTER	060811200DB5.00		5.00	17	3,120.			3,120.	2,221.		360.
171	FURNITURE ETHIOPIA 10 METAL SHELVES	010111200DB7.00		7.00	17	21,059.			21,059.	11,849.		2,631.
173	ETHIOPIA	110411200DB5.00		5.00	17	2,031.			2,031.	1,056.		390.
174	DELL POWEREDGE R720 SERVER & UPS PACK	010313200DB5.00		5.00	17	7,652.			7,652.	1,530.		2,449.
175	CANON C7077 COPIER	120913200DB7.00		7.00	19C	10,500.			10,500.			1,500.
176	PROGRAM WORKSTATION	100813200DB5.00		5.00	19B	457.			457.			91.
177	DELL LATITUDE 3540 LAPTOP	043014200DB5.00		5.00	19B	734.			734.			147.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES TRANSPORTATION EQUIPMENT					625,127.			625,127.	588,498.		13,077.

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- CURRENT YEAR FEDERAL - WIDE HORIZONS FOR CHILDREN, INC.

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
21	MOTOR VEHICLES	010110200DB	5.00	17		6,370.			6,370.	5,269.		734.
1012	MOTOR CYCLES	123105200DB	5.00	17		3,579.			3,579.	3,579.		0.
110	HATCHBACK	123106200DB	5.00	17		12,703.			12,703.	12,703.		0.
141	TOYOTA DOUBLE PICKUP	070907200DB	5.00	17		29,270.			29,270.	29,270.		0.
142	TOYOTA COASTER BUS	092607200DB	5.00	17		33,166.			33,166.	33,166.		0.
143	TOYOTA SINGLE PICKUP	110807200DB	5.00	17		21,710.			21,710.	21,710.		0.
144	TOYOTA RAV 4	120807200DB	5.00	17		52,040.			52,040.	52,040.		0.
145	TOYOTA COROLLA	063008200DB	5.00	17		21,953.			21,953.	21,953.		0.
167	MOTOR VEHICLES	010111200DB	5.00	17		30,236.			30,236.	21,528.		3,483.
172	PICKUP TRUCKS	090111200DB	5.00	17		57,029.			57,029.	29,655.		10,950.
178	ETHIOPIA - 2 MOTOR BIKES	010114200DB	5.00	19B		4,246.			4,246.			849.
	* 990 PAGE 10 TOTAL TRANSPORTATION EQU					272,302.			272,302.	230,873.		16,016.
	LAND											
	LAND	091694L				110,000.			110,000.			0.
	* 990 PAGE 10 TOTAL LAND					110,000.			110,000.	0.		0.
	OTHER											
3	LAND IMPROVEMENTS	080895SL	15.00	16		15,000.			15,000.	15,000.		0.
4	LAND IMPROVEMENTS	082595SL	15.00	16		15,000.			15,000.	15,000.		0.

2013 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - WIDE HORIZONS FOR CHILDREN, INC.

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction in Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
5	LAND IMPROVEMENTS	100695SL		15.00	16	7,550.			7,550.	7,550.		0.
6	LAND IMPROVEMENTS	090197SL		15.00	16	39,212.			39,212.	38,993.		0.
7	LAND IMPROVEMENTS	090197SL		15.00	16	2,950.			2,950.	2,938.		0.
8	BUILDING	091694SL		39.00	17	134,318.			134,318.	64,708.		3,444.
9	BUILDING	080295SL		39.00	17	13,169.			13,169.	6,048.		338.
10	BUILDING	091295SL		39.00	17	3,187.			3,187.	1,460.		82.
11	BUILDING	091595SL		39.00	17	2,521.			2,521.	1,154.		65.
12	BUILDING	092995SL		39.00	17	13,169.			13,169.	5,999.		338.
13	BUILDING	032996SL		39.00	17	975.			975.	431.		25.
14	BUILDING	063096SL		39.00	17	6,000.			6,000.	2,630.		154.
15	BUILDING	063097SL		39.00	17	21,185.			21,185.	8,904.		543.
16	BUILDING	063097SL		39.00	17	1,500.			1,500.	627.		38.
41	CARPETING - EDGE	062906200DB		7.00	17	9,225.			9,225.	9,225.		0.
44	HILL BLDG	081905SL		39.00	17	31,350.			31,350.	6,331.		804.
81	NEW ROOF	030507SL		39.00	17	1,695.			1,695.	271.		43.
83	HUMIDEX MOISTURE	040507SL		39.00	17	536.			536.	87.		14.
85	CONTROL SYSTEM	042607SL		39.00	17	2,436.			2,436.	386.		62.
86	BASEMENT SHELVING	042707SL		39.00	17	2,394.			2,394.	379.		61.
	4 CABINETS OF											
	LOCKERS											
	INSTALL 21 SHELF											
	UNITS											

2013 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - WIDE HORIZONS FOR CHILDREN, INC.

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
87	BASEMENT SHELVING	050207	SL	39.00	17	161.			161.	25.		4.
88	INSTALL FRESH AIR VENT	051407	SL	39.00	17	523.			523.	80.		13.
89	INSTALL 14 NEW THERMOSTATS	061807	SL	39.00	17	3,118.			3,118.	483.		80.
148	FLAT ROOF REPLACEMENT	090308	SL	39.00	17	2,500.			2,500.	307.		64.
165	PARKING LOT IMPROVEMENTS	112309	SL	15.00	17	3,100.			3,100.	724.		207.
166	DOUBLE DOOR - GROUP ROOM	041910	SL	39.00	17	1,960.			1,960.	160.		50.
168	WAREHOUSE BASEMENT	063011	200DB	5.00	17	967.			967.	689.		111.
	* 990 PAGE 10 TOTAL OTHER					335,701.			335,701.	190,589.		6,540.
	* GRAND TOTAL 990 PAGE 10 DEPR					1963288.			1963288.	1314482.		51,534.

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

OMB No. 1545-1709

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

► **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868)**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

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

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

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

Part I only

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

Type or print	Enter filer's identifying number	
	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
WIDE HORIZONS FOR CHILDREN, INC.	04-2564960	
Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)	
375 TOTTEN POND RD, NO. 400		
City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
WALTHAM, MA 02451		

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

01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

LUCY HULSE, CFO

- The books are in the care of ► 375 TOTTEN POND RD, SUITE 400 - WALTHAM, MA 02451

Telephone No. ► 781-894-5330

Fax No. ►

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2015**, to file the exempt organization return for the organization named above. The extension

is for the organization's return for:

► ☐ calendar year \_\_\_\_\_ or

► ☒ tax year beginning **JUL 1, 2013**, and ending **JUN 30, 2014**

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

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

**Caution.** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.



- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

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

		Enter filer's identifying number, see instructions
Type or print  File by the extended due date for filing your return. See instructions	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
	WIDE HORIZONS FOR CHILDREN, INC.	04-2564960
	Number, street, and room or suite number If a P.O. box, see instructions	Social security number (SSN)
	ORGA, LLP 1410 PROVIDENCE HWY	
	City, town or post office, state, and ZIP code For a foreign address, see instructions	
	NORWOOD, MA 02062	

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

☐ 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

- The books are in care of ▶ LUCY HULSE  
Telephone No. ▶ 781-894-5330 Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until 5/15, 20 15
- 5 For calendar year \_\_\_\_\_, or other tax year beginning 7/01, 20 13, and ending 6/30, 20 14
- 6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension TAXPAYER RESPECTFULLY REQUESTS ADDITIONAL TIME TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN.

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

**Signature and Verification must be completed for Part II only.**

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

Signature Barbara J. Gonzalez, CPA Title ▶ CPA

Date ▶ 2/9/15

BAA

FIF20502L 12/31/13

Form 8868 (Rev 1-2014)