

Form AG990-IL
Revised 3/95

CHARITABLE ORGANIZATION SUPPLEMENT

Attorney General **JIM RYAN** State of Illinois

Charitable Trust and Solicitation Division, 100 West Randolph Street, 12th Floor, Chicago, IL 60601

REPORT FOR THE FISCAL PERIOD BEGINNING: MO DAY YR
 ARE CONTRIBUTIONS TO ORGANIZATION TAX DEDUCTIBLE? Yes No











AND ENDING: MO DAY YR
 FEDERAL ID NUMBER: # 36-3406294

LEGAL NAME	NEW HORIZON FOUNDATION
MAIL ADDRESS	1625 HINMAN AVENUE
CITY, STATE	EVANSTON, I L
ZIP CODE	60201

DATE ORGANIZATION WAS CREATED: MO DAY YR
 A) ASSETS A) 4,182,899.
 B) LIABILITIES B) _____
 C) ENDING FUND BALANCE C) 4,182,899.

		PERCENTAGE	AMOUNT
I. SUMMARY OF REVENUE ITEMS DURING THE YEAR:			
D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERV. REV. (GROSS AMTS.)		%	D)
E) GOVERNMENT GRANTS & MEMBERSHIP DUES		%	E)
F) OTHER REVENUES		100%	F) <u>618,258.</u>
G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E & F)		100%	G) <u>618,258.</u>
II. SUMMARY OF EXPENDITURES DURING THE YEAR:			
H) OPERATING CHARITABLE PROGRAM EXPENSE		3. %	H) <u>16,439.</u>
I) EDUCATION PROGRAM SERVICE EXPENSE		%	I)
J) GRANTS TO OTHER CHARITABLE ORGANIZATIONS		93. %	J) <u>572,234.</u>
K) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD H, I & J)		96. %	K) <u>588,673.</u>
L) MANAGEMENT AND GENERAL EXPENSE		4. %	L) <u>26,120.</u>
N) FUNDRAISING EXPENSE		%	M)
M) TOTAL EXPENDITURES THIS PERIOD (ADD K, L, & M)		100%	N) <u>614,793.</u>
III. SUMMARY OF PAID FUNDRAISER ACTIVITIES DURING THE YEAR:			
(Attach Attorney General Report of Individual Fundraising Campaign)			
O) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISER		100%	O)
P) TOTAL FUNDRAISER FEES AND EXPENSES		%	P)
Q) NET RECEIVED BY THE CHARITY (O MINUS P=Q)		%	Q)
IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:			
R) NAME, TITLE: <u>ETHELYN C. BOND, SECRETARY/TREASURER</u>			R) <u>10,000.</u>
S) NAME, TITLE:			S)
T) NAME, TITLE:			T)
V. CHARITABLE PROGRAM DESCRIPTION:			
CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES (List on back side of instructions):			
U) DESCRIPTION: <u>GRANTS TO OTHER CHARITABLE ORGANIZATIONS</u>		U) #	CODE <u>150</u>
V) DESCRIPTION:		V) #	
W) DESCRIPTION:		W) #	

IF THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:

		YES	NO
1.	WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT? 		X
2.	HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY? 		X
3.	DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS OR DIRECTORS OWNS AN INTEREST OR WAS A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS DIRECTORS, TRUSTEES, OR OFFICERS HAS A MATERIAL FINANCIAL INTEREST OR DID ANY OFFICER OR DIRECTOR RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION? 		X
4.	HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES? 		X
5.	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION? 		X
6.	DID THE ORGANIZATION ALLOCATE THE COST OF ANY MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES? 		X
7.	DID THE ORGANIZATION LEND FROM RESTRICTED FUNDS TO ITS UNRESTRICTED FUNDS FOR PURPOSES OTHER THAN THEIR RESTRICTED PURPOSES? 		X
8.	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION SUSPENDED OR REVOKED? 		X
9.	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? 		X
10.	DO YOU HAVE ANY KNOWLEDGE OF ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS? 		X
11.	LIST THE NAME AND ADDRESS OF THE BANKS, AND THE ACCOUNT #, WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST AMOUNTS: BANK OF AMERICA, 231 SOUTH LASALLE, CHICAGO, IL 60697, ACCT #4000556		
12.	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: ETHELYN BOND 847/570-8202, EVANSTON, IL 60201		

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS SUPPLEMENT AND THE ACCOMPANYING REPORT, INCLUDING ALL THE SCHEDULES AND STATEMENTS AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

SUBSCRIBED AND SWORN
TO BEFORE ME, THIS _____
DAY OF _____, 19 _____

PRESIDENT or TRUSTEE (PRINT NAME) SIGNATURE DATE

TREASURER or TRUSTEE (PRINT NAME) SIGNATURE DATE

NOTARIZATION REQUIRED UNDER TRUST ACT ONLY

(NOTARY PUBLIC)

SIGNATURE OF PREPARER (PRINT NAME) SIGNATURE DATE