

Return of Organization Exempt From Income Tax
Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation), section 527, or section 4947(a)(1) nonexempt charitable trust

2000

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2000 calendar year, or tax year period beginning 10/01/00, and ending 9/30/01

- B Check if applicable: Change of address, Change of name, Initial return, Final return, Amended return

Please use IRS label or print or type See Specific Instructions.

C Name of organization: NEW HORIZONS MINISTRIES, INC.
Number and street (or P O box if mail is not delivered to street address): 1002 SOUTH 350 EAST
City or town state or country and ZIP code: MARION IN 46953

D Employer ID number: 31-1166373
E Telephone number: 765-668-4009
F Check if application pending

G Org type (check only one): 501(c)(3) (3) (insert no) 527 or 4947(a)(1)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990EZ)

J Accounting method: Cash, Accrual, Other (specify)

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

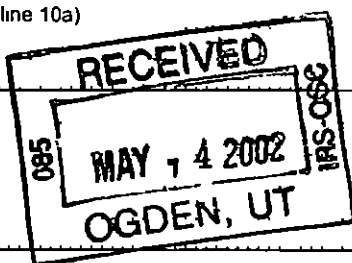
Note H and I are not applicable to section 527 orgs

- H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes" enter number of affiliates
H(c) Are all affiliates included? (If "No" att a list See instr) Yes No
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Enter 4-digit group exemption no (GEN)
L Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16)

Table with 21 rows and 4 columns: Description, (A) Securities, (B) Other, Amount. Includes sub-rows for 1a-c, 6a-b, 8a-c, 9a-b, 10a-b. Total revenue 3,849,301; Total expenses 3,724,204; Net assets at end of year 2,096,081.

JUN 06 '02 SCANNED



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**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions on page 20.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ _____ non-cash \$ _____ )	22			
23 Specific assistance to individuals	23			
24 Benefits paid to or for members	24			
25 Compensation of officers, directors, etc	25			
26 Other salaries and wages	26 2,123,196	1,643,618	437,861	41,717
27 Pension plan contributions	27			
28 Other employee benefits	28 85,789	33,053	49,722	3,014
29 Payroll taxes	29 154,380	129,219	25,161	
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32 62,472	15,142	37,905	9,425
33 Supplies	33 29,563	13,888	15,439	236
34 Telephone	34 63,204	52,795	10,409	
35 Postage and shipping	35 32,131	9,303	19,469	3,359
36 Occupancy	36 259,651	182,664	76,987	
37 Equipment rental and maintenance	37 184,397	131,939	52,458	
38 Printing and publications	38 159	159		
39 Travel	39 194,225	162,461	29,938	1,826
40 Conferences, conventions, and meetings	40			
41 Interest	41			
42 Depreciation, depletion, etc (att. sch.)	42 132,772	108,474	24,298	
43 Other expenses (itemize) a	43a			
b SEE STATEMENT 3	43b 402,265	343,278	55,696	3,291
c	43c			
d	43d			
e	43e			
44 Total functional expenses (add lines 22-43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 3,724,204	2,825,993	835,343	62,868

**Reporting of Joint Costs** Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation?  Yes  No

If "Yes" enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_ (ii) the amount allocated to Program services \$ \_\_\_\_\_ (iii) the amount allocated to Management and general \$ \_\_\_\_\_ and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments (See Specific Instructions on page 23)**

What is the organization's primary exempt purpose?	Program Service Expenses (Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others)
<p>▶ <b>YOUTH REHABILITATION</b></p> <p>All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)</p> <p>a <b>PROGRAM EXPENSES INCLUDED RELATED EXPENSES FOR THE REHABILITATION OF 90 INDIVIDUALS.</b></p> <p>(Grants and allocations \$ _____ )</p>	2,825,993
b	
c	
d	
e Other program services (attach schedule)	(Grants and allocations \$ _____ )
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	2,825,993

**Part IV Balance Sheets (See Specific Instructions on page 23 )**

Note	Where required, attached schedules and amounts within the description column should be for end-of-year amounts only	(A) Beginning of year		(B) End of year
45	Cash-non-interest-bearing	405,840	45	558,467
46	Savings and temporary cash investments	839,965	46	588,527
47a	Accounts receivable	47a 137,957		
b	Less allowance for doubtful accounts	47b 47,479	47c	90,478
48a	Pledges receivable	48a		
b	Less allowance for doubtful accounts	48b	48c	
49	Grants receivable		49	
50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
51a	Other notes and loans receivable (attach schedule)	51a		
b	Less allowance for doubtful accounts	51b	51c	
52	Inventories for sale or use		52	
53	Prepaid expenses and deferred charges		53	
54	Investments-securities <b>SEE STMT 4</b> <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	258,394	54	241,464
55a	Investments-land, buildings, and equipment basis	55a		
b	Less accumulated depreciation (attach schedule)	55b	55c	
56	Investments-other (attach schedule)	<b>SEE STMT 5</b> 80,612	56	80,688
57a	Land, buildings, and equipment basis	57a 1,694,843		
b	Less accumulated depreciation (attach schedule) <b>SEE STMT 6</b>	57b 878,937	57c	815,906
58	Other assets (describe <b>SEE STMT 7</b> )	207,037	58	77,174
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74)	4,487,777	59	2,452,704
60	Accounts payable and accrued expenses	27,145	60	39,827
61	Grants payable		61	
62	Deferred revenue <b>SEE STMT 8</b>	40,557	62	29,107
63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
64a	Tax-exempt bond liabilities (attach schedule)		64a	
b	Mortgages and other notes payable (attach schedule)		64b	
65	Other liabilities (describe <b>SEE STMT 9</b> )	242,574	65	287,689
66	<b>Total liabilities</b> (add lines 60 through 65)	310,276	66	356,623
<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74</b>				
67	Unrestricted	3,942,651	67	1,818,212
68	Temporarily restricted	233,449	68	276,318
69	Permanently restricted	1,401	69	1,551
<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74</b>				
70	Capital stock, trust principal, or current funds		70	
71	Paid-in or capital surplus or land, building, and equipment fund		71	
72	Retained earnings, endowment, accumulated income, or other funds		72	
73	<b>Total net assets or fund balances</b> (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21)	4,177,501	73	2,096,081
74	<b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	4,487,777	74	2,452,704

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes in Part III, the organization's programs and accomplishments.

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See Specific Instructions, page 25)**

<b>N/A</b>	<b>a</b>	Total revenue, gains, and other support per audited financial statements	<b>a</b>
<b>b</b>		Amounts included on line a but not on line 12 Form 990	
(1)		Net unrealized gains on investments \$	
(2)		Donated services and use of facilities \$	
(3)		Recoveries of prior year grants \$	
(4)		Other (specify)	
		\$	
	<b>b</b>	Add amounts on lines (1) through (4)	<b>b</b>
<b>c</b>	<b>c</b>	Line a minus line b	<b>c</b>
<b>d</b>		Amounts included on line 12, Form 990 but not on line a	
(1)		Investment expenses not included on line 6b, Form 990 \$	
(2)		Other (specify)	
		\$	
	<b>d</b>	Add amounts on lines (1) and (2)	<b>d</b>
<b>e</b>	<b>e</b>	Total revenue per line 12, Form 990 (line c plus line d)	<b>e</b>

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

<b>N/A</b>	<b>a</b>	Total expenses and losses per audited financial statements	<b>a</b>
<b>b</b>		Amounts included on line a but not on line 17, Form 990	
(1)		Donated services and use of facilities \$	
(2)		Prior year adjustments reported on line 20, Form 990 \$	
(3)		Losses reported on line 20, Form 990 \$	
(4)		Other (specify)	
		\$	
	<b>b</b>	Add amounts on lines (1) through (4)	<b>b</b>
<b>c</b>	<b>c</b>	Line a minus line b	<b>c</b>
<b>d</b>		Amounts included on line 17, Form 990 but not on line a	
(1)		Investment expenses not included on line 6b, Form 990 \$	
(2)		Other (specify)	
		\$	
	<b>d</b>	Add amounts on lines (1) and (2)	<b>d</b>
<b>e</b>	<b>e</b>	Total expenses per line 17, Form 990 (line c plus line d)	<b>e</b>

**Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see Specific Instructions on page 25)**

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contnb to employee benefit plans & deferred compensation	(E) Expense account and other allowances
ANDREW ACKERMAN 1805 SKYLINE CT. GREENWOOD, IN 46143	PRESIDENT 1	0	0	0
DAVID & CHERYL SHAFF 11056 N 78TH ST SCOTTSDALE, AZ 85250	VICE PRES. 1	0	0	0
JIM STOPPENHAGEN 9800 YODER RD YODER IN 46798	MEMBER 1	0	0	0
JIM & MARY ELLEN MASON PO BOX 134 MEARS, MI 49436	MEMBER 1	0	0	0
TIM BLOSSOM 3344 E MONROE PK. MARION, IN 46953	EXEC. DIR. 40	58,422	0	0
C. PHILLIP REDWINE ESCUELA CARIBE DOMINICAN REPUBLIC	AST EXEC DIR 40	34,170	1,400	0
GEORGIA MAULLER 408 E. WILEY ST. MARION, IN 46952	DIR.OF DEV. 40	26,000	0	0
W. FRED BOOKER 308 EAST SOUTH C ST. GAS CITY, IN	CHIEF OPER. 40	28,964	0	0
JEFF VALERIO 807 HARSAX UPLAND, IN 46989	DIR. CL. SER 40	38,246	0	0
SEE STATEMENT 10				

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?  Yes  No  
If "Yes," attach schedule-see Specific Instructions on page 26

Part VI Other Information (See Specific Instructions on page 26)		N/A	Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity			X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes			X
78a	Did the organization have unrelated business gross inc of \$1,000 or more during the year covered by this return?			X
b	If "Yes," has it filed a tax return on Form 990-T for this year?			X
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement			X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	X		
b	If "Yes," enter the name of the organization <b>NEW HORIZONS YOUTH FOUNDATION, INC</b> and check whether it is <input checked="" type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt.			
81a	Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81	81a		
b	Did the organization file Form 1120-POL for this year?	81b		X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions for reporting in Part III)	82b		12,793
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?		X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	N/A		
84a	Did the organization solicit any contributions or gifts that were not tax deductible?			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A		
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	N/A		
c	Dues, assessments, and similar amounts from members	85c		
d	Section 162(e) lobbying and political expenditures	85d		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	N/A		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A		
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	86a		
b	Gross receipts, included on line 12, for public use of club facilities	86b		
87	501(c)(12) orgs Enter a Gross income from members or shareholders	87a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes" complete Part IX	88		X
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>0</u> , section 4912 <u>0</u> , section 4955 <u>0</u>			
b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes" attach a statement explaining each transaction	89b		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			0
d	Enter Amount of tax on line 89c, above, reimbursed by the organization			0
90a	List the states with which a copy of this return is filed <b>IN</b>			
b	Number of employees employed in the pay period that includes March 12, 2000 (See instructions)	90b		
91	The books are in care of <b>W. FRED BOOKER</b> Located at <b>1002 SOUTH 350 EAST, MARION, IN</b>			
	Telephone no <b>765-668-4009</b> ZIP code <b>46953</b>			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year			

**Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 30)**

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by sec. 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a <b>PROGRAM SERVICE REVENUE</b>					3,365,386
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	72,410	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					-8,843
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a					
b <b>OTHER INCOME</b>					66,540
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		72,410	3,423,083
105 Total (add line 104, columns (B), (D), and (E))					3,495,493

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 31)**

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93A	REVENUE FROM BOYS AND GIRLS PLACED IN YOUTH REHABILITATION PROGRAM INCLUDING ROOM AND BOARD, FOOD, EDUCATION, ETC.
103	ALL INCOME IS USED IN PROGRAM SERVICES AND TO FURTHER ORGANIZATION'S EXEMPT PURPOSE.

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 31)**

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on pg 31)**

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- (b) Did the organization, during the year, pay premiums, directly or indirectly on a personal benefit contract?  Yes  No

Note If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

**Please Sign Here**

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. (Important See General Instruction W, on page 14.)

Signature of officer: W. Fred Booker Date: 110 May 2002 Type or print name and title: W. Fred Booker CFO

**Paid Preparer's Use Only**

Preparer's signature: Kathryn A. Henech, CPA Date: 5/02/02 Check if self-employed:  Preparer's SSN or PTIN: P00172419

Firm's name (or yours if self-employed) and address and ZIP code: OWENS & COMPANY, P.C.  
220 SOUTH BUFFALO STREET  
WARSAW, IN 46580 EIN: 35-1747659 Phone no: 219-269-6332



**Part III** Statements About Activities

	Yes	No
<b>1</b> During the year, has the organization attempted to influence national, state, or local legislation including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities <b>▶</b> _____ Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities	<b>1</b>	<b>X</b>
<b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary		
<b>a</b> Sale exchange, or leasing of property?	<b>2a</b>	<b>X</b>
<b>b</b> Lending of money or other extension of credit?	<b>2b</b>	<b>X</b>
<b>c</b> Furnishing of goods, services, or facilities?	<b>2c</b>	<b>X</b>
<b>d</b> Payment of compensation (or payment or reimbursement of exp if more than \$1 000)?	<b>2d</b>	<b>X</b>
<b>e</b> Transfer of any part of its income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions	<b>2e</b>	<b>X</b>
<b>3</b> Does the organization make grants for scholarships fellowships, student loans, etc ?	<b>3</b>	<b>X</b>
<b>4a</b> Do you have a section 403(b) annuity plan for your employees?	<b>4a</b>	<b>X</b>
<b>b</b> Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments (See pg. 2 of the instr.)	<b>SEE STMT 12</b>	

**Part IV** Reason for Non-Private Foundation Status (See pages 2 through 5 of the instructions)

The organization is not a private foundation because it is (Please check only ONE applicable box.)

- 5  A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6  A school Section 170(b)(1)(A)(ii) (Also complete Part V, page 5)
- 7  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8  A Federal, state or local government or governmental unit Section 170(b)(1)(A)(v)
- 9  A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(ii) Enter the hospital's name, city, and state **▶**
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A.)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(v) (Also complete the **Support Schedule** in Part IV-A.)
- 11b  A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)
- 12  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 charitable, etc., 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) (Also complete the **Support Schedule** in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5) or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14  An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions)



**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12 ) Use cash method of accounting

Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or FY beginning in)	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15 Gifts, grants, & contrib received (Do not incl unusual grants See line 28 )					
16 Membership fees received					
17 Gross receipts from admissions merchandise sold or services performed, or furnishing of facilities in any activity that is not a busn unrelated to the organization's charitable etc purpose					
18 Gross inc from int dividends, amounts received from pymt on securities loans (section 512(a)(5)), rents, royalties, & unrelated busn taxable inc (less sec 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's ben & either paid to it or expended on its behalf					
21 The value of services or facil furnished to the org by a governmental unit without charge Do not incl the value of serv or facilities generally furnished to the public without charge					
22 Other income Attach a schedule Do not include gain or (loss) from sale of cap assets					
23 Total of lines 15 through 22					
24 Line 23 minus line 17					
25 Enter 1% of line 23					

26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24	▶	26a	
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a Enter the sum of all these excess amounts		▶	26b	
c Total support for section 509(a)(1) test Enter line 24, column (e)		▶	26c	
d Add Amounts from column (e) for lines	18 _____ 19 _____ 22 _____ 26b _____	▶	26d	
e Public support (line 26c minus line 26d total)		▶	26e	
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))		▶	26f	%

27 Organizations described on line 12	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each year from, each "disqualified person " Enter the sum of such amounts for each year	N/A		
(1999)	(1998)	(1997)	(1996)	
b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11 as well as individuals ) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year		N/A		
(1999)	(1998)	(1997)	(1996)	
c Add Amounts from column (e) for lines	15 _____ 16 _____ 17 _____ 20 _____ 21 _____	▶	27c	
d Add Line 27a total _____ and line 27b total _____		▶	27d	
e Public support (line 27c total minus line 27d total)		▶	27e	
f Total support for section 509(a)(2) test Enter amount on line 23, column (e)		▶	27f	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))		▶	27g	%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))		▶	27h	%

28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not include these grants in line 15. (See page 5 of the instr )

**Part V Private School Questionnaire** (See page 5 of the instructions)  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws other governing instrument, or in a resolution of its governing body?	X	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	X	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement.) <b>ALL BROCHURES STATE THIS POLICY.</b>	X	
32 Does the organization maintain the following		
a Records indicating the racial composition of the student body faculty, and administrative staff?	X	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	X	
c Copies of all catalogues, brochures, announcements and other written communications to the public dealing with student admissions, programs, and scholarships?	X	
d Copies of all material used by the organization or on its behalf to solicit contributions?	X	
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement.)		
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?		X
b Admissions policies?		X
c Employment of faculty or administrative staff?		X
d Scholarships or other financial assistance?		X
e Educational policies?		X
f Use of facilities?		X
g Athletic programs?		X
h Other extracurricular activities?		X
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement.)		
34a Does the organization receive any financial aid or assistance from a governmental agency?	X	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.		X
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	X	

**SEE STMT 13**

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 7 of the instructions )

(To be completed **ONLY** by an eligible organization that filed Form 5768) **N/A**

- Check here  **a** if the organization belongs to an affiliated group  
 Check here  **b** if you checked "a" above and "limited control" provisions apply

**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred )

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount Enter the amount from the following table-		
	<b>If the amount on line 40 is-</b>		
	Not over \$500,000		
	Over \$500,000 but not over \$1,000,000		
	Over \$1,000,000 but not over \$1,500,000		
	Over \$1,500,000 but not over \$17,000,000		
	Over \$17,000,000		
	<b>The lobbying nontaxable amount is-</b>		
	20% of the amount on line 40		
	\$100,000 plus 15% of the excess over \$500,000		
	\$175,000 plus 10% of the excess over \$1,000,000		
	\$225,000 plus 5% of the excess over \$1,500,000		
	\$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

**Caution** If there is an amount on either line 43 or line 44 you must file Form 4720

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below

See the instructions for lines 45 through 50 on page 9 of the instructions )

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
45	Lobbying nontaxable amount				
46	Lobbying ceiling amount (150% of line 45(e))				
47	Total lobbying expenditures				
48	Grassroots nontaxable amount				
49	Grassroots ceiling amount (150% of line 48(e))				
50	Grassroots lobbying expenditures				

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 9 of the instr )

**N/A**

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
- b Paid staff or management (include compensation in expenses reported on lines c through h )
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (add lines c through h )

Yes	No	Amount

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities



## Federal Statements

### Statement 1 - Form 990, Part I, Line 8c - Sale of Assets Other than Inventory-Securities

Desc			How Rec'd	Whom Sold		
Date Acquired	Date Sold	Sale Prnce	Cost & Expense	Deprec	Gain/ -Loss	
LONG TERM SECURITIES						
PURCHASE						
VARIOUS	VARIOUS	\$ 308,418	\$ 317,261	\$	\$ -8,843	
TOTAL		<u>\$ 308,418</u>	<u>\$ 317,261</u>	<u>\$ 0</u>	<u>\$ -8,843</u>	

### Statement 2 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances

Description	Amount
ASSETS TRANSFERRED TO NEW HORIZONS YOUTH FOUNDATION, INC	\$-2,178,096
ROUNDING	-1
VALUATION ALLOWANCE	-28,420
TOTAL	<u>\$-2,206,517</u>

### Statement 3 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
INDIRECT EXPENSE	\$	\$	\$	\$
CONSUMABLES	182,831	182,831		
SUBSCRIPTIONS	11,414	6,766	4,113	535
EDUCATION PROGRAM	6,356	6,356		
MISCELLANEOUS	121,532	100,681	19,093	1,758
FARM EXPENSE	44,924	31,845	13,038	41
PROMOTION	1,621	1,621		
CONTRIBUTED SERVICES	20,794	385	19,452	957
	12,793	12,793		
TOTAL	<u>\$ 402,265</u>	<u>\$ 343,278</u>	<u>\$ 55,696</u>	<u>\$ 3,291</u>

**Federal Statements**

**Statement 4 - Form 990, Part IV, Line 54 - Investments in Securities**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>	<u>Basis of Valuation</u>
US AND STATE GOVERNMENT MUNICIPAL BONDS	45,767	30,716	MARKET
CORPORATE STOCK	207,579	205,414	MARKET
CORPORATE BONDS	5,048	5,334	MARKET
	<u>258,394</u>	<u>241,464</u>	

**Statement 5 - Form 990, Part IV, Line 56 - Other Investments**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>	<u>Basis of Valuation</u>
MUTUAL FUNDS	\$ 2,409	\$ 2,311	MARKET
MONEY MARKET FUNDS	78,203	78,377	MARKET
TOTAL	<u>\$ 80,612</u>	<u>\$ 80,688</u>	

**Statement 6 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment**

<u>Description</u>	<u>Beginning of Year</u>	<u>Accum Deprec</u>	<u>End of Year</u>	<u>Accum Deprec</u>
LAND	\$ 198,270	\$	\$ 66,777	\$
LAND IMPROVEMENTS	71,428		17,393	
BUILDINGS	2,559,514		527,207	
BUILDING IMPROVEMENTS	439,650		104,458	
EQUIPMENT	405,450		484,848	
FURNITURE & FIXTURES	165,545		170,915	
AUTOS, TRUCKS, BOATS	318,996		323,245	
ACCUMULATED DEPRECIATION		1,574,508		878,937
TOTAL	<u>\$ 4,158,853</u>	<u>\$ 1,574,508</u>	<u>\$ 1,694,843</u>	<u>\$ 878,937</u>

31-1166373

# Federal Statements

FYE 9/30/2001

## Statement 7 - Form 990, Part IV, Line 58 - Other Assets

Description	Beginning of Year	End of Year
CONSTRUCTION IN PROGRESS	\$ 128,051	\$ 1,555
OTHER ASSETS	18,294	17,544
ASSETS HELD FOR OTHERS	60,692	58,075
<b>TOTAL</b>	<b>\$ 207,037</b>	<b>\$ 77,174</b>

## Statement 8 - Form 990, Part IV, Line 62 - Deferred Revenue

Description	Beginning of Year	End of Year
ADVANCED STUDENT PAYMENTS	\$ 40,557	\$ 29,107
<b>TOTAL</b>	<b>\$ 40,557</b>	<b>\$ 29,107</b>

## Statement 9 - Form 990, Part IV, Line 65 - Other Liabilities

Description	Beginning of Year	End of Year
FUNDS HELD FOR OTHERS	\$ 60,692	\$ 58,075
PAYROLL & ACCRUED LIABILITIES	181,882	229,614
<b>TOTAL</b>	<b>\$ 242,574</b>	<b>\$ 287,689</b>

## Statement 10 - Form 990, Part V - List of Officers, Directors, Trustees, and Key Employees

Name	Title	Average Hours	Address	Compensation	Benefits	Expenses
ERIC SAUNDERS		1002 S 350 E	MARION, IN 46953			
	SCHOOL DIR	40		29,374	1,400	0
TONY MINER		3607 S	NEBRASKA MARION, IN 46953			
	HR DIR	40		27,742		
ROSE BLOSSOM		3344 E MONROE PIKE	MARION, IN			
	MEMBER	1				
CYNTHIA BOZARD		11430 WELSFORD CT	FT. WAYNE, IN			
	MEMBER	1				
BRUCE & JEANNIE BURNS		10314 STORMHAVEN WAY	INDIANAPOLIS, IN			
	TREAS, SEC	1				
NANCY S. CAMPBELL		4575 VALLEY PARKWAY SE	SMYRNA, GA			
	MEMBER	1				
DAVID & PAULA GIVIDEN		11550 NEWPORT DR	INDIANAPOLIS, IN			
	MEMBER	1				
MIKE & TRACY HARMAN		1442-8 S FIRST ST.	UPLAND, IN 46989			
	MEMBER	1				

## Federal Statements

### Statement 11 - Form 990, Part VI, Line 82b - Donated Services

<u>Description</u>	<u>Amount</u>
VOLUNTEER SERVICES CONTRIBUTED	\$ 12,793
TOTAL	\$ 12,793

### Statement 12 - Schedule A, Part III, Question 4b - Explanation of Grants/Loans Qualifications

GRANTS OR LOANS ARE DETERMINED BY THE BOARD OF DIRECTORS AND ALL APPLICATIONS ARE REVIEWED FOR THE MOST QUALIFIED APPLICANT.

### Schedule A, Part V, Line 31 - Publication of Nondiscriminatory Policy

ALL BROCHURES STATE THIS POLICY.

### Statement 13 - Schedule A, Part V, Line 34 - Governmental Financial Aid

NEW HORIZONS MINISTRIES RECEIVED \$30,691 FROM THE GOVERNMENT FOR THE SCHOOL LUNCH PROGRAM.



868

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

OMB No 1545-1709

December 2000)  
Department of the Treasury  
Internal Revenue Service

File a separate application for each return

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form)

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

Form 8868

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

Note Form 990-T corporations requesting an automatic 6-month extension-check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax

returns Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065 1066, or 1041

Type or print	Name of Exempt Organization	Employer Identification number
File by the due date for filing your return See instructions	<b>NEW HORIZONS MINISTRIES, INC.</b>	<b>31-1166373</b>
	Number, street, and room or suite no If a P O box, see instructions	
	<b>1002 SOUTH 350 EAST</b>	
	City, town or post office, state, and ZIP code For a foreign address, see instructions	
	<b>MARION IN 46953</b>	

Check type of return to be filed (file a separate application for each return)

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

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 will cover

1 I request an automatic 3-month (6-month for 990-T corporation) extension of time until 5/15/02 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 10/01/00 and ending 9/30/01

2 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions \$ \_\_\_\_\_

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit \$ \_\_\_\_\_

c Balance Due Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ \_\_\_\_\_

### Signature and Verification

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 Kathryn Herzog Title CPA Date 1/08/02

For Paperwork Reduction Act Notice, see Instruction Form 8868 (12-2000)

