

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2010 calendar year, or tax year beginning JUL 1, 2010 and ending JUN 30, 2011

B Check if applicable: Address change Name change Initial return Terminated Amended return Application pending	C Name of organization ARTS HORIZONS, INC.		D Employer identification number 22-2418718	
	Doing Business As		E Telephone number 201-567-1766	
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		
	City or town, state or country, and ZIP + 4	1 GRAND AVENUE 7	G Gross receipts \$ 1,544,482.	H(a) Is this a group return for affiliates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> H(b) Are all affiliates included? Yes <input type="checkbox"/> No <input type="checkbox"/> If "No," attach a list. (see instructions)
F Name and address of principal officer: ELIZABETH HALVERSTAM SAME AS C ABOVE		H(c) Group exemption number ▶		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) 4947(a)(1) or 527				
J Website: ▶ WWW.ARTSHORIZONS.ORG				
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1979 M State of legal domicile: NJ	

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO FOSTER DEVELOPMENT OF THE WHOLE PERSON AND TO IMPROVE EDUCATION BY DELIVERING QUALITY ARTS		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	13
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	20
	6	Total number of volunteers (estimate if necessary)	6	70
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	1,167,661.	843,223.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	575,525.	579,181.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,181.	1,669.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-49,202.	-31,321.
	12		1,695,165.	1,392,752.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	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)	703,696.	650,179.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 179,111.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,047,163.	944,173.
Net Assets or Fund Balances	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,750,859.	1,594,352.
	19	Revenue less expenses. Subtract line 18 from line 12	-55,694.	-201,600.
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	1,135,126.	964,836.
22	Net assets or fund balances. Subtract line 21 from line 20	375,122.	389,223.	
		760,004.	575,613.	

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	Date			
	▶ ELIZABETH HALVERSTAM, EXECUTIVE DIRECTOR Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name RON MATAN	Preparer's signature	Date 03/12/12	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶ SOBEL AND CO., LLC CPA'S	Firm's address ▶ 293 EISENHOWER PARKWAY LIVINGSTON, NJ 07039-1711	Firm's EIN ▶	Phone no. 973-994-9494	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO FOSTER DEVELOPMENT OF THE WHOLE PERSON AND TO IMPROVE EDUCATION BY DELIVERING QUALITY ARTS PROGRAMS AND ACTIVITIES TO SCHOOLS AND COMMUNITIES.

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 X No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No

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

4a (Code:) (Expenses \$ 732,577. including grants of \$) (Revenue \$ 457,887.) ARTS HORIZONS TOUCHES THE LIVES OF OVER 200,000 CHILDREN, TEACHERS AND PARENTS THROUGH 4,053 ARTS EDUCATION ACTIVITIES IN MUSIC, DANCE, VISUAL ART, CREATIVE WRITING, THEATER AND NEW MEDIA, CONDUCTED BY PROFESSIONAL TEACHING ARTISTS AND ARTS THERAPISTS OF THE HIGHEST CALIBER. LIVE PERFORMANCES, ARTIST-IN RESIDENCE, PROFESSIONAL DEVELOPMENT AND AFTER SCHOOL SAFE HAVEN PROGRAMS HAVE TRANSFORMED SCHOOLS INTO VIBRANT LEARNING ENVIRONMENTS. MAJOR PROJECTS INCLUDE PROGRAMMING FOR YOUTH AT-RISK AND SPECIAL EDUCATION, WITH AN EMPHASIS ON STUDENTS WITH AUTISM AND THOSE WHO ARE CHRONICALLY ILL IN HOSPITALS.

4b (Code:) (Expenses \$ 129,863. including grants of \$) (Revenue \$ 28,760.) ARTS HORIZONS ARTIST/TEACHER INSTITUTE (ATI) IS AN INTENSIVE ARTS-IMMERSION PROFESSIONAL DEVELOPMENT PROGRAM FOR TEACHERS AND ARTISTS, COSPONSORED BY THE NEW JERSEY STATE COUNCIL ON THE ARTS. THROUGH A VARIETY OF VISUAL, PERFORMING, AND LITERARY ARTS COURSES TAUGHT BY MASTER ARTISTS, PARTICIPANTS GAIN NEW KNOWLEDGE AND SKILLS, PURSUE THEIR OWN ART AND INTERACT WITH PEERS. THEY RETURN TO THEIR CLASSROOM WITH TOOLS THAT POSITIVELY IMPACT THEIR TEACHING.

4c (Code:) (Expenses \$ 372,347. including grants of \$) (Revenue \$ 92,534.) THE ARTS HORIZONS LEROY NEIMAN ART CENTER PROMOTES THE ARTS AS A UNIVERSAL LANGUAGE. THE CENTER PROVIDES QUALITY VISUAL ARTS PROGRAMS TO YOUTH FROM GRADES K-12, FAMILY ART FOR PRE-SCHOOL CHILDREN AND PARENT/GUARDIANS AND ADULT PROGRAMS, ALL CONDUCTED BY PROFESSIONAL ARTISTS. OFFERINGS INCLUDE PAINTING, DRAWING, PRINTMAKING, CERAMICS, SCULPTURE, DIGITAL PHOTOGRAPHY, VIDEO DOCUMENTATION, WEB AND GRAPHIC DESIGN.

4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 1,234,787.

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 Schedule B, Schedule of Contributors?	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	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <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 where 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; 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 term, permanent, 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, XII, and XIII</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, XII, and XIII 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, and program service activities outside the United States? <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 assistance to any organization or entity located outside the United States? <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 assistance to individuals located outside the United States? <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 hospitals? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

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Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
25b 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
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
28a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c 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
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a 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> Yes <input checked="" type="checkbox"/> No		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	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		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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 to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	1a		13
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b		13
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
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.)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken 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	NJ, NY, CT
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website Another's website <input checked="" type="checkbox"/> Upon request	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization:	THE ORGANIZATION - 201-567-1766 1 GRAND AVENUE, SUITE 7, ENGLEWOOD, NJ 07631

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, 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 (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(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			
CELESTE HOLM CHAIRMAN	1.00	X		X				0.	0.	0.
PETER CULVER VICE CHAIR	1.00	X		X				0.	0.	0.
ROBERT JURGENS TRUSTEE	1.00	X						0.	0.	0.
GIANNI MARTIRE TREASURER	1.00	X		X				0.	0.	0.
JOHN R. DEVOL FOUNDER	1.00	X						44,574.	0.	7,964.
ROZANNE GOLD TRUSTEE	1.00	X						0.	0.	0.
SANDRA JORDAN-BISHOP TRUSTEE	1.00	X						0.	0.	0.
DONNA M. ESTEVES SECRETARY	1.00	X		X				0.	0.	0.
MARILYN OSWEILER TRUSTEE	1.00	X						0.	0.	0.
PATRICIA PALERMO TRUSTEE	1.00	X						0.	0.	0.
JAN PROKOP TRUSTEE	1.00	X						0.	0.	0.
BARBARA ANN SELLINGER TRUSTEE	1.00	X						0.	0.	0.
JOAN STANDISH TRUSTEE	1.00	X						0.	0.	0.
DOUGLAS HODGMAN CFO	35.00			X				53,418.	0.	15,864.
ELIZABETH HALVERSTAM EXECUTIVE DIRECTOR	35.00			X				56,456.	0.	4,927.

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	119,467.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	318,607.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	405,149.				
	g	Noncash contributions included in lines 1a-1f: \$						
	h	Total. Add lines 1a-1f		843,223.				
Program Service Revenue	2 a	SCHOOL PROGRAMS	Business Code 611710	579,181.	579,181.			
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		579,181.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		468.			468.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross Rents	(i) Real	(ii) Personal				
		b	Less: rental expenses					
		c	Rental income or (loss)					
		d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b	Less: cost or other basis and sales expenses					
		c	Gain or (loss)					
		d	Net gain or (loss)			1,201.		1,201.
	8 a	Gross income from fundraising events (not including \$ 119,467. of contributions reported on line 1c). See Part IV, line 18	a		68,115.			
		b	Less: direct expenses	b	99,436.			
		c	Net income or (loss) from fundraising events		-31,321.			-31,321.
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
b		Less: direct expenses	b					
c		Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	a						
	b	Less: cost of goods sold	b					
	c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code					
11 a								
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d						
12	Total revenue. See instructions.			1,392,752.	579,181.	0.	-29,652.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	184,879.	125,339.	33,342.	26,198.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	377,954.	256,234.	68,161.	53,559.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	23,027.	15,611.	4,153.	3,263.
10 Payroll taxes	64,319.	43,605.	11,600.	9,114.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	550,190.	486,750.	26,443.	36,997.
12 Advertising and promotion	7,296.	7,296.		
13 Office expenses	55,634.	42,562.	7,994.	5,078.
14 Information technology				
15 Royalties				
16 Occupancy	152,744.	128,913.	9,119.	14,712.
17 Travel	18,838.	16,025.	388.	2,425.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	10,010.	7,460.	125.	2,425.
20 Interest	1,874.		1,874.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	49,343.	41,864.	3,086.	4,393.
23 Insurance	2,312.		2,312.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a SUPPLIES - ARTISTS	28,588.	28,588.		
b EQUIPMENT RENTAL	16,278.	12,263.	2,409.	1,606.
c EVENT EXPENSE	15,328.	15,328.		
d INDIRECT FUNDRAISING EV	12,480.			12,480.
e DUES AND SUBSCRIPTIONS	9,007.	3,196.	1,434.	4,377.
f All other expenses	14,251.	3,753.	8,014.	2,484.
25 Total functional expenses. Add lines 1 through 24f	1,594,352.	1,234,787.	180,454.	179,111.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	277,219.	1	89,168.
	2 Savings and temporary cash investments	1,414.	2	7,558.
	3 Pledges and grants receivable, net	279,822.	3	335,986.
	4 Accounts receivable, net	73,038.	4	113,253.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	37,412.	9	27,858.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 670,009.		
	b Less: accumulated depreciation	10b 319,153.	381,413.	10c 350,856.
	11 Investments - publicly traded securities	64,345.	11	19,694.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	20,463.	15	20,463.
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,135,126.	16	964,836.	
Liabilities	17 Accounts payable and accrued expenses	182,121.	17	250,444.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	37,450.	21	33,325.
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	155,551.	23	105,454.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	375,122.	26	389,223.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> X and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	284,539.	27	259,984.
	28 Temporarily restricted net assets	470,465.	28	310,629.
	29 Permanently restricted net assets	5,000.	29	5,000.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	760,004.	33	575,613.	
34 Total liabilities and net assets/fund balances	1,135,126.	34	964,836.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,392,752.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,594,352.
3	Revenue less expenses. Subtract line 2 from line 1	3	-201,600.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	760,004.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	17,209.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	575,613.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: Cash <input type="checkbox"/> X 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?		X
b	Were the organization's financial statements audited by an independent accountant?	X	
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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis Consolidated basis Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
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.		

Form **990** (2010)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization **ARTS HORIZONS, INC.** Employer identification number **22-2418718**

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 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 - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box _____
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(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? _____	11g(i)	
(ii) A family member of a person described in (i) above? _____	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? _____	11g(iii)	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in 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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						▶

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		▶
b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		▶
17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		▶
b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		▶
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		▶

Part 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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1863494.	975,209.	1235868.	1167661.	823,756.	6065988.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1287411.	997,322.	823,135.	575,525.	579,181.	4262574.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	3150905.	1972531.	2059003.	1743186.	1402937.	10328562.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	37,175.	88,500.	65,635.	110,209.	145,474.	446,993.
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	337,277.	451,833.	365,246.	597,246.	234,182.	1985784.
c Add lines 7a and 7b	374,452.	540,333.	430,881.	707,455.	379,656.	2432777.
8 Public support (Subtract line 7c from line 6.)						7895785.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	3150905.	1972531.	2059003.	1743186.	1402937.	10328562.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7,900.	16,647.	3,278.	1,181.	468.	29,474.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	7,900.	16,647.	3,278.	1,181.	468.	29,474.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	3,338.		-4,937.			-1,599.
13 Total support (Add lines 9, 10c, 11, and 12.)	3162143.	1989178.	2057344.	1744367.	1403405.	10356437.

14 First five years. 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 **stop here** ▶

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	76.24 %
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	72.96 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	.28 %
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	.29 %

19a 33 1/3% support tests - 2010. 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 ▶ **X**

b 33 1/3% support tests - 2009. 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 ▶

Name of the organization ARTS HORIZONS, INC.	Employer identification number 22-2418718
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Organization type (check one):

- | Filers of: | Section: |
|--------------------|---|
| Form 990 or 990-EZ | <input checked="" type="checkbox"/> 501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization |
| Form 990-PF | 501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation |

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization ARTS HORIZONS, INC.	Employer identification number 22-2418718
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	DONNA ESTEVES 77 YACHT CLUB DRIVE LAKE HOPATCONG, NJ 07849	\$ 15,200.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II if there is a noncash contribution.)
2	CHARLES A. DANA FOUNDATION, THE 900 15TH STREET NW WASHINGTON, DC 20005	\$ 10,500.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II if there is a noncash contribution.)
3	ESSEX COUNTY YOUTH SERVICES COMMISSION 18 RECTOR STREET, 9TH FLOOR NEWARK, NJ 07102	\$ 26,842.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II if there is a noncash contribution.)
4	NATIONAL ENDOWMENT FOR THE ARTS 1100 PENNSYLVANIA AVE., NW, WASHINGTON, DC 20506	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II if there is a noncash contribution.)
5	NEW JERSEY STATE COUNCIL ON THE ARTS P.O. BOX 306 TRENTON, NJ 08625	\$ 240,148.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II if there is a noncash contribution.)
6	NEW YORK STATE COUNCIL ON THE ARTS 175 VARICK STREET, 3RD FLOOR NEW YORK, NY 10014	\$ 37,944.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
ARTS HORIZONS, INC.	22-2418718

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	<u>GERALDINE R. DODGE FOUNDATION</u> <u>14 MAPLE AVE. P.O. BOX 1239</u> <u>MORRISTOWN, NJ 07962</u>	\$ <u>40,000.</u>	Person <input checked="" type="checkbox"/> X Payroll Noncash (Complete Part II if there is a noncash contribution.)
8	<u>LEROY NEIMAN FOUNDATION</u> <u>655 THIRD AVE, SUITE 1400</u> <u>NEW YORK, NY 10017</u>	\$ <u>150,000.</u>	Person <input checked="" type="checkbox"/> X Payroll Noncash (Complete Part II if there is a noncash contribution.)
9	<u>MR. GEORGE REEVES</u> <u>138 CHINCOPEE ROAD</u> <u>LAKE HOPATCONG, NJ 07849</u>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> X Payroll Noncash (Complete Part II if there is a noncash contribution.)
10	<u>SESCO INC.</u> <u>77 YACHT CLUB DRIVE</u> <u>LAKE HOPATCONG, NJ 07849</u>	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> X Payroll Noncash (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization ARTS HORIZONS, INC.	Employer identification number 22-2418718
--	---

Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization ARTS HORIZONS, INC.	Employer identification number 22-2418718
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Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—			
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
—			
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
—			
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
—			
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

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, 11, or 12.**

▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization **ARTS HORIZONS, INC.** Employer identification number **22-2418718**

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?	Yes	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?	Yes	No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

	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?

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)?

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

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

1a If the organization elected, as permitted under SFAS 116 (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 XIV, 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 XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes X No

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

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes X No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	5,000.	5,000.	5,000.		
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	5,000.	5,000.	5,000.		

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment 100.00 %
- c Term endowment _____ %

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		431,990.	123,798.	308,192.
c Leasehold improvements				
d Equipment		194,095.	164,324.	29,771.
e Other		43,924.	31,031.	12,893.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				350,856.

Part VII Investments - Other Securities. 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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	

2. FIN 48 (ASC 740) Footnote. In Part XIV, 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).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1,392,752.
2	Total expenses (Form 990, Part IX, column (A), line 25)	1,594,352.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	-201,600.
4	Net unrealized gains (losses) on investments	890.
5	Donated services and use of facilities	16,319.
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV.)	
9	Total adjustments (net). Add lines 4 through 8	17,209.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	-184,391.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	1,422,388.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains on investments	890.
b	Donated services and use of facilities	41,226.
c	Recoveries of prior year grants	
d	Other (Describe in Part XIV.)	-12,480.
e	Add lines 2a through 2d	29,636.
3	Subtract line 2e from line 1	1,392,752.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	
b	Other (Describe in Part XIV.)	
c	Add lines 4a and 4b	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	1,392,752.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	1,606,779.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	24,907.
b	Prior year adjustments	
c	Other losses	
d	Other (Describe in Part XIV.)	
e	Add lines 2a through 2d	24,907.
3	Subtract line 2e from line 1	1,581,872.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	
b	Other (Describe in Part XIV.)	12,480.
c	Add lines 4a and 4b	12,480.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	1,594,352.

Part XIV Supplemental Information

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

PART X, LINE 2: THE ORGANIZATION IS A NOT-FOR-PROFIT ORGANIZATION THAT

IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL

REVENUE CODE AND, ACCORDINGLY, IS NOT LIABLE FOR FEDERAL AND STATE INCOME

TAXES.

THE ORGANIZATION FOLLOWS ACCOUNTING STANDARDS THAT PROVIDE CLARIFICATION

ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN THE

ORGANIZATION'S FINANCIAL STATEMENTS. THE GUIDANCE PRESCRIBES A RECOGNITION

THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT

Part XIV Supplemental Information (continued)

RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE
 TAKEN IN A TAX RETURN, AND ALSO PROVIDES GUIDANCE ON DE-RECOGNITION,
 CLASSIFICATION, INTEREST AND PENALTIES, DISCLOSURE AND TRANSITION. THE
 ORGANIZATION'S POLICY IS TO RECOGNIZE INTEREST AND PENALTIES ON
 UNRECOGNIZED TAX BENEFITS IN INCOME TAX EXPENSE IN THE STATEMENT OF
 ACTIVITIES AND CHANGES IN NET ASSETS. NO INTEREST AND PENALTIES WERE
 RECORDED DURING FISCAL YEARS 2011 AND 2010. THE TAX YEARS SUBJECT TO AUDIT
 BY FEDERAL AND STATE JURISDICTIONS ARE THE YEARS ENDED JUNE 30, 2008 AND
 FORWARD. AT JUNE 30, 2011 AND 2010, THERE ARE NO SIGNIFICANT INCOME TAX
 UNCERTAINTIES THAT ARE EXPECTED TO HAVE A MATERIAL IMPACT ON THE
 ORGANIZATION'S FINANCIAL STATEMENTS.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

INDIRECT FUNDRAISING EVENT EXPENSES	-12,480.
-------------------------------------	----------

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

INDIRECT FUNDRAISING EVENT EXPENSES	12,480.
-------------------------------------	---------

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	(b) Event #2	(c) Other events	(d) Total events
		GALA		NONE	(add col. (a) through col. (c))
Revenue		(event type)	(event type)	(total number)	
1	Gross receipts	187,582.			187,582.
	2 Less: Charitable contributions	119,467.			119,467.
	3 Gross income (line 1 minus line 2)	68,115.			68,115.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	41,306.			41,306.
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	58,130.			58,130.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(99,436)
11 Net income summary. Combine line 3, column (d), and line 10				-31,321.	

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	Yes _____ % No	Yes _____ % No	Yes _____ % No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			()
	8	Net gaming income summary. Combine line 1, column d, and line 7			

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: _____

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization **ARTS HORIZONS, INC.** Employer identification number **22-2418718**

Part I		Types of Property				
	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts		
1	<input checked="" type="checkbox"/>	3	7,775.	FMV		
2						
3						
4						
5						
6						
7						
8						
9	<input checked="" type="checkbox"/>	3	16,414.	FMV		
10						
11						
12						
13						
14						
15						
16						
17						
18	<input checked="" type="checkbox"/>	2	7,500.	FMV		
19						
20						
21						
22						
23						
24						
25	<input checked="" type="checkbox"/>	9	17,850.	COST		
26	<input checked="" type="checkbox"/>	8	3,161.	COST		
27	<input checked="" type="checkbox"/>	1	2,250.	FMV		
28	<input checked="" type="checkbox"/>	2	1,900.	FMV		
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement				29	
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?				Yes	No
30a						X
b	If "Yes," describe the arrangement in Part II.					
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?					X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?					X
b	If "Yes," describe in Part II.					
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.					

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

Schedule M (Form 990) (2010)

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

PART I, OTHER TYPES OF PROPERTY:

MISC

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTORS = 1

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 790.

(D) METHOD OF DETERMINING REVENUE: FMV/COST

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.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

ARTS HORIZONS, INC.

Employer identification number
22-2418718

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

PROGRAMS AND ACTIVITIES TO SCHOOLS AND COMMUNITIES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

THE ORGANIZATION PROVIDES DONATED MATERIALS, FACILITIES AND SERVICES.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS REVIEWED BY THE CFO PRIOR TO BEING SUBMITTED TO THE FINANCE COMMITTEE FOR REVIEW AND ACCEPTANCE. AN E-MAIL COPY IS PROVIDED TO EACH BOARD MEMBER. ANY ISSUES OR CORRECTIONS ARE RESOLVED AND THE FORM IS UPDATED PRIOR TO BEING SIGNED BY THE EXECUTIVE DIRECTOR AND CFO.

FORM 990, PART VI, SECTION B, LINE 12C: ALL BOARD MEMBERS AND EMPLOYEES ARE REQUIRED TO SIGN A CONFLICT OF INTEREST STATEMENT AND DISCLOSE ANY ACTIVITY THAT MAY BE A POTENTIAL CONFLICT OF INTEREST. THESE RELATIONSHIPS ARE MONITORED BY MANAGEMENT TO INSURE TRANSPARENCY IN OUR ACTIVITIES.

FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION OF THE ORGANIZATION'S CFO, EXECUTIVE DIRECTOR, FOUNDER AND OTHER TOP MANAGEMENT OFFICIALS ARE DETERMINED BY THE BOARD OF DIRECTORS.

THE COMPENSATION OF STAFF IS RECOMMENDED BY SENIOR MANAGEMENT AND APPROVED BY THE BOARD OF DIRECTORS DURING THE ORGANIZATIONAL BUDGET PROCESS.

FORM 990, PART VI, SECTION C, LINE 18: THE ORGANIZATION MAKES ITS FORM 1023 AND FORM 990 AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
032211
01-24-11

Schedule O (Form 990 or 990-EZ) (2010)

Name of the organization ARTS HORIZONS, INC.	Employer identification number 22-2418718
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FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS
 GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS
 AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS:	890.
DONATED SERVICES AND USE OF FACILITIES:	16,319.
TOTAL TO FORM 990, PART XI, LINE 5	17,209.

FORM 990, PART XII, LINE 2C
 NO CHANGE FROM THE PRIOR YEAR

2010 DEPRECIATION AND AMORTIZATION REPORT
FORM 990 PAGE 10

990

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
	BUILDINGS											
31	ONE GRAND AVE CONSTRUCTION IMPROV 2785 FREDERICK	0110107SL	SL	5.00	16	48,071.			48,071.	33,650.		9,614.
32	DOUGLAS BLVD * 990 PAGE 10 TOTAL	080108SL	SL	13.92	16	383,919.			383,919.	52,954.		27,580.
	BUILDINGS FURNITURE & FIXTURES					431,990.		0.	431,990.	86,604.	0.	37,194.
1	FURNITURE AND FIXTURES	VARI	ESSL	5.00	16	11,803.			11,803.	11,803.		0.
2	AMERITAL - 3 PHONES FURNITURE AND FIXTURES	1110105SL	SL	5.00	16	1,625.			1,625.	1,490.		135.
3	* 990 PAGE 10 TOTAL FURNITURE & FIXTUR MACHINERY & EQUIPMENT	120105SL	SL	5.00	16	758.			758.	684.		74.
						14,186.		0.	14,186.	13,977.	0.	209.
4	OPENING BALANCE PRINTING PRESS	VARI	ESSL	7.00	16	47,344.			47,344.	47,344.		0.
5	SMALL PRINTING PRESS	080108SL	SL	5.00	16	1,057.			1,057.	317.		211.
6	MEDIUM	090109SL	SL	5.00	16	1,372.			1,372.	411.		274.
7	TELEPHONE	120197SL	SL	5.00	16	11,625.			11,625.	11,625.		0.
8	TELEPHONE	070198SL	SL	10.00	16	2,499.			2,499.	2,498.		0.
9	TELEPHONE ACCESS SOFTWARE	1110199SL	SL	5.00	16	1,090.			1,090.	1,090.		0.
10	PROJECT	1110104SL	SL	5.00	16	9,875.			9,875.	9,875.		0.
11	BUSINESS GROUP	0610103SL	SL	5.00	16	40,973.			40,973.	40,973.		0.

028102
05-01-10

(D) - Asset disposed

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

2010 DEPRECIATION AND AMORTIZATION REPORT
FORM 990 PAGE 10

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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
12	PRECISION COMPUTERS	060103SL		5.00	16	5,550.			5,550.	5,550.		0.
13	SERVER	090103SL		5.00	16	4,945.			4,945.	4,945.		0.
14	SAGE	070104SL		3.00	16	1,575.			1,575.	1,575.		0.
15	COMPUTER HARDWARE	080104SL		5.00	16	1,827.			1,827.	1,827.		0.
16	GENE HACKERS PHOTO CAMERA	010105SL		5.00	16	508.			508.	508.		0.
17	COMPUTER HARDWARE	040105SL		5.00	16	599.			599.	599.		0.
18	QUICKBOOKS 2005	070105SL		3.00	16	1,406.			1,406.	1,406.		0.
19	COMPUTER HARDWARE	080105SL		5.00	16	6,104.			6,104.	6,003.		101.
20	ACCESS BS	120105SL		3.00	16	2,100.			2,100.	2,100.		0.
21	SERVER	010106SL		5.00	16	9,532.			9,532.	8,578.		954.
22	SAGE SUPPORT SOFTWARE	010106SL		3.00	16	2,365.			2,365.	2,365.		0.
23	COMPUTER MONITORS	040106SL		5.00	16	1,161.			1,161.	987.		174.
24	SOFTWARE	060106SL		3.00	16	140.			140.	140.		0.
25	LAPTOPS	010107SL		5.00	16	3,933.			3,933.	2,754.		787.
26	SERVER AND BACKUP 2009	010107SL		5.00	16	9,143.			9,143.	2,743.		1,829.
27	LNAC 4 COMPUTERS	010109SL		5.00	16	6,070.			6,070.	1,821.		1,214.
28	MCG COMPUTER	110109SL		5.00	16	1,058.			1,058.	141.		212.
29	SERVER UPGRADE 2011	101011SL		5.00	16	3,925.			3,925.			393.

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(D) - Asset disposed

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

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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
30	MICROSOFT SOFTWARE DONATION	06/01/10	SL	5.00	16	16,319.			16,319.			0.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPM					194,095.		0.	194,095.	158,175.	0.	6,149.
	OTHER											
33	WEBSITE	12/01/08	SL	5.00	16	29,738.			29,738.	11,509.		5,336.
	* 990 PAGE 10 TOTAL OTHER					29,738.		0.	29,738.	11,509.	0.	5,336.
	* GRAND TOTAL 990 PAGE 10 DEPR					670,009.		0.	670,009.	270,265.	0.	48,888.