Form 990

OMB No. 1545-0047

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Open to Public

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Α	For	the 2017 calend	r year, or lax ye	ar beginning 7/01	, 2017,	and ending	6/30		. 2018
В	Charl	elderæges h	1 =		<u></u>				ilication number
		Address change	rts Horizo	ns Inc			2	2-2418	710
		lame (hange	Grand Ave	nue #7				takene num	
		initial return	nglewood,				- 3		
							- (3	201) 5	67-1766
	-H	inal return/terminated	4						
	\vdash	Amended return						ss receipts	
	11/	loptication pending	Planne and address	of principal officer: Tammy	Lynn Bormanh		a) Is this a group i		. [] 142 [] HO
			<u>14Middle V</u>	<u>alley Road Lond</u>	Valley, NJ 0	7853 H	Are all subordin If Tio, attach a	ales includes	d? Yes No
1	Tai	-exempt status	(501(c)(3) 5	01(c) () ◄ (inser	1 no.) 4947(a)(1) or	527		nar tass ma	# M
7	We	ebsite: - www	artshorizo	ons.org		H	c) Group exemptio	n nuarber ⇒	
K	Fol	ill of organization	Corneration	rust Association	Other * Lin	ear of formation		VI State of the	egal donteste NJ
Pa	art I	Summary							
	1	Briefly describ	the organization	s mission or most sign	nificant activities To	enhance	The lives	of n	eonle of all
771		ages and	bilities b	y creating equ	itable opporti	inities	to engage	in th	eopie or all
2				A PAREFAST TOTAL		-11-1-1-1-1	-D Tellidede	7,1, 61	ic 6163
===									
Activities & Governance	2	Check this bo.	- I the ora	anization discontinued	ils operations or dispo	sed of more	than 25% of i	le not ac	enis
8	3	Number of vot	g members of th	ne governing body (Par	t VI, line Ta)		(11811 2578 011	. 3	7
=6	4	Number of ind	pendent voting n	nembers of the governi	ng body (Part VI, line	1b)		4	7
.00	5	Total number	individuals emp	loyed in calendar year	2017 (Part V, line 2a)			5	12
3	6	Total number	volunteers (esti	mate if necessary)				6	0
AC		Total unrelate	business revenu	e from Part Vill, colum	n (C), line 12			7a	0.
	b	Net unrelated	us ness taxable i	ncome from Form 990	1, line 34	1994		7b	0.
							Prior Ye	3r	Current Year
ď1	8	Contributions	ed grants (Part V	fill, line th)		0-2 (20)-	- 215	141.	139,161.
Revenue	9	Program servi	revenue (Part V	/III. line 2g)				294.	686,177.
376	10	Investment inc	me (Pari VIII. co	lumn (A), lines 3, 4, ar	nd /d)			972.	1,384.
H	11	Other revenue	Part VIII, column	(A), lines 5, 6d, 8c, 9d	:, 10c, and 11e)			640.	-124,013.
	12	Total revenue	add lines 8 thro	ugh 11 (must equal Pa	rt VIII, column (A), lin	e 12)	1,010		702,709.
	13			I (Part IX, column (A),					102,703.
	14			(Part IX, column (A), II					
	15			mployee benefits (Part			421	003.	200 516
in in	16 a			art IX, column (A), line			421,	003.	290,616.
Su .									
Expenses				IX. column (D), line 25					
"	17			(A), lines 11a-11d, 11			894,	606.	593,380.
	18	Total expense:	Add lines 13-17	(must equal Part IX, co	olumn (A), line 25)	F-000	1,315,		883,996.
	19	Revenue less o	penses Subtrac	t fine 18 from line 12	CONTRACTOR OF THE PARTY OF		-305,		-181,287
lances							Beginning of Curr		End of Year
5 2	20		rt X. line 16)			3-6.63554		662.	345, 222.
4	21	Total habilities	Part X, line 26)					572.	457,588.
Not Asserted their	22			otract line 21 from line					
	rt II	Signature		7. 441 MIG 21 MOM MIG		1-41-42-42	67,	090.	-112,366
COIND	icle U	eclaration of prepare	other than officer of t	d this return, including accompa pastid on all information of which	anying sonebules and stateme its preparer has brily knowledg	ents, and to the t	sest of my knowled	je and Leke	It is true, correct, and
			100-(-V)	X1					
Sig		21017	Jilicei)\/			Date		
Her	T.Ch	N 8114	David						
1101			on David				Executive	Direc	tor
		Partition and		Diagram and an artists					
				Piepaier's agnature		517	Cherr	[] ii [,	IN
Pai	d	M:chael	M. Husband		. Husbands	2/17/19	self emple	,ea F	01914477
Pre	pare	4	* TFCG 360						
USE	On	ly Feet Factories	45 CARLT	ON CLUB DRIVE			Films Ell	81-	4367353
			PISCATAW.	AY, NJ 08854 -3	3113		Plus e no	(732)	
May	the L	RS discuss tras	etura with the pr	eparer shown above? (see instructions)		0.0000000000000000000000000000000000000	CHARLES	X Yes No
							AND THE PARTY OF T		2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

	m 990 (2017) Arts Horizons, Inc.	22-2418718	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	1211110000000	10 to 100
- 1	Briefly describe the organization's mission:		
	To enhance the lives of people of all ages and abilities by creater	ating equitable	
	opportunities to engage in the arts.		
			75
2	Did the organization undertake any significant program services during the year which were not listed on the p	rior	
	Form 990 or 990 EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.	3880 1338 🖵	111
3	Did the organization cease conducting, or make significant changes in how it conducts, any program s	services? . Tyes	X No
	If 'Yes,' describe these changes on Schedule O.	- W - U	110
4	Describe the organization's program service accomplishments for each of its three largest program ser	rvices, as measured by e	xpenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation and revenue, if any, for each program service reported.	ons to others, the total ex	penses.
	, in a second and the reported		
4:	a (Code:) (Expenses \$ 560, 242, including grants of \$) ((Davis - C	
	Arts Horizons Touches the lives of even 150 000 Children	(Revenue \$)
	Arts Horizons Touches the lives of over 150,000 Children, Teacher	ers and parents	
	through 3,831 arts education activities in music, dance, visual	arts, creative	
	writing, theatre and new media. Conducted by professionals.		
	Droggest L. Consent Beauty		
	Program !: General Programs		
	Teaching actions is small and the same and t		
	Teaching artists-in residence, professional development and after	er school safe ha	aven
	programs have transformed schools into vibrant learning environm	ments. Major pro	ojects
	include programming for youth at-risk and special education, wit	h an emphasis or	П
	students with autism and those who are chronically ill in the ho	spitals.	
4 b	b (Code.) (Expenses S including grants of \$) (Revenue \$)
	Program 2: Arts Horizons artist/teacher institute (ATI)		
	Arts Horizons Artist/Teacher institute (ATI) is an intensive art	s-immersion	
	professional development program for teachers and artists, co-sp	consored by the I	Vew
	Jersey State council on the Arts.	200000000000000000000000000000000000000	
	Through a variety of visual, performing, and literary arts cours	es taught hy may	tor
	artists, participants gain new knowledge and skills, Pursue thei	r own art and	rer -
	interact with peers. They return to the classroom with tools th	at positively is	
	their teaching.	HE TAGSTET AETA TIL	pact
40	Code:) (Expenses \$ including grants of \$) (F	Pavanus C	
	Program 3: Arts Horizons LeRoy Neiman Art Center	Revenue \$)
	reading 3. Utes matrixons ready Mediman wit reares		
	The center promotes the art as a polyensel larger my		
	The center promotes the art as a universal language. The center	_provides_qualit	Y
	visual arts programs to parents/guardians and adult. All conduc	<u>ted by professi</u>	onal
	artists. Offerings include painting , drawing, printmaking, cera	mics, sculpture,	
	digitalization, video documentation, web and graphic design.		
	~		
	Other program services (Describe in Schedule 0.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4 e	Total program service expenses ► 560, 242		

Form 990 (2017) Arts Horizons, Inc. Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	х	
2	Is the organization required to complete Schedule B. Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3	1	х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II.	4		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? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic fand areas, or historic structures? If 'Yes,' complete Schedule D. Part It	7		Х
8	Oid the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D. Part III.	8	Х	131
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9	Х	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D. Parts VI, VIII, IX, or X as applicable.			
4	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes.' complete Schedule D. Part VI	11 a	Х	
1	Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 Ь		Х
(Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D. Part VIII.	11 c		X
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D. Part IX.	11 d		X,
	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D. Part X	211	х	
12 a	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D. Parts XI and XII	12a	Х	
	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D. Parts XI and XII is optional	12 b	Х	
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_X
t	business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV.	14Ь		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV.	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV.	16	-	Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundralsing services on Part IX, column (A), lines 5 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If Yes, complete Schedule G, Part II.	18		X
19	Did the organization report inore than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes.' complete Schedule G. Part III	19		Х
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Part IV | Checklist of Required Schedules (continued)

			Yes	No
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		X
1	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20ь		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21	_	х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes" complete Schedule I. Parts I and III.	22		Х
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? If Yes, complete Schedule J	23		Х
	a 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? If Yes, answer lines 24b through 24d and complete Schedule K. If No. 'go to line 25a	24a		X
1	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
	b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L. Part I	25b		Х
26	Did the diganization report any amount on Part X. I no 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes, complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, frustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If Yes' complete Schedule L. Part III	27		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):			
ē	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
t	A family member of a current or former officer, director, trustee, or key employee? If "Yes" complete Schedule L. Part IV.	28b		Х
	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? If 'Yes,' complete Schedule L, Part IV.	28c		Х
	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M.	30		X
	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N Part I	31		X
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N. Part II	32		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? If 'Yes.' complete Schedule R, Part I	33		X
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R. Part II. III. or IV and Part V, line 1	34	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes.' complete Schedule R, Part V, line 2	36	х	
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? If 'Yes,' complete Schedule R, Part VI	37	9	Х
38		38		x
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Part V Statements Regarding Other IRS Filings and Tax Compliance	18	- 1	age
Check if Schedule O contains a response or note to any line in this Part V.			Г
		Yes	No
)		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X	5
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State- ments, filed for the calendar year ending with or within the year covered by this return 2a 12	,		
bill at least one is reported on line 2a, did the organization life all required federal employment tax returns?	25	Х	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?			X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule Q	3 b		
4 a 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)?	4 a		Х
bili 'Yes,' enter the name of the foreign country: •			
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		X
bil 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7 Organizations that may receive deductible contributions under section 170(c).			9000
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a	Х	
bilf 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b	X	
c Did the organization self, exchange, or otherwise dispose of langible personal property for which it was required to tile	7.0		
Form 82827	_7 c		X
d If 'Yes,' indicate the number of Forms 8282 filed during the year			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71		X
g It the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h 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. Did a donor advised fund maintained by the sponsoring	7 h		
organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a D d the sponsoring organization make any taxable distributions under section 4966?	9 a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12			
b Gross receipts, included on Form 930, Part VIII, line 12, for public use of club facilities 10 b 11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders			
against amounts due or received from them.)			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in fieu of Form 1041?	12 a		
bill 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a is the organization licensed to issue qualified health plans in more than one state?	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c Enter the amount of reserves on hand			
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
bilf 'Yes,' has it fifed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b		
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	m 990 (2017) Arts Horizons, Inc. 22-241871		1	Page (
Pa	art VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b to a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or chastic constructions.	elow. nges	and in	for
	Check if Schedule O contains a response or note to any line in this Part VI	Sr. 10	1688	ΙX
Se	ction A. Governing Body and Management			
			Yes	No
1	a Enter the number of voting members of the governing body at the end of the lax year If there are material differences in voting rights among members of the governing body, or if the governing body detegated broad authority to an executive committee or similar committee, explain in Schedule O.	7		
	b Enter the number of voting members included in line 1a, above, who are independent 1b	7		
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents			1.
	since the piror Form 990 was filed?	4		Х
5	and a significant become aware during the year of a significant diversion of the organization's assets?	5		X
7	Did the organization have members or stockholders? a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	-		X
	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			Х
8	Did the organization contemporareously document the meetings held or written actions undertaken during the year by the following:	H		
	a The governing body?	8 a	Х	
	b Each committee with authority to act on behalf of the governing body?	86	X	
	Is there any officer director trustee or key employee listed in Part VII. Section A, who cannot be reached at the organization's mailing address? If Yes provide the names and addresses in Schedule O	9		Х
Se	tion B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ie Co	ode.)
10	P. Durk the assessment on the second		Yes	No
10	a Did the organization have local chapters, branches, or affiliates? b if "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their	10a		Х
11	operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	105		
	b Describe in Schedule O the process, if any used by the organization to review this Form 990. See Schedule O	11 a		X
12	a Did the organization have a written conflict of interest policy? If 'No.' go to line 13	12a	x	
1	to Conflicts?	12b		
	c Die the organization regularly and consistently mon tor and enforce compliance with the policy? If 'Yes' describe in Schedule O how this was done. See Schedule O	12 c		
13	Did the organization have a written whistlehlower policy?	13	X	
14	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent	14	Х	
i	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CCO, Executive Director, or top management official	15a	х	
-	Other officers or key employees of the organization. See Schedule .0 If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions)	15b	Х	
16;	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		Х
	If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16 b		
	tion C. Disclosure			
	List the states with which a copy of this Form 990 is required to be filled None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s for public inspection. Indicate how you made these available. Check all that apply.	only)	availa	ble
10	[X] Obot tedaest [Ottel (explain in Schedule O)			
	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available public during the tax year. See Schedule O State the page additions and telephone and telephone seems and telephone seems available to the page additions.	ble to		
2,4	State the name, address, and telephone number of the person who possesses the organization's books and records. Allison Davis 1 Grand Avenue Englewood NJ 07361 (201) 567-1776			
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Form 990	(2017)	Arts	Horizons	, Inc.

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

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

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

- 1 a 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.

[X] Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

		(C)								
tianse also Title		ina	n one s bat	n an e	do not theck more observates person an olikeur and a ctorfirustee)			(D) Reportable compensation from	(E) Reportable compensation from	Estimated amount of other
	per week (list any treats for related organica teors tectow or item)	12.5	Institutional Investor	Officer	Key emplayee	marest compensated		the expanization (W 2/1099 MISC)	related organizations (VV-2-1099 MISC)	compensation from the organization and relation organizations
(1) Tammy Lynn Borman Chairman	1	x						0.		
(2) Uma Madapur Vice Chariman	1 0	X						0.	0. - 0.	0.
(3) Jasleen Ahluwalia Secretary	<u>1</u> -	Х						0.	0.	0.
(4) John Devel Founder	$-\frac{1}{0}$	X						0.	0.	0.
(5) Barbara Sellinger Immediale Past	1	Х						0.	0.	0.
(6) Robert P. Slevin Director	0	X						0.	0.	0.
7) David S. Gold Director	0	X	200	22.2	_			0.	0.	0.
(8) Allison Davis Executive Director	40 -				Х			79,997.	0.	0.
(9)										
(10)										
(11)										
(12)										
(13)				_						
(14)				\dashv			1			

Total number of independent contractors (including but not limited to those listed above) who received more than

For	m 990 (2017) Arts Horizons, Inc.			22-2418718	Page !
Pa	rt VIII Statement of Revenue				-
	Check if Schedule O contains a response or note to ai	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tal under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	139,161.			
Program Service Revenue	2a School Assemblies/Worksho 611710 b c d	686,177.	686,177.		
Program	g Total. Add lines 2a-2(686,177.			
	other similar amounts). 4 Income from investment of tax-exempt bond proceeds • 5 Royalties. (i) Real (ii) Personal 6 a Gross rents. 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 b Less: cost or other basis and sales expenses.	1,384.	1,384.		
Other Revenue	c Gain or (loss). d Net gain or (loss). 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18				
	b Less, direct expenses	115.			115.
	b Less on D:soosal of Lease 900099 c d All other revenue	-124,128.			-124, 128.
	e Total. Add lines 11a-11d	-124,013.	607 55		
	Twee Contract GCC III GD GCC UII S	702,709.	687,561.	0.1	-124,013.

Form 990 (2017) Arts Horizons, Inc. 22 Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) arganizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a reported on lines 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic	Total expenses	(8) Program service	(C)	(D)
2	Grants and other assistance to domestic		expenses	Management and general expenses	Fundraising expenses
2	organizations and domestic governments. See Part IV, line 21		67961363	денета ехрепаез	сирензез
	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors				
_	trustees, and key employees	79,997.	62,006.	7,120.	10,871
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0
7	Other salaries and wages	165,557.	94,119.	35,346.	36,092
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)			33,340.1	30,032
9	Other employee benefits	23,470.	13,343.	5,011.	5,116
10	Payroll taxes	21,592.	19,358.	1,049.	1,185
11	Fees for services (non-employees)			2,0.2.	1,105
2	Management				
	Legal				
` (: Accounting				
	Lobbying				
0	Professional fundraising services, See Part IV, line 17				
	Investment management fees				
g	Other, (If him 11g amount exceeds 10% of thie 25, column	225 021	307.056	0.2. 0.4.	
12	(A) amount, list line 11g expenses on Schellule O.S.C.h. O. Advertising and promotion.	335, 921.	187,856	81,344.	66,721
13	Office expenses	638.	638.		
14	Information technology		<u> </u>		
15	Royalties				
16	Occupancy	55 551	27 026	1.000	
17	Travel	66,551.	37,836.	14,208.	14,507.
18	Payments of travel or entertainment	3,010.	1,711.	643.	656
	expenses for any federal, state, or local public officials.				
	Conferences, conventions, and meetings	507.	507.		
20	Interest	15,293.	8,694.	3,265.	3,334.
	iPayments to affiliates				
22	Depreciation, depletion, and amortization	15,378.	8,743.	3,283.	3,352.
23 24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	11,914.	5,957.	5,957.	
а	Grant_Expenses	34,590.	34,590.		
b	Bad Debt Expense	33,790.	19,210.	7,214.	7 200
c	Artist Supplies	24,213.	24,213.	7,414.	7,366.
d	Artist Travel Expense	22,201.	22, 201		
	All other expenses	29, 374.	19,260	6,420.	3,694.
	Total functional expenses Adulines through 24e	883,996.	560,242	170,860.	152, 894.
26	Joint costs. Complete this line only if the organization recorted in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here. It following SOP 98-2 (ASC 958-720)				202,001

		(A) Beginning of year		(B) End of year
1	Cash — non-interest-bearing	7,174.	1	30,135
2	Savings and temporary cash investments	20,986.	2	3, 990
3	Pledges and grants receivable, net.	70,645.	3	26,843
4	Accounts receivable, net	173,822.	4	224,667
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	172,0001	5	227,001
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	2,337.	9	2,181
10	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	4, 401.		2,101
	Less: accumulated depreciation	144.391.	10 c	35, 464
	investments – publicly traded securities	20,820.	11	21, 942
12	Investments — other securities. See Part IV, line 11	20,020.	12	21, 342
13	Investments – program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets, See Part IV, line 11	23,487.	15	
16	Total assets. Add lines 1 through 15 (must equal line 34).	463,662.	16	345,222
17	Accounts payable and accrued expenses	184, 463.	17	265, 948
18	Grants payable	1017100.	18	200,040
19	Deferred revenue	1,360.	19	1,180
20	Tax-exempt bond habilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D	20,463.	21	
21 22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.		22	
23	Secured mortgages and notes payable to unrelated third parties	190,286.	23	190,459
24	Unsecured notes and loans payable to unrelated third parties	130,200.	24	130,433
25	Other frabilities (including federal income tax, payables to related third parties and other trabilities not included on lines 17-24). Complete Part X of Schedule D		25	1.
26	Total liabilities. Add lines 17 through 25	396,572.	26	457,588.
27	Organizations that follow SFAS 117 (ASC 958), check here > X and complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	-264,453.	27	-396,072.
28	Temporarily restricted net assets	326,543.	28	278,706.
29	Permanently restricted net assets	5,000.	29	5,000.
	Organizations that do not follow SFAS 117 (ASC 958), check here > 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 het assets or fund balances	67,090.	33	-112,366.
1	Total liabilities and net assets/fund balances.	463,662.	34	345, 222.

	m 990 (2017) Arts Horizons, Inc. 22-	2418718	}	Р	age 12
Pa	irt XI Reconciliation of Net Assets				-
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			709.
2	Total expenses (must equal Part IX, column (A), line 25)	2			996.
3	Revenue less expenses. Subtract line 2 from line 1	3			287.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			090.
5		5		0,,	050.
6	Donated services and use of facilities	6			
7		7			
8	Prior period adjustments	8		1 1	831.
9	Other changes in net assets or fund balances (explain in Schedule O)	9		1,	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (most agual Part Y. line 33				Ų.,
	column (B))	10	-1	12.	366.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response of note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked. Other, explain in Schedule O.				
2	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewe separate basis, consolidated basis, or both: Separate basis	d on a			
1	b Were the organization's financial statements audited by an independent accountant?		2 b	х	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separal basis, consolidated basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis	le			
	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?		2 c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. See Schedule O.				
3)	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 OMS Circular A-1337		3 a		Х
t	biti Yes, idid the organization undergo the required budit or audits? If the organization did not undergo the required audit	L			
100	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	10. 10. 10.0	3 b		!
BAA			Form	990 (2017)

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Hame of	The organization					Employer identific	atlon number	
Arts	Horizons, Inc.					22-241871		
Part	Reason for Public Ch	arity Status (All o	organizations must	compl	ete this	part.) See instruc	tions.	
The or	ganization is not a private foun							
1	A church, convention of churci	hes, or association of	churches described in sec	tion 170	КБКТКА)	.		
2								
3								
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 lederal, state, or local gov							
1	An organization that normally in section 170(b)(1)(A)(vi).	receives a substantial (Complete Part II.)	part of its support from a	governn	nental un	it or from the general pu	blic described	
8	A community trust described							
9 [An agricultural research organi or university or a non-land-gra university:	rzation described in se nt college of agricultur	e (see instructions). Ente	rated in I the nai	conjuncti ne, city,	on with a land-grant college and state of the college	ege or	
10 [An organization that normally in from activities related to its investment income and unreduced June 30, 1975. See section	exempt functions—su lated business taxab	ibject to certain exception le income (less section	วิทร. ลิกซ	(2) 00	more than 33.U3% of a	Is support from orose	
11	An organization organized at			ety. Sec	section	509(a)(4).		
12 [An organization organized at or more publicly supported o lines 12a through 12d that de	roanizations describi	ed in section 509(aV1) i	or sectio	ın 509/a	V2). See section 509/a	ut the purposes of one (X3). Check the box in	
a Į	Type I, A supporting organization organization(s) the power to recomplete Part IV, Sections A	on operated, supervise quiarly appoint or elec-	ed, or controlled by its sur	oported (ncanizat	ion(s), typically by giving	the supported on. You must	
b	Type II. A supporting organizemanagement of the supporting must complete Part IV, Section	organization vested in	controlled in connection i the same persons that c	with its ontrol or	support manage	ed organization(s), by the supported organizati	having control or ion(s). You	
с [Type III functionally integrated, organization(s) (see instruction)	. A supporting organiza	tion operated in connection	រា with, a	nd function	onally integrated with, its	supported	
d [Type III non-functionally integrated. The constructionally integrated. The constructions). You must comp	rated. A supporting on	nanization operated in cor	nneclian	with its	supported organization(s) Land an attentiveness	that is not requirement (see	
e [instructions). You must comp Check this box if the organize							
6 6	integrated, or Type III non-fu inter the number of supported (nctionally integrated	supporting organization	1	11101 11 13	a type t. type it. Type	e wir tunctionally	
	rovide the following information			0011000	. 49140	************	7.21	
	Name of supported signification			1 .				
(7)	orania or asippresiate single real of	(a) € 151	(iii) Type of organ nation (described on lines (-10 above (see instructions))	organiza organiza	s the ion listed localising neat?	(v) Affected of monetary support (see instituctions)	(vi) Aniount of other suggest (see Justice)	
				Yes	No		==101	
(A)								
(B)								
(C)								
(D)						40 112 113		
(E)								
[ntal								

Га	(Complete only if you checked organization fails to qualify	i the box on line 5:	7. or 8 of Part Los	I the organization	tailed to miable in	nd 170(b)(1)(A)(nder Part III. If the	(vi)
Sec	tion A. Public Support	midel the tests in	sted below, pleas	e complete mart i	11.)		
Cale	endar year (or fiscal year	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Grits, grants, contributions, and membership fees received. (Do not include any unusual grants.)				<u> </u>		
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 I that exceeds 2% of the amount shown on line 11, column (I)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support				!		
Cale begi	ndar year (or fiscal year nning in) >	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 encome 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 VI.).						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	ities, etc. (see in:	structions)			12	
13	First five years. If the Form 990 is organization, check this box and	for the organization stop here .	n's first, second, th	ird, fourth, or fifth t	lax year as a sectio	on 501(c)(3)	
Sec	tion C. Computation of Pul					1,500 00 00 00 00	
14	Public support percentage for 20	17 (line 6, column	n (f) divided by fir	ne 11, calumn (I))	144420000.000.0		9/6
15	Public support percentage from 2	2016 Schedule A.	Part II, line 14.,			15	%
16a	33-1/3% support test—2017. If the and stop here, The organization	re organization di qualifies as a pub	d not check the b	ox on line 13, and rganization	d line 14 is 33-1/3	% or more, check	this box
b	33-1/3% support test—2016. If the and stop here. The organization	e organization did	i not check a box	on line 13 or 16a	and line 15 is 3	3-1/3% or more, ch	ack this box
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the flacts	meets the "lacts-a	\nd-circumstance:	s tost chack this	hov and elon her	 Evolucio Dad \(\) 	// Service
Ь	10%-facts-and-circumstances te or more, and if the organization is organization meets the facts-and	mools the lactera	indicumstanca:	c'iloct chock thic	hav and class has	 Euroldin in Double 	At Indiana state

18 Private foundation. It 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 10 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.)

Se	ction A. Public Support						
Cate	ndar year (or fiscal year beginning in) >	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts grants contributions, and membership fees received. (Do not include						
2	any 'unusual grants.). Gross recepts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's	788,294.	701,971.	508,535.	215,141.	139,161.	2,353,102.
3	lax-exempt purpose	862, 921.	697,148.	870,793.	792,294.	686,177.	
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	Total, Add lines 1 through 5 Amounts included on lines 1, 2 and 3 received from disqualified persons	1,651,215.	1,399,119.	1,379,328.	1,007,435.	825,338.	6, 262, 435.
Ŀ	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.	5,750.	15,290.	0.	0.	0.	21,040.
-	Add lines 7a and 7b	5,750.	15,290.	0.	0.	0.	0.
8	Public support. (Subtract line 7c from line 5.)	3,730.	13,230.	0.	0.	0.	21,040.
Sec	tion B. Total Support						6,241,395.
_	dar year (or fiscal year beginning in) >	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(D.Tatal
	Amounts from line 6			1,379,328.	1,007,435.	825, 338.	(f) Total
	Gross income from interest, thirdends, payments received on securities leans, routs, royalties, and income from similar sources.	734.	815.	562.	1,972.	1,384.	6, 262, 435.
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975			302.		1,364.	5, 467.
_	Add lines 10a and 10b	734.	815.	562.	1,972.	1,384.	5,467.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0.
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). See Part VI.	1,000.	1,493.	= 1,244.	640.	-123,334.	-118,957.
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 organization, check this box and	1,652,949.	lion's first secon	d third fourth or	fifth tax year as a	703, 388. section 501(c)(3	6,148,945.
Sec	tion C. Computation of Put	olic Support Pr	ercentage		*************		
	Public support percentage for 20			e 13, column (f)).		15	100.00 %
16	Public support percentage from 2	2016 Schedule A, i	Part III, line 15			16	0.00 %
Sec	tion D. Computation of Inv	estment Incom	ie Percentage				0.00
17	Investment income percentage for	or 2017 (line 10c, r	column (I) divided	by line 13, colur	nn (i))	2 17	0.09 %
	investment income percentage fr						0.00 %
	33-1/3% support tests—2017. If the not more than 33-1/3%, check	this box and slop	here. The organi	zation qualifies a:	s a publicly suppor	ited organization.	t line 17 ► X
	33-1/3% support tests—2016. If the 18 is not more than 33-1/3%	he organization did , check this box ar	d not check a box nd stop here. The	on line 14 or line organization qua	19a, and line 16	is more than 33-1	1/3%, and
	Private foundation. If the organiz	ation did not chec	k a box on line 1-	4, 19a, or 19b, ch	eck this box and :	see instructions	▶ 📋
ΔΔΕ			166 40 - 0.71	09/10/17	C-L		A DAG CTD 0015

Part IV | Supporting Organizations (Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Se	tion A. All Supporting Organizations	10 / 0		
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No.' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes.' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below	3a		
١	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support lesis under section 509(a)(2)? If Yes' describe in Part VI when and how the organization made the determination	3b		
•	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.	Зс		
4	Was any supported organization not organized in the United States (foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
l	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If Yes describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
(Did the organization support any foreign supported organization that does not have an IRS determination under sections 301(c)(3) and 509(a)(1) or (2)? If Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(8) purposes	4c		
5	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
Ŀ	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organization good document?	5b		
0	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations. (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the tiling organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990 EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes.' complete Part I of Schedule L. (Form 990 or 990-EZ).	В		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI.	9ь		
C	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI.	9с		
	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(I) (regarding certain Type III supporting organizations), and all Type III non functionally integrated supporting organizations)? If 'Yes,' answer 10b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

	redule A (Form 990 or 990-EZ) 2017 Arts Horizons, Inc. 22-24181 Artiv Supporting Organizations (continued)	718		Page 5
3 64	1110 Continue organizations (continues)		l v	1 44
-11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
	bit A family member of a person described in (a) above?	11b		
	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		
	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or effect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No.' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's lax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1 a b	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instruct	tions)	
2	Activities Test. Answer (a) and (b) below.	ſ	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	463	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes.' describe in Part VI the role played by the organization in this regard.	36		

	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Org		22-24	18718 Page
1				
	Check here if the organization satisfied the Integral Part Test as a qualifying true instructions. All other Type III non-functionally integrated supporting organization	st on No ons mus	v. 20, 1970 (explain in t complete Sections A	Part VI), See through E.
Sec	ction A — Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)			
	Average monthly value of securities	la		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Met value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
_ 7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A. line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of the 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check rere if the current year is the organization's first as a non-functionally inte	grated 1	Type III supporting orgi	anizalion

BAA

Schedule A (Form 990 or 990-EZ) 2017

Sec	tion D — Distributions		(30)111/1203/	Current Year			
1 Amounts paid to supported organizations to accomplish exempt purposes							
	2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purposes of su	poorted organizations					
	Amounts paid to acquire exempt-use assets	PP					
5	Qual fied set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions,						
	Total annual distributions. Add lines 1 through 6.						
8		on is responsive (provide	details				
9	Distributable amount for 2017 from Section C. line 6						
-	Line 8 amount divided by line 9 amount						
ec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iil) Distributable Amount for 2017			
	Distributable amount for 2017 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required — explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2017						
a							
Ь	From 2013						
С	From 2014						
d	From 2015						
е	From 2016						
Ī	Total of lines 3a through e						
g	Applied to underdistributions of prior years			_			
h	Applied to 2017 distributable amount						
	Carryover from 2012 not applied (see instructions)						
_	Remainder, Subtract lines 3g, 3h, and 3i from 3l.						
	Distributions for 2017 from Section D, line 7:			4			
a	Applied to underdistributions of prior years						
Ь	Applied to 2017 distributable amount	***					
C	Remainder, Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.						
5	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI, See instructions.						
7	Excess distributions carryover to 2018, Add lines 3 ₁ and 4c.						
	Breakdown of line 7:						
a	Excess from 2013						
	Excess from 2014						
	Excess from 2015			-			
	Excess from 2016						
_	Excess from 2017						

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section B, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.

Part III, Line 12 - Other Income

Nature and Source	<u> </u>	017	2016	20	015	 2014	 2013
Other Income Loss on Disposal	of Leasehold	l Improve	640. men	\$	1,244.	\$ 1,493.	\$ 1,000.
	Total <u>\$ -1</u>	24,128. 23,334. \$	640.	\$	1,244.	\$ 1,493.	\$ 1,000.

SCHEDULE D (Form 990)

Department of the Freasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

Complete if the organization answered 'Yes' on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 15-15-0047

Open to Public inspection Employer identification number

	Arts Horizons, Inc.				
Pa		Advised Funds or O	her Similar Funds	22-2418718	
1 4	Complete if the organization answ	ered 'Yes' on Form 9	90, Part IV, line 6,	JI ACCOUNTS.	
		(a) Donor advise	d funds	(b) Funds and other accounts	
- 1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and dono are the organization's property, subject to the o	r advisors in writing that the	e assets held in donor a	dvised funds	No
6	Did the organization inform all grantees, donors for charitable purposes and not for the benefit cumpermissible private benefit?	i, and donor advisors in wr If the donor or donor advis	ting that grant funds car or, or for any other purp	n be used only ose conferring	No
Pa	t II Conservation Easements.	-			
	Complete if the organization answ	ered 'Yes' on Form 99	0, Part IV, line 7.		
1	Purpose(s) of conservation easements held by t	the organization (check all	that apply).		
	Preservation of land for public use (e.g., red	creation or education)		storically important land area	
	Protection of natural habitat		Preservation of a ce	ertified historic structure	
_	Preservation of open space				
2	Complete lines 2a through 2d if the organization hell last day of the tax year.	ld a qualified conservation co	ntribution in the form of a	conservation easement on the	
	and only of the tax year.		<u></u>	Held at the End of the Tax	Vana
	Total number of conservation easements		_	2a	1 car
	Total acreage restricted by conservation easeme			2 b	-
	: Number of conservation easements on a certifie			2 c	
	Number of conservation easements included in		120 HOUSE 110 - 27 HOUSE		
	structure listed in the National Register. 🤻			2 d	
3	Number of conservation easements modified, transf	erred, released, extinguished	, or terminated by the orgi	anization during the	
	tax year •				
4	Number of states where property subject to conserve				
5	and enforcement of the conservation easements	it holds?		Yes	No
6	Staff and volunteer hours devoted to monitoring, ins				
7	Amount of expenses incurred in monitoring, inspects > \$	ing, handling of violations, ar	nd enforcing conservation	easements during the year	
8	Does each conservation easement reported on li and section 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the i	equirements of section 1	70(h)(4)(B)(ı) Yes	No
9	In Part XIII, describe how the organization reports or include, if applicable, the text of the footnote to	onservation easements in its the organization's financial	revenue and expense stat statements that describ	ement, and balance sheet, and es the organization's accounting	for
Par	Urganizations Maintaining Collect Complete if the organization answer	ions of Art, Historica	Treasures, or Othe	r Similar Assets.	
1 a	If the organization elected, as permitted under S art, historical treasures, or other similar assets held in Part XIII, the text of the footnote to its financial	FAS 116 (ASC 958), not to	report in its revenue sta	atement and balance sheet work nce of public service, provide,	is of
b	If the organization elected, as permitted under S historical treasures, or other similar assets held for p following amounts relating to these items	FAS 116 (ASC 958), to republic exhibition, education, or	ort in its revenue statem ir research in furtherance	nent and balance sheet works of of public service, provide the	art,
	(i) Revenue included on Form 990, Part VIII, lin	e 1			
	(ii) Assets included in Form 990, Part X				580.
	If the organization received or held works of art, histoamounts required to be reported under SFAS 110	orical treasures, or other sim 6 (ASC 958) relating to the	ilar assets for financial ga se items:	n, provide the following	
а	Revenue included on Form 990, Part VIII, line 1.				
6	Assets included in Form 990, Part X				

Schedule D (Form 990) 2017 Arts Part III Organizations Mainta	Horizons, In aining Collection	c. s of Art, Historic	al Treasures, or	22-241 Other Similar Ass	8718 Page 2
3 Using the organization's acquisition					
items (check all that apply): a X Public exhibition		CONT.			
b Scholarly research		e Other	xchange programs		
c Preservation for future gene	rations	C _ Oliver			
4 Provide a description of the organi. Part XIII.		d explain how they furt	her the organization's	exempt purpose in	
5 During the year, did the organizato be sold to raise funds rather t	Stion solicit or receive	donations of art, hi	storical treasures, or	other similar assets	Yes X No
Part IV Escrow and Custodia line 9, or reported an	d Arrangements.	Complete if the	organization ans	wered 'Yes' on Fo	rm 990, Part IV,
1 a is the organization an agent true	stee custodian or of	her intermediary for	contributions or other	t becate not included	
on Form 990, Part X ?				assets not included	Yes X No
bill 'Yes,' explain the arrangement	t in Part XIII and con	plete the following t	able:		
13					Amount
c Beginning balance					
d Additions during the year					
e Distributions during the year		* * * * * * * * * * * * * * * * * * * *		. le	
f Ending balance				11	0.
2a Did the organization include an a	amount on Form 990,	Part X, line 21, for	escrow or custodial a	account liability?	X Yes No
bill 'Yes,' explain the arrangement	i in Part XIII. Check i	nere if the explanation	n has been provided	on Part XIII	
Part V Endowment Funds, C	N=1 -16 - 17 -13	47			A.C. 2004
Part V Endowment Funds. C					ne 10.
1 a Booksoma of wood belows	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Reginning of year balance	20,655.	18,952.	19,281	. 5,000.	5,000.
b Contributions					
c Net investment earnings, gains, and losses	1,1 2 2.	1,703.	-329		
d Grants or scholarships					
e Other expenditures for facilities and programs				0.	
f Administrative expenses			19,281		
g End of year balance	21,777.	20,655.	18,952		5,000.
2 Provide the estimated percentage	of the current year	end balance (line lig	, column (a)) held a	S:	3,000.
a Board des gnated or quasi-endowm		8			
b Permanent endowment	8				
c Temporarily restricted endowmer	nt 💌	ફ			
The percentages on lines 2a, 2b, ar	nd 2c should equal 100	3%.			
3 a Are there endowment lends not in to organization by:			eld and administered f	or the	
(i) unrelated organizations					Yes No
(ii) related organizations and the					3a(i) X
bili Yes on line 3a(ii) are the rela	ted properations lies	ed on conwed on C	had to pa		3a(ii) X
4 Describe in Part XIII the intended					3b
	7474	anon's encowment it	mus.,		
Part VI Land, Buildings, and Complete if the organi		'Yes' on Form 99	00. Part IV. line	ila. See Form 990	D Part X line 10.
Description of property	(a) Cost) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
TaiLand			(2007)		
b Buildings					
c Leasehold improvements			48,071.	48,069.	2
-	4970		202,957		2.
			30,580.	198,075.	4,882.
Total, Add I nes Ta through Te. (Colum		m 990 Part X-rolus	30, 360. 20, (R) June 10c.)	201-201-201-201-201-201-2	30,580.
BAA	- (m) mar equal (Or)	Job T GIT N. COILII	ar (D) time TUC / ma	# 10 4 5 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	35, 464. le D (Form 990) 2017
				Schedu	ie ia fuoriti aan) 5017

Complete if the organization answered			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation. Cost or	and-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(Ē)			
(F)			
(G)			
(H)			
(1)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) 🕨			
Part VIII Investments - Program Related.		N/A	
Complete if the organization answered	'Yes' on Form 990	, Part IV, line 11c. See Forr	n 990, Part X, line 13
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(4)			
(9)			
(10)			
(10) Total, (Column (b) must equal Form 990, Part X, column (B) line (3.) >	AL / D		
(10) Total, (Column (b) must equal Form 990, Part X. column (8) line 13.) . Part IX Other Assets.	N/A 'Yes' on Form 990	Part IV. line 11d. See Forn	1 990 Part X line 15
(10) Total, (Column (b) must equal Form 990, Part X, column (B) line (3.) >	'Yes' on Form 990	, Part IV, line 11d. See Forn	
(10) Total, (Column (b) must equal Form 990, Part X, column (8) line 13.) . > Part IX Other Assets. Complete if the organization answered (a) Desc.	'Yes' on Form 990	Part IV, line 11d. See Forn	n 990, Part X, line 15
(10) Total. (Column (b) must equal Form 990, Part X. column (8) line 13.) . > Part IX Other Assets. Complete if the organization answered (1) (2)	'Yes' on Form 990	Part IV, line 11d. See Forn	
(10) Total, (Column (b) must equal Form 990, Part X, column (8) line 13.) . Part IX Other Assets. Complete if the organization answered (1) (2) (3)	'Yes' on Form 990	, Part IV, line 11d. See Forn	
(10) Total. (Column (b) must equal Form 990, Part X. column (B) line 13.) . > Part IX Other Assets. Complete if the organization answered (1) (2) (3) (4)	'Yes' on Form 990	, Part IV, line 11d. See Forn	
(10) Total. (Column (b) must equal Form 990, Part X. column (B) line 13.) . Part IX Other Assets. Complete if the organization answered (a) Desc. (1) (2) (3) (4) (5)	'Yes' on Form 990	, Part IV, line 11d. See Forn	
(10) Total. (Column (b) must equal Form 999, Part X. column (B) line 13.) P Part IX Other Assets. Complete if the organization answered (a) Desc (1) (2) (3) (4) (5) (6)	'Yes' on Form 990	, Part IV, line 11d. See Forn	
(10) Total. (Column (b) must equal Form 999, Part X. column (B) line 13.) P Part IX Other Assets. Complete if the organization answered (a) Desc (1) (2) (3) (4) (5) (6) (7)	'Yes' on Form 990	Part IV, line 11d. See Forn	
(10) Total. (Column (b) must equal Form 999, Part X. column (B) line 13.) P Part IX Other Assets. Complete if the organization answered (a) Desc (1) (2) (3) (4) (5) (6) (7) (8)	'Yes' on Form 990	Part IV, line 11d. See Forn	
(10) Total. (Column (b) must equal Form 999, Part X. column (B) line 13.) ▶ Part IX	'Yes' on Form 990	Part IV, line 11d. See Forn	
(10) Total. (Column (b) must equal Form 999, Part X. column (B) line 13.) . ▶ Part IX Other Assets. Complete if the organization answered (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	Yes' on Form 990		(b) Book value
(10) Total. (Column (b) must equal Form 990, Part X. column (8) line 13.) . Feart IX Other Assets. Complete if the organization answered (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X. column (8)	Yes' on Form 990		(b) Book value
(10) Total. (Column (b) must equal Form 990, Part X. column (8) line 13.)	Yes' on Form 990 cription		(b) Book value
(10) Total. (Column (b) must equal Form 990, Part X. column (8) line 13.) . Feart IX Other Assets. Complete if the organization answered (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X. column (8) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability	Yes' on Form 990 cription		(b) Book value
(10) Total. (Column (b) must equal Form 990, Part X. column (8) line 13.) . Feart IX Other Assets. Complete if the organization answered (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X. column (8) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes	Yes' on Form 990 cription		(b) Book value
(10) Total. (Column (b) must equal Form 990, Part X. column (8) line 13.) . Feart IX Other Assets. Complete if the organization answered (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X. column (8) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes (2) Rounding	Yes' on Form 990 cription		(b) Book value
(10) Total. (Column (b) must equal Form 990, Part X. column (8) line 13.) . Feart IX Other Assets. Complete if the organization answered (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X. column (8) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes (2) Rounding (3)	Yes' on Form 990 cription		(b) Book value
(10) Total. (Column (b) must equal Form 990, Part X. column (8) line 13.) . Feart IX Other Assets. Complete if the organization answered (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X. column (8) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes (2) Rounding (3) (4)	Yes' on Form 990 cription		(b) Book value
(10) Total. (Column (b) must equal Form 990, Part X. column (8) line 13.) . Feart IX Other Assets. Complete if the organization answered (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X. column (8) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes (2) Rounding (3) (4) (5)	Yes' on Form 990 cription		(b) Book value
(10) Total. (Column (b) must equal Form 990, Part X. column (8) line 13.) . Feart IX Other Assets. Complete if the organization answered (a) Desc. (b) (c) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X. column (8) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes (2) Rounding (3) (4) (5) (6)	Yes' on Form 990 cription		(b) Book value
(10) Total. (Column (b) must equal Form 990, Part X. column (8) line 13.) . Feart IX Other Assets. Complete if the organization answered (a) Desc. (b) (c) (c) (d) (c) (d) (c) (d) (f) (e) (f) (f) (g) (iii)	Yes' on Form 990 cription		(b) Book value
(10) Fotal. (Column (b) must equal Form 990, Part X. column (8) line 13.) . Form 1X Other Assets. Complete if the organization answered (a) Description of liability (1) Federal income taxes (2) Rounding (3) (4) (5) (6) (7) (8) (9) (10) Fotal. (Column (b) must equal Form 990, Part X. column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (B) (a) Description of liability (1) Federal income taxes (2) Rounding (3) (4) (5) (6) (7) (8)	Yes' on Form 990 cription		(b) Book value
(10) Fotal. (Column (b) must equal Form 990, Part X. column (8) line 13.) . Formula (a) Description (b) must equal Form 990, Part X. column (b) Description of liability (c)	Yes' on Form 990 cription		(b) Book value
(10) Fotal. (Column (b) must equal Form 990, Part X. column (8) line 13.) . Form 1X Other Assets. Complete if the organization answered (a) Description of liability (1) Federal income taxes (2) Rounding (3) (4) (5) (6) (7) (8) (9) (10) Fotal. (Column (b) must equal Form 990, Part X. column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (B) (a) Description of liability (1) Federal income taxes (2) Rounding (3) (4) (5) (6) (7) (8)	Yes' on Form 990 cription		(b) Book value
(10) Fotal. (Column (b) must equal Form 990, Part X. column (8) line 13.) . Formula (a) Description (b) must equal Form 990, Part X. column (b) line 13.) . Formula (c) Description (c) Description of liability (c) Description of liability (c) Description	Yes' on Form 990 cription Ime 15)		(b) Book value

883, 996. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: b Prior year adjustments...... 2h c Other losses 2c d Other (Describe in Part XIII.) e Add lines 2a through 2d..... 2 e 3 883, 996. 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 4 a b Other (Describe in Part GIL). 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 883,996. Part XIII | Supplemental Information.

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

Part X - FIN 48 Footnote

The Board of Directors primary objective, in this regard, is to add value and minimize risk in managing the assets of the fund while provided a hedge against inflation into the future. It is the intent of the Board of Directors to maintain the endowment and utilize the total return (income plus capital changes) to further the mission of

the Organization. In recognition of the prudence

BAA

Schedule D (Form 990) 2017

Part X - FIN 48 Footnote (continued)

required of fiduciaries, reasonable diversification of quality investments securities well be sought where possible, knowing that fluctuating rates of returns are a characteristic of the investment market and performance cycles cannot be accurately predicted.

The funds may be held in individual securities or mutual funds, may be comprised of domestic and international securities and will be further diversified into assets classes by their market capitalization. The Organization does not have a restriction on the amount pf unrestricted endowment funds available to be sent.

The Organization is exempt from Federal and State income taxes under Section 501 (c) (3) of the Internal Revenue Code and applicable State law. The accounting standards on accounting for uncertainty in income taxes address the determination of whether tax benefits claimed or expected to be claimed on a tax return should be recorded in the financial statements. Under that guidance, the Organization may recognize the tax benefit from an uncertain tax position only if it is more likely than not that the tax position will be sustained on examination by the taxing authority based on the technical merits of the position. Examples of tax positions include the tax-exempt status of the Organization and various positions related to the potential sources of unrelated business income taxable income (UBIT), the tax benefit recognized in the financial statements from a tax position are measured based on the largest benefit settlement. there were no unrecognized tax benefits identified or recored as liabilities fro fiscal years 2018 and 2017. The

Page 5

Part XIII | Supplemental Information (continued)

Part X - FIN 48 Footnote (continued)

generally no longer subject to examination by the Internal Revenue Service for years before 2013.

SCHEDULE O (Form 990 or 990-EZ)

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.

Go to www.irs.gov/Form990 for the latest information.

2017

Open to Public Inspection

Department of the Treasury Informal Revenue Service frame of the organization

Arts Horizons, Inc.

Employer Identification number 22-2418718

Form 990, Part VI, Line 11b - Form 990 Review Process

The form 990 is reviewed by the CFO prior to dignity submitted to the Finance Committee for review and acceptance. Any issues or corrections are resolved and the form is updated prior to being signed by the Treasurer.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

All board members and employees are required to sigh a conflict of interest Statements and disclose any activity that may be a potential conflict of interest. These relationships are monitored by management to insure transparency in all activity.

Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees

Compensation of the organization's Executive Director is determined by the Board of Directors.

The compensation of the staff is recommended by the senior management and approved by the Board of Directors during the organizational budget process.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

No other documents available to the public.

Form 990, Part IX, Line 11g Other Fees For Services

		(A)	(B)	(C)	(D)
		Total	Program Services	Management & General	Fund- raising
Artist Fees Audit Fees		306,061. 16,000.	173,996.	65,344. 16,000	66,721.
Consulting Fees	Total	13,860. \$ 335,921.	13,860. \$ 187,856.	\$ 81,344.	\$ 66,721.

Form 990, Part XII, Line 2 - Change of Oversight or Selection Process

The Organization has an audit and finance committee which is a subcommittee of the Board of Directors. It is responsible for the review of the Financial Statements

trame of the organization
Arts Horizons, Inc.

Employer Identification number

22-2418718

Form 990, Part XII, Line 2 - Change of Oversight or Selection Process (continued)

and 990 Return.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

0.73 No. 1545.0047

Go to www.irs.gov/form990 for instructions and the latest information.

Open to Public Inspection

Enukyer identifir atlan number 22-2418718 Part I Identification of Disregarded Entities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 33. Arts Horizons, Inc. למתפוכל ייני מיקמיו צמומיו

Name, address, and EW (" applicable) of disregarded ontry	(b) Primary activity	Logal comicile (state or foreign country)	(d) Total income	(o) End-of yeer assers	Direct controlling
(1)					(Amus
			74		
(2)					
(f)					
Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, hecause it	ns. Complete if the org	ganization answered	'Yes' on Form 99	0. Part IV. line 34	hecause it
had one or more related tax-exempt organizations during the tax year.	during the tax year.				

Legal domcile (state or foreign country)	Name, addiess, and ElN of related organization Legal dorm Art Center Art Ce
	Frimary activity Art Center

Schedule R (Form 990) 2017 Arts Horizons, Inc.

[Part III] Identification of Related Organizations Taxable as a Partnership Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

512.512) Ves No	Name address, and EIN of related organization	(b) Primary activity	(c) 15 a.o, 10 a.e.es 10 a.e.es 15 a.o,	(d) Direct controlling entry	Predominant intomie (related, unielated, excluded floralitations under sections	Share of total	Share of end-of-year assets	Orsproporational	Code V-UBI amount in box 20 of Schedule K-1 (Form	General or managing partner?	Percentage ownership
2)			COLUMBI		512.512)			-	1065)	Yes	
3)											
53											
3)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1										23,-
3)											
33											
3)											
					3		Summa year	יומי לימוי			

(b)(13) 1 entity?	No	.00:					
(i) Sec 512(b)(13) cortiolled entity?	Yes				2)—		
(h) Percentage ownership							
Snale of end-of- year assets			0.200				
Share of total income							
Type of entity (C corp., S corp., or trust)							
(d) Direct controlling entity							The Paris of the P
Legal domicile (state or foreign country)							111111111111111111111111111111111111111
(b) Pennary activity		172.00				8	
Name, eddress, and EIN of related organization							

Schedule R (Form 990) 2017 Arts Horizons, Inc. [Part V] Transactions With Related Organizations. Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, 35b, or 36.

pulling the tax year on the engage in any of the following transactions with one of more related or engage in any it. IV?			
		_	-
		13	×
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		JC	~
		10	×
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		11	×
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	8-0-0-0-0-0	10	><
	1	7	×
STANK WINE		19	×
		- I	
			< >
elationships and tra	nsaction thresholds.		
(b) Transaction type (a s)	(c) Amount involved	Method of G	eterminin
()		מווסמוו	nothed
	36, 458	Fair	Market Va
c	C 4		
	53, 433	יים	Ket va
	Sched	nie R (Form	990) 201
	elalionships and tra (b) Transaction type (a s)	d transaction threshold Amount invo	458.Fair

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered 'Yes' on Form 990, Part IV, line 37.

Fronce the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by fotal assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

Yes No Yes No Asset Book	Namo, address, and EIN of entity Primary activity	(6) Эттагу астину	Legal domicile (State or foreign country)	Predominant income (relates, unter- lated, excluded	Ate all carners section 50 (c)(3) crear zar oran	Snare of total income	Snare of end-of-year assets	Disproper.	Coce V.UBI amount in nox 20 of Schedule	General or managing pariner?	Percentage ownership
125-25041, 1006)7				sections 512 5 4)	Yes	1		-	(40,444,045)	-	
C16920 2002331								-		-	
C (160 E) 2005-231											
11EF 65002. 150977		-									
7 (1600t) 7											
(1600) 17000V 231			20.50								5.10 1
	(3)										
1EFAGGGL 1809/7											
1/6000 TXX557331											
7.160000 1205624.231											
1EEASORIL 1809) 7											
165.0901 185	į		772								
TEE A5004. 09/9/7											
	1										
1EE ASOCAL DB09/7											
1EEASORL 0809/7											
1E5A504L 08/09/7											
TEEASORL DB09/7											
TEEASOCAL DB/09/17			0								
TEEASORL DB009/7								2000		0 0 0	
IEEASOCAL DS/09/17											
1EFA50c1 D9091/7											
1EFA504L 08/09/17											
	BAA			531	A50041 DB/09/17				Schedule	R (Form 99	0) 2017

Schedule R (Form 990) 2017 Arts Horizons, Inc. 22-241871

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

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