

**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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A For the 2018 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> <b>HORIZONS NATIONAL STUDENT ENRICHMENT PROGRAM, INC.</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>120 POST ROAD WEST</b> City or town, state or province, country, and ZIP or foreign postal code <b>WESTPORT, CT 06880</b> <b>F Name and address of principal officer: LORNA SMITH</b> <b>SAME AS C ABOVE</b>	<b>D Employer identification number</b>  <b>** - *** 8129</b> <b>E Telephone number</b> <b>(203) 594-7040</b> <b>G Gross receipts \$</b> <b>5,602,311.</b> <b>H(a) Is this a group return for subordinates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c) Group exemption number</b> ▶
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J Website:</b> ▶ <b>WWW.HORIZONSATIONAL.ORG</b>		
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
<b>L Year of formation:</b> <b>1996</b>		<b>M State of legal domicile:</b> <b>CT</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>HORIZONS NATIONAL STUDENT ENRICHMENT PROGRAM, INC. (HN) SERVES LOW-INCOME, PUBLIC SCHOOL, K-12</b> <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. <b>3</b> Number of voting members of the governing body (Part VI, line 1a) <b>3</b> <b>29</b> <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) <b>4</b> <b>29</b> <b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a) <b>5</b> <b>20</b> <b>6</b> Total number of volunteers (estimate if necessary) <b>6</b> <b>29</b> <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 <b>7a</b> <b>0.</b> <b>7b</b> Net unrelated business taxable income from Form 990-T, line 38 <b>7b</b> <b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) <b>3,995,420.</b> <b>Prior Year</b> <b>5,572,987.</b> <b>Current Year</b> <b>9</b> Program service revenue (Part VIII, line 2g) <b>0.</b> <b>0.</b> <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>24,756.</b> <b>29,324.</b> <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>0.</b> <b>0.</b> <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <b>4,020,176.</b> <b>5,602,311.</b>	
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) <b>1,526,747.</b> <b>1,340,354.</b> <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) <b>0.</b> <b>0.</b> <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>2,121,237.</b> <b>2,511,032.</b> <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) <b>0.</b> <b>0.</b> <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>581,877.</b> <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <b>627,568.</b> <b>862,711.</b> <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <b>4,275,552.</b> <b>4,714,097.</b> <b>19</b> Revenue less expenses. Subtract line 18 from line 12 <b>-255,376.</b> <b>888,214.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) <b>3,075,211.</b> <b>Beginning of Current Year</b> <b>3,991,415.</b> <b>End of Year</b> <b>21</b> Total liabilities (Part X, line 26) <b>47,941.</b> <b>108,783.</b> <b>22</b> Net assets or fund balances. Subtract line 21 from line 20 <b>3,027,270.</b> <b>3,882,632.</b>	

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer <b>LORNA SMITH, CEO</b> Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>VINCENZO FINI</b>	Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN <b>P00172149</b>
	Firm's name ▶ <b>WHITTLESEY PC</b> Firm's address ▶ <b>ONE HAMDEN CTR, 2319 WHITNEY AVE, STE 2A</b> <b>HAMDEN, CT 06518</b>	Firm's EIN ▶ <b>** - *** 3326</b> Phone no. <b>203.397.2525</b>

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

HORIZONS NATIONAL STUDENT ENRICHMENT PROGRAM, INC.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE HORIZONS NATIONAL STUDENT ENRICHMENT PROGRAM, INC. (HN) MISSION: IMPROVING THE LIFE TRAJECTORY OF LOW-INCOME STUDENTS BY INSTILLING IN THEM THE JOY OF LEARNING, THE SKILLS FOR SUCCESS, AND THE INSPIRATION TO REALIZE THEIR DREAMS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 3,116,452. including grants of \$ 1,079,954. ) (Revenue \$ ) HN ENSURES THAT ALL EXISTING, SCALING, AND LAUNCHING HORIZONS AFFILIATES CAN SUSTAIN AND THRIVE. HN LEVERAGES ITS EXPERTISE TO BUILD, TRAIN, AND SUPPORT SITE AND REGIONAL BOARDS AS WELL AS COACH SITE AND EXECUTIVE DIRECTORS IN AREAS OF FUNDRAISING, FINANCIAL MANAGEMENT, AND PROGRAM HEALTH. HN ALSO ASSURES QUALITY, BY PROVIDING CONTINUOUS PROGRAM SUPPORT AND EVALUATION SERVICES ACROSS THE NETWORK. HN COACHES AFFILIATE STAFF AND ELEVATES EFFECTIVE PRACTICES THROUGH NETWORK-WIDE WEBINARS, RESOURCE LIBRARY, AND AN ANNUAL NATIONAL CONFERENCE. IN ADDITION TO GOVERNANCE AND FUNDRAISING SUPPORT, HN STAFF MEMBERS SUPPORT RECRUITMENT, TEACHER TRAINING, AND PROGRAM IMPLEMENTATION AND ASSESSMENT.

4b (Code: ) (Expenses \$ 327,033. including grants of \$ 135,400. ) (Revenue \$ ) THE GOAL OF HORIZONS NATIONAL EXPANSION EFFORTS IS TO INCREASE THE NUMBER OF STUDENTS THAT CAN BENEFIT FROM THE HORIZONS EXPERIENCE. HN PROVIDES STRATEGIC PLANNING AND TRANSITIONAL SUPPORT TO EXISTING AFFILIATES WHEN PURSUING GROWTH, WHICH CAN INCLUDE ADDING ADDITIONAL SITES OR TRANSITIONING TO A REGIONAL MODEL. THE EXPANSION TEAM ALSO IDENTIFIES AND DEVELOPS NEW SITES, AND PROVIDES SEED FUNDING WHICH SERVES AS THE FUNDING BRIDGE WHILE THE NEW AFFILIATE'S BOARD ESTABLISHES ITSELF IN THE COMMUNITY.

4c (Code: ) (Expenses \$ 146,150. including grants of \$ 125,000. ) (Revenue \$ ) THE LEVERAGED LEARNING INITIATIVE PROVIDES AN ACADEMIC FRAMEWORK FOR ALL HORIZONS PROGRAMS, FUNDING FOR READING SPECIALISTS, STUDENT ASSESSMENT SOFTWARE AND TRAINING, A COMPREHENSIVE DATABASE AND DATA ANALYSIS, AS WELL AS CURRICULUM DEVELOPMENT AND STEM PROGRAMMING SUPPORT. THIS INITIATIVE HAS BEEN CRITICAL TO CONSISTENT PROGRAM QUALITY AND MODEL FIDELITY ACROSS AFFILIATES, AND TO CONSISTENT ACADEMIC GAINS OF 2-3 MONTHS IMPROVEMENT EACH YEAR IN READING AND MATH SKILLS FOR HORIZONS STUDENTS OVER THE LAST TEN YEARS.

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

4e Total program service expenses 3,589,635.

**HORIZONS NATIONAL STUDENT ENRICHMENT  
PROGRAM, INC.**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	<b>X</b>	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i> .....	<b>X</b>	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		<b>X</b>
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....		<b>X</b>
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		<b>X</b>
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		<b>X</b>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		<b>X</b>
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....		<b>X</b>
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	<b>X</b>	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	<b>X</b>	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....		<b>X</b>
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....		<b>X</b>
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....		<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>X</b>	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>X</b>	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<b>X</b>	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....		<b>X</b>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		<b>X</b>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....		<b>X</b>
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		<b>X</b>
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		<b>X</b>
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....	<b>X</b>	
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....		<b>X</b>
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		<b>X</b>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	<b>X</b>	

**HORIZONS NATIONAL STUDENT ENRICHMENT  
PROGRAM, INC.**

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

	Yes	No
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

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

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

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

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	X	

**HORIZONS NATIONAL STUDENT ENRICHMENT  
PROGRAM, INC.**

**Part V Statements Regarding Other IRS Filings and Tax Compliance** *(continued)*

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	20
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
<b>b</b>	If "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).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	11a	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	13a	
<b>b</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	13b	
<b>c</b>	Enter the amount of reserves on hand	13c	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

**HORIZONS NATIONAL STUDENT ENRICHMENT PROGRAM, INC.**

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

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

**Section A. Governing Body and Management**

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

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>10b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>15b</b>	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>16b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ▶  
**HORIZONS NATIONAL STUDENT ENRICHMENT - 2035947040**  
**120 POST ROAD EAST, WESTPORT, CT 06880**

**HORIZONS NATIONAL STUDENT ENRICHMENT  
PROGRAM, INC.**

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) AMY CHAN DOWNER VICE-CHAIR	5.00	X		X				0.	0.	0.
(2) JANE WILLIAMS CHAIR	5.00	X		X				0.	0.	0.
(3) ERIC L. COCHRAN SECRETARY	5.00	X		X				0.	0.	0.
(4) NED MANDEL TREASURER	5.00	X		X				0.	0.	0.
(5) DOUGLAS KARP MEMBER	5.00	X						0.	0.	0.
(6) MARY R. BROCK MEMBER	5.00	X						0.	0.	0.
(7) ANTHONY P. GRASSI MEMBER	5.00	X						0.	0.	0.
(8) MARY-JO GABEL MEMBER	5.00	X						0.	0.	0.
(9) LESLIE B. LITTLEJOHN MEMBER	5.00	X						0.	0.	0.
(10) MONICA LAMONTAGNE MEMBER	5.00	X						0.	0.	0.
(11) NICHOLAS S. THACHER MEMBER	5.00	X						0.	0.	0.
(12) LYN F. MCNAUGHT MEMBER	5.00	X						0.	0.	0.
(13) GARY COHEN MEMBER	5.00	X						0.	0.	0.
(14) VICKI CRAVER MEMBER	5.00	X						0.	0.	0.
(15) FABIO FREYRE MEMBER	5.00	X						0.	0.	0.
(16) DENNIS WILLIAMS MEMBER	5.00	X						0.	0.	0.
(17) KATHARINE H. WELLING MEMBER	5.00	X						0.	0.	0.

**HORIZONS NATIONAL STUDENT ENRICHMENT PROGRAM, INC.**

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ERICK HONG MEMBER	5.00	X						0.	0.	0.
(19) KEITH MEACHAM MEMBER	5.00	X						0.	0.	0.
(20) J. RONALD TOTARO MEMBER	5.00	X						0.	0.	0.
(21) LAURAN TUCK MEMBER	5.00	X						0.	0.	0.
(22) RICKY VAN VEEN MEMBER	5.00	X						0.	0.	0.
(23) LINDSAY GALIN MEMBER	5.00	X						0.	0.	0.
(24) NOELLE KING MEMBER	5.00	X						0.	0.	0.
(25) SCOTT LAURETTI MEMBER	5.00	X						0.	0.	0.
(26) DUNCAN M. O'BRIEN, JR. MEMBER	5.00	X						0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								254,500.	0.	44,408.
<b>d Total (add lines 1b and 1c)</b>								254,500.	0.	44,408.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

**SEE PART VII, SECTION A CONTINUATION SHEETS**



**HORIZONS NATIONAL STUDENT ENRICHMENT  
PROGRAM, INC.**

Form 990

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**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) REBECCA OWEN MEMBER	5.00	X					0.	0.	0.	
(28) JON MICHAEL REESE MEMBER	5.00	X					0.	0.	0.	
(29) LORNA SMITH CEO	40.00			X			254,500.	0.	44,408.	
Total to Part VII, Section A, line 1c .....							254,500.	44,408.	44,408.	

HORIZONS NATIONAL STUDENT ENRICHMENT PROGRAM, INC.

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b> 5,572,987.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....						
	<b>h Total.</b> Add lines 1a-1f .....		5,572,987.				
<b>Program Service Revenue</b>	<b>2 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		29,324.			29,324.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses .....					
		<b>c</b> Rental income or (loss) .....					
		<b>d</b> Net rental income or (loss) .....					
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses .....					
		<b>c</b> Gain or (loss) .....					
		<b>d</b> Net gain or (loss) .....					
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>					
		<b>b</b> Less: direct expenses .....	<b>b</b>				
		<b>c</b> Net income or (loss) from fundraising events .....					
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>					
<b>b</b> Less: direct expenses .....		<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	<b>b</b> Less: cost of goods sold .....	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> _____							
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions .....			5,602,311.	0.	0.	29,324.	

**HORIZONS NATIONAL STUDENT ENRICHMENT  
PROGRAM, INC.**

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**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,340,354.	1,340,354.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	622,120.	491,475.	74,654.	55,991.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	1,541,050.	1,322,297.	69,098.	149,655.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	100,597.	36,417.	33,002.	31,178.
<b>9</b> Other employee benefits	108,095.	40,943.	34,994.	32,158.
<b>10</b> Payroll taxes	139,170.	84,438.	40,972.	13,760.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	85,644.	19,283.	64,250.	2,111.
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	378,150.	75,314.	141,986.	160,850.
<b>12</b> Advertising and promotion	21,596.	2,188.		19,408.
<b>13</b> Office expenses	73,882.	45,771.	15,695.	12,416.
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	168,485.	97,065.	55,274.	16,146.
<b>17</b> Travel				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	79,892.	29,382.	9,000.	41,510.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	2,248.	1,484.	737.	27.
<b>23</b> Insurance	8,452.	3,059.	2,773.	2,620.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>FUNDRAISING EVENTS</b>	43,906.	0.	0.	43,906.
<b>b</b> <b>REPAIRS AND MAINTENANCE</b>	456.	165.	150.	141.
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	4,714,097.	3,589,635.	542,585.	581,877.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**HORIZONS NATIONAL STUDENT ENRICHMENT  
PROGRAM, INC.**

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**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>		
	<b>2</b> Savings and temporary cash investments .....	2,609,913.	<b>2</b>	3,270,363.	
	<b>3</b> Pledges and grants receivable, net .....	97,000.	<b>3</b>	378,760.	
	<b>4</b> Accounts receivable, net .....		<b>4</b>		
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....			<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....			<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....			<b>7</b>	
	<b>8</b> Inventories for sale or use .....			<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	25,398.	<b>9</b>	19,766.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	57,627.			
	<b>b</b> Less: accumulated depreciation .....	51,307.	<b>10c</b>	6,320.	
	<b>11</b> Investments - publicly traded securities .....	309,358.	<b>11</b>	291,233.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>		
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>		
	<b>14</b> Intangible assets .....		<b>14</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....	24,973.	<b>15</b>	24,973.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	3,075,211.	<b>16</b>	3,991,415.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	35,981.	<b>17</b>	97,840.	
	<b>18</b> Grants payable .....		<b>18</b>		
	<b>19</b> Deferred revenue .....		<b>19</b>		
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>		
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	11,960.	<b>25</b>	10,943.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	47,941.	<b>26</b>	108,783.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	1,354,266.	<b>27</b>	3,264,316.	
	<b>28</b> Temporarily restricted net assets .....	1,521,335.	<b>28</b>	462,647.	
	<b>29</b> Permanently restricted net assets .....	151,669.	<b>29</b>	155,669.	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>		
	<b>33</b> Total net assets or fund balances .....	3,027,270.	<b>33</b>	3,882,632.	
	<b>34</b> Total liabilities and net assets/fund balances .....	3,075,211.	<b>34</b>	3,991,415.	

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HORIZONS NATIONAL STUDENT ENRICHMENT PROGRAM, INC.

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,602,311.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,714,097.
3	Revenue less expenses. Subtract line 2 from line 1	3	888,214.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,027,270.
5	Net unrealized gains (losses) on investments	5	-32,852.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,882,632.

**Part XII Financial Statements and Reporting**

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

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

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

Name of the organization **HORIZONS NATIONAL STUDENT ENRICHMENT PROGRAM, INC.**

Employer identification number  
**\*\* - \*\*\* 8129**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised 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 donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)       Preservation of a historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

HORIZONS NATIONAL STUDENT ENRICHMENT PROGRAM, INC.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	206,528.	176,909.	160,496.	101,426.	97,640.
b Contributions	4,000.	5,000.	5,000.	60,000.	
c Net investment earnings, gains, and losses	-15,366.	24,619.	11,413.	-930.	3,786.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	195,162.	206,528.	176,909.	160,496.	101,426.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  79.76 %
- c Temporarily restricted endowment  20.24 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3a(ii)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3b	<input type="checkbox"/>	<input type="checkbox"/>

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		57,627.	51,307.	6,320.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				6,320.

**HORIZONS NATIONAL STUDENT ENRICHMENT  
PROGRAM, INC.**

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>PASSTHROUGH GRANT LIABILITY</b>	<b>10,943.</b>
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	<b>10,943.</b>

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



**HORIZONS NATIONAL STUDENT ENRICHMENT  
PROGRAM, INC.**

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

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

1 Total revenue, gains, and other support per audited financial statements		1	5,579,710.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains (losses) on investments	2a	-32,851.	
b Donated services and use of facilities	2b	10,250.	
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d	2e	-22,601.	
3 Subtract line 2e from line 1		3	5,602,311.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b	4c		0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	5,602,311.

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

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

1 Total expenses and losses per audited financial statements		1	4,724,347.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a Donated services and use of facilities	2a	10,250.	
b Prior year adjustments	2b		
c Other losses	2c		
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d	2e	10,250.	
3 Subtract line 2e from line 1		3	4,714,097.
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	4a		
b Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b	4c		0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	4,714,097.

**Part XIII Supplemental Information.**

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

**PART V, LINE 4:**

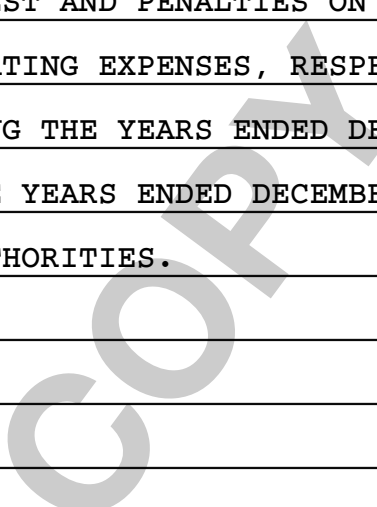
IT IS THE ORGANIZATION'S PRACTICE AND COMMITMENT THAT EVERY DOLLAR IN ITS PERMANENT ENDOWMENT FUNDS WILL BE HELD AND MANAGED TO MEET THE DUAL GOALS OF FUND GROWTH AND CURRENT FINANCIAL SUPPORT OF THE ORGANIZATION'S OPERATIONS, IN ACCORDANCE WITH THE DONOR'S INSTRUCTIONS.

**PART X, LINE 2:**

THE ORGANIZATION FOLLOWS THE INCOME TAXES TOPIC OF THE FASB ACCOUNTING STANDARDS CODIFICATION, WHICH PROVIDES CLARIFICATION ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN THE ORGANIZATION'S FINANCIAL STATEMENTS. THE GUIDANCE PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT RECOGNITION AND

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

MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, AND ALSO PROVIDES GUIDANCE ON DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE AND TRANSITION. MANAGEMENT OF THE ORGANIZATION IS OF THE OPINION THAT THE ORGANIZATION HAS NOT TAKEN ANY MATERIAL TAX POSITIONS THAT WOULD REQUIRE THE RECORDING OF ANY TAX LIABILITY BY THE ORGANIZATION. THEREFORE, AT DECEMBER 31, 2018 AND 2017, NO SIGNIFICANT INCOME TAX UNCERTAINTIES HAVE BEEN INCLUDED IN THE STATEMENT OF FINANCIAL POSITION. THE ORGANIZATION'S POLICY IS TO RECOGNIZE INTEREST AND PENALTIES ON UNRECOGNIZED TAX BENEFITS IN INTEREST EXPENSE AND OPERATING EXPENSES, RESPECTIVELY. NO INTEREST AND PENALTIES WERE RECORDED DURING THE YEARS ENDED DECEMBER 31, 2018 AND 2017. THE TAX RETURNS FOR THE THREE YEARS ENDED DECEMBER 31, 2017 ARE SUBJECT TO EXAMINATION BY THE TAXING AUTHORITIES.





**HORIZONS NATIONAL STUDENT ENRICHMENT**

Schedule G (Form 990 or 990-EZ) 2018 **PROGRAM, INC.**

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	<b>1</b> Gross receipts .....				
	<b>2</b> Less: Contributions .....				
	<b>3</b> Gross income (line 1 minus line 2) .....				
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....				
	<b>7</b> Food and beverages .....				
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....				
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				

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

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

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

**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

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

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

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

HORIZONS NATIONAL STUDENT ENRICHMENT

Schedule G (Form 990 or 990-EZ) 2018 PROGRAM, INC.

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility		13a	%
b An outside facility		13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

\_\_\_\_\_

Director/officer       Employee       Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

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

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: COMMUNITY COUNSELING SERVICES

(I) ADDRESS OF FUNDRAISER: PO BOX 824885, PHILADELPHIA, PA 19182

HORIZONS NATIONAL STUDENT ENRICHMENT  
PROGRAM, INC.

Schedule G (Form 990 or 990-EZ)

\*\* - \*\*\*8129 Page 4

**Part IV** Supplemental Information *(continued)*

COPY

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization **HORIZONS NATIONAL STUDENT ENRICHMENT PROGRAM, INC.** Employer identification number **\*\* - \*\*\* 8129**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
HORIZONS AT SAVANNAH COUNTRY DAY SCHOOL - 824 STILLWOOD DRIVE - SAVANNAH, GA 31419	** - ***5290	501(C)(3)	34,543.	9,820.	COST	EVALUATION, TRAINING AND TECHNICAL ASSISTANCE.	SUPPORT FOR SUMMER AND ENRICHMENT PROGRAM.
HORIZONS AT DEDHAM COUNTRY DAY SCHOOL - 90 SANDY VALLEY ROAD - DEDHAM, MA 02026	** - ***6704	501(C)(3)	8,400.	2,388.	COST	EVALUATION, TRAINING AND TECHNICAL ASSISTANCE.	SUPPORT FOR SUMMER AND ENRICHMENT PROGRAM.
HORIZONS AT GREEN FARMS ACADEMY 35 BEACHSIDE AVE GREEN FARMS, CT 06436	** - ***3693	501(C)(3)	23,310.	6,627.	COST	EVALUATION, TRAINING AND TECHNICAL ASSISTANCE.	SUPPORT FOR SUMMER AND ENRICHMENT PROGRAM.
HORIZONS SALISBURY 6279 HOBBS ROAD SALISBURY, MD 21802	** - ***4771	501(C)(3)	10,375.	2,950.	COST	EVALUATION, TRAINING AND TECHNICAL ASSISTANCE.	SUPPORT FOR SUMMER AND ENRICHMENT PROGRAM.
HORIZONS AT NEW CANAAN COUNTRY SCHOOL - 545 PONUS RIDGE - NEW CANAAN, CT 06840	** - ***6765	501(C)(3)	62,072.	17,647.	COST	EVALUATION, TRAINING AND TECHNICAL ASSISTANCE.	SUPPORT FOR SUMMER AND ENRICHMENT PROGRAM.
HORIZONS AT ST. RICHARD'S EPISCOPAL SCHOOL - 33 EAST 33RD STREET - INDIANAPOLIS, IN 46205	** - ***3962	501(C)(3)	4,525.	1,286.	COST	EVALUATION, TRAINING AND TECHNICAL ASSISTANCE.	SUPPORT FOR SUMMER AND ENRICHMENT PROGRAM.

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

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

Schedule I (Form 990) (2018)

**HORIZONS NATIONAL STUDENT ENRICHMENT  
PROGRAM, INC.**

Schedule I (Form 990)

\*\* - \*\*\*8129

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HORIZONS HAMPTON ROADS 821 BAKER ROAD VIRGINIA BEACH, VA 23462	**-***6180	501(C)(3)	22,925.	6,517.	COST	EVALUATION, TRAINING AND TECHNICAL ASSISTANCE.	SUPPORT FOR SUMMER AND ENRICHMENT PROGRAM.
HORIZONS AT RUMSON COUNTRY DAY SCHOOL - 35 BELLEVUE AVE - RUMSON, NJ 07760	**-***9372	501(C)(3)	13,900.	3,952.	COST	EVALUATION, TRAINING AND TECHNICAL ASSISTANCE.	SUPPORT FOR SUMMER AND ENRICHMENT PROGRAM.
HORIZONS AT BROOKLYN FRIENDS SCHOOL - 375 PEARL ST - BROOKLYN, NY 11201	**-***0751	501(C)(3)	8,050.	2,289.	COST	EVALUATION, TRAINING AND TECHNICAL ASSISTANCE.	SUPPORT FOR SUMMER AND ENRICHMENT PROGRAM.
HORIZONS AT ST. DAVID'S SCHOOL 12 EAST 89TH ST NEW YORK, NY 10128	**-***5283	501(C)(3)	51,400.	14,613.	COST	EVALUATION, TRAINING AND TECHNICAL ASSISTANCE.	SUPPORT FOR SUMMER AND ENRICHMENT PROGRAM.
HORIZONS AT MONROE COMMUNITY COLLEGE - 100 EAST HENRIETTA RD - ROCHESTER, NY 14623	**-***4210	501(C)(3)	8,320.	2,365.	COST	EVALUATION, TRAINING AND TECHNICAL ASSISTANCE.	ADEFILIPPO - 03/25/19 03:57PM WORKSHEET SCHEDULE I
HORIZONS AT COLORADO ACADEMY 3800 SOUTH PIERCE ST DENVER, CO 80235	**-***1875	501(C)(3)	8,170.	2,323.	COST	EVALUATION, TRAINING AND TECHNICAL ASSISTANCE.	SUPPORT FOR SUMMER AND ENRICHMENT PROGRAM.
HORIZONS AT THE EPISCOPAL ACADEMY 1785 BISHOP WHITE ST NEWTOWN SQ., PA 19073	**-***0500	501(C)(3)	45,750.	13,007.	COST	EVALUATION, TRAINING AND TECHNICAL ASSISTANCE.	SUPPORT FOR SUMMER AND ENRICHMENT PROGRAM.
HORIZONS GREATER WASHINGTON AT MARET SCHOOL - 3000 CATHEDRAL AVE NW - WASHINGTON, DC 20008	**-***1355	501(C)(3)	21,590.	6,138.	COST	EVALUATION, TRAINING AND TECHNICAL ASSISTANCE.	SUPPORT FOR SUMMER AND ENRICHMENT PROGRAM.
HORIZONS ATLANTA INC 805 MT VERNON HWY ATLANTA, GA 30327	**-***7624	501(C)(3)	90,000.	25,587.	COST	EVALUATION, TRAINING AND TECHNICAL ASSISTANCE.	SUPPORT FOR SUMMER AND ENRICHMENT PROGRAM.

Schedule I (Form 990)



**HORIZONS NATIONAL STUDENT ENRICHMENT  
PROGRAM, INC.**

Schedule I (Form 990)

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Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HORIZONS AT NORWALK COMMUNITY COLLEGE - 188 RICHARDS AVE - NORWALK, CT 06850	**-***5725	501(C)(3)	47,940.	13,629.	COST	EVALUATION, TRAINING AND TECHNICAL ASSISTANCE.	SUPPORT FOR SUMMER AND ENRICHMENT PROGRAM.
HORIZONS AT SACRED HEART UNIVERSITY - 5150 PARK AVE - FAIRFIELD, CT 06825	**-***6644	501(C)(3)	81,440.	23,153.	COST	EVALUATION, TRAINING AND TECHNICAL ASSISTANCE.	SUPPORT FOR SUMMER AND ENRICHMENT PROGRAM.
HORIZONS AT SAN FRANCISCO FRIENDS SCHOOL - 250 VALANCIS ST - SAN FRANCISCO, CA 94103	**-***7589	501(C)(3)	2,988.	849.	COST	EVALUATION, TRAINING AND TECHNICAL ASSISTANCE.	SUPPORT FOR SUMMER AND ENRICHMENT PROGRAM.
HORIZONS AT THE UNIVERSITY SCHOOL NASHVILLE - 2000 EDGE HILL AVE - NASHVILLE, TN 37212	**-***4429	501(C)(3)	7,813.	2,221.	COST	EVALUATION, TRAINING AND TECHNICAL ASSISTANCE.	SUPPORT FOR SUMMER AND ENRICHMENT PROGRAM.
WARNER UNIVERSITY OF ROCHESTER PO BOX 270425 ROCHESTER, NY 14627	**-***3209	501(C)(3)	8,335.	2,370.	COST	EVALUATION, TRAINING AND TECHNICAL ASSISTANCE.	SUPPORT FOR SUMMER AND ENRICHMENT PROGRAM.
HORIZONS AT BRUNSWICK SCHOOL 100 MAHER AVE GREENWICH, CT 06830	**-***6562	501(C)(3)	32,110.	9,129.	COST	EVALUATION, TRAINING AND TECHNICAL ASSISTANCE.	SUPPORT FOR SUMMER AND ENRICHMENT PROGRAM.
HORIZONS AT THE ETHEL WALKER SCHOOL - 230 BUSHY HILL ROAD - SIMSBURY, CT 06070	**-***9699	501(C)(3)	101,813.	28,945.	COST	EVALUATION, TRAINING AND TECHNICAL ASSISTANCE.	SUPPORT FOR SUMMER AND ENRICHMENT PROGRAM.
HORIZONS AT FOOTE SCHOOL 50 LOOMIS PLACE NEW HAVEN, CT 06511	**-***6647	501(C)(3)	23,389.	6,649.	COST	EVALUATION, TRAINING AND TECHNICAL ASSISTANCE.	ADEFILIPPO - 03/16/19 12:24PM WORKSHEET SCHEDULE I
HORIZONS AT LANCASTER COUNTRY DAY SCHOOL - 725 HAMILTON RD - LANCASTER, PA 17603	**-***2396	501(C)(3)	2,720.	773.	COST	EVALUATION, TRAINING AND TECHNICAL ASSISTANCE.	SUPPORT FOR SUMMER AND ENRICHMENT PROGRAM.

Schedule I (Form 990)

**HORIZONS NATIONAL STUDENT ENRICHMENT  
PROGRAM, INC.**

Schedule I (Form 990)

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Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HORIZONS AT LEXINGTON MONTESSORI SCHOOL - 130 PLEASANT ST - LEXINGTON, MA 02421	**-***4257	501(C)(3)	1,880.	534.	COST	EVALUATION, TRAINING AND TECHNICAL ASSISTANCE.	SUPPORT FOR SUMMER AND ENRICHMENT PROGRAM.
HORIZONS AT AUSTIN TRINITY 3901 BEE CAVE ROAD AUSTIN, TX 78746	**-***8235	501(C)(3)	2,780.	790.	COST	EVALUATION, TRAINING AND TECHNICAL ASSISTANCE.	SUPPORT FOR SUMMER AND ENRICHMENT PROGRAM.
HORIZONS AT GREENSTREET FRIENDS SCHOOL - 5511 GREENE ST - PHILADELPHIA, PA 19144	**-***2643	501(C)(3)	3,400.	967.	COST	EVALUATION, TRAINING AND TECHNICAL ASSISTANCE.	SUPPORT FOR SUMMER AND ENRICHMENT PROGRAM.
HORIZONS AT KENT & QUEEN ANNE'S 116B SOUTH LYNCHBURG STREET CHESTERTOWN, MD 21620	**-***0850	501(C)(3)	10,110.	2,874.	COST	EVALUATION, TRAINING AND TECHNICAL ASSISTANCE.	SUPPORT FOR SUMMER AND ENRICHMENT PROGRAM.
HORIZONS AT OAKWOOD SCHOOL 4000 MACGREGOR DOWNS ROAD GREENVILLE, NC 27834	**-***8898	501(C)(3)	9,400.	2,672.	COST	EVALUATION, TRAINING AND TECHNICAL ASSISTANCE.	SUPPORT FOR SUMMER AND ENRICHMENT PROGRAM.
HORIZONS ALBUQUERQUE 1128 PENNSYLVANIA ST. NE, STE. 220 ALBUQUERQUE, NM 87110	**-***6051	501(C)(3)	9,060.	2,576.	COST	EVALUATION, TRAINING AND TECHNICAL ASSISTANCE.	SUPPORT FOR SUMMER AND ENRICHMENT PROGRAM.
HORIZONS NEWARK 342 CENTRAL AVENUE NEWARK, NJ 07103	**-***4088	501(C)(3)	8,375.	2,381.	COST	EVALUATION, TRAINING AND TECHNICAL ASSISTANCE.	SUPPORT FOR SUMMER AND ENRICHMENT PROGRAM.
HORIZONS ATLANTA AT HIES 805 MOUNT VERNON HIGHWAY NW ATLANTA, GA 30327	**-***7624	501(C)(3)	8,255.	2,347.	COST	EVALUATION, TRAINING AND TECHNICAL ASSISTANCE.	SUPPORT FOR SUMMER AND ENRICHMENT PROGRAM.
HORIZONS ATLANTA AT WOODWARD ACADEMY - 1662 RUGBY AVE - COLLEGE PARK, GA 30337	**-***5584	501(C)(3)	3,220.	915.	COST	EVALUATION, TRAINING AND TECHNICAL ASSISTANCE.	SUPPORT FOR SUMMER AND ENRICHMENT PROGRAM.

Schedule I (Form 990)

**HORIZONS NATIONAL STUDENT ENRICHMENT  
PROGRAM, INC.**

Schedule I (Form 990)

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Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HORIZONS AT ST. RICHARDS EPISCOPAL ACADEMY - 33 EAST 33RD STREET - INDIANAPOLIS, IN 46205	**-***3962	501(C)(3)	5,525.	1,571.	COST	EVALUATION, TRAINING AND TECHNICAL ASSISTANCE.	SUPPORT FOR SUMMER AND ENRICHMENT PROGRAM.
HORIZONS AT ASHLEY HALL 172 RUTLEDGE AVENUE CHARLESTON, SC 29403	**-***4364	501(C)(3)	13,126.	3,732.	COST	EVALUATION, TRAINING AND TECHNICAL ASSISTANCE.	SUPPORT FOR SUMMER AND ENRICHMENT PROGRAM.
HORIZONS AT CAROLINA DAY SCHOOL 1345 HENDERSONVILLE ROAD ASHEVILLE, NC 28803	**-***5490	501(C)(3)	13,776.	3,916.	COST	EVALUATION, TRAINING AND TECHNICAL ASSISTANCE.	SUPPORT FOR SUMMER AND ENRICHMENT PROGRAM.
HORIZONS AT WESTMINSTER SCHOOL 995 HOPMEADOW STREET SIMSBURY, CT 06070	**-***6960	501(C)(3)	14,203.	4,038.	COST	EVALUATION, TRAINING AND TECHNICAL ASSISTANCE.	SUPPORT FOR SUMMER AND ENRICHMENT PROGRAM.
HORIZONS ATLANTA AT GEORGIA INST. OF TECHNOLOGY - 817 WEST PEACHTREE STREET - ATLANTA, GA 30308	**-***7624	501(C)(3)	500.	142.	COST	EVALUATION, TRAINING AND TECHNICAL ASSISTANCE.	SUPPORT FOR SUMMER AND ENRICHMENT PROGRAM.
HORIZONS CHICAGO 1313 E 60TH STREET CHICAGO, IL 60637	**-***7012	501(C)(3)	210,076.	59,840.	COST	EVALUATION, TRAINING AND TECHNICAL ASSISTANCE.	SUPPORT FOR SUMMER AND ENRICHMENT PROGRAM.
HORIZONS AT THE HARLEY SCHOOL 1981 CLOVER ST ROCHESTER, NY 14618	**-***5783	501(C)(3)	7,495.	2,131.	COST	EVALUATION, TRAINING AND TECHNICAL ASSISTANCE.	SUPPORT FOR SUMMER AND ENRICHMENT PROGRAM.
HORIZONS ATLANTA AT CLARK ATLANTA UNIV - 223 JAMES P BRAWLEY DRIVE SW - ATLANTA, GA 30314	**-***5259	501(C)(3)	500.	142.	COST	EVALUATION, TRAINING AND TECHNICAL ASSISTANCE.	SUPPORT FOR SUMMER AND ENRICHMENT PROGRAMS.

Schedule I (Form 990)

HORIZONS NATIONAL STUDENT ENRICHMENT PROGRAM, INC.

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

COPY

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

PART I, LINE 2:

THE VICE PRESIDENT, FINANCE & OPERATIONS IS RESPONSIBLE FOR GRANTEE RELATIONS. SHE IS ACTIVELY INVOLVED IN REVIEWING GRANTEE BUDGETING, CONTRACTS, AND FINANCIAL REVIEWS DURING THE YEAR AND AT YEAR END.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2018**

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization **HORIZONS NATIONAL STUDENT ENRICHMENT PROGRAM, INC.**

Employer identification number  
**\*\* - \*\*\* 8129**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee          | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant        | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2018

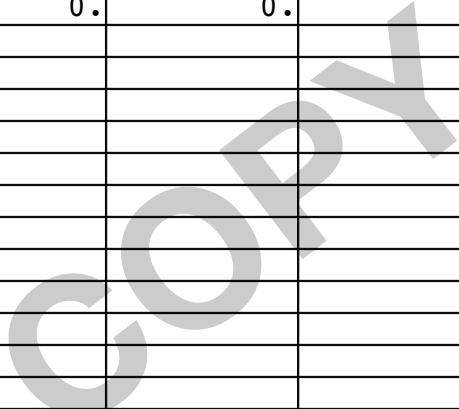
HORIZONS NATIONAL STUDENT ENRICHMENT PROGRAM, INC.

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) LORNA SMITH CEO	(i)	254,500.	0.	0.	0.	0.	254,500.	0.
	(ii)	0.	0.	0.	0.	44,408.	44,408.	0.
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

COPY

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

Name of the organization

HORIZONS NATIONAL STUDENT ENRICHMENT  
PROGRAM, INC.

Employer identification number  
\*\*-\*\*\*8129

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

STUDENTS, IN SUMMER LEARNING PROGRAMS SUPPORTED BY SCHOOL-YEAR  
COMPONENTS.

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

THE VISION OF HORIZONS NATIONAL STUDENT ENRICHMENT PROGRAM IS "ALL  
CHILDREN HAVE THE OPPORTUNITY TO REALIZE THEIR POTENTIAL". HORIZONS  
NATIONAL STUDENT ENRICHMENT PROGRAM, INC (HN) IS THE CENTRAL  
ORGANIZATION FOR AN AWARD WINNING NETWORK OF ACADEMIC ENRICHMENT  
PROGRAMS. HN SERVES LOW-INCOME, PUBLIC SCHOOL, K-12 STUDENTS, IN  
SUMMER LEARNING PROGRAMS SUPPORTED BY SCHOOL-YEAR COMPONENTS. HN  
PROVIDES AFFILIATES CENTRALIZED SUPPORT SERVICES SUCH AS  
TRAINING, EVALUATION, COMMUNICATION, MARKETING, PR, AND CONSULTING  
SERVICES; PLANNING AND FUNDING FOR AFFILIATE PROGRAM INITIATIVES; OTHER  
DISCRETIONARY GRANTS AND EXPANSION.

FORM 990, PART VI, SECTION A, LINE 1:

AFFILIATE BOARD MEMBERS WERE REQUIRED TO RECUSE THEMSELVES FROM VOTING ON  
EXECUTIVE COMPENSATION AND MATTERS INVOLVING THEIR AFFILIATE LOCATION.

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

JANE WILLIAMS IS THE MOTHER-IN-LAW OF RICKY VAN VEEN.

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

THE AUDIT COMMITTEE REVIEWS AND APPROVES THE FORM 990 PRIOR TO IT BEING

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

Schedule O (Form 990 or 990-EZ) (2018)



Name of the organization HORIZONS NATIONAL STUDENT ENRICHMENT PROGRAM, INC.

Employer identification number \*\* - \*\*\* 8129

PROVIDED TO THE FULL BOARD WHICH, IN TURN, OCCURS PRIOR TO THE FILING OF THE 990.

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

OFFICERS, DIRECTORS AND KEY EMPLOYEES ARE REQUIRED TO DISCLOSE ANNUALLY INTERESTS THAT COULD GIVE RISE TO CONFLICTS.

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

COMPENSATION FOR THE CEO IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS ANNUALLY.

FORM 990, PART VI, SECTION C, LINE 18:

COPIES OF THE ORGANIZATION'S FORM 990 ARE AVAILABLE UPON REQUEST.

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

COPIES OF THE ORGANIZATIONS FINANCIAL DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THERE HAS BEEN NO CHANGE TO THE REVIEW AND OVERSIGHT PROCESS.