

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2001

Department of the Treasury
Internal Revenue Service

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

Open to Public
Inspection

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

A For the 2001 calendar year, OR tax year beginning

, and ending

B Check if applicable

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return
- ☐ Amended return
- ☐ Application pending

Please
use IRS
label or
print or
type
See
Specific
Instruc-
tions

C Name of organization

NEW HORIZONS RESOURCES, INC

Number and street (or P.O. box if mail is not delivered to street address)

21 VAN WAGNER ROAD

City or town

POUGHKEEPSIE

State or country

NY

Room/suite

ZIP + 4

12603

D Employer identification number

52-4862107

E Telephone number

(845) 473-3000

F Accounting method

- ☐ Cash ☒ Accrual
- ☐ Other (specify)

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

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates

H(c) Are all affiliates included? ☐ Yes ☐ No

(If "No" attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Enter 4-digit GEN

M Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

G Web site www.nhrny.org

Organization type (check only one) ☒ 501(c)(3) (insert no.) ☐ 4947(a)(1) or ☐ 527Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12

9,733,213

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

1 Contributions, gifts, grants, and similar amounts received

a Direct public support

b Indirect public support

c Government contributions (grants)

d Total (add lines 1a through 1c) (cash \$ 152,173 noncash \$ 224,080)

2 Program service revenue including government fees and contracts (from Part VII, line 93)

3 Membership dues and assessments

4 Interest on savings and temporary cash investments

5 Dividends and interest from securities

6a Gross rents

b Less rental expenses

c Net rental income or (loss) (subtract line 6b from line 6a)

7 Other investment income (describe)

8a Gross amount from sales of assets other than inventory

b Less cost or other basis and sales expenses

c Gain or (loss) (attach schedule)

d Net gain or (loss) (combine line 8c, columns (A) and (B))

9 Special events and activities (attach schedule)

a Gross revenue (not including contributions reported on line 1a) \$ of

b Less direct expenses other than fundraising expenses

c Net income or (loss) from special events (subtract line 9b from line 9a)

10a Gross sales of inventory, gifts, and allowances

b Less cost of goods sold

c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)

11 Other revenue (from Part VII, line 103)

12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)

13 Program services (from line 44, column (B))

14 Management and general (from line 44, column (C))

15 Fundraising (from line 44, column (D))

16 Payments to affiliates (attach schedule)

17 Total expenses (add lines 16 and 44, column (A))

18 Excess or (deficit) for the year (subtract line 17 from line 12)

19 Net assets or fund balances at beginning of year (from line 73, column (A))

20 Other changes in net assets or fund balances (attach explanation)

21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)

1a 232,547

1b 102,971

1c 40,735

1d 376,253

2 9,299,090

3

4 25,713

5

6a

6b

6c 0

7

(A) Securities

(B) Other

8a 10,412

8b

8c 10,412

8d 10,412

9a 870

9b 666

9c 204

10a

10b

10c 0

11 20,875

12 9,732,547

13 8,532,428

14 1,120,419

15 0

16 9,652,847

17 79,700

18 2,685,911

19

20

21 2,765,611

ENVELOPE
POSTMARK DATE

SCANNED AUG 8 @ 2:02 P

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions on page 21.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	22 0			
23 Specific assistance to individuals (attach schedule)	23 0			
24 Benefits paid to or for members (attach schedule)	24 0			
25 Compensation of officers, directors, etc	25 299,310	140,652	158,658	
26 Other salaries and wages	26 5,353,458	4,930,832	422,626	
27 Pension plan contributions	27 59,856	53,701	6,155	
28 Other employee benefits	28 939,499	842,889	96,610	
29 Payroll taxes	29 431,604	387,221	44,383	
30 Professional fundraising fees	30 0			
31 Accounting fees	31 22,080	0	22,080	
32 Legal fees	32 6,801	0	6,801	
33 Supplies	33 151,574	133,022	18,552	
34 Telephone	34 85,227	68,032	17,195	
35 Postage and shipping	35 8,034	2,297	5,737	
36 Occupancy	36 309,994	290,455	19,539	
37 Equipment rental and maintenance	37 35,260	31,254	4,006	
38 Printing and publications	38 3,361	0	3,361	
39 Travel	39 226,990	212,991	13,999	
40 Conferences, conventions, and meetings	40 27,884	9,628	18,256	
41 Interest	41 213,830	187,644	26,186	
42 Depreciation, depletion, etc (attach schedule)	42 501,989	406,031	95,958	
43 Other expenses not covered above (itemize) a see attached	43a 976,096	835,779	140,317	
b	43b 0			
c	43c 0			
d	43d 0			
e	43e 0			
f	43f 0			
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44 9,652,847	8,532,428	1,120,419	0

Joint Costs Check ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

☐ Yes ☒ No

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

Part III Statement of Program Service Accomplishments

(See Specific Instructions on page 24.)

What is the organization's primary exempt purpose? To provide services to the developmentally disabled

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)
a Intermediate Care Facilities - provide residential care and supervision for 42 severely mentally retarded/developmentally disabled adults in a community setting
(Grants and allocations \$ _____)
3,091,175
b Individual Residential Alternatives - provide residential care and supervision for 87 moderately mentally retarded/developmentally disabled adults in a community setting
(Grants and allocations \$ _____)
4,436,322
c Service Coordination and At-Home Services - provide services designed to assist 168 mentally retarded/developmentally disabled children and adults in accessing medical, social, educational, and other services in the community that are necessary for their well-being
(Grants and allocations \$ _____)
769,484
d Day Program - provide day habilitation opportunities for 23 mentally retarded/developmentally disabled adults in the community
(Grants and allocations \$ _____)
221,823
e Other program services (attach schedule) (Grants and allocations \$ _____)
13,624
f Total of Program Service Expenses (should equal line 44, column (B), Program services)
8,532,428

Part IV Balance Sheets

(See Specific Instructions on page 24)

RESTATED

Note	Where required, attached schedules and amounts within the description column should be for end-of-year amounts only	(A) Beginning of year		(B) End of year
Assets				
45	Cash - non-interest-bearing	26,311	45	28,791
46	Savings and temporary cash investments	1,037,794	46	922,056
47a	Accounts receivable	666,708		
b	Less allowance for doubtful accounts	807,333	47c	666,708
48a	Pledges receivable			
b	Less allowance for doubtful accounts		48c	0
49	Grants receivable		49	
50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
51a	Other notes and loans receivable (attach schedule)			
b	Less allowance for doubtful accounts		51c	0
52	Inventories for sale or use		52	
53	Prepaid expenses and deferred charges	37,025	53	40,494
54	Investments - securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
55a	Investments - land, buildings, and equipment basis			
b	Less accumulated depreciation (attach schedule)		55c	0
56	Investments - other (attach schedule)	0	56	0
57a	Land, buildings, and equipment basis	8,092,561		
b	Less accumulated depreciation (attach schedule)	3,258,275	57c	4,834,286
58	Other assets (describe <u>See attached</u>)	371,070	58	377,557
59	Total assets (add lines 45 through 58) (must equal line 74)	6,763,945	59	6,869,892
Liabilities				
60	Accounts payable and accrued expenses	553,601	60	627,273
61	Grants payable		61	
62	Deferred revenue	36,954	62	42,614
63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
64a	Tax-exempt bond liabilities (attach schedule)		64a	
b	Mortgages and other notes payable (attach schedule)	2,961,653	64b	2,934,314
65	Other liabilities (describe <u>see attached</u>)	525,826	65	500,080
66	Total liabilities (add lines 60 through 65)	4,078,034	66	4,104,281
Net Assets or Fund Balances				
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
67	Unrestricted	2,532,744	67	2,612,444
68	Temporarily restricted	153,167	68	153,167
69	Permanently restricted		69	
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74				
70	Capital stock, trust principal, or current funds		70	
71	Paid-in or capital surplus, or land, building, and equipment fund		71	
72	Retained earnings, endowment, accumulated income, or other funds		72	
73	Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	2,685,911	73	2,765,611
74	Total liabilities and net assets/fund balances (add lines 66 and 73)	6,763,945	74	6,869,892

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

Part IV-B	Reconciliation of Expenses per Audited Financial Statements with Expenses per Return
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a	Total expenses and losses per audited financial statements	a	9,738,167
b	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities \$ 85,320		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify)		
	\$		
	Add amounts on lines (1) thru (4)	b	85,320
c	Line a minus line b	c	9,652,847
d	Amounts included on line 17, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify)		
	\$		
	Add amounts on lines (1) and (2)	d	0
e	Total expenses per line 17, Form 990 (line c plus line d)	e	9,652,847

(List each one even if not

compensated, see Specific Instructions on page 26 }

[illegible]☒ No

Form 990 (2001)

Part VI Other Information

(See Specific Instructions on page 27.)

Yes or No

76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	No
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77	No
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/A
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	No
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	Yes
b	If "Yes," enter the name of the organization <u>New Horizons Foundation</u> and check whether it is <input checked="" type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt		
81a	Enter direct or indirect political expenditures. See line 81 instructions	81a	0
b	Did the organization file Form 1120-POL for this year?	81b	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	Yes
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	85,320
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	Yes
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	Yes
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b	N/A
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(c) lobbying and political expenditures	85d	0
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	0
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	0
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) orgs. Enter a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	No
89a	501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under section 4911 <u>0</u> , section 4912 <u>0</u> , section 4955 <u>0</u>		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	No
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0
d	Enter Amount of tax on line 89c, above, reimbursed by the organization		0
90a	List the states with which a copy of this return is filed <u>New York</u>		
b	Number of employees employed in the pay period that includes March 12, 2001 (See instructions.)	90b	247
91	The books are in care of <u>Controller</u> Telephone no <u>(845) 473-3000</u> Located at <u>21 Van Wagner Road, Poughkeepsie, NY</u> ZIP + 4 <u>12603</u>		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	92	N/A

Part VII Analysis of Income-Producing Activities

(See Specific Instructions on page 32.)

Note Enter gross amounts unless otherwise indicated		Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
		(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93	Program service revenue					
a	Participant room & board					1,047,228
b						
c						
d						
e						
f	Medicare/Medicaid payments					7,803,282
g	Fees and contracts from government agencies					448,580
94	Membership dues and assessments					
95	Interest on savings and temporary cash investments			14	25,713	
96	Dividends and interest from securities					
97	Net rental income or (loss) from real estate					
a	debt-financed property					
b	not debt-financed property					
98	Net rental income or (loss) from personal property					
99	Other investment income					
100	Gain or (loss) from sales of assets other than inventory			18	10,412	
101	Net income or (loss) from special events			01	204	
102	Gross profit or (loss) from sales of inventory					
103	Other revenue a Participant clothing					20,875
b						
c						
d						
e						
104	Subtotal (add cols (B), (D), and (E))		0		36,329	9,319,965
105	Total (add line 104, columns (B), (D), and (E))					9,356,294

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes

(See Specific Instructions on page 32.)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93a	SSI, SSA, and other income from participants contributes toward the cost of care and shelter in homes in the community
93f	Primary program service funding, received via NY State Office of Mental Retardation and Developmental Disabilities
93g	Program service fees are supplemented directly by the Office of Mental Retardation and Developmental Disabilities
103a	Income for clothing and participant incidentals also funded by Office of Mental Retardation and Developmental Disabilities

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities

(See Specific Instructions on page 33.)

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

Part X Information Regarding Transfers Associated with Personal Benefit Contracts

(See Specific Instructions on page 33.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums directly or indirectly, on a personal benefit contract?

☐ Yes ☒ No

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

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.

Date

1/5/02

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No. 1545-0047

2001

Department of the Treasury
Internal Revenue Service

MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Name of the organization
NEW HORIZONS RESOURCES, INC

Employer identification number
52-4862107

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions List each one If there are none, enter "None ")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Samuel Laganaro 69 College Avenue Poughkeepsie, NY 12603	HR Director/40	61,491	6,843	0
Jayne Violon 20 Anderson Road Pawling, NY 12564	Program Coord /40	55,604	2,320	0
Carol Engler 59 Main Street New Hamburg, NY 12590	Controller/40	52,101	8,753	0
Total number of other employees paid over \$50,000	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None ")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Steve L. Deolde/Rondout Maintenance 64 Brucken Road Hurley, NY 12443	Maintenance and repairs	77,740
Total number of others receiving over \$50,000 for professional services	0	

Part III Statements About Activities (See page 2 of the instructions)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$ _____ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	1	X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets?	2e	X
3 Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below.)	3	X
4 Do you have a section 403(b) annuity plan for your employees?	4	X
Note: Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments.		

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)

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

- 5** ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i)
- 6** ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7** ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8** ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9** ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 10** ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)
- 11a** ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 11b** ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 12** ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions- subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)
- 13** ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

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

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

- 14** ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

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

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

Calendar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	59,655	60,107	39,138	36,205	195,105
16 Membership fees received					0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	8,347,084	7,670,747	7,319,261	7,169,500	30,506,592
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	97,043	55,041	36,621	37,165	225,870
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.	85,320	85,320	85,320	85,320	341,280
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.	782	-467	454	601	1,370
23 Total of lines 15 through 22	8,589,884	7,870,748	7,480,794	7,328,791	31,270,217
24 Line 23 minus line 17	242,800	200,001	161,533	159,291	763,625
25 Enter 1% of line 23	85,899	78,707	74,808	73,288	
26 Organizations described on lines 10 or 11.	a Enter 2% of amount in column (e), line 24				26a 15,273
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.					26b 0
c Total support for section 509(a)(1) test. Enter line 24, column (e).					26c 763,625
d Add: Amounts from column (e) for lines 18 225,870 19 0					
22 1,370 26b 0					26d 227,240
e Public support (line 26c minus line 26d total)					26e 536,385
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 70.24%
27 Organizations described on line 12.	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year.				
(2000) (1999) (1998) (1997)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year.					
(2000) (1999) (1998) (1997)					
c Add: Amounts from column (e) for lines 15 0 16 0					
17 0 20 0 21 0					27c 0
d Add: Line 27a total and line 27b total					27d 0
e Public support (line 27c total minus line 27d total)					27e 0
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e).					27f 0
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 0.00%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h 0.00%
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

Part V Private School Questionnaire

(See page 7 of the instructions)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

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

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions)

(To be completed ONLY by an eligible organization that filed Form 5768)

N/A

Check ☐ a if the organization belongs to an affiliated group Check ☐ b if you checked "a" and "limited control" provisions apply**Limits on Lobbying Expenditures**

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

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

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

4 - Year Averaging Period Under Section 501(h)

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

See the instructions for lines 45 through 50 on page 11 of the instructions

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45 Lobbying nontaxable amount					0
46 Lobbying ceiling amount (150% of line 45(e))					0
47 Total lobbying expenditures					0
48 Grassroots nontaxable amount					0
49 Grassroots ceiling amount (150% of line 48(e))					0
50 Grassroots lobbying expenditures					0

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions) N/A

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

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

Yes	No	Amount
		0

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

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**Supplementary Information for
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No 1545-0 1

2001

Name of organization

NEW HORIZONS RESOURCES, INC

Employer identification number

52-4862107

Organization type (check one)

Filers of**Section**

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the General rule or a Special rule (Note Only a section 501(c)(7), (8), or (10) organization can check box(es) for both the General rule and a Special rule - see instructions)

General Rule -

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

Special Rules -

- ☒ For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II)
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals (Complete Parts I, II, and III)
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc , purposes, but these contributions did not aggregate to more than \$1,000 (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc , purpose Do not complete any of the Parts unless the General rule applies to this organization because it received nonexclusively religious, charitable, etc , contributions of \$5,000 or more during the year) \$ _____

Caution Organizations that are not covered by the General rule and/or the Special rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization

NEW HORIZONS RESOURCES, INC

Employer identification number

52-4862107

Part I Contributors (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>		\$ <u>95,922</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> Complete Part II if there is a noncash contribution)
(a) No		(c) Aggregate contributions	(d) Type of contribution
<u>2</u>		\$ <u>99,640</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> Complete Part II if there is a noncash contribution)
(a) No		(c) Aggregate contributions	(d) Type of contribution
<u>3</u>		\$ <u>95,500</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> Complete Part II if there is a noncash contribution)
(a) No		(c) Aggregate contributions	(d) Type of contribution
<u>4</u>		\$ <u>25,000</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> Complete Part II if there is a noncash contribution)
(a) No		(c) Aggregate contributions	(d) Type of contribution
<u>5</u>		\$ <u>35,373</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> Complete Part II if there is a noncash contribution)
(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u> </u>	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> Complete Part II if there is a noncash contribution)

Name of organization NEW HORIZONS RESOURCES, INC	Employer identification number 52-4862107
---	--

Part II Noncash Property (See Specific Instructions)

(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u>2</u>	Software _____ _____ _____	\$ <u>99,640</u>	<u>1/3/2001</u>
(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u>3</u>	Land _____ _____ _____	\$ <u>95,500</u>	<u>2/16/2001</u>
(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u>4</u>	Land _____ _____ _____	\$ <u>25 000</u>	<u>6/26/2001</u>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	<u> / / </u>
(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	<u> / / </u>
(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	<u> / / </u>

Name of organization NEW HORIZONS RESOURCES, INC	Employer identification number 52-4862107
---	--

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year.

(Complete columns (a) through (e) and the following line entry)

For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this information once-see instructions) \$

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

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return

OMB No 1545-1709

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

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

Note Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

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

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

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print	Name of Exempt Organization NEW HORIZONS RESOURCES, INC	Employer identification number 52-4862107
File by the due date for filing your return See instructions	Number, street, and room or suite no. If a P O box, see instructions 21 VAN WAGNER ROAD	
	City, town or post office, state, and ZIP code For a foreign address, see instructions POUGHKEEPSIE, NY 12603	

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

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

If the organization does not have an office or place of business in the United States, check this box ☐

If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until 8/15/2002 to file the exempt organization return for the organization named above. The extension is for the organization's return for:

☒ calendar year 2001
☐ tax year beginning _____ and ending _____

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

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

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

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

0

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature Watwood Title Director of Finance Date 4/29/02
For Paperwork Reduction Act Notice, see Instruction (ITA) Form 8868 (12-2000)

If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box ☐

Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time-Must File Original and One Copy.

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization	Employer identification number
	Number, street, and room or suite no. If a P O box, see instructions	For IRS use only
	City, town or post office state, and ZIP code For a foreign address, see instructions	

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

- ☐ Form 990 ☐ Form 990-EZ ☐ Form 990-T (sec. 401(a) or 408(a) trust) ☐ Form 1041-A ☐ Form 5227 ☐ Form 8870
☐ Form 990-BL ☐ Form 990-PF ☐ Form 990-T (trust other than above) ☐ Form 4720 ☐ Form 6069

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

If the organization does not have an office or place of business in the United States, check this box ☐
 If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is
 for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the
 names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until _____
 5 For calendar year _____, or other tax year beginning _____ and ending _____
 6 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period
 7 State in detail why you need the extension _____

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions _____

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 _____

c Balance Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions _____

0

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true correct, and complete, and that I am authorized to prepare this form

Signature _____ Title _____ Date _____

Notice to Applicant-To Be Completed by the IRS

- ☐ We have approved this application Please attach this form to the organization's return
☐ We have not approved this application However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions) This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return Please attach this form to the organization's return.
☐ We have not approved this application After considering the reasons stated in Item 7, we cannot grant your request for an extension of time to file We are not granting a 10-day grace period
☐ We cannot consider this application because it was filed after the due date of the return for which an extension was requested
☐ Other _____

Director _____ By _____ Date _____

Alternate Mailing Address- Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Type or print	Name
	Number and street (include suite, room, or apt. no.) Or a P O box number
	City or town, province or state, and country (including postal or ZIP code)

NEW HORIZONS RESOURCES, INC
EIN 52-4862107
FORM 990 (2001) SCHEDULE ATTACHMENT

PART I, line 8	Date Sold	Sales Price	Cost	Depreciation	Gain/(Loss)
Gross from sales of assets					
1997 Dodge Caravan	06/08/01	10,412	19,219	19,219	10,412
		<u>10,412</u>	<u>19,219</u>	<u>19,219</u>	<u>10,412</u>
					0

PART I, line 9	Revenues	Expenses	Income/(Loss)
Special events and activities			
Candy sales	819	666	153
Miscellaneous sales	<u>51</u>	<u>-</u>	<u>51</u>
	<u>870</u>	<u>666</u>	<u>204</u>

PART II, line 42 and
PART IV, line 57

Asset	Cost	Prior Year Accumulated Depreciation	Useful Life (Years)**	Accum Depr Write Offs	Current Depreciation/ Amortization	Book Value
Land	1,035,009					1,035,009
Land Improvements	156,255	59,460	5-20		11,037	85,758
Buildings	4,060,095	1,319,313	20-25		161,708	2,579,074
Building Improvements	1,310,101	700,036	15-20		69,351	540,714
Leasehold Improvements	114,751	58,469	5		14,605	41,677
Furnishings and Equipment	783,824	408,123	5-10		78,202	297,499
Vehicles	<u>632,526</u>	<u>309,806</u>	<u>4-5</u>	<u>(54,938)</u>	<u>123,103</u>	<u>254,555</u>
Total Land, Buildings and Equipment	<u>\$8,092,561</u>	<u>\$2,855,207</u>		<u>(\$54,938)</u>	<u>\$458,006</u>	<u>\$ 4,834,286</u>
						-
Mortgage costs	363,828	168,442	20-25		22,676	172,710
Deferred charges	<u>21,307</u>	<u>0</u>	<u>1</u>	<u>0</u>	<u>21,307</u>	<u>0</u>
Total Deferred Charges	<u>\$385,135</u>	<u>\$168,442</u>		<u>\$0</u>	<u>\$43,983</u>	<u>\$172,710</u>
						-
Total Depreciation and Amortization		<u>\$3,023,649</u>			<u>\$501,989</u>	

**Straight-line depreciation used for all property, plant and equipment

NEW HORIZONS RESOURCES, INC
EIN 52-4862107
FORM 990 (2001) SCHEDULE ATTACHMENT

PART II, line 43	(A)	(B)	(C)	(D)
Other Expenses	Total	Program Services	Management and General	Fundraising
Food	295,127	295,127		
Contracted services	252,204	203,802	48,402	
Health care assessment	200,230	200,230		
Insurance	78,310	24,905	53,405	
Residents' expenses	63,437	63,437		
Equipment and furniture	31,492	25,096	6,396	
Employment and Recruiting	13,353	0	13,353	
Dues and subscriptions	12,161	2,575	9,586	
Bad debts	12,066	12,066		
Public relations	8,906	0	8,906	
Bond administration fees	8,151	8,151		
Miscellaneous	659	390	269	
	<u>\$976,096</u>	<u>\$835,779</u>	<u>\$140,317</u>	<u>\$0</u>

PART III, line e

Program
Service
Expenses

Community Residence/Supportive Apartments - provided residential care and supervision for
4 moderately mentally retarded/developmentally disabled adults in a community setting
Sites were converted to Individual Residential Alternatives effective 03/07/01

\$ 13,624

PART IV, line 58

Other Assets

	(A) Beginning	(B) End
Unamortized mortgage costs, net	192,268	172,710
Residents' funds	175,844	199,054
Security deposits	2,958	5,793
	<u>\$ 371,070</u>	<u>\$ 377,557</u>

NEW HORIZONS RESOURCES, INC
EIN 52-4862107
FORM 990 (2001) SCHEDULE ATTACHMENT

PART IV, line 64b

Mortgages and Other Notes Payable	Date of	Note	Matunty Date	Interest	Rate	Original Amount	Balance
Total mortgages payable							2,634,694
Note payable, Key Bank of New York							
Leasehold improvement loan							
secured by receivables of Dwight St residence	01/19/00		01/19/05		4 75%	66,000	43,771
Notes payable, Ford Motor Credit Corp							
Vehicle loans (2)	03/30/03		03/29/04		5 90%	53,822	31,803
Note payable, First Union National Bank							
Vehicle loan	07/10/01		07/10/04		7 00%	22,000	19,221
Note payable, First Union National Bank							
Commercial loan, vehicle refinancing	08/07/01		08/06/03		7 00%	243,000	204,825
							<u>2,934,314</u>

PART IV, line 65

Other Liabilities

	(A) Beginning	(B) End
Due to NYS OMRDD	349,982	301,026
Residents' funds	<u>175,844</u>	<u>199,054</u>
	<u>525,826</u>	<u>500,080</u>

NEW HORIZONS RESOURCES, INC
EIN. 52-4862107
FORM 990 (2001) SCHEDULE ATTACHMENT

PART V

List of Officers, Directors, Trustees, and Key Employees

(A)	(B)	(C)	(D)	(E)
Name and address	Title and average hours per week devoted to position	Compensation (if not paid, enter -0-)	Contributions to employee benefit plans & deferred compensation	Expense account and other allowances
George F Decker, Jr UBS PaineWebber 300 Westage Business Center Fishkill, NY 12524	President variable hrs/week	0	0	0
Emanuel F Sans, Esq Gellert & Quartararo P C 3010 Westchester Avenue Suite 302 Purchase, NY 10577	Vice President variable hrs/week	0	0	0
William J Lavery W J Lavery Real Estate 57 Haight Avenue Poughkeepsie, NY 12603	Treasurer variable hrs/week	0	0	0
Theresa Burdick 21 Enoch Crosby Road Brewster, NY 10509	Secretary variable hrs/week	0	0	0
Susan P Hochhauser Director of Special Programs Dutchess Community College 53 Pendell Road Poughkeepsie, NY 12601	Board Director variable hrs/week	0	0	0
Mary Swanson Fiddlers Bridge Rd Staatsburg, NY 12580	Board Director variable hrs/week	0	0	0
Peter Leonard Vassar College Field Work Office, Box 40 Poughkeepsie, NY 12604	Board Director variable hrs/week	0	0	0
Dr William Van Ornum Manst College North Road DY 336 Poughkeepsie, NY 12603	Board Director variable hrs/week	0	0	0
Stephanie K Brenner 12 McCann Drive LaGrangeville, NY 12540	Board Director variable hrs/week	0	0	0

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PART V

List of Officers, Directors, Trustees, and Key Employees

(A)	(B)	(C)	(D)	(E)
Name and address	Title and average hours per week devoted to position	Compensation (If not paid, enter -0-)	Contributions to employee benefit plans & deferred compensation	Expense account and other allowances
Daniel G Hickey Hickey-Finn & Co , Inc 19 Davis Avenue Poughkeepsie, NY 12603	Board Director variable hrs/week	0	0	0
Stacey M Langenthal Key Bank 20 Cannon Street Poughkeepsie, NY 12601	Board Director variable hrs/week	0	0	0
Bruce Marley Central Hudson Gas & Electric 284 South Avenue Poughkeepsie, NY 12601	Board Director variable hrs/week	0	0	0
John R Walker 17 Trotter Lane Poughkeepsie, NY 12603	Board Director variable hrs/week	0	0	0
Marilyn McGaulley Dutchess County BOCES 900 Dutchess Turnpike Poughkeepsie, NY 12603	Board Director variable hrs/week	0	0	0
Regis Obijiski 170 Ledge Road Kingston, NY 12401	Executive Director 40 hrs/week	93,581	6,296	2,704
William Beattie 1 Joray Road Sharon, CT 06069	Assistant Executive Director 40 hours/week	80,645	2,081	0
William Sammis 296 Millers Lane Ext Kingston, NY 12401	Director of Finance 40 hrs/week	58,098	3,499	0
Diane Atwood 43 Hampton Court Clinton Corners, NY 12514	Director of Finance 40 hrs/week	6,700	0	0
Andrea Pollack 13 Creek Bend Road Poughkeepsie, NY 12603	Director of Program Operations - Ulster County 40 hours/week	60,286	8,244	0

NEW HORIZONS RESOURCES, INC.
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FORM 990 (2001) SCHEDULE ATTACHMENT

SCHEDULE A

PART IV-A Line 22 Other Income

	2000	1999	1998	1997	Total
Miscellaneous sales			454	601	1,055
Special events and activities	782	(467)			315
	782	(467)	454	601	1,370