

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2003

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2003 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 Instructions.

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

State or country

ZIP + 4

POUGHKEEPSIE

NY

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).

G Website: ▶ www.nhrny.org

J Organization type (check only one)

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

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 Group Exemption Number ▶

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

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 12,322,738

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)

1 Contributions, gifts, grants, and similar amounts received:

a Direct public support

1a 138,191

b Indirect public support

1b 40,452

c Government contributions (grants)

1c 66,597

d Total (add lines 1a through 1c) (Cash \$ 239,156 noncash \$ 6,084)

1d 245,240

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

2 11,844,519

3 Membership dues and assessments

3 0

4 Interest on savings and temporary cash investments

4 8,442

5 Dividends and interest from securities

5 0

6a Gross rents

6a

b Less: rental expenses

6b

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

6c 0

7 Other investment income (describe ▶)

7 0

8a Gross amount from sales of assets other than inventory

(A) Securities

(B) Other

0 8a 190,658

b Less: cost or other basis and sales expenses

0 8b 185,396

c Gain or (loss) (attach schedule)

0 8c 5,262

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

8d 5,262

9 Special events and activities (attach schedule). If any amount is from gaming, check here ☐

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

9a 0

b Less: direct expenses other than fundraising expenses

9b 0

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

9c 0

10a Gross sales of inventory, less returns and allowances

10a

b Less: cost of goods sold

10b

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

10c 0

11 Other revenue (from Part VII, line 103)

11 33,879

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

12 12,137,342

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

13 10,039,971

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

14 1,249,598

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

15 0

16 Payments to affiliates (attach schedule)

16 0

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

17 11,289,569

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

18 847,773

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

19 3,574,926

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

20 64,891

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

21 4,487,590

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2003)

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 page 22 of the instructions.)

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 \$ 0 noncash \$ 0)	0	0		
23	Specific assistance to individuals (attach schedule)	0			
24	Benefits paid to or for members (attach schedule)	0			
25	Compensation of officers, directors, etc.	329,844	154,403	175,441	
26	Other salaries and wages	6,612,579	6,080,883	531,696	
27	Pension plan contributions	81,270	72,992	8,278	
28	Other employee benefits	1,278,080	1,147,890	130,190	
29	Payroll taxes	527,883	474,111	53,772	
30	Professional fundraising fees	0			
31	Accounting fees	16,000		16,000	
32	Legal fees	5,761		5,761	
33	Supplies	191,811	165,267	26,544	
34	Telephone	94,099	81,024	13,075	
35	Postage and shipping	8,716	2,362	6,354	
36	Occupancy	340,176	323,695	16,481	
37	Equipment rental and maintenance	46,586	39,307	7,279	
38	Printing and publications	6,448		6,448	
39	Travel	258,957	243,883	15,074	
40	Conferences, conventions, and meetings	28,696	9,817	18,879	
41	Interest	158,233	148,595	9,638	
42	Depreciation, depletion, etc. (attach schedule)	546,799	475,474	71,325	
43	Other expenses not covered above (itemize): a see attached	757,631	620,268	137,363	
b		0			
c		0			
d		0			
e		0			
f		0			
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	11,289,569	10,039,971	1,249,598	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 \$ 0, (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 page 25 of the instructions.)

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 Individual Residential Alternatives - provide residential care and supervision to 131 moderately mentally retarded/developmentally disabled adults in a community setting. (Grants and allocations \$) 7,912,539
b Intermediate Care Facility - provides residential care and supervision to 11 mentally retarded/developmentally disabled adults. (Grants and allocations \$) 853,121
c Service Coordination and At-Home Services - provide services to assist 198 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 \$) 945,350
d Day Program - provide day habilitation opportunities for 24 mentally retarded/developmentally disabled adults in the community. (Grants and allocations \$) 242,481
e Other program services (attach schedule) (Grants and allocations \$) 86,480
f Total of Program Service Expenses (should equal line 44, column (B), Program services) 10,039,971

Part IV Balance Sheets (See page 25 of the instructions.)

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		38,950	45	33,229
	46	Savings and temporary cash investments		1,407,043	46	2,422,733
	47 a	Accounts receivable	47a 919,643			
	b	Less: allowance for doubtful accounts	47b 0	779,453	47c	919,643
	48 a	Pledges receivable	48a 0			
	b	Less: allowance for doubtful accounts	48b 0	0	48c	0
	49	Grants receivable			49	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)		0	50	0
	51 a	Other notes and loans receivable (attach schedule)	51a 0			
	b	Less: allowance for doubtful accounts	51b 0	0	51c	0
	52	Inventories for sale or use			52	
	53	Prepaid expenses and deferred charges		9,169	53	17,961
	54	Investments—securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		0	54	0
	55 a	Investments—land, buildings, and equipment: basis	55a 0			
	b	Less: accumulated depreciation (attach schedule)	55b 0	0	55c	0
	56	Investments—other (attach schedule)		0	56	0
	57 a	Land, buildings, and equipment: basis	57a 8,527,410			
	b	Less: accumulated depreciation (attach schedule)	57b 3,740,426	4,550,993	57c	4,786,984
58	Other assets (describe <input type="checkbox"/> See attached worksheet)		610,881	58	699,406	
59	Total assets (add lines 45 through 58) (must equal line 74)		7,396,489	59	8,879,956	
Liabilities	60	Accounts payable and accrued expenses		687,755	60	989,923
	61	Grants payable			61	
	62	Deferred revenue		56,039	62	160,301
	63	Loans from officers, directors, trustees, and key employees (attach schedule)		0	63	0
	64 a	Tax-exempt bond liabilities (attach schedule)		0	64a	0
	b	Mortgages and other notes payable (attach schedule)		2,547,632	64b	2,568,865
	65	Other liabilities (describe <input type="checkbox"/> See attached worksheet)		530,137	65	673,277
66	Total liabilities (add lines 60 through 65)		3,821,563	66	4,392,366	
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		3,153,796	67	4,001,569
	68	Temporarily restricted		371,130	68	436,021
	69	Permanently restricted		50,000	69	50,000
	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)		3,574,926	73	4,487,590
	74	Total liabilities and net assets / fund balances (add lines 66 and 73)		7,396,489	74	8,879,956

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

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 27 of the instructions.)

a	Total revenue, gains, and other support per audited financial statements . . . ▶	a	12,260,236
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments . . . \$		
(2)	Donated services and use of facilities . . . \$	122,894	
(3)	Recoveries of prior year grants . . . \$		
(4)	Other (specify):		
	----- \$		
	----- \$		
	Add amounts on lines (1) through (4) . . ▶	b	122,894
c	Line a minus line b ▶	c	12,137,342
d	Amounts included on line 12, Form 990 but not on line a :		
(1)	Investment expenses not included on line 6b, Form 990 . . . \$		
(2)	Other (specify):		
	----- \$		
	----- \$		
	Add amounts on lines (1) and (2) . . ▶	d	0
e	Total revenue per line 12, Form 990 (line c plus line d) ▶	e	12,137,342

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

a	Total expenses and losses per audited financial statements . . . ▶	a	11,412,463
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities . . . \$	122,894	
(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) through (4) . . ▶	b	122,894
c	Line a minus line b ▶	c	11,289,569
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	11,289,569

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see page 27 of the instructions.)

(A) Name and address			(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Name	See attached	Str	Title			
City	ST	ZIP	Hr/WK	329,844	21,348	2,704
Name	Str		Title			
City	ST	ZIP	Hr/WK			
Name	Str		Title			
City	ST	ZIP	Hr/WK			
Name	Str		Title			
City	ST	ZIP	Hr/WK			
Name	Str		Title			
City	ST	ZIP	Hr/WK			
Name	Str		Title			
City	ST	ZIP	Hr/WK			
Name	Str		Title			
City	ST	ZIP	Hr/WK			
Name	Str		Title			
City	ST	ZIP	Hr/WK			
Name	Str		Title			
City	ST	ZIP	Hr/WK			

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule—see page 28 of the instructions.

▶ ☐ Yes ☒ No

Part VI Other Information (See page 28 of the instructions.)

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	X	
b	If "Yes," enter the name of the organization New Horizons Foundation		
	and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81 a	Enter direct and indirect political expenditures. See line 81 instructions	0	
b	Did the organization file Form 1120-POL for this year?		X
82 a	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?	X	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	122,894	
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	N/A	
c	Dues, assessments, and similar amounts from members	N/A	
d	Section 162(e) lobbying and political expenditures	N/A	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	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?	N/A	
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	N/A	
b	Gross receipts, included on line 12, for public use of club facilities	N/A	
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	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.)	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		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0 ; section 4912 0 ; section 4955 0	0	
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		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	0	
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization	0	
90 a	List the states with which a copy of this return is filed NY		
b	Number of employees employed in the pay period that includes March 12, 2003 (See instructions.)	255	
91	The books are in care of Name Carol Engler, Controller Telephone no (845) 473-3000 Located at 21 Van Wagner Road City Poughkeepsie ST NY Zip + 4 12603		
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 page 33 of the instructions.)**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E)
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	Related or exempt function income
93 Program service revenue					
a Participant room & board					1,362,073
b					
c					
d					
e					
f Medicare/Medicaid payments					10,123,211
g Fees and contracts from government agencies					359,235
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	8,442	
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	5,262	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a Participant clothing					32,500
b Miscellaneous sales			01	1,379	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		15,083	11,877,019
105 Total (add line 104, columns (B), (D), and (E))					11,892,102

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 page 34 of the instructions.)

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, other income from participants contributes toward cost of care and shelter in homes in the community.
93f	Primary program service funding, received via NY State Office of Mental Retardation & Developmental Disabilities.
93g	Program service fees are supplemented directly by the Office of Mental Retardation & Developmental Disabilities.
103a	Income for clothing, participant incidentals also funded by Office of Mental Retardation & Developmental Disabilities.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

(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	%		0	0
	%		0	0
	%		0	0
	%		0	0

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)(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.

Please

Date

5/11/04

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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
Supplementary Information—(See separate instructions.)

OMB No. 1545-0047

2003

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
Name Samuel Laganaro Str 69 College Avenue City Poughkeepsie ST NY Zip 12603 Country	Title HR Director Avg hr/wk 40	68,681	7,964	
Name Jayne Violon Str 20 Anderson Road City Pawling ST NY Zip 12564 Country	Title Program Coord. Avg hr/wk 40	60,738	2,639	
Name Carol Engler Str 59 Main Street City New Hamburg ST NY Zip 12590 Country	Title Controller Avg hr/wk 40	53,842	7,920	
Name Geraldo DePorres Str 302 Grand Street City Newburgh ST NY Zip 12550 Country	Title Psychologist Avg hr/wk 40	52,699	4,610	
Name Str City ST Zip Country	Title Avg hr/wk			
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
Name Guercio Construction Check here if a business <input checked="" type="checkbox"/> Str 225 Route 9G City Hyde Park ST NY ZIP 12538 Country	Construction	129,810
Name Steve L. Deolde/Rondout Maintenance Check here if a business <input type="checkbox"/> Str 64 Brucken Road City Hurley ST NY ZIP 12443 Country	Maintenance & repairs	78,500
Name R. J. Bryce Construction Check here if a business <input type="checkbox"/> Str 555 Browning Road City Salt Point ST NY ZIP 12578 Country	Construction/Maintenance	65,721
Name Check here if a business <input type="checkbox"/> Str City ST ZIP Country		
Name Check here if a business <input type="checkbox"/> Str City ST ZIP Country		
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 ▶ \$ <u>0</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1	X
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.		
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)? See Part V, Form 990	2d	X
e Transfer of any part of its income or assets?	2e	X
3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	3a	X
b Do you have a section 403(b) annuity plan for your employees?	3b	X
4 Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4	X

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 ▶ _____ City _____ ST _____ Country _____
- 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.)
- 11 a** ☒ 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.)
- 11 b** ☐ 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) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	118,264	81,113	59,655	60,107	319,139
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	10,551,033	9,299,090	8,347,084	7,670,747	35,867,954
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	12,290	25,713	97,043	55,041	190,087
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	133	204	782	-467	652
23 Total of lines 15 through 22	10,767,040	9,491,440	8,589,884	7,870,748	36,719,112
24 Line 23 minus line 17	216,007	192,350	242,800	200,001	851,158
25 Enter 1% of line 23	107,670	94,914	85,899	78,707	
26 Organizations described on lines 10 or 11:					
a Enter 2% of amount in column (e), line 24					
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 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					
c Total support for section 509(a)(1) test: Enter line 24, column (e)					
d Add: Amounts from column (e) for lines:					
18 190,087 19 0					
22 652 26b 0					
e Public support (line 26c minus line 26d total)					
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
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:					
(2002) (2001) (2000) (1999)					
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:					
(2002) (2001) (2000) (1999)					
c Add: Amounts from column (e) for lines:					
15 0 16 0					
17 0 20 0 21 0					
d Add: Line 27a total and line 27b total					
e Public support (line 27c total minus line 27d total)					
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, 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?	29	
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?	30	
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.)	31	
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
	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?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities?	33h	
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
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.	34b	
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	35	

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																				
39	Other exempt purpose expenditures	39																					
40	Total exempt purpose expenditures (add lines 38 and 39)	40	0																				
41	Lobbying nontaxable amount Enter the amount from the following table—																						
<table border="0"> <tr> <td>If the amount on line 40 is—</td> <td>The lobbying nontaxable amount is—</td> <td></td> <td></td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> <td rowspan="5">}</td> <td></td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> <td></td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> <td></td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> <td></td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> <td></td> </tr> </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		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	
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																						
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																						
41			0																				
42	Grassroots nontaxable amount (enter 25% of line 41)	42	0																				
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	0																				
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	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) 2003	(b) 2002	(c) 2001	(d) 2000	(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:

	Yes	No	Amount
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.)			0

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

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PART I, line 8	Date Sold	Sales Price	Cost	Depreciation	Gain/(Loss)
Gross from sales of assets					
1988 Ford F-350	01/23/03	\$ 1,200	\$ 6,000	\$ 6,000	\$ 1,200
1997 Dodge Caravans (3)	04/18/03	-	57,657	57,657	-
1997 Dodge Ram Wagon (1)	04/18/03	-	20,754	20,754	-
2000 Dodge Caravan	04/18/03	3,694	19,700	16,006	-
1997 Dodge Caravans (2)	04/29/03	-	38,438	38,438	-
2000 Dodge Caravans (3)	04/29/03	11,100	50,300	44,013	4,813
2000 Dodge Caravans (4)	06/02/03	16,230	70,300	61,513	7,443
1999 Dodge Caravan	06/04/03	2,444	19,701	17,956	699
2000 Dodge Caravans (2)	06/04/03	7,400	28,300	24,762	3,862
Land - Camp Hi-Vu	07/14/03	148,590	161,345	-	(12,755)
		<u>\$ 190,658</u>	<u>\$ 472,495</u>	<u>\$ 287,099</u>	<u>\$ 5,262</u>
					0

PART I, line 20 Other changes in net assets

Change in interest in net assets of New Horizons Foundation \$ 64,891

PART II, line 42 and PART IV, line 57	Cost	Prior Year Accumulated Depreciation	Useful Life (Years)**	Accum. Depr. Write Offs	Current Depreciation/ Amortization	Book Value
Land	\$ 873,664					\$ 873,664
Land Improvements	174,818	80,777	5-20		10,612	83,429
Buildings	4,221,925	1,649,991	20-25		169,524	2,402,410
Building Improvements	1,481,430	827,519	15-20		72,701	581,210
Leasehold Improvements	152,306	73,966	5		17,898	60,442
Furnishings and Equipment	711,301	377,605	5-10		79,178	254,518
Vehicles	911,966	491,970	4	(287,099)	175,784	531,311
Total Land, Buildings and Equipment	<u>\$8,527,410</u>	<u>\$3,501,828</u>		<u>(\$287,099)</u>	<u>\$525,697</u>	<u>\$ 4,786,984</u>
Mortgage costs	303,147	174,062	20-25		21,102	107,983
Total Deferred Charges	<u>\$303,147</u>	<u>\$174,062</u>		<u>\$0</u>	<u>\$21,102</u>	<u>\$107,983</u>
Total Depreciation and Amortization		<u>\$3,675,890</u>			<u>\$546,799</u>	

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

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PART II, line 43:	(A)	(B)	(C)	(D)
Other Expenses	Total	Program Services	Management and General	Fundraising
Food	\$ 326,226	\$ 326,204	\$ 22	
Contracted services	106,862	74,196	32,666	
Health care assessment	47,572	47,572	0	
Insurance	99,192	33,547	65,645	
Residents' expenses	72,701	72,701	0	
Equipment and furniture	51,596	46,185	5,411	
Employment and Recruiting	15,637	0	15,637	
Dues and subscriptions	14,654	2,962	11,692	
Public relations	6,019	22	5,997	
Bond administration fees	8,655	8,655		
Bad debts	6,178	6,178		
Board activities	411	0	411	
Miscellaneous	1,928	2,046	(118)	
	<u>\$757,631</u>	<u>\$620,268</u>	<u>\$137,363</u>	<u>\$0</u>

PART III, line e:

Briggs Farm	Program Service Expenses
Internship Program	
Other Miscellaneous Programs	
	<u>\$ 66,144</u>
	<u>19,197</u>
	<u>1,139</u>
	<u>\$ 86,480</u>

PART IV, line 58:

Other Assets	(A) Beginning	(B) End
Interest in net assets of New Horizons Foundation	\$ 267,963	\$ 332,854
Unamortized mortgage costs, net	129,085	107,983
Residents' funds	210,860	254,250
Security deposits	2,973	4,319
	<u>\$ 610,881</u>	<u>\$ 699,406</u>

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PART IV, line 64b:

Mortgages and Other Notes Payable	Date of	Note Maturity	Date	Interest	Rate	Original Amount	Balance
Total mortgages payable							\$ 2,077,348
Note payable, Key Bank of New York: Leasehold improvement loan secured by receivables of Dwight St. residence	01/19/00	01/19/05		4.00%		66,000	13,890
Notes payable, Ford Motor Credit Corp.: Vehicle loans (2)	03/30/00	03/29/04		5.90%		53,822	3,717
Note payable, Wachovia (1st Union National) Bank: Vehicle loan	07/10/01	07/10/04		7.00%		22,000	4,647
Note payable, Rhinebeck Savings Bank: Vehicle loan	04/18/02	04/18/05		5.49%		19,054	8,870
Note payable, M&T Bank: Vehicle loan	07/22/02	07/22/05		7.74%		20,854	11,613
Notes payable, Rhinebeck Savings Bank: Vehicle loans (19)	04/09/03	06/02/06		3.79%		460,785	368,807
Note payable, Key Bank: Vehicle loan	05/06/03	05/06/06		4.99%		15,066	12,314
Note payable, M&T Bank: Vehicle loan	11/25/03	11/25/06		6.00%		69,424	67,659
							<u>\$ 2,568,865</u>

PART IV, line 65:

Other Liabilities

	(A) Beginning	(B) End
Due to NYS OMRDD	\$ 319,277	\$ 419,027
Residents' funds	210,860	254,250
	<u>\$ 530,137</u>	<u>\$ 673,277</u>

NEW HORIZONS RESOURCES, INC.
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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
George F. Decker, Jr. UBS c/o 21 Van Wagner Road Poughkeepsie, NY 12603	President variable hrs/week	0	0	0
Emanuel F. Saris, Esq. Vergilis, Stenger & Partners c/o 21 Van Wagner Road Poughkeepsie, NY 12603	Vice President variable hrs/week	0	0	0
William J. Lavery Houlihan Lawrence Lavery c/o 21 Van Wagner Road Poughkeepsie, NY 12603	Treasurer variable hrs/week	0	0	0
Theresa Burdick c/o 21 Van Wagner Road Poughkeepsie, NY 12603	Secretary variable hrs/week	0	0	0
Susan P. Hochhauser Dutchess Community College c/o 21 Van Wagner Road Poughkeepsie, NY 12603	Board Director variable hrs/week	0	0	0
Mary Swanson c/o 21 Van Wagner Road Poughkeepsie, NY 12603	Board Director variable hrs/week	0	0	0
Peter Leonard Vassar College c/o 21 Van Wagner Road Poughkeepsie, NY 12603	Board Director variable hrs/week	0	0	0
Dr. William Van Ornum Marist College c/o 21 Van Wagner Road Poughkeepsie, NY 12603	Board Director variable hrs/week	0	0	0
Stephanie K. Brenner c/o 21 Van Wagner Road Poughkeepsie, NY 12603	Board Director variable hrs/week	0	0	0
Daniel G. Hickey Hickey-Finn & Co., Inc c/o 21 Van Wagner Road Poughkeepsie, NY 12603	Board Director variable hrs/week	0	0	0

NEW HORIZONS RESOURCES, INC.
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PART V

List of Officers, Directors, Trustees, and Key Employees, continued

(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
Stacey M. Langenthal Key Bank c/o 21 Van Wagner Road Poughkeepsie, NY 12603	Board Director variable hrs/week	0	0	0
Bruce Marley Central Hudson Gas & Electric c/o 21 Van Wagner Road Poughkeepsie, NY 12603	Board Director variable hrs/week	0	0	0
John R. Walker c/o 21 Van Wagner Road Poughkeepsie, NY 12603	Board Director variable hrs/week	0	0	0
Marlyn McGaulley Dutchess County BOCES c/o 21 Van Wagner Road Poughkeepsie, NY 12603	Board Director variable hrs/week	0	0	0
Joseph Kirchhoff Kirchhoff Construction Mgmt., Inc c/o 21 Van Wagner Road Poughkeepsie, NY 12603	Board Director variable hrs/week	0	0	0
Regis Obijiski 170 Ledge Road Kingston, NY 12401	Executive Director 40 hrs/week	104,766	8,072	2,704
William Beattie 166 Sterling Place Highland, NY 12528	Assistant Executive Director 40 hours/week	88,113	2,346	0
Diane Atwood 43 Hampton Court Clinton Corners, NY 12514	Director of Finance 40 hrs/week	70,675	2,294	0
Andrea Pollack 13 Creek Bend Road Poughkeepsie, NY 12603	Director of Program Operations - Ulster County 40 hours/week	66,290	8,636	0

SCHEDULE A

PART IV-A Line 22 Other Income

	2002	2001	2000	1999	Total
Miscellaneous sales	133				133
Special events and activities		204	782	(467)	519
	133	204	782	(467)	652