

Form

990Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

OMB No 1545-0047

2004**Open to Public Inspection****A For the 2004 calendar year, or tax year beginning January 01, 2004, and ending December 31, 20 04****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) Room/suite

21 VAN WAGNER ROAD

City or town, state or country, and 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).

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)**G Website:** ▶ **www.nhrny.org****J Organization type** (check only one) ▶ ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**K** 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****L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **13890349****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 18 of the instructions.)

Revenue	1 Contributions, gifts, grants, and similar amounts received				
	a Direct public support	1a		134034	
	b Indirect public support	1b		82871	
	c Government contributions (grants)	1c		414449	
	d Total (add lines 1a through 1c) (cash \$ 206323 noncash \$ 425031)				1d 631354
	2 Program service revenue including government fees and contracts (from Part VII, line 93)				2 12948980
	3 Membership dues and assessments				3 0
	4 Interest on savings and temporary cash investments				4 11669
	5 Dividends and interest from securities				5 0
	6a Gross rents	6a		0	
b Less rental expenses	6b		0		
c Net rental income or (loss) (subtract line 6b from line 6a)				6c 0	
7 Other investment income (describe ▶)				7 0	
Revenue	8a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
		0	8a	262182	
	b Less cost or other basis and sales expenses	0	8b	183073	
	c Gain or (loss) (attach schedule)	0	8c	79109	
	d Net gain or (loss) (combine line 8c, columns (A) and (B))				8d 79109
	9 Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>				
	a Gross revenue (not including \$ 0 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	
Revenue	10a Gross sales of inventory, less returns and allowances	10a		0	
	b Less cost of goods sold	10b		0	
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)				10c 0
Revenue	11 Other revenue (from Part VII, line 103)				11 36164
	12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)				12 13707276
Expenses	13 Program services (from line 44, column (B))				13 11686925
	14 Management and general (from line 44, column (C))				14 1365832
	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 13052757
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)				18 654519
	19 Net assets or fund balances at beginning of year (from line 73, column (A))				19 4487590
	20 Other changes in net assets or fund balances (attach explanation)				20 33808
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)				21 5175917

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.)

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	22 0	0		
23	Specific assistance to individuals (attach schedule)	23 0			
24	Benefits paid to or for members (attach schedule).	24 0	0		
25	Compensation of officers, directors, etc	25 346334	162489	183845	0
26	Other salaries and wages	26 7409829	6840356	569473	0
27	Pension plan contributions	27 89980	81388	8592	0
28	Other employee benefits	28 1918010	1732210	185800	0
29	Payroll taxes	29 587085	530046	57039	0
30	Professional fundraising fees	30 0	0	0	
31	Accounting fees	31 18500	0	18500	0
32	Legal fees	32 5580	0	5580	0
33	Supplies	33 222708	200623	22085	0
34	Telephone	34 90239	78070	12169	0
35	Postage and shipping	35 8016	2247	5769	0
36	Occupancy	36 382189	364934	17255	0
37	Equipment rental and maintenance	37 51614	45353	6261	0
38	Printing and publications	38 5905	0	5905	0
39	Travel	39 300956	282767	18189	0
40	Conferences, conventions, and meetings	40 36152	8995	27157	0
41	Interest	41 151265	142813	8452	0
42	Depreciation, depletion, etc (attach schedule)	42 618540	545432	73108	0
43	Other expenses not covered above (itemize) a	43a			
	b Attachment #1: PART II OTHER EXPENSES	43b 809855	669202	140653	0
	c	43c			
	d	43d			
	e	43e			
44	Total functional expenses (add lines 22 through 43) <i>Organizations completing columns (B)-(D), carry these totals to lines 13-15 .</i>	44 13052757	11686925	1365832	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 page 25 of the instructions.)

What is the organization's primary exempt purpose? **Attachment #2: PRIMARY EXEMPT PURPOSE**

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.)

Attachment #3: PROGRAM SERVICE ACCOMPLISHMENTS		Program Service Expenses (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts, but optional for others.)
a	(Grants and allocations \$ _____)	
b	(Grants and allocations \$ _____)	
c	(Grants and allocations \$ _____)	
d	(Grants and allocations \$ _____)	
e	Other program services (attach schedule) (Grants and allocations \$ _____)	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services).	11686925

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	33229	45	35523
	46 Savings and temporary cash investments	2422733	46	2484278
	47a Accounts receivable 47a 968120			
	b Less allowance for doubtful accounts 47b 0	919643	47c	968120
	48a Pledges receivable 48a 0			
	b Less allowance for doubtful accounts 48b 0	0	48c	0
	49 Grants receivable	0	49	0
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)	0	50	0
	51a 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	0	52	0
	53 Prepaid expenses and deferred charges	17961	53	54898
	54 Investments—securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV	0	54	0
	55a 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	
57a Land, buildings, and equipment basis 57a 10372277				
b Less accumulated depreciation (attach schedule) 57b 4291071	4786984	57c	6081206	
58 Other assets (describe ► Attachment #4: Part IV OTHER ASSETS)	699406	58	768168	
59 Total assets (add lines 45 through 58) (must equal line 74)	8879956	59	10392193	
Liabilities	60 Accounts payable and accrued expenses	989923	60	1046895
	61 Grants payable	0	61	0
	62 Deferred revenue	160301	62	154722
	63 Loans from officers, directors, trustees, and key employees (attach schedule)	0	63	0
	64a Tax-exempt bond liabilities (attach schedule)	0	64a	0
	b Mortgages and other notes payable (attach schedule)	2568865	64b	3398102
	65 Other liabilities (describe ► Attachment #5: Part IV OTHER LIAB.)	673277	65	616557
66 Total liabilities (add lines 60 through 65)	4392366	66	5216276	
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	4001569	67	4800185
	68 Temporarily restricted	436021	68	325732
	69 Permanently restricted	50000	69	50000
	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)	4487590	73	5175917
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	8879956	74	10392193

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 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.	76	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	<input checked="" type="checkbox"/>
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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		
81a	Enter direct and indirect political expenditures. See line 81 instructions . . . 81a 0		
b	Did the organization file Form 1120-POL for this year?	81b	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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 115322		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	<input checked="" type="checkbox"/>
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? . . .	83b	<input checked="" type="checkbox"/>
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	<input checked="" type="checkbox"/>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	
	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		
c	Dues, assessments, and similar amounts from members. 85c		
d	Section 162(e) lobbying and political expenditures. 85d		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices. . . . 85e		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) . . . 85f		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	
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	
86	501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12. 86a		
b	Gross receipts, included on line 12, for public use of club facilities 86b		
87	501(c)(12) orgs. Enter a Gross income from members or shareholders 87a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 87b		
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	<input checked="" type="checkbox"/>
89a	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		
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	<input checked="" type="checkbox"/>
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 ▶ New York		
b	Number of employees employed in the pay period that includes March 12, 2004 (See instructions) 90b 283		
91	The books are in care of ▶ Carol Engler Controller Telephone no ▶ (845) 473-3000 Located at ▶ 21 Van Wagner Road Poughkeepsie, 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		

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

		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	Room and board		0		0	1460843
b						
c						
d						
e						
f	Medicare/Medicaid payments		0		0	11122338
g	Fees and contracts from government agencies		0		0	365799
94	Membership dues and assessments					
95	Interest on savings and temporary cash investments		0	14	11669	0
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		0	18	79109	0
101	Net income or (loss) from special events					
102	Gross profit or (loss) from sales of inventory					
103	Other revenue a					
b	Miscellaneous sales		0	1	2854	0
c	Participant clothing		0		0	33310
d						
e						
104	Subtotal (add columns (B), (D), and (E))		0		93632	12982290
105	Total (add line 104, columns (B), (D), and (E))					13075922

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)
	Attachment #7: RELATIONSHIP ACTIVITIES

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
	%			
	%			
	%			
	%			

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).

Please Sign Here	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.			
	 Signature of officer Diane Atwood, Director of Finance Type or print name and title		May 03, 2005 Date	
Paid Preparer's Use Only	Preparer's signature 	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. W)
	Firm's name (or yours if self-employed), address, and ZIP + 4	EIN	Phone no. () -	

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

Supplementary Information—(See separate instructions.)

OMB No 1545-0047

2004

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 21 Van Wagner Road Poughkeepsie NY 12603	Human Resources Dir 40	74870	9280	0
Carol Engler 21 Van Wagner Road Poughkeepsie NY 12603	Controller 40	56360	9065	0
Beverly Kaufman 21 Van Wagner Road Poughkeepsie NY 12603	Social Worker 40	56087	2674	0
Patricia Moran 21 Van Wagner Road Poughkeepsie NY 12603	Nursing Coordinator 40	62936	4990	0
Jayne Violon 21 Van Wagner Road Poughkeepsie NY 12603	Program Admin Coord 40	64903	2699	0
Total number of other employees paid over \$50,000 ▶	7			

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
NONE		
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 i 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.			
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	✓
b	Lending of money or other extension of credit?	2b	✓
c	Furnishing of goods, services, or facilities?	2c	✓
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	✓
e	Transfer of any part of its income or assets?	2e	✓
3a	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	✓
b	Do you have a section 403(b) annuity plan for your employees?	3b	✓
4a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	✓
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	✓

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 33⅓% 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 33⅓% 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 5 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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28).	139156	118264	81113	59655	398188
16 Membership fees received	0	0	0	0	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	11877019	10551033	9299090	8347084	40074226
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	8442	12290	25713	97043	143488
19 Net income from unrelated business activities not included in line 18.	0	0	0	0	0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	0	0	0	0	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	122894	85320	85320	85320	378854
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	1379	133	204	782	2498
23 Total of lines 15 through 22	12148890	10767040	9491440	8589884	40997254
24 Line 23 minus line 17	271871	216007	192350	242800	923028
25 Enter 1% of line 23	121489	107670	94914	85899	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 ►	26a	18461
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 2000 through 2003 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	923028
d Add Amounts from column (e) for lines 18 <u>143488</u> 19 <u>0</u> 22 <u>2498</u> 26b <u>0</u> ►	26d	145986
e Public support (line 26c minus line 26d total) ►	26e	777042
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ►	26f	0.84 %

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

(2003) _____ (2002) _____ (2001) _____ (2000) _____

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

(2003) _____ (2002) _____ (2001) _____ (2000) _____

c Add Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ ►	27c	
d Add Line 27a total, _____ and line 27b total, _____ ►	27d	
e Public support (line 27c total minus line 27d total) ►	27e	
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e) ► 27f		
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ►	27g	%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ►	27h	%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, 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)

	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	32a	
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32b	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32c	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32d	
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?	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? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)	33h	
34a 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)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	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount Enter the amount from the following table— <div style="display: flex; justify-content: space-between;"> <div> If the amount on line 40 is— Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000 </div> <div> The lobbying nontaxable amount is— 20% of the amount on line 40 \$100,000 plus 15% of the excess over \$500,000 \$175,000 plus 10% of the excess over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000 \$1,000,000 </div> </div>	41	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36.	43	
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38.	44	

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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

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

Organization Name: NEW HORIZONS RESOURCES INC**EIN:** 52-4862107

Return: 990

OTHER EXPENSES

Statement: 1

Page 1 of 1

DESCRIPTION	OTHER EXPENSES	OTHER EXPENSES (PROGRAM)	OTHER EXPENSES (MANAGEMENT)	OTHER EXPENSES (FUNDRAISING)
CONTRACTED SERVICES	90918	55747	35171	0
BAD DEBT EXPENSE	15381	15381	0	0
FOOD	346385	346385	0	0
RESIDENTS EXPENSES	82761	82761	0	0
HEALTH CARE ASSESSMENT	71955	71955	0	0
DUES AND SUBSCRIPTIONS	12589	3084	9505	0
EMPLOYMENT AND RECRUITING	10739	0	10739	0
MISCELLANEOUS	33	33	0	0
PUBLIC RELATIONS	6213	29	6184	0
BOARD ACTIVITIES	1184	0	1184	0
INSURANCE	104614	31056	73558	0
FURNITURE AND EQUIPMENT	58832	54520	4312	0
BOND ADMINISTRATION FEES	8251	8251	0	0

Organization Name: NEW HORIZONS RESOURCES INC

EIN: 52-4862107

Return: 990

PRIMARY EXEMPT PURPOSE

Statement: 2

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To provide services to the developmentally disabled

Organization Name: NEW HORIZONS RESOURCES INC

EIN: 52-4862107

Return: 990

Program Service Accomplishments

Statement: 3

Page 1 of 7

Grants: 0

Expenses: 9072642

Description:

Human Services - Multipurpose: Individual Residential Alternatives - provide residential care and supervision to 136 moderately mentally retarded/developmentally disabled adults in a community setting -1606 Months of service-

Organization Name: NEW HORIZONS RESOURCES INC

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Program Service Accomplishments

Statement: 3

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Grants: 0

Expenses: 2744

Description:

Human Services - Multipurpose: Other Miscellaneous Programs -366 Days of operation-

Organization Name: NEW HORIZONS RESOURCES INC

EIN: 52-4862107

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Program Service Accomplishments

Statement: 3

Page 3 of 7

Grants: 0

Expenses: 1215173

Description:

Human Services - Multipurpose: Intermediate Care Facility - provide residential care and supervision to 11 mentally retarded/developmentally disabled adults -3863 Days of service-

Organization Name: NEW HORIZONS RESOURCES INC

EIN: 52-4862107

Return: 990

Program Service Accomplishments

Statement: 3

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Grants: 0

Expenses: 41187

Description:

Human Services - Multipurpose: Briggs Farm -366 Days of operation-

Organization Name: NEW HORIZONS RESOURCES INC

EIN: 52-4862107

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Program Service Accomplishments

Statement: 3

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Grants: 0

Expenses: 538963

Description:

Human Services - Multipurpose: At-Home Services - provide residential habilitation and respites services to assist 61 mentally retarded/developmentally disabled children and adults who are living at home -24130 Hours of service-

Organization Name: NEW HORIZONS RESOURCES INC

EIN: 52-4862107

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Program Service Accomplishments

Statement: 3

Page 6 of 7

Grants: 0

Expenses: 462711

Description:

Human Services - Multipurpose: Service Coordination - provide services to assist 201 mentally retarded/developmentally disabled children and adults in accessing services in the community that are necessary for their wellbeing -2383 Months of service-

Organization Name: NEW HORIZONS RESOURCES INC

EIN: 52-4862107

Return: 990

Program Service Accomplishments

Statement: 3

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Grants: 0

Expenses: 353505

Description:

Human Services - Multipurpose: Day Program - provide day habilitation opportunities for 26 mentally retarded/developmentally disabled adults in the community -3100 Days of service-

Organization Name: NEW HORIZONS RESOURCES INC

EIN: 52-4862107

Return: 990

OTHER ASSETS

Statement: 4

Page 1 of 1

DESCRIPTION	Beginning Of Year	End Of Year
Interest In Net Assets Of New Horizons Fdn.	332854	366662
Unamortized Mortgage Costs, Net	107983	138681
Secuity Deposits	4319	2972
Residents Funds	254250	259853

Organization Name: NEW HORIZONS RESOURCES INC

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OTHER LIABILITIES

Statement: 5

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DESCRIPTION	Beginning Of Year	End Of Year
Residents Funds	254250	259853
Due To Nys Omrdd	419027	356704

Organization Name: NEW HORIZONS RESOURCES INC**EIN: 52-4862107**

Return: 990

Statement: 6

OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Page 1 of 4

Name	Alfred H Kingon	Hours/ week	Compensation	Contributions to Benefit Plans	Expense Account
Title:					
Board Member					
Address:					
21 Van Wagner Road Poughkeepsie NY 12603					
Name	William Beattie	Hours/ week	Compensation	Contributions to Benefit Plans	Expense Account
Title:					
Asst Exec Director					
Address:					
21 Van Wagner Road Poughkeepsie NY 12603					
Name	William J Lavery	Hours/ week	Compensation	Contributions to Benefit Plans	Expense Account
Title:					
Vice-President					
Address:					
21 Van Wagner Road Poughkeepsie NY 12603					
Name	Susan P Hochhauser	Hours/ week	Compensation	Contributions to Benefit Plans	Expense Account
Title:					
Board Member					
Address:					
21 Van Wagner Road Poughkeepsie NY 12603					
Name	Stephanie K Brenner	Hours/ week	Compensation	Contributions to Benefit Plans	Expense Account
Title:					
Board Member					
Address:					
21 Van Wagner Road Poughkeepsie NY 12603					
Name	Bruce Marley	Hours/ week	Compensation	Contributions to Benefit Plans	Expense Account
Title:					
Board Member					
Address:					
21 Van Wagner Road Poughkeepsie NY 12603					

Organization Name: NEW HORIZONS RESOURCES INC				EIN: 52-4862107	
Return: 990				Statement: 6	
OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES				Page 2 of 4	
Name	Andrea Pollack	Hours/	Compensation	Contributions	Expense
Title:		week		to Benefit Plans	Account
Program Director		40	69932	10872	0
Address:					
21 Van Wagner Road Poughkeepsie NY 12603					
Name	Daniel G Hickey	Hours/	Compensation	Contributions	Expense
Title:		week		to Benefit Plans	Account
Secretary		0	0	0	0
Address:					
21 Van Wagner Road Poughkeepsie NY 12603					
Name	Marilyn Mcgauley	Hours/	Compensation	Contributions	Expense
Title:		week		to Benefit Plans	Account
Board Member		0	0	0	0
Address:					
21 Van Wagner Road Poughkeepsie NY 12603					
Name	Regis Obijiski	Hours/	Compensation	Contributions	Expense
Title:		week		to Benefit Plans	Account
Executive Director		40	109494	9390	2808
Address:					
21 Van Wagner Road Poughkeepse NY 12603					
Name	George F Decker	Hours/	Compensation	Contributions	Expense
Title:		week		to Benefit Plans	Account
Board Member		0	0	0	0
Address:					
21 Van Wagner Road Poughkeepsie NY 12603					
Name	Joseph Kirchhoff	Hours/	Compensation	Contributions	Expense
Title:		week		to Benefit Plans	Account
Board Member		0	0	0	0
Address:					
21 Van Wagner Road Poughkeepsie NY 12603					

Organization Name: NEW HORIZONS RESOURCES INC**EIN: 52-4862107**

Return: 990

Statement: 6

OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Page 3 of 4

Name	Mary Swanson	Hours/ week	Compensation	Contributions to Benefit Plans	Expense Account
Title:					
Board Member					
Address:					
21 Van Wagner Road					
Poughkeepsie NY 12603					
Name	Diane Atwood	Hours/ week	Compensation	Contributions to Benefit Plans	Expense Account
Title:					
Dir of Finance					
Address:					
21 Van Wagner Road					
Poughkeepsie NY 12603					
Name	Emmanuel F Saris	Hours/ week	Compensation	Contributions to Benefit Plans	Expense Account
Title:					
President					
Address:					
21 Van Wagner Road					
Poughkeepsie NY 12603					
Name	Stacy M Langenthal	Hours/ week	Compensation	Contributions to Benefit Plans	Expense Account
Title:					
Treasurer					
Address:					
21 Van Wagner Road					
Poughkeepsie NY 12603					
Name	Theresa Burdick	Hours/ week	Compensation	Contributions to Benefit Plans	Expense Account
Title:					
Board Member					
Address:					
21 Van Wagner Road					
Poughkeepsie NY 12603					
Name	Peter Leonard	Hours/ week	Compensation	Contributions to Benefit Plans	Expense Account
Title:					
Board Member					
Address:					
21 Van Wagner Road					
Poughkeepsie NY 12603					

Organization Name: NEW HORIZONS RESOURCES INC				EIN: 52-4862107	
Return: 990				Statement: 6	
OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES				Page 4 of 4	
<hr/>					
Name John R Walker		Hours/	Compensation	Contributions	Expense
Title:		week		to Benefit Plans	Account
Board Member		0	0	0	0
Address:					
21 Van Wagner Road Poughkeepsie NY 12603					
<hr/>					
Name		Hours/	Compensation	Contributions	Expense
Title:		week		to Benefit Plans	Account
Address:					
<hr/>					
Name		Hours/	Compensation	Contributions	Expense
Title:		week		to Benefit Plans	Account
Address:					
<hr/>					
Name		Hours/	Compensation	Contributions	Expense
Title:		week		to Benefit Plans	Account
Address:					
<hr/>					
Name		Hours/	Compensation	Contributions	Expense
Title:		week		to Benefit Plans	Account
Address:					
<hr/>					

Organization Name: NEW HORIZONS RESOURCES INC

EIN: 52-4862107

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Relationship Activities

Statement: 7

Page 1 of 1

Line Number	Relationship Statement
-------------	------------------------

93 a	SSI, SSA, other income from participants contributes toward cost of care and shelter in homes in the community.
------	---

93 f	Primary program service funding, received via NY State Office of Mental Retardation and Developmental Disabilities.
------	---

93 g	Program service fees are supplemented directly by the Office of Mental Retardation and Developmental Disabilities.
------	--

103 a	Income for clothing, participant incidentals also funded by Office of Mental Retardation and Developmental Disabilities.
-------	--

Organization Name: NEW HORIZONS RESOURCES INC

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CHANGES IN NET ASSETS

Statement: 8

Page 1 of 1

DESCRIPTION

AMOUNT

Change in interest in nets assets of New Horizons Foundation

33808

Organization Name: NEW HORIZONS RESOURCES INC

EIN: 52-4862107

Return: 990

COMPENSATION EXPLANATION

Statement: 9

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COMPENSATION NAME

EXPLANATION

Alfred H Kingon

William J Lavery

Susan P Hochhauser

Stephanie K Brenner

Bruce Marley

Daniel G Hickey

Marilyn McGaulley

George F Decker

Joseph Kirchhoff

Mary Swanson

Organization Name: NEW HORIZONS RESOURCES INC

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COMPENSATION EXPLANATION

Statement: 9

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COMPENSATION NAME

EXPLANATION

Emmanuel F Saris

Stacy M Langenthal

Theresa Burdick

Peter Leonard

Organization Name: NEW HORIZONS RESOURCES INC

EIN: 52-4862107

Return: 990

DEPRECIATION AND DEPLETION

Statement: 10

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DESCRIPTION	AMOUNT
Bldg Improvemt	83752
Vehicles	178918
Buildings	187631
Leasehold Imp	9428
Land improvemt	14708
Furn and Equipmt	91969
Def mort costs	20627
Start-up exps	31507
Land	0

Organization Name: NEW HORIZONS RESOURCES INC

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LAND SCHEDULE

Statement: 11

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Category or Item	Cost or Other Basis	Accumulated Depreciation	Book Value	EOY Fair Market Value
Building Improvements	2039805	1040333	999472	
Land improvements	301502	106098	195404	
Buildings	5162677	2007146	3155531	
Furnishings/Equipment	856642	548752	307890	
Vehicles	1005533	543812	461721	
Land	920497	0	920497	
Leasehold improvements	85621	44930	40691	

Organization Name: NEW HORIZONS RESOURCES INC

EIN: 52-4862107

Return: 990

Mortgages and Other Notes Payable

Statement: 12

Page 1 of 7

Date of Note: Nov 2004

Lender Name: Rhinebeck Savings Bank

Lender Title:

Purpose of Loan: Vehicle purchases -2-

Original Amount of Loan: 52295

Balance Due: 50841

Maturity Date: Nov 2007

Interest Rate: 3.89

Lender Consideration: Vehicles -2-

Consideration FMV: 52295

Repayment Terms: Monthly

Security Provided by Borrower: Vehicles -2-

Relationship to Insider: None

Total Mortgage Amount: 50841

Organization Name: NEW HORIZONS RESOURCES INC

EIN: 52-4862107

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Mortgages and Other Notes Payable

Statement: 12

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Date of Note: Apr 2003

Lender Name: Rhinebeck Savings Bank

Lender Title:

Purpose of Loan: Vehicle purchases -19-

Original Amount of Loan: 460785

Balance Due: 217171

Maturity Date: Jun 2006

Interest Rate: 3.79

Lender Consideration: Vehicles -19-

Consideration FMV: 460785

Repayment Terms: Monthly

Security Provided by Borrower: Vehicles -19-

Relationship to Insider: None

Total Mortgage Amount:

Organization Name: NEW HORIZONS RESOURCES INC

EIN: 52-4862107

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Mortgages and Other Notes Payable

Statement: 12

Page 3 of 7

Date of Note: Apr 2002

Lender Name: Rhinebeck Savings Bank

Lender Title:

Purpose of Loan: Vehicle purchase

Original Amount of Loan: 19054

Balance Due: 2273

Maturity Date: Apr 2005

Interest Rate: 5.49

Lender Consideration: Vehicle

Consideration FMV: 19054

Repayment Terms: Monthly

Security Provided by Borrower: Vehicle

Relationship to Insider: None

Total Mortgage Amount:

Organization Name: NEW HORIZONS RESOURCES INC

EIN: 52-4862107

Return: 990

Mortgages and Other Notes Payable

Statement: 12

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Date of Note: Nov 2003

Lender Name: M and T Bank

Lender Title:

Purpose of Loan: Vehicle purchases -2-

Original Amount of Loan: 69424

Balance Due: 45838

Maturity Date: Nov 2006

Interest Rate: 6

Lender Consideration: Vehicles -2-

Consideration FMV: 69424

Repayment Terms: Monthly

Security Provided by Borrower: Vehicles -2-

Relationship to Insider: None

Total Mortgage Amount:

Organization Name: NEW HORIZONS RESOURCES INC

EIN: 52-4862107

Return: 990

Mortgages and Other Notes Payable

Statement: 12

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Date of Note: Jul 2002

Lender Name: M and T Bank

Lender Title:

Purpose of Loan: Vehicle purchase

Original Amount of Loan: 20854

Balance Due: 4486

Maturity Date: Jul 2005

Interest Rate: 7.74

Lender Consideration: Vehicle

Consideration FMV: 20854

Repayment Terms: Monthly

Security Provided by Borrower: Vehicle

Relationship to Insider: None

Total Mortgage Amount:

Organization Name: NEW HORIZONS RESOURCES INC

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Mortgages and Other Notes Payable

Statement: 12

Page 6 of 7

Date of Note: May 2003

Lender Name: Key Bank

Lender Title:

Purpose of Loan: Vehicle purchase

Original Amount of Loan: 15066

Balance Due: 7401

Maturity Date: May 2006

Interest Rate: 4.99

Lender Consideration: Vehicle

Consideration FMV: 15066

Repayment Terms: Monthly

Security Provided by Borrower: Vehicle

Relationship to Insider: None

Total Mortgage Amount:

Organization Name: NEW HORIZONS RESOURCES INC

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Mortgages and Other Notes Payable

Statement: 12

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Date of Note: Feb 2004

Lender Name: Rhinebeck Savings Bank

Lender Title:

Purpose of Loan: Vehicle purchases -2-

Original Amount of Loan: 48245

Balance Due: 35263

Maturity Date: Feb 2007

Interest Rate: 3.79

Lender Consideration: Vehicles -2-

Consideration FMV: 48245

Repayment Terms: Monthly

Security Provided by Borrower: Vehicles -2-

Relationship to Insider: None

Total Mortgage Amount:

Asset Name	Date Acquired	How Acquired	Date Sold	Purchaser Name
1999 Ford Taurus	Aug 1999	Purchase	Oct 2004	
Purchaser Business Name: Granite Insurance Company				
Gross Sales Price	Basis	Accumulated Depreciation	Sales Expenses	Total Net
2182	15760	15760	0	2182

Asset Name	Date Acquired	How Acquired	Date Sold	Purchaser Name
Land 74 Acres East Fishkill NY	Aug 1985	Gift	Nov 2004	
Purchaser Business Name: ODonnells Inc				
Gross Sales Price	Basis	Accumulated Depreciation	Sales Expenses	Total Net
260000	153167	0	29906	76927

Asset Name	Date Acquired	How Acquired	Date Sold	Purchaser Name
Purchaser Business Name:				
Gross Sales Price	Basis	Accumulated Depreciation	Sales Expenses	Total Net

Asset Name	Date Acquired	How Acquired	Date Sold	Purchaser Name
Purchaser Business Name:				
Gross Sales Price	Basis	Accumulated Depreciation	Sales Expenses	Total Net

Attention: This page was created using data from an Electronically-Filed return.

Organization Name: NEW HORIZONS RESOURCES INC		EIN: 52-4862107	
Return: 990		Statement: 14	
Support Schedule – Other Income Schedule		Page 1	of 1
Other Income Description	2003	2002	2001
	1379	133	0
Miscellaneous sales			0
			1512
Special events and activities	0	0	782
			986

Organization Name: NEW HORIZONS RESOURCES INC

EIN: 52-4862107

Return: 990

SCHEDULE A SELF-DEALING COMPENSATION

Statement: 15

Page 1 of 1

SEE 990/990EZ