

D Employer identification number
52-4862107

E Telephone number
(845) 473-3000

F Accounting method ☐ Cash ☒ Accrual
☐ Other (specify) ☐

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 **14,466,861**

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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 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 \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22	0		
23	Specific assistance to individuals (attach schedule)	23	0		
24	Benefits paid to or for members (attach schedule)	24	0		
25	Compensation of officers, directors, etc	25	361,108	166,813	194,295
26	Other salaries and wages	26	8,135,619	7,525,991	609,628
27	Pension plan contributions	27	134,748	121,999	12,749
28	Other employee benefits	28	1,936,256	1,753,056	183,200
29	Payroll taxes	29	644,009	583,076	60,933
30	Professional fundraising fees	30	0	0	0
31	Accounting fees	31	19,000	0	19,000
32	Legal fees	32	7,617	0	7,617
33	Supplies	33	236,485	212,146	24,339
34	Telephone	34	85,960	75,439	10,521
35	Postage and shipping	35	8,675	2,449	6,226
36	Occupancy	36	411,096	387,287	23,809
37	Equipment rental and maintenance	37	46,070	40,198	5,872
38	Printing and publications	38	1,430	0	1,430
39	Travel	39	370,224	347,269	22,955
40	Conferences, conventions, and meetings	40	41,044	15,116	25,928
41	Interest	41	204,705	196,471	8,234
42	Depreciation, depletion, etc (attach schedule) <input checked="" type="checkbox"/>	42	653,896	571,217	82,679
43	Other expenses not covered above (itemize)				
a	See Additional Data Table	43a			
b		43b			
c		43c			
d		43d			
e		43e			
f		43f			
g		43g			
44	Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	14,127,479	12,670,310	1,457,169
					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 the instructions.)

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.


What is the organization's primary exempt purpose? ► To provide services to the developmentally disabled	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)
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.)	
a See Additional Data Table	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
b	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
c	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
d	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e Other program services (attach schedule)	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	12,670,310

Part IV Balance Sheets (See 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		35,523	45	25,495
	46	Savings and temporary cash investments		2,484,278	46	2,181,269
	47a	Accounts receivable	47a1,317,529			
	b	Less allowance for doubtful accounts	47b0	968,120	47c	1,317,529
	48a	Pledges receivable	48a0			
	b	Less allowance for doubtful accounts	48b0	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)	51a0			
	b	Less allowance for doubtful accounts	51b0	0	51c	0
	52	Inventories for sale or use		0	52	0
	53	Prepaid expenses and deferred charges		54,898	53	63,712
	54	Investments—securities (attach schedule) <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV		0	54	0
	55a	Investments—land, buildings, and equipment basis	55a0			
	b	Less accumulated depreciation (attach schedule)	55b0	0	55c	0
Liabilities	56	Investments—other (attach schedule)		0	56	0
	57a	Land, buildings, and equipment basis	57a10,650,507			
	b	Less accumulated depreciation (attach schedule)	57b4,818,687	6,081,206	57c	5,831,820
	58	Other assets (describe <input checked="" type="checkbox"/>)		768,168	58	797,737
	59	Total assets (must equal line 74) Add lines 45 through 58		10,392,193	59	10,217,562
	60	Accounts payable and accrued expenses		1,046,895	60	1,134,661
	61	Grants payable		0	61	0
	62	Deferred revenue		154,722	62	151,380
	63	Loans from officers, directors, trustees, and key employees (attach schedule)		0	63	0
	64a	Tax-exempt bond liabilities (attach schedule)		0	64a	0
Net Assets or Fund Balances	b	Mortgages and other notes payable (attach schedule)		3,398,102	64b	3,007,644
	65	Other liabilities (describe <input checked="" type="checkbox"/>)		616,557	65	388,340
	66	Total liabilities Add lines 60 through 65		5,216,276	66	4,682,025
	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74					
	67	Unrestricted		4,800,185	67	5,120,429
	68	Temporarily restricted		325,732	68	365,108
	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)		5,175,917	73	5,535,537
	74	Total liabilities and net assets / fund balances Add lines 66 and 73		10,392,193	74	10,217,562

Part IV-A

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	14,572,419
b	Amounts included on line a but not on line 12		
1	Net unrealized gains on investments	b1	0
2	Donated services and use of facilities	b2	85,320
3	Recoveries of prior year grants	b3	0
4	Other (specify)  _____	b4	44,176
	Add lines b1 through b4	b	129,496
c	Subtract line b from line a	c	14,442,923
d	Amounts included on line 12, but not on line a		
1	Investment expenses not included on line 6b	d1	0
2	Other (specify) _____	d2	0
	Add lines d1 and d2	d	129,496
e	Total revenue (line 12) Add lines c and d ▶	e	14,442,923

Part IV-B

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements	a	14,212,799
b	Amounts included on line a but not on line 17		
1	Donated services and use of facilities	b1	85,320
2	Prior year adjustments reported on line 20	b2	0
3	Losses reported on line 20	b3	0
4	Other (specify) _____	b4	0
	Add lines b1 through b4	b	85,320
c	Subtract line b from line a	c	14,127,479
d	Amounts included on line 17, but not on line a:		
1	Investment expenses not included on line 6b	d1	0
2	Other (specify) _____	d2	0
	Add lines d1 and d2	d	0
e	Total expenses (line 17) Add lines c and d ▶	e	14,127,479

Part V-A

Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See 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 plans	(E) Expense account and other allowances
See Additional Data Table				

Part V-A		Current Officers, Directors, Trustees, and Key Employees <i>(continued)</i>		Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings			15	
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) .			75b	No
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? Note. Related organizations include section 509(a)(3) supporting organizations If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization			75c	No
d	Does the organization have a written conflict of interest policy?			75d	Yes

Part V-B

Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances

Part VI		Other Information <i>(See the instructions.)</i>		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	No
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes			77	No
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?			78a	No
b	If "Yes," has it filed a tax return on Form 990-T for this year?			78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement			79	No
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc , to any other exempt or nonexempt organization?			80a	Yes
b	If "Yes," enter the name of the organization  New Horizons Foundation _____ and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt				
81a	Enter direct or indirect political expenditures (See line 81 instructions)			81a	0
b	Did the organization file Form 1120-POL for this year?			81b	No

Part VI

Other Information (continued)

Yes

No

82a

Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?

82a

Yes

b

If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III).

82b

85,320

83a

Did the organization comply with the public inspection requirements for returns and exemption applications?

83a

Yes

b

Did the organization comply with the disclosure requirements relating to quid pro quo contributions?

83b

Yes

84a

Did the organization solicit any contributions or gifts that were not tax deductible?

84a

No

b

If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?

84b

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 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

No

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

No

c

Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958

0

d

Enter Amount of tax on line 89c, above, reimbursed by the organization

0

90a

List the states with which a copy of this return is filed NY

b

Number of employees employed in the pay period that includes March 12, 2005 (See instructions).

90b

310

91a

The books are in care of Carol Engler, Controller, 21 Van Wagner Road, Poughkeepsie, NY 12603. Telephone no. (845) 473-3000.

b

At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

91b

Yes

No

If "Yes," enter the name of the foreign country

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

c

At any time during the calendar year, did the organization maintain an office outside of the United States?

91c

No

If "Yes," enter the name of the foreign country

92

Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year

92

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

Note: Enter gross amounts unless otherwise indicated.

		Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
		(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93	Program service revenue					
a	Room & Board		0		0	1,488,499
b						
c						
d						
e						
f	Medicare/Medicaid payments		0		0	12,283,036
g	Fees and contracts from government agencies		0		0	272,524
94	Membership dues and assessments					
95	Interest on savings and temporary cash investments		0	14	27,673	0
96	Dividends and interest from securities . . .					
97	Net rental income or (loss) from real estate					
a	debt-financed property					
b	non 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	15,853	0
101	Net income or (loss) from special events . .					
102	Gross profit or (loss) from sales of inventory					
103	Other revenue a Participant Clothing		0		0	33,625
b	Miscellaneous Sales		0	1	4,466	0
c						
d						
e						
104	Subtotal (add columns (B), (D), and (E)) . .		0		47,992	14,077,684
105	Total (add line 104, columns (B), (D), and (E))					14,125,676

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

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See 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 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

2006-05-01

Date

Diane Atwood Director of Finance

Type or print name and title

Paid Preparer's Use Only

Preparer's signature

Firm's name (or yours if self-employed), address, and ZIP + 4

Date

Check if self-employed ☒

Preparer's SSN or PTIN (See Gen Inst W)

EIN

Phone no

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
NEW HORIZONS RESOURCES INC

Organization Exempt Under Section 501(c)(3)
(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust
Supplementary Information—(See separate instructions.)

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

OMB No 1545-0047

2005

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
Patricia Moran 21 Van Wagner Road Poughkeepsie, NY 12603	Nursing Coordinator 40	64,970	5,608	0
Samuel Laganaro 21 Van Wagner Road Poughkeepsie, NY 12603	Human Resources Dir 40	84,306	10,951	0
Carol Engler 21 Van Wagner Road Poughkeepsie, NY 12603	Controller 40	56,351	9,939	0
Jayne Violon 21 Van Wagner Road Poughkeepsie, NY 12603	Program Admin Coord 40	65,609	3,417	0
Beverly Kaufman 21 Van Wagner Road Poughkeepsie, NY 12603	Social Worker 40	59,380	3,392	0
Total number of other employees paid over \$50,000 ▶	6			

Part II-A

Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individual 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 II-B

Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individual or firms. If there are none, enter "None". See page X for instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Steve L DeOId Rondout Maintenance c/o 21 Van Wagner Road Poughkeepsie, NY 12603	Maintenance	113,554
Total number of other contractors receiving over \$50,000 for other 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, include any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ►\$ _____(Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)	1	No
	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 property?	2a	No
b	Lending of money or other extension of credit?	2b	No
c	Furnishing of goods, services, or facilities?	2c	No
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	Yes
e	Transfer of any part of its income or assets?	2e	No
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	No
b	Do you have a section 403(b) annuity plan for your employees?	3b	Yes
c	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c	No
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	No
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	No

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	<input type="checkbox"/> A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
6	<input type="checkbox"/> A school Section 170(b)(1)(A)(ii) (Also complete Part V)
7	<input type="checkbox"/> A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
8	<input type="checkbox"/> A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
9	<input type="checkbox"/> 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	<input type="checkbox"/> 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	<input checked="" type="checkbox"/> 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	<input type="checkbox"/> A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)
12	<input type="checkbox"/> 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	<input type="checkbox"/> 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) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) Check the box that describes the type of supporting organization ► <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Type 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	<input type="checkbox"/> 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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15	Gifts, grants, and contributions received (Do not include unusual grants See line 28)	191,323	139,156	118,264	81,113	529,856
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	12,982,290	11,877,019	10,551,033	9,299,090	44,709,432
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	11,669	8,442	12,290	25,713	58,114
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	85,320	122,894	85,320	85,320	378,854
22	Other income Attach a schedule Do not include gain or (loss) from sale of capital assets	2,854	1,379	133	204	4,570
23	Total of lines 15 through 22	13,273,456	12,148,890	10,767,040	9,491,440	45,680,826
24	Line 23 minus line 17	291,166	271,871	216,007	192,350	971,394
25	Enter 1% of line 23	132,735	121,489	107,670	94,914	
26	Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24				26a	19,428
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 2001 through 2004 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts				26b	572
c	Total support for section 509(a)(1) test Enter line 24, column (e)				26c	971,394
d	Add Amounts from column (e) for lines 18 58,114 19 0 22 26 b 572				26d	63,256
e	Public support (line 26c minus line 26d total)				26e	908,138
f	Public support percentage (line 26e (numerator) divided by line 26c (denominator))				26f	93 49 %
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 (2004) (2003) (2002) (2001)					
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 (2004) (2003) (2002) (2001)					
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 2001 through 2004, 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)

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	Yes	No
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 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	33a		
a	Students' rights or privileges?	33b		
b	Admissions policies?	33c		
c	Employment of faculty or administrative staff?	33d		
d	Scholarships or other financial assistance?	33e		
e	Educational policies?	33f		
f	Use of facilities?	33g		
g	Athletic programs?	33h		
h	Other extracurricular activities?			
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement			
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	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		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred)			
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><div>If the amount on line 40 is—</div><div>The lobbying nontaxable amount is—</div><div><div>Not over \$500,000</div><div>Over \$500,000 but not over \$1,000,000</div><div>Over \$1,000,000 but not over \$1,500,000</div><div>Over \$1,500,000 but not over \$17,000,000</div><div>Over \$17,000,000</div></div><div><div>20% of the amount on line 40</div><div>\$100,000 plus 15% of the excess over \$500,000</div><div>\$175,000 plus 10% of the excess over \$1,000,000</div><div>\$225,000 plus 5% of the excess over \$1,500,000</div><div>\$1,000,000</div></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)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) 	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(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		No	
b Paid staff or management (Include compensation in expenses reported on lines c through h .)		No	
c Media advertisements		No	
d Mailings to members, legislators, or the public		No	
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body		No	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		No	
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			

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

Yes	No
-----	----

51a(i)	No
---------------	----

a(ii)		No
--------------	--	----

--	--	--

b(i)	No
-------------	----

b(ii)		N o
--------------	--	-----

b(iii)		N o
---------------	--	-----

b(iv)		N o
--------------	--	-----

b(v)		No
-------------	--	----

b(vi)		No
--------------	--	----

c		No
----------	--	----

air market value of th

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ **Yes** ☒ **No**

☐ Yes ☒ No

Schedule A (Form 990 or 990-EZ) 2005

Additional Data

Software ID: 05000240
Software Version: v1.00
EIN: 52-4862107
Name: NEW HORIZONS RESOURCES INC




Form 990, Part II, Line 43 - Other expenses not covered above (itemize):

<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
a Board Activities	43a	875	0	875	0
b Equipment and Furniture	43b	66,310	62,733	3,577	0
c Health Care Assessment	43c	72,519	72,519	0	0
d Food	43d	342,144	342,144	0	0
e Residents' Expenses	43e	91,185	91,185	0	0
f Insurance	43f	100,486	24,177	76,309	0
g Dues and Subscriptions	43g	15,324	4,138	11,186	0
h Employment and Recruiting	43h	10,580	0	10,580	0
i Public Relations	43i	5,744	0	5,744	0
j Contracted Services	43j	108,083	58,636	49,447	0
k Bad Debts	43k	7,555	7,555	0	0
l Bond Administration Fees	43l	8,650	8,650	0	0
m Miscellaneous	43m	82	46	36	0




Form 990, Part III - Program Service Accomplishments:

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 Human Services - Multipurpose Other Miscellaneous Programs (365 Days of operation) (Grants and allocations \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>		12,186
b Human Services - Multipurpose Intermediate Care Facility - provides residential care and supervision to 11 mentally retardeddevelopmentally disabled adults (365 Days of service) (Grants and allocations \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>		1,334,257
c Human Services - Multipurpose Service Coordination - provides services to assist 200 mentally retardeddevelopmentally disabled children and adults in accessing services in the community that are necessary for their wellbeing (2379 Months of service) (Grants and allocations \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>		477,000
d Human Services - Multipurpose At-Home Services - provide residential habilitation and respites services to assist 123 mentally retardeddevelopmentally disabled children and adults who are living at home (24837 Hours of service) (Grants and allocations \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>		571,980
e Human Services - Multipurpose Briggs Farm (365 Days of operation) (Grants and allocations \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>		71,518
f Human Services - Multipurpose Individual Residential Alternatives - provide residential care and supervision to 137 moderately mentally retardeddevelopmentally disabled adults in a community setting (1616 Months of service) (Grants and allocations \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>		9,846,893
g Human Services - Multipurpose Day Program - provides day habilitation opportunities for 26 mentally retardeddevelopmentally disabled adults in the community (3050 Days of service) (Grants and allocations \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>		356,476

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(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 plans	(E) Expense account and other allowances
Kimberly Bottini 21 VAN WAGNER ROAD POUGHKEEPSIE, NY 12603	Board Member 0	0	0	0
Regis Obijiski 21 Van Wagner Road Poughkeepsie, NY 12603	Executive Director 40	113,325	11,081	2,704
Joseph Kirchhoff  21 Van Wagner Road Poughkeepsie, NY 12603	Board Member 0	0	0	0
Bruce Marley  21 Van Wagner Road Poughkeepsie, NY 12603	Board Member 0	0	0	0
Mary Swanson  21 Van Wagner Road Poughkeepsie, NY 12603	Board Member 0	0	0	0
Diane Atwood 21 Van Wagner Road Poughkeepsie, NY 12603	Dir of Finance 40	80,970	2,813	0
Emmanuel F Saris 21 Van Wagner Road Poughkeepsie, NY 12603	President 0	0	0	0
Stacy M Langenthal 21 Van Wagner Road Poughkeepsie, NY 12603	Treasurer 0	0	0	0
Daniel G Hickey 21 Van Wagner Road Poughkeepsie, NY 12603	Secretary 0	0	0	0
Susan P Hochhauser 21 Van Wagner Road Poughkeepsie, NY 12603	Board Member 0	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(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 plans	(E) Expense account and other allowances
George F Decker  21 Van Wagner Road Poughkeepsie, NY 12603	Board Member 0	0	0	0
Alfred H Kingon  21 Van Wagner Road Poughkeepsie, NY 12603	Board Member 0	0	0	0
Andrea Pollack 21 Van Wagner Road Poughkeepsie, NY 12603	Program Director 40	70,817	12,342	0
William Beattie 21 Van Wagner Road Poughkeepsie, NY 12603	Asst Exec Director 40	95,996	3,145	0
William J Lavery 21 Van Wagner Road Poughkeepsie, NY 12603	Vice-President 0	0	0	0
Theresa Burdick 21 Van Wagner Road Poughkeepsie, NY 12603	Board Member 0	0	0	0
Peter Leonard 21 Van Wagner Road Poughkeepsie, NY 12603	Board Member 0	0	0	0
Marilyn McGaulley 21 Van Wagner Road Poughkeepsie, NY 12603	Board Member 0	0	0	0
John R Walker  21 Van Wagner Road Poughkeepsie, NY 12603	Board Member 0	0	0	0

TY 2005 Compensation Explanation

Name: NEW HORIZONS RESOURCES INC

EIN: 52-4862107

Software ID: 05000240

Software Version: v1.00

Person Name	Explanation

TY 2005 Depreciation and Depletion Schedule**Name:** NEW HORIZONS RESOURCES INC**EIN:** 52-4862107**Software ID:** 05000240**Software Version:** v1.00

Asset	Amount
Leasehold Impr	6,434
Vehicles	182,388
Bldg Improvemts	115,000
Mortgage Costs	22,326
Equipment	87,892
Start-up Exps	5,884
Land	0
Land Improvemts	20,537
Buildings	213,435

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2005 Gain/Loss from Sale of Other Assets Schedule

Name: NEW HORIZONS RESOURCES INC

EIN: 52-4862107

Software ID: 05000240

Software Version: v1.00

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Sales Expenses	Total (net)	Accumulated Depreciation
2003 Honda Odyssey	2003-04	Purchase	2005-02	Granite State Insurance Company	22,029	24,190	0	7,666	9,827
2003 Honda Odyssey	2003-05	Purchase	2005-12	Granite State Insurance Company	17,762	24,190	0	8,187	14,615

TY 2005 Land etc. Schedule**Name:** NEW HORIZONS RESOURCES INC**EIN:** 52-4862107**Software ID:** 05000240**Software Version:** v1.00

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
Land	920,497	0	920,497
Buildings	5,163,337	2,220,581	2,942,756
Building Improvements	2,205,580	1,148,283	1,057,297
Leasehold Improvements	98,061	51,364	46,697
Vehicles	1,064,088	701,758	362,330
Land Improvements	321,606	126,635	194,971
Furnishings & Equipment	877,338	570,066	307,272

TY 2005 Mortgages and Notes Payable Schedule

Name: NEW HORIZONS RESOURCES INC
EIN: 52-4862107
Software ID: 05000240
Software Version: v1.00
Total Mortgage Amount:

Item No.	1
Lender's Name	M&T Bank
Lender's Title	
Relationship to Insider	None
Original Amount of Loan	69424
Balance Due	22640
Date of Note	2003-11
Maturity Date	2006-11
Repayment Terms	Monthly
Interest Rate	6
Security Provided by Borrower	Vehicles (2)
Purpose of Loan	Vehicle purchases (2)
Description of Lender Consideration	Vehicles (2)
Consideration FMV	69424

Item No.	2
Lender's Name	Rhinebeck Savings Bank
Lender's Title	
Relationship to Insider	None
Original Amount of Loan	51625
Balance Due	51625
Date of Note	2005-12
Maturity Date	2008-12
Repayment Terms	Monthly
Interest Rate	5.79
Security Provided by Borrower	Vehicles (2)
Purpose of Loan	Vehicle purchases (2)
Description of Lender Consideration	Vehicles (2)
Consideration FMV	51625

Item No.	3
Lender's Name	Key Bank
Lender's Title	
Relationship to Insider	None
Original Amount of Loan	15066
Balance Due	2232
Date of Note	2003-05
Maturity Date	2006-05
Repayment Terms	Monthly
Interest Rate	4.99
Security Provided by Borrower	Vehicle
Purpose of Loan	Vehicle purchase
Description of Lender Consideration	Vehicle
Consideration FMV	15066

Item No.	4
Lender's Name	Rhinebeck Savings Bank
Lender's Title	
Relationship to Insider	None
Original Amount of Loan	52295
Balance Due	34050
Date of Note	2004-11
Maturity Date	2007-11
Repayment Terms	Monthly
Interest Rate	3.89
Security Provided by Borrower	Vehicles (2)
Purpose of Loan	Vehicle purchases (2)
Description of Lender Consideration	Vehicles (2)
Consideration FMV	52295

Item No.	5
Lender's Name	Rhinebeck Savings Bank
Lender's Title	
Relationship to Insider	None
Original Amount of Loan	25812
Balance Due	24467
Date of Note	2005-10
Maturity Date	2008-10
Repayment Terms	Monthly
Interest Rate	6.69
Security Provided by Borrower	Vehicle
Purpose of Loan	Vehicle purchase
Description of Lender Consideration	Vehicle
Consideration FMV	25815

Item No.	6
Lender's Name	Rhinebeck Savings Bank
Lender's Title	
Relationship to Insider	None
Original Amount of Loan	26062
Balance Due	19063
Date of Note	2005-02
Maturity Date	2008-02
Repayment Terms	Monthly
Interest Rate	3.99
Security Provided by Borrower	Vehicle
Purpose of Loan	Vehicle purchase
Description of Lender Consideration	Vehicle
Consideration FMV	26062

Item No.	7
Lender's Name	Rhinebeck Savings Bank
Lender's Title	
Relationship to Insider	None
Original Amount of Loan	48245
Balance Due	19399
Date of Note	2004-02
Maturity Date	2007-02
Repayment Terms	Monthly
Interest Rate	3.79
Security Provided by Borrower	Vehicles (2)
Purpose of Loan	Vehicle purchases (2)
Description of Lender Consideration	Vehicles (2)
Consideration FMV	48245

Item No.	8
Lender's Name	Rhinebeck Savings Bank
Lender's Title	
Relationship to Insider	None
Original Amount of Loan	412185
Balance Due	57703
Date of Note	2003-04
Maturity Date	2006-06
Repayment Terms	Monthly
Interest Rate	3.79
Security Provided by Borrower	Vehicles (17)
Purpose of Loan	Vehicle purchases (17)
Description of Lender Consideration	Vehicles (17)
Consideration FMV	412185

TY 2005 Other Assets Schedule**Name:** NEW HORIZONS RESOURCES INC**EIN:** 52-4862107**Software ID:** 05000240**Software Version:** v1.00

Description	Beginning of Year Amount	End of Year Amount
Residents' funds	259,853	255,454
Deferred charges, net	0	160
Unamortized mortgage costs, net	138,681	127,222
Secuity deposits	2,972	4,063
Interest in net assets of New Horizons Fdn.	366,662	410,838

TY 2005 Other Changes in Net Assets Schedule

Name: NEW HORIZONS RESOURCES INC

EIN: 52-4862107

Software ID: 05000240

Software Version: v1.00

Description	Amount
Change in interest in net assets of New Horizons Foundation	44,176

TY 2005 Other Liabilities Schedule**Name:** NEW HORIZONS RESOURCES INC**EIN:** 52-4862107**Software ID:** 05000240**Software Version:** v1.00

Description	Beginning of Year Amount	End of Year Amount
Due to NYS OMRDD	356,704	132,886
Residents' funds	259,853	255,454

TY 2005 Other Revenues Included Schedule

Name: NEW HORIZONS RESOURCES INC

EIN: 52-4862107

Software ID: 05000240

Software Version: v1.00

Description	Amount
Change in interest in net assets of New Horizons Foundation	44,176

TY 2005 Other Income Schedule

Name: NEW HORIZONS RESOURCES INC

EIN: 52-4862107

Software ID: 05000240

Software Version: v1.00

Description	2003	2002	2001	2000	Total
Miscellaneous sales	2,854	1,379	133	0	4,366
Special events and activities		0	0	204	