

☐ Other (specify) ☐

Form **990** (2006)

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
22a	Grants paid from donor advised funds (attach Schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a	0	0	
22b	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b	0	0	
23	Specific assistance to individuals (attach schedule)	23	0	0	
24	Benefits paid to or for members (attach schedule)	24	0	0	
25a	Compensation of current officers, directors, key employees etc. Listed in Part V-A (attach schedule)	25a	463,544	217,646	245,898
b	Compensation of former officers, directors, key employees etc. listed in Part V-B (attach schedule)	25b	0	0	0
c	Compensation and other distributions not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c	0	0	0
26	Salaries and wages of employees not included on lines 25a, b and c	26	8,748,025	8,104,624	643,401
27	Pension plan contributions not included on lines 25a, b and c	27	133,665	122,225	11,440
28	Employee benefits not included on lines 25a - 27	28	1,891,302	1,752,202	139,100
29	Payroll taxes	29	693,306	629,147	64,159
30	Professional fundraising fees	30	0	0	0
31	Accounting fees	31	16,265	0	16,265
32	Legal fees	32	8,126	0	8,126
33	Supplies	33	256,121	226,266	29,855
34	Telephone	34	103,351	91,499	11,852
35	Postage and shipping	35	10,182	2,937	7,245
36	Occupancy	36	395,566	373,072	22,494
37	Equipment rental and maintenance	37	55,894	47,230	8,664
38	Printing and publications	38	1,542	0	1,542
39	Travel	39	373,356	354,666	18,690
40	Conferences, conventions, and meetings	40	43,872	11,932	31,940
41	Interest	41	249,436	241,710	7,726
42	Depreciation, depletion, etc. (attach schedule)	42	705,362	645,455	59,907
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 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	14,993,405	13,503,002	1,490,403

**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.


<p>What is the organization's primary exempt purpose? <input checked="" type="checkbox"/> To provide services to the developmentally disabled</p> <p>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.)</p>	<p><b>Program Service Expenses</b></p> <p>(Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)</p>
<p><b>a</b> See Additional Data Table</p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p><b>b</b></p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p><b>c</b></p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p><b>d</b></p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p><b>e</b> Other program services (attach schedule)</p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p><b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) . . . <input checked="" type="checkbox"/></p>	13,503,002

Part IV Balance Sheets (See the instructions.)

<b>Note:</b> 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 . . . . .		25,495	45	18,054	
	46	Savings and temporary cash investments . . . . .		2,181,269	46	2,771,267	
	47a	Accounts receivable . . . . .	47a	1,303,142			
	b	Less allowance for doubtful accounts	47b	0	1,317,529	47c	1,303,142
	48a	Pledges receivable . . . . .	48a	0			
	b	Less allowance for doubtful accounts	48b	0	0	48c	0
	49	Grants receivable . . . . .		0	49	0	
	50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule) . . . . .		0	50a	0	
	b	Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule) . . . . .		0	50b	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 . . . . .		63,712	53	66,773	
	54a	Investments—publicly-traded securities . <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV		0	54a	0	
	b	Investments—other securities (attach schedule) <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV		0	54b	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	11,773,497			
b	Less accumulated depreciation (attach schedule) . . . . .	57b	5,320,788	5,831,820	57c	6,452,709	
58	Other assets, including program-related investments (describe <input checked="" type="checkbox"/> )		797,737	58	1,130,397		
59	<b>Total assets</b> (must equal line 74) Add lines 45 through 58 . . . .		10,217,562	59	11,742,342		
Liabilities	60	Accounts payable and accrued expenses . . . . .		1,134,661	60	1,174,416	
	61	Grants payable . . . . .		0	61	0	
	62	Deferred revenue . . . . .		151,380	62	51,689	
	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) . . . . .		3,007,644	64b	3,708,968	
	65	Other liabilities (describe <input checked="" type="checkbox"/> )		388,340	65	330,485	
66	<b>Total liabilities</b> Add lines 60 through 65 . . . . .		4,682,025	66	5,265,558		
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74</b>						
	67	Unrestricted . . . . .		5,120,429	67	5,724,239	
	68	Temporarily restricted . . . . .		365,108	68	702,545	
	69	Permanently restricted . . . . .		50,000	69	50,000	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74</b>						
	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	<b>Total net assets or fund balances</b> Add lines 67 through 69 <b>or</b> lines 70 through 72 (Column (A) <b>must</b> equal line 19 and column (B) <b>must</b> equal line 21) . . . . .		5,535,537	73	6,476,784	
	74	<b>Total liabilities and net assets / fund balances</b> Add lines 66 and 73 . . .		10,217,562	74	11,742,342	

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	16,019,972
b	Amounts included on line a but not on Part I, 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	336,037
	Add lines b1 through b4 . . . . .	b	421,357
c	Subtract line b from line a . . . . .	c	15,598,615
d	Amounts included on Part I, line 12, but not on line a		
1	Investment expenses not included on Part I, line 6b . . . . .	d1	0
2	Other (specify) _____	d2	0
	Add lines d1 and d2 . . . . .	d	421,357
e	Total revenue (Part I, line 12) Add lines c and d . . . . .	e	15,598,615

Part IV-B

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements . . . . .	a	15,078,725
b	Amounts included on line a but not on Part I, line 17		
1	Donated services and use of facilities . . . . .	b1	85,320
2	Prior year adjustments reported on Part I, line 20 . . . . .	b2	0
3	Losses reported on Part I, 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	14,993,405
d	Amounts included on Part I, line 17, but not on line a:		
1	Investment expenses not included on Part I, line 6b . . . . .	d1	0
2	Other (specify) _____	d2	0
	Add lines d1 and d2 . . . . .	d	0
e	Total expenses (Part I, line 17) Add lines c and d . . . . .	e	14,993,405

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				

<b>Part V-A</b> <b>Current Officers, Directors, Trustees, and Key Employees</b> <i>(continued)</i>		<b>Yes</b>	<b>No</b>
<b>75a</b> Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings . . . . . <u>14</u>			
<b>b</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) .		<b>75b</b>	No
<b>c</b> 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 the organization? See the instructions for the definition of "related organization" . . . . . <b>▶</b>  If "Yes," attach a statement that includes the information described in the instructions		<b>75c</b>	No
<b>d</b> Does the organization have a written conflict of interest policy? . . . . .		<b>75d</b>	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 (If not paid enter -0- )	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances

<b>Part VI</b> <b>Other Information</b> <i>(See the instructions.)</i>		<b>Yes</b>	<b>No</b>
<b>76</b> Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change . . . . .		<b>76</b>	No
<b>77</b> 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		<b>77</b>	No
<b>78a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . .		<b>78a</b>	No
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .		<b>78b</b>	
<b>79</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement . . . . .		<b>79</b>	No
<b>80a</b> 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? . . . . .		<b>80a</b>	Yes
<b>b</b> If "Yes," enter the name of the organization <b>▶</b> <u>New Horizons Foundation</u>  and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt			
<b>81a</b> Enter direct or indirect political expenditures (See line 81 instructions ) . . . . <b>81a</b> <u>0</u>		<b>81b</b>	No
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .			

Part VIOther Information (continued)

YesNo

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

88a

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.

88a

No

b

At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)? If yes, complete Part XI.

88b

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

89b

No

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

89c

d

Enter: Amount of tax on line 89c, above, reimbursed by the organization: 0

89d

e

All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter transaction?

89e

No

f

All organizations. Did the organization acquire direct or indirect interest in any applicable insurance contract?

89f

No

g

For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?

89g

No

90a

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

90b

320

91a

The books are in care of: Carol Engler - Controller Telephone no: (845) 473-3000

91a

21 Van Wagner Road

91a

Located at: Poughkeepsie, NY ZIP + 4: 12603

91a

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

No

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

91b

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

91b

<b>Part VI</b> Other Information <i>(continued)</i>		Yes	No
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 <span>▶</span> _____			
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of <b>Form 1041</b> —Check here <span>▶</span> <input type="checkbox"/>			
and enter the amount of tax-exempt interest received or accrued during the tax year <span>▶</span>		92	

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

<b>Note:</b> 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	1,553,833
b					
c					
d					
e					
f Medicare/Medicaid payments . . . . .		0		0	11,334,317
g Fees and contracts from government agencies		0		0	2,424,768
94 Membership dues and assessments . . . .					
95 Interest on savings and temporary cash investments		0	14	74,763	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					
101 Net income or (loss) from special events . .					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a Miscellaneous sales		0	1	1,998	0
b Participant clothing		0		0	34,625
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E)) . .		0		76,761	15,347,543
105 Total (add line 104, columns (B), (D), and (E)) . . . . .					15,424,304

**Note:** Line 105 plus line 1e, 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 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 New York State Office of Mental Retardation & Developmental Disabilities
93 g	Program service fees are also received directly from the Office of Mental Retardation & Developmental Disabilities
103 a	Funding for clothing and participant incidentals also received directly from the Office of Mental Retardation & Developmental Disabilities

**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? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>NOTE:</b> If "Yes" to (b), file Form 8870 <b>and</b> Form 4720 (see instructions).	



Part XI

Information Regarding Transfers To and From Controlled Entities

Complete only if the organization is a controlling organization as defined in section 512(b)(13)

106	Did the reporting organization <b>make</b> any transfers <b>to</b> a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	Yes	No	
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
Totals				

107	Did the reporting organization <b>receive</b> any transfers <b>from</b> a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	Yes	No	
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
Totals				

108	Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?	Yes	No

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

2007-05-10

Date

Diane Atwood, Director of Finance

Type or print name and title

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input checked="" 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.

Form 990 (2006)

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.)

OMB No 1545-0047

2006

▶ 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 2 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
Jayne Violon 21 Van Wagner Road Poughkeepsie, NY 12603	Program Admin Coord 40	67,794	15,227	0
Beverly Kaufman 21 Van Wagner Road Poughkeepsie, NY 12603	Social Worker 40	63,472	14,293	0
Patricia Moran 21 Van Wagner Road Poughkeepsie, NY 12603	Nursing Coordinator 40	67,328	15,126	0
Samuel Laganaro 21 Van Wagner Road Poughkeepsie, NY 12603	Human Resources Dir 40	87,785	19,549	0
Victoria Kaan 21 VAN WAGNER ROAD POUGHKEEPSIE, NY 12603	IT Coordinator 40	59,828	13,505	0
Total number of other employees paid over \$50,000 ▶	12			

Part II-A

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 II-B

Compensation of the Five Highest Paid Independent Contractors for Other Services  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None". See page 2 for instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Ronald J Bryce c/o 21 Van Wagner Road Poughkeepsie, NY 12603	Renovations	166,724
Steve L DeOlde c/o 21 Van Wagner Road Poughkeepsie, NY 12603	Maintenance	75,964
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	Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments )	3a		No
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	Yes	
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement	3c		No
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		No
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g	4a		No
b	Did the organization make any taxable distributions under section 4966?	4b		No
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		No
d	Enter the total number of donor advised funds owned at the end of the tax year ➤ _____			
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ➤ _____			
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ➤ 0 _____			
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ➤ 0 _____			

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box )

- 5

☐

A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6

☐

A school Section 170(b)(1)(A)(ii) (Also complete Part V )
- 7

☐

A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8

☐

A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9

☐

A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state** ▶
- 10

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11b

☐

A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12

☐

An organization that normally receives **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc , functions—subject to certain exceptions, and **(2) no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A )
- 13

☐

An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization

☐ Type I    ☐ Type II    ☐ Type III - Functionally Integrated    ☐ Type III - Other

**Provide the following information about the supported organizations. (see page 7 of the instructions.)**

(a) Name(s) of supported organization(s)	(b) Employer identification number	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support?
			Yes	No	
<b>Total</b> ▶					

- 14

☐

An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants See line 28 )	208,272	191,323	139,156	118,264	657,015
<b>16</b> Membership fees received	0	0	0	0	0
<b>17</b> 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	14,077,684	12,982,290	11,877,019	10,551,033	49,488,026
<b>18</b> 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	27,673	11,669	8,442	12,290	60,074
<b>19</b> Net income from unrelated business activities not included in line 18	0	0	0	0	0
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	0	0	0	0	0
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge	85,320	85,320	122,894	85,320	378,854
<b>22</b> Other income Attach a schedule Do not include gain or (loss) from sale of capital assets	4,466	2,854	1,379	133	8,832
<b>23</b> Total of lines 15 through 22	14,403,415	13,273,456	12,148,890	10,767,040	50,592,801
<b>24</b> Line 23 minus line 17	325,731	291,166	271,871	216,007	1,104,775
<b>25</b> Enter 1% of line 23	144,034	132,735	121,489	107,670	
<b>26 Organizations described on lines 10 or 11:</b>	a Enter 2% of amount in column (e), line 24			<b>26a</b>	22,096
<b>b</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 2002 through 2005 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts				<b>26b</b>	12,904
<b>c</b> Total support for section 509(a)(1) test Enter line 24, column (e)				<b>26c</b>	1,104,775
<b>d</b> Add Amounts from column (e) for lines	18 60,074	19 0			
	22	26 b	12,904	<b>26d</b>	81,810
<b>e</b> Public support (line 26c minus line 26d total)				<b>26e</b>	1,022,964
<b>f Public support percentage (line 26e (numerator) divided by line 26c (denominator))</b>				<b>26f</b>	92 59 %
<b>27 Organizations described on line 12:</b>	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				
	(2005)	(2004)	(2003)	(2002)	
<b>b</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 11b, 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	(2005)	(2004)	(2003)	(2002)	
<b>c</b> Add Amounts from column (e) for lines	15	16			
	17	20	21	<b>27c</b>	
<b>d</b> Add Line 27a total		and line 27b total		<b>27d</b>	
<b>e</b> Public support (line 27c total minus line 27d total)				<b>27e</b>	
<b>f</b> Total support for section 509(a)(2) test Enter amount from line 23, column (e)		<b>27f</b>			
<b>g Public support percentage (line 27e (numerator) divided by line 27f (denominator))</b>				<b>27g</b>	
<b>h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))</b>				<b>27h</b>	
<b>28 Unusual Grants:</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, 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 10 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>Not over \$500,00020% of the amount on line 40</div><div>Over \$500,000 but not over \$1,000,000\$100,000 plus 15% of the excess over \$500,000</div><div>Over \$1,000,000 but not over \$1,500,000\$175,000 plus 10% of the excess over \$1,000,000</div><div>Over \$1,500,000 but not over \$17,000,000\$225,000 plus 5% of the excess over \$1,500,000</div><div>Over \$17,000,000\$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 13 of the instructions )

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(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 13 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
<b>a</b> Volunteers	<input type="checkbox"/>	No	
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines <b>c</b> through <b>h</b> .)	<input type="checkbox"/>	No	
<b>c</b> Media advertisements	<input type="checkbox"/>	No	
<b>d</b> Mailings to members, legislators, or the public	<input type="checkbox"/>	No	
<b>e</b> Publications, or published or broadcast statements	<input type="checkbox"/>	No	
<b>f</b> Grants to other organizations for lobbying purposes	<input type="checkbox"/>	No	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body	<input type="checkbox"/>	No	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means	<input type="checkbox"/>	No	
<b>i</b> Total lobbying expenditures (Add lines <b>c</b> through <b>h</b> .)			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
<b>a</b> Transfers from the reporting organization to a noncharitable exempt organization of		
<b>(i)</b> Cash		No
<b>(ii)</b> Other assets		No
<b>b</b> Other transactions		
<b>(i)</b> Sales or exchanges of assets with a noncharitable exempt organization		No
<b>(ii)</b> Purchases of assets from a noncharitable exempt organization		No
<b>(iii)</b> Rental of facilities, equipment, or other assets		No
<b>(iv)</b> Reimbursement arrangements		No
<b>(v)</b> Loans or loan guarantees		No
<b>(vi)</b> Performance of services or membership or fundraising solicitations		No
<b>c</b> Sharing of facilities, equipment, mailing lists, other assets, or paid employees		No
<b>d</b> If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.		

[illegible]

**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

[illegible]



## TY 2006 Compensation Explanation

**Name:** NEW HORIZONS RESOURCES INC

**EIN:** 52-4862107

**Software ID:** 06000173

**Software Version:** v1.00

Person Name	Explanation
Bruce Marley	
Marilyn McGaulley	

**TY 2006 Depreciation and Depletion Schedule****Name:** NEW HORIZONS RESOURCES INC**EIN:** 52-4862107**Software ID:** 06000173**Software Version:** v1.00

Asset	Amount
Land Improvemnt	20,515
Start-up exps	28,799
Mortgage costs	37,074
Vehicles	200,093
Leasehold Impr	6,860
Buildings	214,635
Furn & Equipmt	73,859
Bldg Improvemnt	123,527

**TY 2006 Land etc. Schedule****Name:** NEW HORIZONS RESOURCES INC**EIN:** 52-4862107**Software ID:** 06000173**Software Version:** v1.00

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
Land	1,075,497	0	1,075,497
Building improvements	2,459,046	1,271,135	1,187,911
Land improvements	332,882	147,825	185,057
Furnishings & equipment	961,451	643,925	317,526
Buildings	5,668,048	2,435,216	3,232,832
Leasehold improvements	121,841	58,224	63,617
Vehicles	1,154,732	764,463	390,269

TY 2006 Mortgages and Notes Payable Schedule

Name:

NEW HORIZONS RESOURCES INC

EIN:

52-4862107

Software ID:

06000173

Software Version:

v1.00

Total Mortgage Amount:

3427581

Item No.	1
Lender's Name	Rhinebeck Savings Bank
Lender's Title	
Relationship to Insider	None
Original Amount of Loan	26062
Balance Due	10443
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.	2
Lender's Name	Rhinebeck Savings Bank
Lender's Title	
Relationship to Insider	None
Original Amount of Loan	25812
Balance Due	16358
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	25812

Item No.	3
Lender's Name	Rhinebeck Savings Bank
Lender's Title	
Relationship to Insider	None
Original Amount of Loan	51945
Balance Due	43809
Date of Note	2006-06
Maturity Date	2009-06
Repayment Terms	Monthly
Interest Rate	6.44
Security Provided by Borrower	Vehicles (2)
Purpose of Loan	Vehicle purchases (2)
Description of Lender Consideration	Vehicles (2)
Consideration FMV	51945

Item No.	4
Lender's Name	Rhinebeck Savings Bank
Lender's Title	
Relationship to Insider	None
Original Amount of Loan	25772
Balance Due	22378
Date of Note	2006-07
Maturity Date	2009-07
Repayment Terms	Monthly
Interest Rate	6.44
Security Provided by Borrower	Vehicle
Purpose of Loan	Vehicle purchase
Description of Lender Consideration	Vehicle
Consideration FMV	25772

Item No.	5
Lender's Name	Rhinebeck Savings Bank
Lender's Title	
Relationship to Insider	None
Original Amount of Loan	25912
Balance Due	25232
Date of Note	2006-11
Maturity Date	2009-11
Repayment Terms	Monthly
Interest Rate	6.69
Security Provided by Borrower	Vehicle
Purpose of Loan	Vehicle purchase
Description of Lender Consideration	Vehicle
Consideration FMV	25912

Item No.	6
Lender's Name	Rhinebeck Savings Bank
Lender's Title	
Relationship to Insider	None
Original Amount of Loan	51625
Balance Due	35247
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.	7
Lender's Name	Rhinebeck Savings Bank
Lender's Title	
Relationship to Insider	None
Original Amount of Loan	48245
Balance Due	2816
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	25472
Balance Due	20141
Date of Note	2006-04
Maturity Date	2009-04
Repayment Terms	Monthly
Interest Rate	6.09
Security Provided by Borrower	Vehicle
Purpose of Loan	Vehicle purchase
Description of Lender Consideration	Vehicle
Consideration FMV	25472

Item No.	9
Lender's Name	Rhinebeck Savings Bank
Lender's Title	
Relationship to Insider	None
Original Amount of Loan	50945
Balance Due	41677
Date of Note	2006-05
Maturity Date	2009-05
Repayment Terms	Monthly
Interest Rate	6.09
Security Provided by Borrower	Vehicles (2)
Purpose of Loan	Vehicle purchases (2)
Description of Lender Consideration	Vehicles (2)
Consideration FMV	50945

Item No.	10
Lender's Name	Rhinebeck Savings Bank
Lender's Title	
Relationship to Insider	None
Original Amount of Loan	50625
Balance Due	46702
Date of Note	2006-09
Maturity Date	2009-09
Repayment Terms	Monthly
Interest Rate	6.29
Security Provided by Borrower	Vehicles (2)
Purpose of Loan	Vehicle purchases (2)
Description of Lender Consideration	Vehicles (2)
Consideration FMV	50625



<b>Item No.</b>	11
<b>Lender's Name</b>	Rhinebeck Savings Bank
<b>Lender's Title</b>	
<b>Relationship to Insider</b>	None
<b>Original Amount of Loan</b>	52295
<b>Balance Due</b>	16584
<b>Date of Note</b>	2004-11
<b>Maturity Date</b>	2007-11
<b>Repayment Terms</b>	Monthly
<b>Interest Rate</b>	3.89
<b>Security Provided by Borrower</b>	Vehicles (2)
<b>Purpose of Loan</b>	Vehicle purchases (2)
<b>Description of Lender Consideration</b>	Vehicles (2)
<b>Consideration FMV</b>	52295

## TY 2006 Officer Compensation Schedule

**Name:** NEW HORIZONS RESOURCES INC

**EIN:** 52-4862107

**Software ID:** 06000173

**Software Version:** v1.00

**Andrea Pollack**

	Compensation	EE Benefit Plans	Expense Acct
<b>Program Services</b>	75,668	16,929	0
<b>Mgmt &amp; General</b>	0	0	0
<b>Fundraising</b>	0	0	0

**Regis Obijiski**

	Compensation	EE Benefit Plans	Expense Acct
Program Services	0	0	0
Mgmt & General	117,271	25,924	0
Fundraising	0	0	0

**Diane Atwood**

	Compensation	EE Benefit Plans	Expense Acct
Program Services	0	0	0
Mgmt & General	83,977	18,726	0
Fundraising	0	0	0

**William Beattie**

	Compensation	EE Benefit Plans	Expense Acct
Program Services	102,351	22,698	0
Mgmt & General	0	0	0
Fundraising	0	0	0

**TY 2006 Other Assets Schedule****Name:** NEW HORIZONS RESOURCES INC**EIN:** 52-4862107**Software ID:** 06000173**Software Version:** v1.00

Description	Beginning of Year Amount	End of Year Amount
Interest in net assets of New Horizons Fdn.	410,838	746,875
Residents' funds	255,454	239,280
Security deposits	4,063	5,087
Unamortized mortgage costs, net	127,222	131,982
Deferred charges, net	160	7,173

TY 2006 Other Changes in Net Assets Schedule

**Name:** NEW HORIZONS RESOURCES INC

**EIN:** 52-4862107

**Software ID:** 06000173

**Software Version:** v1.00

Description	Amount
Change in interest in net assets of New Horizons Foundation	336,037

**TY 2006 Other Liabilities Schedule****Name:** NEW HORIZONS RESOURCES INC**EIN:** 52-4862107**Software ID:** 06000173**Software Version:** v1.00

Description	Beginning of Year Amount	End of Year Amount
Residents' funds	255,454	239,280
Due to NYS OMRDD	132,886	91,205



TY 2006 Other Revenues Included Schedule

**Name:** NEW HORIZONS RESOURCES INC

**EIN:** 52-4862107

**Software ID:** 06000173

**Software Version:** v1.00

Description	Amount
Change in interest in net assets of New Horizons Foundation	336,037

TY 2006 Other Income Schedule

**Name:** NEW HORIZONS RESOURCES INC

**EIN:** 52-4862107

**Software ID:** 06000173

**Software Version:** v1.00

Description	2003	2002	2001	2000	Total
Miscellaneous sales	4,466	2,854	1,379	133	8,832

\*\*\* 990 Online Filers: Please tax completed and signed form to 866-699-3916

Form <b>8453-EO</b>	<b>Exempt Organization Declaration and Signature for Electronic Filing</b> For calendar year 2006, or tax year beginning <u>1/1/2006</u> , and ending <u>12/31/2006</u> For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868 ▶ See instructions on back.	OMB No. 1546-1679  <div style="font-size: 2em; font-weight: bold;">2006</div>
Department of the Treasury Internal Revenue Service		
Name of exempt organization <b>NEW HORIZONS RESOURCES INC</b>		Employer identification number <div style="display: flex; justify-content: space-between;"> <span><b>52</b></span> <span><b>4862107</b></span> </div>

**Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8453-EO and enter the applicable amount from the return if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (that is, do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, line 12)	1b	<b>\$15,598,615</b>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	

**Part II Declaration of Officer**

6 ☐ I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

☐ If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2006 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Sign Here ▶	 Signature of officer	<u>5/8/07</u> Date	▶ <b>Diane Atwood, Director of Finance</b> Title
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**Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)**

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Publication 4206, Information for Authorized IRS e-file Providers of Exempt Organization Filings. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

<b>ERO's Use Only</b>	ERO's signature ▶ Firm's name (or yours if self-employed), address, and ZIP code ▶ _____	Date _____	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN _____ EIN _____ Phone no. ( ) _____
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Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

<b>Paid Preparer's Use Only</b>	Preparer's signature ▶ Firm's name (or yours if self-employed), address, and ZIP code ▶ _____	Date _____	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN _____ EIN _____ Phone no. ( ) _____
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Additional Data

Software ID: 06000173  
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
<b>a</b> Bad debts	<b>43a</b>	9,239	9,239	0	0
<b>b</b> Residents' expenses	<b>43b</b>	91,622	91,622	0	0
<b>c</b> Site development costs	<b>43c</b>	5,220	5,220	0	0
<b>d</b> Public relations	<b>43d</b>	9,349	129	9,220	0
<b>e</b> Contracted services	<b>43e</b>	93,704	49,660	44,044	0
<b>f</b> Dues and subscriptions	<b>43f</b>	13,788	3,220	10,568	0
<b>g</b> Employment and recruiting	<b>43g</b>	11,303	0	11,303	0
<b>h</b> Bond administration fees	<b>43h</b>	6,270	6,270	0	0
<b>i</b> Insurance	<b>43i</b>	103,844	25,669	78,175	0
<b>j</b> Health care assessment	<b>43j</b>	87,914	87,914	0	0
<b>k</b> Equipment and furniture	<b>43k</b>	54,711	46,572	8,139	0
<b>l</b> Board activities	<b>43l</b>	650	0	650	0
<b>m</b> Miscellaneous	<b>43m</b>	61	61	0	0
<b>n</b> Food	<b>43n</b>	356,815	356,815	0	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.)
<b>a</b> 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"/>		27,870
<b>b</b> Human Services - Multipurpose At-Home Services - provide residential habilitation and respites services to assist 114 mentally retarded/developmentally disabled children and adults who are living at home (27199 Hours of service)  (Grants and allocations \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>		593,395
<b>c</b> Human Services - Multipurpose Intermediate Care Facility - provides residential care and supervision to 11 mentally retarded/developmentally disabled adults (3925 Days of service)  (Grants and allocations \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>		1,465,892
<b>d</b> Human Services - Multipurpose Service Coordination - provides services to assist 196 mentally retarded/developmentally disabled children and adults in accessing services in the community that are necessary for their wellbeing (2365 Months of service)  (Grants and allocations \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>		499,631
<b>e</b> Human Services - Multipurpose Day Program - provides day habilitation opportunities for 31 mentally retarded/developmentally disabled adults in the community (3183 Days of service)  (Grants and allocations \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>		401,642
<b>f</b> Human Services - Multipurpose Briggs Farm (365 Days of operation)  (Grants and allocations \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>		45,689
<b>g</b> Human Services - Multipurpose Individual Residential Alternatives - provide residential care and supervision to 140 moderately mentally retarded/developmentally disabled adults in a community setting (1652 Months of service)  (Grants and allocations \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>		10,468,883

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

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation plans</b>	<b>(E) Expense account and other allowances</b>
Andrea Pollack 21 Van Wagner Road Poughkeepsie, NY 12603	Program Director 40	75,668	16,929	0
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	117,271	25,924	0
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
William Beattie 21 Van Wagner Road Poughkeepsie, NY 12603	Asst Exec Director 40	102,351	22,698	0
Diane Atwood 21 Van Wagner Road Poughkeepsie, NY 12603	Dir of Finance 40	83,977	18,726	0
Emmanuel F Saris 21 Van Wagner Road Poughkeepsie, NY 12603	President 0	0	0	0
William J Lavery 21 Van Wagner Road Poughkeepsie, NY 12603	Vice-President 0	0	0	0
Stacy M Langenthal 21 Van Wagner Road Poughkeepsie, NY 12603	Treasurer 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
Daniel G Hickey 21 Van Wagner Road Poughkeepsie, NY 12603	Secretary 0	0	0	0
Theresa Burdick 21 Van Wagner Road Poughkeepsie, NY 12603	Board Member 0	0	0	0
Susan P Hochhauser 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
Val Fidanque 21 Van Wagner Road Poughkeepsie, NY 12603	Board Member 0	0	0	0
John Lee 21 Van Wagner Road Poughkeepsie, NY 12603	Board Member 0	0	0	0
George F Decker 21 Van Wagner Road Poughkeepsie, NY 12603	Board Member 0	0	0	0